

**United States Bankruptcy Court  
 District of Massachusetts**

**Voluntary Petition**

Name of Debtor (if individual, enter Last, First, Middle): <b>Geriatric Authority Of Holyoke</b>	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): <b>04-2489716</b>	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) /Complete EIN (if more than one, state all):
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>45 Lower Westfield Road Holyoke, MA</b>	Street Address of Joint Debtor (No. & Street, City, State & Zip Code):
ZIPCODE <b>01040</b>	ZIPCODE
County of Residence or of the Principal Place of Business: <b>Hampden</b>	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):
ZIPCODE	ZIPCODE

Location of Principal Assets of Business Debtor (if different from street address above):  
**45 Lower Westfield Road, Holyoke, MA**

ZIPCODE **01014**

<p align="center"><b>Type of Debtor</b> (Form of Organization) (Check <b>one</b> box.)</p> <p><input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i></p> <p><input checked="" type="checkbox"/> Corporation (includes LLC and LLP)</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)</p> <hr/> <p align="center"><b>Chapter 15 Debtor</b></p> <p>Country of debtor's center of main interests: _____</p> <p>Each country in which a foreign proceeding by, regarding, or against debtor is pending: _____</p>	<p align="center"><b>Nature of Business</b> (Check <b>one</b> box.)</p> <p><input checked="" type="checkbox"/> Health Care Business</p> <p><input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B)</p> <p><input type="checkbox"/> Railroad</p> <p><input type="checkbox"/> Stockbroker</p> <p><input type="checkbox"/> Commodity Broker</p> <p><input type="checkbox"/> Clearing Bank</p> <p><input type="checkbox"/> Other</p> <hr/> <p align="center"><b>Tax-Exempt Entity</b> (Check box, if applicable.)</p> <p><input checked="" type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).</p>	<p align="center"><b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check <b>one</b> box.)</p> <p><input type="checkbox"/> Chapter 7</p> <p><input type="checkbox"/> Chapter 9</p> <p><input checked="" type="checkbox"/> Chapter 11</p> <p><input type="checkbox"/> Chapter 12</p> <p><input type="checkbox"/> Chapter 13</p> <p><input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding</p> <p><input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding</p> <hr/> <p align="center"><b>Nature of Debts</b> (Check one box.)</p> <p><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."</p> <p><input checked="" type="checkbox"/> Debts are primarily business debts.</p>
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<p align="center"><b>Filing Fee</b> (Check one box)</p> <p><input checked="" type="checkbox"/> Full Filing Fee attached</p> <p><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.</p> <p><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.</p>	<p align="center"><b>Chapter 11 Debtors</b></p> <p><b>Check one box:</b></p> <p><input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D).</p> <p><input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).</p> <p><b>Check if:</b></p> <p><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).</p> <p>-----</p> <p><b>Check all applicable boxes:</b></p> <p><input type="checkbox"/> A plan is being filed with this petition</p> <p><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).</p>
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<p><b>Statistical/Administrative Information</b></p> <p><input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors.</p> <p><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.</p>	<p><b>THIS SPACE IS FOR COURT USE ONLY</b></p>																			
<p>Estimated Number of Creditors</p> <table style="width:100%; text-align: center;"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>1-49</td><td>50-99</td><td>100-199</td><td>200-999</td><td>1,000-5,000</td><td>5,001-10,000</td><td>10,001-25,000</td><td>25,001-50,000</td><td>50,001-100,000</td><td>Over 100,000</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	Over 100,000
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<p>Estimated Assets</p> <table style="width:100%; text-align: center;"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td><td>\$50,001 to \$100,000</td><td>\$100,001 to \$500,000</td><td>\$500,001 to \$1 million</td><td>\$1,000,001 to \$10 million</td><td>\$10,000,001 to \$50 million</td><td>\$50,000,001 to \$100 million</td><td>\$100,000,001 to \$500 million</td><td>\$500,000,001 to \$1 billion</td><td>More than \$1 billion</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion
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<p>Estimated Liabilities</p> <table style="width:100%; text-align: center;"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td><td>\$50,001 to \$100,000</td><td>\$100,001 to \$500,000</td><td>\$500,001 to \$1 million</td><td>\$1,000,001 to \$10 million</td><td>\$10,000,001 to \$50 million</td><td>\$50,000,001 to \$100 million</td><td>\$100,000,001 to \$500 million</td><td>\$500,000,001 to \$1 billion</td><td>More than \$1 billion</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
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<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>	Name of Debtor(s): <b>Geriatric Authority Of Holyoke</b>
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**All Prior Bankruptcy Case Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location Where Filed: <b>None</b>	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor: <b>None</b>	Case Number:	Date Filed:
District:	Relationship:	Judge:

<p style="text-align: center;"><b>Exhibit A</b></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;"><b>Exhibit B</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 style="text-align: center;"><b>X</b> _____ Signature of Attorney for Debtor(s) <span style="float: right;">Date</span></p>
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**Exhibit C**

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?

Yes, and Exhibit C is attached and made a part of this petition.  
 No

**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition.

**Information Regarding the Debtor - Venue**  
(Check any applicable box.)

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.

There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

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.

**Certification by a Debtor Who Resides as a Tenant of Residential Property**  
(Check all applicable boxes.)

Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

\_\_\_\_\_  
(Name of landlord that obtained judgment)

\_\_\_\_\_  
(Address of landlord)

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

Debtor has included in 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.

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

**Voluntary Petition**

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

Name of Debtor(s):

**Geriatric Authority Of Holyoke**

**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 Attorney\***

X /s/ Louis S. Robin

Signature of Attorney for Debtor(s)

**Louis S. Robin 545578**  
**Law Offices of Louis S. Robin**  
**1200 Converse Street**  
**Longmeadow, MA 01106-1760**

**louis.robin@prodigy.net**

**April 24, 2014**

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 Non-Attorney 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

**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/ Charles F. Glidden

Signature of Authorized Individual

**Charles F. Glidden**  
Printed Name of Authorized Individual

**Chair**  
Title of Authorized Individual

**April 24, 2014**

Date

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
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.*

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

Name of Debtor(s):  
**Geriatric Authority Of Holyoke**

**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.

\_\_\_\_\_  
 Signature of Debtor

\_\_\_\_\_  
 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.

\_\_\_\_\_  
 Signature of Foreign Representative

\_\_\_\_\_  
 Printed Name of Foreign Representative

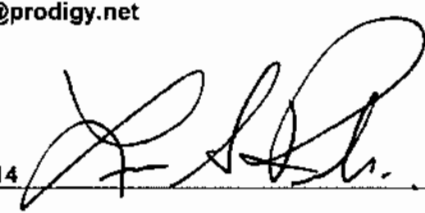
\_\_\_\_\_  
 Date

**Signature of Attorney\***

/s/ Louis S. Robin  
 Signature of Attorney for Debtor(s)

**Louis S. Robin 545578**  
**Law Offices of Louis S. Robin**  
**1200 Converse Street**  
**Longmeadow, MA 01106-1760**

**louis.robin@prodigy.net**

  
 \_\_\_\_\_  
 Date **April 24, 2014**

\*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 Non-Attorney 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

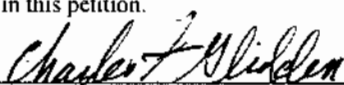
\_\_\_\_\_  
 Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

\_\_\_\_\_  
 Address

**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.

/s/ Charles F. Glidden   
 Signature of Authorized Individual

**Charles F. Glidden**  
 Printed Name of Authorized Individual

**Chair**  
 Title of Authorized Individual

**April 24, 2014**  
 Date

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 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.*

**CERTIFICATE OF VOTE**

I, Catina Galanes Grass, of Holyoke, Massachusetts, as Secretary of the Geriatric Authority of Holyoke, do hereby certify that, a regular scheduled meeting of the Board of Directors of the Geriatric Authority of Holyoke, held at 45 Lower Westfield Road, Holyoke, Massachusetts, on April 16, 2014, at 5:30 p.m., with all Directors attending and voting, the following resolution was unanimously passed.

VOTED: That the Geriatric Authority of Holyoke is hereby authorized to file for relief and protection under Title 11 U.S.C. §101 *et. seq.* (the "Bankruptcy Code") with the Clerk's Office of the United States Bankruptcy Court, under Chapter 11 or such other Chapter that Charles F. Glidden, as Chair of the Geriatric Authority of Holyoke determines as appropriate; and it is further

VOTED: That Charles F. Glidden, as the Chair of the Geriatric Authority of Holyoke, Jacqueline Watson, as Vice Chair of the Geriatric Authority of Holyoke, and James Brunault, as Treasurer, are hereby authorized and empowered on behalf of the Geriatric Authority of Holyoke to sign, seal, execute, acknowledge and complete all Bankruptcy Schedules and other documents necessary and incidental to the Bankruptcy Case, and to further act and appear on behalf of the Geriatric Authority of Holyoke; and it is further

VOTED: That Charles F. Glidden, as Chair of the Geriatric Authority of Holyoke and on behalf of Geriatric Authority of Holyoke, is authorized to direct the conversion of the Chapter under the Bankruptcy Code which is initially chosen to such other Chapter that is determined by Charles F. Glidden as is appropriate, and is authorized to execute such documents as is necessary for such conversion.

I do further certify that Charles F. Glidden is the Chair of the Board of Directors of the Geriatric Authority of Holyoke, that Jacqueline Watson is the Vice Chair of the Geriatric Authority of Holyoke, and James Brunault is the Treasurer.

I further certify that said votes have not been altered, amended or rescinded.

SO CERTIFIED AND ATTESTED AS A TRUE COPY

Dated: April 16, 2014



Catina Galanes Grass, Secretary of the  
Holyoke Geriatric Authority

**IN RE:**

Case No. \_\_\_\_\_

**Geriatric Authority Of Holyoke**

Chapter **11**

Debtor(s)

**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 and Fed. R. Bankr. P. 1007(m).

(1) Name of creditor and complete mailing address including zip code	(2) Name, telephone number and complete mailing address, including zip code, of employee, agent or department of creditor familiar with claim who may be contacted	(3) Nature of claim (trade debt, bank loan, government contract, etc.)	(4) Indicate if claim is contingent, unliquidated, disputed or subject to setoff	(5) Amount of claim (if secured also state value of security)
<b>Divion Of Health Care Finance &amp; Policy Nursing Facility User Fee P.O. Box 3538 Boston, MA 02241-3538</b>	<b>(617) 988-3100</b>		<b>Unliquidated</b>	<b>975,000.00</b>
<b>City Of Holyoke Treasurer's Office, City Hall 536 Dwight Avenue Holyoke, MA 01040</b>	<b>(413) 322-5555</b>		<b>Unliquidated</b>	<b>503,429.39</b>
<b>Select Rehabilitation P.O. Box 809056 Chicago, IL 60680</b>	<b>(877) 787-3422</b>			<b>207,797.19</b>
<b>Holyoke Retirement Board City Hall Annex, Room 207 Holyoke, MA 01040</b>	<b>Cheryl Dugre (413) 322-5590</b>			<b>157,492.90</b>
<b>Sundance Rehabilitation 6549 Paysphere Circle Chicago, IL 60674</b>	<b>(703) 684-1004 .</b>			<b>130,117.09</b>
<b>Sodexo, Inc. P.O. Box 360170 Pittsburgh, PA 15251-6170</b>	<b>(412) 234-3689</b>			<b>120,499.91</b>
<b>Preferred Pharmacy Solutions 35 Avco Road Havelhill, MA 01835</b>	<b>(978) 374-9100</b>			<b>72,224.94</b>
<b>Donoghue, Barrett &amp; Singal One Beacon Street, Suite 1320 Boston, MA 02180-3113</b>	<b>Andrew Levine (617) 720-5090</b>			<b>62,735.00</b>
<b>Touchpoint Therapy, LLC 341 Bidwell St. Manchester, CT 06040</b>	<b>(860) 812-0788</b>			<b>48,711.90</b>
<b>Sullivan, Hayes &amp; Quinn One Monarch Place, Suite 1200 Springfield, MA 01144-1200</b>	<b>(413) 736-4538</b>			<b>39,081.49</b>
<b>Stat-Care Pharmacy Fifth Third Bank Cincinnati, OH 45263-5234</b>	<b>(508) 839-0097</b>			<b>29,234.70</b>
<b>Blue Cross/Blue Shield Of Massachusetts P.O. Box 371318 Pittsburgh, PA 15250-7318</b>	<b>(800) 262-2583</b>			<b>26,391.35</b>
<b>Department Of Health &amp; Human Services Centers For Medicare &amp; Medicaid Services JFK Federal Building, Room 2275 Boston, MA 02203</b>	<b>Beverly A.H. Kercz (617) 565-1333</b>			<b>25,415.00</b>

Holyoke Medical Center 575 Beech Street Holyoke, MA 01040	(413) 534-2500	19,932.58
Marcum 555 Long Wharf Drive, 12th Floor New Haven, CT 06511	(203) 777-1099	19,800.00
Egan, Flanagan & Cohen, PC P.O. Box 9035 Springfield, MA 01102	(413) 737-0620	16,145.52
Cooley Dickinson P.O. Box 911 Northampton, MA 01601	(413) 582-2000	14,000.00
Worcester Elevator Co., Inc. 4 Southbridge St. Auburn, MA 01501	(508) 752-2001	13,957.05
Gulf South Medical Supply P.O. Box 841968 Dallas, TX 75284-1968	(601) 856-5900	13,351.76
Invacare Credit Corp P.O. Box 41602 Philadelphia, PA 19101-1602	(440) 329-6000	12,519.23

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

I, [the president *or* other officer *or* an authorized agent of the corporation][*or* a member *or* an authorized agent of the partnership] 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: April 24, 2014

Signature: /s/ Charles F. Glidden

**Charles F. Glidden, Chair**

(Print Name and Title)

**IN RE:**

Case No. \_\_\_\_\_

**Geriatric Authority Of Holyoke**

Chapter **11**

Debtor(s)

**SUMMARY OF SCHEDULES**

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

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 5,000,000.00		
B - Personal Property	Yes	3	\$ 852,299.44		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	2		\$ 748,278.64	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	8		\$ 176,994.90	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	17		\$ 2,706,040.04	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	No				\$
J - Current Expenditures of Individual Debtor(s)	No				\$
<b>TOTAL</b>		<b>34</b>	<b>\$ 5,852,299.44</b>	<b>\$ 3,631,313.58</b>	



IN RE Geriatric Authority Of Holyoke

Debtor(s)

Case No.

(If known)

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
45 Lower Westfield Road, Holyoke, Massachusetts, consisting of improvements and 8.684 acres (the City of Holyoke has this property assessed for \$7,041,500; but, because the Debtor has not done its own appraisal, to be conservative, it has listed the value as stated below it lists the value as unknown).	Fee Simple		5,000,000.00	736,278.64

TOTAL 5,000,000.00

(Report also on Summary of Schedules)



IN RE Geriatric Authority Of Holyoke

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE B - PERSONAL PROPERTY  
(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	H U S B A N D W I F E J O I N T O R C O M M U N I T Y	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issue.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.		<p><b>Various accounts receivables; although listed as \$448,951.60 (see attached list); this is subject to additional adjustments for receipts; the Debtor estimates that only a portion is collectible (as it so lists an estimate for value)</b></p>		<p><b>100,000.00</b></p>
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			

IN RE Geriatric Authority Of Holyoke

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE B - PERSONAL PROPERTY  
(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
23. Licenses, franchises, and other general intangibles. Give particulars.		<b>License for operation of 120 beds for Nursing Home (the value for this is speculative, and is contingent upon how it is sold - i.e., going concern (perhaps over \$75,000 per bed) or liquidation value (perhaps \$5,000 to \$10,000 per bed) - the value listed is a conservative amount, but still speculative)</b>		<b>500,000.00</b>
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>	<b>License to operate Adult Daycare Center.</b>		<b>unknown</b>
25. Automobiles, trucks, trailers, and other vehicles and accessories.		<b>F 250 Ford Pickup, 2010</b>		<b>12,500.00</b>
26. Boats, motors, and accessories.	<b>X</b>	<b>Two 2008 Ford E350 Vans (one has a lift)</b>		<b>20,000.00</b>
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.		<b>Various desks, computers, printers, and related office equipment and supplies (estimated value)</b>		<b>5,000.00</b>
29. Machinery, fixtures, equipment, and supplies used in business.		<b>Lawn equipment, maintenance equipment, tools, and various related items.</b>		<b>1,000.00</b>
30. Inventory.		<b>Nursing home supplies, medicines, kitchen food, and related items (estimated value).</b>		<b>500.00</b>
31. Animals.	<b>X</b>			
32. Crops - growing or harvested. Give particulars.	<b>X</b>			
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			
35. Other personal property of any kind not already listed. Itemize.	<b>X</b>			
<b>TOTAL</b>				<b>852,299.44</b>

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0 continuation sheets attached

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

IN RE Geriatric Authority Of Holyoke

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**

Debtor elects the exemptions to which debtor is entitled under:  
(Check one box)

Check if debtor claims a homestead exemption that exceeds \$155,675. \*

- 11 U.S.C. § 522(b)(2)
- 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
<b>Not Applicable</b>			

\* Amount subject to adjustment on 4/1/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor;" include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

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

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. <b>Department Of Unemployment Assistance Commonwealth Of Massachusetts 19 Stanford Street Boston, MA 02114</b>		<b>Unemployment Compensation Payments, 2011 - 2014</b>  VALUE \$ <b>5,000,000.00</b>		<b>X</b>		<b>193,273.85</b>	
ACCOUNT NO. <b>Commonwealth Of Mass/Attn. Chief Counsel Department Of Unemployment Assistance 19 Staniford Street, Legal Dept, 1st Flr Boston, MA 02114-2502</b>		<b>Assignee or other notification for: Department Of Unemployment Assistance</b>  VALUE \$					
ACCOUNT NO. <b>Massachusetts Department Of Revenue Bankruptcy Unit P.O. Box 9564 Boston, MA 02114-9564</b>		<b>Assignee or other notification for: Department Of Unemployment Assistance</b>  VALUE \$					
ACCOUNT NO. <b>Massachusetts Department Of Revenue P.O. Box 7049 Boston, MA 02204</b>		<b>Assignee or other notification for: Department Of Unemployment Assistance</b>  VALUE \$					

1 continuation sheets attached

Subtotal (Total of this page)	\$ <b>193,273.85</b>	\$
Total (Use only on last page)	\$	\$

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

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IN RE **Geriatric Authority Of Holyoke**

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS  
(Continuation Sheet)**

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	DEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. <b>Ford Credit</b> <b>P.O. Box 220564</b> <b>Pittsburgh, PA 15257-2564</b>		<b>2010</b>  VALUE \$ <b>12,500.00</b>				<b>12,000.00</b>	
ACCOUNT NO. <b>Holyoke Gas &amp; Electric</b> <b>99 Suffolk Street</b> <b>Holyoke, MA 01040</b>		<b>Gas and Electric utility/services;</b> <b>2012-2014</b>  VALUE \$ <b>5,000,000.00</b>	<b>X</b>			<b>531,606.80</b>	
ACCOUNT NO. <b>Holyoke Water Works</b> <b>20 Commercial Street</b> <b>Holyoke, MA 01040</b>		<b>Water/Sewer and Related Utility Services;</b> <b>2014</b>  VALUE \$ <b>5,000,000.00</b>	<b>X</b>			<b>9,097.99</b>	
ACCOUNT NO. <b>Holyoke Water Works</b> <b>P.O. Box 4184</b> <b>Woburn, MA 01888-4184</b>		<b>Assignee or other notification for:</b> <b>Holyoke Water Works</b>  VALUE \$					
ACCOUNT NO. <b>Levi &amp; Wong Associates, Inc.</b> <b>45 Walden Street</b> <b>Concord, MA 01742</b>		<b>Architecture services, 2009 (see Hampden County</b> <b>Registry of Deeds, Book 17908 Page 412, for</b> <b>execution - originally filed in the amount of</b> <b>\$129,560.86)</b>  VALUE \$ <b>5,000,000.00</b>				<b>2,300.00</b>	
ACCOUNT NO. <b>Lewis &amp; Kaplan, LLP</b> <b>17 Lincoln Street, Suite 3A</b> <b>Newton Highlands, MA 02461</b>		<b>Assignee or other notification for:</b> <b>Levi &amp; Wong Associates, Inc.</b>  VALUE \$					
Subtotal (Total of this page)						\$ <b>555,004.79</b>	\$
Total (Use only on last page)						\$ <b>748,278.64</b>	\$

Sheet no. 1 of 1 continuation sheets attached to  
Schedule of Creditors Holding Secured Claims

(Report also on  
Summary of  
Schedules.)

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

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

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

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

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

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

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

**Wages, salaries, and commissions**  
 Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

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

**Certain farmers and fishermen**  
 Claims of certain farmers and fishermen, up to \$6,150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

**Deposits by individuals**  
 Claims of individuals up to \$2,775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

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

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

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

\* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.



IN RE **Geriatric Authority Of Holyoke**

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS  
(Continuation Sheet)**

**Wages, salaries, and commissions**

(Type of Priority for Claims Listed on This Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT		AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
			UNLIQUIDATED	DISPUTED			
ACCOUNT NO. <b>Amy Owsiak</b> <b>286 Westfield Road</b> <b>Holyoke, MA 01040</b>		<b>Salary and related benefits (based upon weekly salary of \$840)</b>	<b>X</b>		<b>672.00</b>	<b>672.00</b>	
ACCOUNT NO. <b>Betsy Robinson</b> <b>174 South Street</b> <b>Holyoke, MA 01040</b>		<b>Salary and related benefits (based upon weekly salary of \$640)</b>	<b>X</b>		<b>512.00</b>	<b>512.00</b>	
ACCOUNT NO. <b>Bonnie Bergeron</b> <b>101 West Street</b> <b>Holyoke, MA 01040</b>		<b>Salary and related benefits (based upon weekly salary of \$500)</b>	<b>X</b>		<b>400.00</b>	<b>400.00</b>	
ACCOUNT NO. <b>Christina Loranger</b> <b>50 Arden Street</b> <b>Springfield, MA 01118</b>		<b>Salary and related benefits (based upon weekly salary of \$1,2751)</b>	<b>X</b>		<b>1,020.00</b>	<b>1,020.00</b>	
ACCOUNT NO. <b>Chrystal Maly</b> <b>245 Whiting Farms Road</b> <b>Holyoke, MA 01040</b>		<b>Salary and related benefits (based upon weekly salary of \$743)</b>	<b>X</b>		<b>595.00</b>	<b>595.00</b>	
ACCOUNT NO. <b>Cindy Deschenes</b> <b>37 Chapin Street</b> <b>Holyoke, MA 01040</b>		<b>Salary and related benefits (based upon weekly salary of \$386)</b>	<b>X</b>		<b>310.00</b>	<b>310.00</b>	

Sheet no. 1 of 7 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

Subtotal  
(Totals of this page)

\$	<b>3,509.00</b>	\$	<b>3,509.00</b>	\$	
----	-----------------	----	-----------------	----	--

Total

(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)

\$		\$		\$	
----	--	----	--	----	--

Total

(Use only on last page of the completed Schedule E. If applicable,  
report also on the Statistical Summary of Certain Liabilities and Related Data.)

\$		\$		\$	
----	--	----	--	----	--

IN RE **Geriatric Authority Of Holyoke**

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS  
(Continuation Sheet)**

**Wages, salaries, and commissions**

(Type of Priority for Claims Listed on This Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO. <b>Cynthia Gruszka</b> <b>501 Rock Valley Road</b> <b>Holyoke, MA 01040</b>		<b>Salary and related benefitst (based upon weekly salary of \$1,280)</b>				<b>1,024.00</b>	<b>1,024.00</b>	
ACCOUNT NO. <b>Eileen Rule</b> <b>82 Osborne Terrace</b> <b>Springfield, MA 01104</b>		<b>Salary and related benefits (based upon weekly salary of \$1,156)</b>		<b>X</b>		<b>925.00</b>	<b>925.00</b>	
ACCOUNT NO. <b>Flor Barreto</b> <b>4 Locust Street</b> <b>Holyoke, MA 01040</b>		<b>Salary and related benefits (based upon weekly salary of \$350)</b>				<b>280.00</b>	<b>280.00</b>	
ACCOUNT NO. <b>Gary Dearman</b> <b>28 Sherwood Terrace</b> <b>Holyoke, MA 01040</b>		<b>Salary and related benefits (based upon weekly salary of \$880.00)</b>		<b>X</b>		<b>704.00</b>	<b>704.00</b>	
ACCOUNT NO. <b>Iris Alvarez</b> <b>50 Hitchcock Street</b> <b>Holyoke, MA 01040</b>		<b>Salary and related benefits (based upon weekly salary of \$867)</b>		<b>X</b>		<b>695.00</b>	<b>695.00</b>	
ACCOUNT NO. <b>Janice Denno</b> <b>138 South Street</b> <b>Chesterfield, MA 01012</b>		<b>Salary and related benefits (based upon weekly salary of \$1457)</b>		<b>X</b>		<b>1,165.00</b>	<b>1,165.00</b>	

Sheet no. 2 of 7 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

Subtotal  
(Totals of this page)

\$	<b>4,793.00</b>	\$	<b>4,793.00</b>	\$	
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Total

(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)

\$		\$		\$	
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Total

(Use only on last page of the completed Schedule E. If applicable,  
report also on the Statistical Summary of Certain Liabilities and Related Data.)

\$		\$		\$	
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IN RE Geriatric Authority Of Holyoke

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)

**Wages, salaries, and commissions**

(Type of Priority for Claims Listed on This Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO. <b>Karla Lancto</b> <b>71 Sun Valley Road</b> <b>Holyoke, MA 01040</b>		<b>Salary and related benefits</b> <b>(based upon weekly salary of</b> <b>\$807)</b>		<b>X</b>		<b>645.00</b>	<b>645.00</b>	
ACCOUNT NO. <b>Kathleen Brown</b> <b>51 Magnolia Avenue</b> <b>Holyoke, MA 01040</b>		<b>Salary and related benefits</b> <b>(based upon weekly salary of</b> <b>\$1,140)</b>		<b>X</b>		<b>912.00</b>	<b>912.00</b>	
ACCOUNT NO. <b>Ken Erickson</b> <b>22 Abbott Street</b> <b>Greenfield, MA 01301</b>		<b>Salary and related benefitst</b> <b>(based upon weekly salary of</b> <b>\$1,080)</b>		<b>X</b>		<b>864.00</b>	<b>864.00</b>	
ACCOUNT NO. <b>Laura Guy</b> <b>9 Edison Drive</b> <b>South Hadley, MA 01075</b>		<b>Salary and related benefitst</b> <b>(based upon weekly salary of</b> <b>\$1,250)</b>				<b>1,000.00</b>	<b>1,000.00</b>	
ACCOUNT NO. <b>Lawrence Bearegard</b> <b>258 Poplar Avenue</b> <b>West Springfield, MA 01089</b>		<b>Salary and related benefits</b> <b>(based upon weekly salary of</b> <b>\$418)</b>		<b>X</b>		<b>335.00</b>	<b>335.00</b>	
ACCOUNT NO. <b>Lorraine Chenail</b> <b>63 Syrek St</b> <b>Chicopee, MA 01020</b>		<b>Salary and related benefits</b> <b>(based upon weekly salary of</b> <b>\$598)</b>		<b>X</b>		<b>480.00</b>	<b>480.00</b>	

Sheet no. **3** of **7** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

Subtotal  
(Totals of this page)

\$	<b>4,236.00</b>	\$	<b>4,236.00</b>	\$	
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Total

(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)

\$					
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Total

(Use only on last page of the completed Schedule E. If applicable,  
report also on the Statistical Summary of Certain Liabilities and Related Data.)

\$		\$	
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IN RE Geriatric Authority Of Holyoke

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
**(Continuation Sheet)**

**Wages, salaries, and commissions**

(Type of Priority for Claims Listed on This Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT		AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
			UNLIQUIDATED	DISPUTED			
ACCOUNT NO. <b>Lourdes Panlilio</b> <b>27 Boghollow Road</b> <b>Springfield, MA 01109</b>		<b>Salary and related benefits</b> <b>(based on weekly salary of</b> <b>\$340)</b>	<b>X</b>		<b>272.00</b>	<b>272.00</b>	
ACCOUNT NO. <b>Lydia Torres</b> <b>187 Theroux Dr.</b> <b>Chicopee, MA 01020</b>		<b>Salary and related benefits</b> <b>(based upon weekly salary of</b> <b>\$700.00)</b>	<b>X</b>		<b>560.00</b>	<b>560.00</b>	
ACCOUNT NO. <b>Michael Owsiak</b> <b>286 Westfield Road</b> <b>Holyoke, MA 01040</b>		<b>Salary and related benefits</b> <b>(based upon weekly salary of</b> <b>\$611)</b>	<b>X</b>		<b>490.00</b>	<b>490.00</b>	
ACCOUNT NO. <b>Michael Stroetzel</b> <b>227 Barbara Street</b> <b>Westfield, MA 01085</b>		<b>Salary and related benefits</b> <b>(based upon weekly salary of</b> <b>\$1,400)</b>	<b>X</b>		<b>1,120.00</b>	<b>1,120.00</b>	
ACCOUNT NO. <b>Muturi Irungu</b> <b>89 Maryland Street</b> <b>Springfield, MA 01108</b>		<b>Salary and related benefits</b> <b>(based upon weekly salary of</b> <b>\$1,075)</b>	<b>X</b>		<b>860.00</b>	<b>860.00</b>	
ACCOUNT NO. <b>Patricia Sexton</b> <b>59 Taylor Street</b> <b>Holyoke, MA 01040</b>		<b>Salary and related benefits</b> <b>(based on weekly salary of</b> <b>\$689)</b>	<b>X</b>		<b>551.00</b>	<b>551.00</b>	

Sheet no. 4 of 7 continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Priority Claims

Subtotal  
 (Totals of this page)

\$	<b>3,853.00</b>	\$	<b>3,853.00</b>	\$	
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Total

(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)

\$		\$		\$	
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Total

(Use only on last page of the completed Schedule E. If applicable,  
 report also on the Statistical Summary of Certain Liabilities and Related Data.)

\$		\$		\$	
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IN RE Geriatric Authority Of Holyoke

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
**(Continuation Sheet)**

**Wages, salaries, and commissions**

(Type of Priority for Claims Listed on This Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO. <b>Peter Mule</b> <b>1300 Federal St</b> <b>Belchertown, MA 01007</b>		<b>Salary and related benefits</b> <b>(based upon weekly salary of</b> <b>\$553)</b>		<b>X</b>		<b>442.00</b>	<b>442.00</b>	
ACCOUNT NO. <b>Peter Petrenko</b> <b>45 Belle Ave</b> <b>West Springfield, MA 01089</b>		<b>Salary and related benefits</b>		<b>X</b>		<b>unknown</b>		
ACCOUNT NO. <b>Randall Rivard</b> <b>14 Harrison Avenue</b> <b>Holyoke, MA 01040</b>		<b>Salary and related benefits</b> <b>(based upon weekly salary of</b> <b>\$340)</b>		<b>X</b>		<b>272.00</b>	<b>272.00</b>	
ACCOUNT NO. <b>Rick Caneschi</b> <b>15 Ferrin Drive</b> <b>Southwick, MA 01077</b>		<b>Salary and related benefits</b> <b>(based upon weekly salary of</b> <b>\$1,140)</b>		<b>X</b>		<b>912.00</b>	<b>912.00</b>	
ACCOUNT NO. <b>Rosemarie Lebiez</b> <b>46 Sherwood Terrace</b> <b>Holyoke, MA 01040</b>		<b>Salary and related benefits</b> <b>(based upon weekly salary of</b> <b>\$468)</b>		<b>X</b>		<b>375.00</b>	<b>375.00</b>	
ACCOUNT NO. <b>Stella King</b> <b>425 South Street</b> <b>Holyoke, MA 01040</b>		<b>Salary and related benefits</b> <b>(based upon weekly salary of</b> <b>\$358)</b>		<b>X</b>		<b>285.00</b>	<b>285.00</b>	

Sheet no. 5 of 7 continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Priority Claims

Subtotal  
 (Totals of this page)

\$	<b>2,286.00</b>	\$	<b>2,286.00</b>	\$	
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Total

(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)

\$					
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Total

(Use only on last page of the completed Schedule E. If applicable,  
 report also on the Statistical Summary of Certain Liabilities and Related Data.)

\$		\$	
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IN RE Geriatric Authority Of Holyoke

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
**(Continuation Sheet)**

**Wages, salaries, and commissions**

(Type of Priority for Claims Listed on This Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	TYPE OF PRIORITY			AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
			CONTINGENT	UNLIQUIDATED	DISPUTED			
ACCOUNT NO. <b>Trudy Taylor</b> <b>68 Beacon Avenue</b> <b>Holyoke, MA 01040</b>		<b>Salary and related benefits</b> <b>(based upon weekly salary of</b> <b>\$800)</b>		<b>X</b>		<b>640.00</b>	<b>640.00</b>	
ACCOUNT NO. <b>Willie Mae White</b> <b>44 Ionia Street</b> <b>Sprinfeld, MA 01109</b>		<b>Salary and related benefits</b>		<b>X</b>		<b>unknown</b>		
ACCOUNT NO. <b>Zulimar Rios</b> <b>15 Leary Drive</b> <b>Holoke, MA 01040</b>		<b>Salary and related benefits</b> <b>(based on weekly salary of</b> <b>\$232)</b>		<b>X</b>		<b>185.00</b>	<b>185.00</b>	
ACCOUNT NO.								
ACCOUNT NO.								
ACCOUNT NO.								

Sheet no. **6** of **7** continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Priority Claims

Subtotal  
 (Totals of this page)

\$ <b>825.00</b>	\$ <b>825.00</b>	\$
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Total

(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)

\$		
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Total

(Use only on last page of the completed Schedule E. If applicable,  
 report also on the Statistical Summary of Certain Liabilities and Related Data.)

	\$	\$
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IN RE Geriatric Authority Of Holyoke

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS  
(Continuation Sheet)**

**Contributions to employee benefit plans**

(Type of Priority for Claims Listed on This Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM		CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO. <b>Holyoke Retirement Board City Hall Annex, Room 207 Holyoke, MA 01040</b>		<b>Retirement debt</b>					<b>157,492.90</b>	<b>157,492.90</b>	
ACCOUNT NO.									
ACCOUNT NO.									
ACCOUNT NO.									
ACCOUNT NO.									
ACCOUNT NO.									

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

Subtotal  
(Totals of this page)

\$ **157,492.90** \$ **157,492.90** \$

Total

(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)

\$ **176,994.90**

Total

(Use only on last page of the completed Schedule E. If applicable,  
report also on the Statistical Summary of Certain Liabilities and Related Data.)

\$ **176,994.90** \$

**IN RE Geriatric Authority Of Holyoke**

Case No. \_\_\_\_\_

Debtor(s) \_\_\_\_\_

(If known)

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

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>ACS Service Bureau, Inc.</b> <b>226 Lowell St., Suite A-2</b> <b>Wilmington, MA 01887-3073</b>		<b>Trade debt; 2013-2014</b>				<b>898.67</b>
ACCOUNT NO. <b>Aegis Energy Services, Inc.</b> <b>P.O. Box 2511</b> <b>Springfield, MA 01101-2511</b>		<b>Trade debt; 2013 - 2014</b>				<b>8,746.27</b>
ACCOUNT NO. <b>Alimed, Inc.</b> <b>P.O. Box 9135</b> <b>Dedham, MA 02027-9135</b>		<b>Trade debt (nursing supplies); 2013-2014</b>				<b>786.95</b>
ACCOUNT NO. <b>American Messaging</b> <b>P.O. Box 5749</b> <b>Carol Stream, IL 60197-5749</b>		<b>Trade debt, messaging services; 2013-2014</b>				<b>32.95</b>

16 continuation sheets attached

Subtotal  
(Total of this page) \$ **10,464.84**

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

\$



IN RE **Geriatric Authority Of Holyoke**

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS  
(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>American Pest Solutions 169 Williams Street Springfield, MA 01105</b>		<b>Trade debt, extermination services; 2013-2014</b>				<b>60.00</b>
ACCOUNT NO. <b>Barry S. Gordon 26 Stoneham Drive West Hartford, CT 06117</b>		<b>Trade debt, social services consultant; 2014</b>				<b>950.00</b>
ACCOUNT NO. <b>BayState Medical Center 759 Chestnut St. Springfield, MA 01199</b>		<b>Trade debt, medical services; 2013-2014</b>				<b>4,065.99</b>
ACCOUNT NO. <b>BayState Reference Lab P.O. Box 3353 Boston, MA 02241-3353</b>		<b>Trade debt, medical services - lab testing; 2013-2014</b>				<b>6,351.39</b>
ACCOUNT NO. <b>BayState Sprinkler Co. 27 Labrie Lane Holyoke, MA 01040</b>		<b>Trade debt, fire sprinkler services; 2013-2014</b>				<b>1,294.59</b>
ACCOUNT NO. <b>Blue Cross/Blue Shield Of Massachusetts P.O. Box 371318 Pittsburgh, PA 15250-7318</b>		<b>Trade debt; 2013-2014</b>				<b>26,391.35</b>
ACCOUNT NO. <b>Briggs Corp P.O. Box 1355 Des Moines, IA 50350-1355</b>		<b>Trade debt; 2013</b>				<b>257.37</b>

Sheet no. 1 of 16 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **39,370.69**

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

IN RE Geriatric Authority Of Holyoke

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS  
(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Cbiz Tofias P.O. Box 956793 St. Louis, MO 63195-6793</b>		<b>Trade debt, accounting services; 2013</b>				<b>12,220.00</b>
ACCOUNT NO. <b>Chemsearch 23261 Network Place Chicago, IL 60673-1232</b>		<b>Trade debt; 2013</b>				<b>267.85</b>
ACCOUNT NO. <b>City Of Holyoke Treasurer's Office, City Hall 536 Dwight Avenue Holyoke, MA 01040-5019</b>		<b>Paid in Lieu of Taxes fees (see Affidavit filed in the Hampden County Registry of Deeds in Book 20221 Page 532, and Instrument of Taking recorded in Hampden County Registry of Deeds 19187 Page 351; although these documents only reference \$80,070.61 as due, the amount listed is based upon the Debtor's records).</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>167,500.00</b>
ACCOUNT NO. <b>City Of Holyoke Treasurer's Office, City Hall 536 Dwight Avenue Holyoke, MA 01040</b>		<b>Claims for Pension contributions made by City of Holyoke to Retirement Board on behalf of Debtor-</b>	<b>X</b>			<b>503,429.39</b>
ACCOUNT NO. <b>City Solicitor Heather Egan Town Hall Holyoke, MA 01040</b>		<b>Assignee or other notification for: City Of Holyoke</b>				
ACCOUNT NO. <b>City Of Holyoke Treasurer's Office, City Hall 536 Dwight Avenue Holyoke, MA 01040</b>		<b>Health Insurance Contributions for Retired Employees</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>unknown</b>
ACCOUNT NO. <b>Comcast P.O. Box 1577 Newark, NJ 07101-1577</b>		<b>Trade debt, television and internet services; 2014</b>	<b>X</b>			<b>657.43</b>

Sheet no. 2 of 16 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **684,074.67**

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

IN RE **Geriatric Authority Of Holyoke**

Case No. \_\_\_\_\_

Debtor(s) \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS  
(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Conn Care Transportation ADH Transportation 15 Monrovia St Springfield, MA 01104</b>		<b>Trade debt; 2013-2014</b>				<b>2,564.52</b>
ACCOUNT NO. <b>Connecticu Steam Cleaning P.O. Box 354 Orange, CT 06477</b>		<b>Trade debt,kitchen cleaning services (ducts); 2013-2014</b>				<b>566.00</b>
ACCOUNT NO. <b>Cooley Dickinson P.O. Box 911 Northampton, MA 01601</b>		<b>Trade debt, medical services; 2013-2014</b>				<b>14,000.00</b>
ACCOUNT NO. <b>Crest Healthcare Supply P.O. Box 727 Dassel, MN 55325-0727</b>		<b>Trade debt, bed accessories; 2013-2014</b>				<b>354.78</b>
ACCOUNT NO. <b>Crystal Rock, LLC P.O. Box 10028 Waterbury, CT 06725</b>		<b>Trade Debt, office supplies; 2014</b>				<b>268.92</b>
ACCOUNT NO. <b>Department Of Health &amp; Human Services Centers For Medicare &amp; Medicaid Services JFK Federal Building, Room 2275 Boston, MA 02203</b>		<b>Civil Money Penalty resulting from inspection</b>				<b>25,415.00</b>
ACCOUNT NO. <b>Divion Of Health Care Finance &amp; Policy Nursing Facility User Fee P.O. Box 3538 Boston, MA 02241-3538</b>		<b>User Fees</b>		<b>X</b>		<b>975,000.00</b>

Sheet no. 3 of 16 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **1,018,169.22**

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

IN RE **Geriatric Authority Of Holyoke**

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS  
(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Commonwealth Of Massachusetts Center For Health Information &amp; Analysis Two Boylston Street Boston, MA 02116</b>		<b>Assignee or other notification for: Divion Of Health Care Finance &amp; Policy</b>				
ACCOUNT NO. <b>DocuSource 35B Cabot Road Woburn, MA 01801</b>		<b>Trade Debt, office servies; 2014</b>				<b>155.00</b>
ACCOUNT NO. <b>Donald Wilcox 25 Carey Lane Norwich, CT 06360</b>						<b>0.00</b>
ACCOUNT NO. <b>Swartz Law, LLC 100 State Street, Suite 900 Boston, MA 02109</b>		<b>Assignee or other notification for: Donald Wilcox</b>				
ACCOUNT NO. <b>Pellegrini, Seeley, Ryan &amp; Blakesley, P. 1145 Main Street Springfield, MA 01103</b>		<b>Assignee or other notification for: Donald Wilcox</b>				
ACCOUNT NO. <b>Donoghue, Barrett &amp; Singal One Beacon Street, Suite 1320 Boston, MA 02180-3113</b>		<b>Legal Services; 2010 - 2014</b>				<b>62,735.00</b>
ACCOUNT NO. <b>DPM Associates, Inc. 510 Front Street Chicopee, MA 01013</b>		<b>Trade Debt; 2013-14</b>				<b>7,258.33</b>

Sheet no. 4 of 16 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **70,148.33**

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

IN RE **Geriatric Authority Of Holyoke**

Case No. \_\_\_\_\_

Debtor(s) \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS  
(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Earthlink Business P.O. Box 88104 Chicago, IL 60680-1104</b>		<b>Trade Debt, office services; 2014</b>				<b>570.13</b>
ACCOUNT NO. <b>Ecolab P.O. Box 905327 Charlotte, NC 28290-5327</b>		<b>Trade Debt, laundry services; 2014</b>				<b>943.89</b>
ACCOUNT NO. <b>Egan, Flanagan &amp; Cohen, PC P.O. Box 9035 Springfield, MA 01102</b>		<b>Trade Debt, legal services, 2012.</b>				<b>16,145.52</b>
ACCOUNT NO. <b>Employers Association Of The North East P.O. Box 1070 Agawam, MA 01001-6070</b>		<b>Trade Debt; 2013-2014</b>				<b>737.50</b>
ACCOUNT NO. <b>Excel Nursing Services 185 West Avenue, Suite 103 Ludlow, MA 01056</b>		<b>Trade Debt; 2013-2014</b>				<b>738.50</b>
ACCOUNT NO. <b>Expert Staffing 120 Stafford Street Worcester, MA 01603</b>		<b>Trade Debt, additional medical staffing; 2013-2014</b>				<b>4,296.36</b>
ACCOUNT NO. <b>Favorite Healthcare P.O. Box 803356 Kansas Cit, MO 64180-3356</b>		<b>Trade Debt; 2013-2014</b>				<b>779.45</b>

Sheet no. 5 of 16 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **24,211.35**

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

IN RE **Geriatric Authority Of Holyoke**

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS  
(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Fedex</b> <b>P.O. Box 371461</b> <b>Pittsburgh, PA 15250-7461</b>		<b>Trade Debt, overnite delivery service; 2014</b>				<b>26.95</b>
ACCOUNT NO. <b>Fire Detection Systems</b> <b>66 Main Stree</b> <b>Chicopee, MA 01020</b>		<b>Trade Debt, building safety services; 2013-2014</b>				<b>3,487.48</b>
ACCOUNT NO. <b>Fln-Mar Rubber &amp; Plastics</b> <b>P.O. Box 307</b> <b>Holyoke, MA 01040</b>		<b>Trade Debt, supplies; 2013-2014</b>				<b>20.88</b>
ACCOUNT NO. <b>Geriatric Medical</b> <b>P.O. Box 2503</b> <b>Woburn, MA 01888-2503</b>		<b>Trade Debt, medical supplies; 2013-2014</b>				<b>6,668.17</b>
ACCOUNT NO. <b>Geriatric Med &amp; Surg Supply</b> <b>P.O. Bo 9127</b> <b>Chelsea, MA 02150-9127</b>		<b>Assignee or other notification for: Geriatric Medical</b>				
ACCOUNT NO. <b>Gulf South Medical Supply</b> <b>P.O. Box 841968</b> <b>Dallas, TX 75284-1968</b>		<b>Trade Debt, medical supplies; 2013-2014</b>				<b>13,351.76</b>
ACCOUNT NO. <b>H.L. Dempsey Co.</b> <b>P.O. Box 1110</b> <b>West Sprringfield, MA 01090-0921</b>		<b>Trade Debt, additional medical staffing; 2013-2014</b>				<b>2,001.87</b>

Sheet no. 6 of 16 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **25,557.11**

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

IN RE Geriatric Authority Of Holyoke

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS  
(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Hanger Inc. 1985 Main Street Springfield, MA 01103-1095</b>		<b>Trade Debt; 2013-2014</b>				<b>426.16</b>
ACCOUNT NO. <b>HD Supply Facilities Main P.O. Box 509058 San Diego, CA 92150-9058</b>		<b>Trade Debt, medical supplies; 2013-2014</b>				<b>994.93</b>
ACCOUNT NO. <b>Holyoke Medical Center 575 Beech Street Holyoke, MA 01040</b>		<b>Trade Debt, medical services; 2013-2014</b>				<b>19,932.58</b>
ACCOUNT NO. <b>Home Depot Credit Services Dept 32-2500898709 Des Moines, IA 50368-9055</b>		<b>Trade Debt, office supplies; 2014</b>				<b>816.74</b>
ACCOUNT NO. <b>Invacare Credit Corp P.O. Box 41602 Philadelphia, PA 19101-1602</b>		<b>Trade Debt, credit services; 2013</b>				<b>12,519.23</b>
ACCOUNT NO. <b>Invacare Outcomes Management 50 Kerry Place Norwood, MA 02062</b>		<b>Trade Debt, medical services assistance; 2013-2014</b>				<b>6,444.35</b>
ACCOUNT NO. <b>James M. Litton, Esq. 38 Gray Street Boston, MA 02116</b>		<b>Arbitration services; 2013</b>				<b>700.00</b>

Sheet no. 7 of 16 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **41,833.99**

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

IN RE Geriatric Authority Of Holyoke

Case No. \_\_\_\_\_

Debtor(s) \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS  
(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Joint Commission, The P.O. Box 92775 Chicago, IL 60675-2775</b>		<b>Accreditation fee</b>				<b>1,285.00</b>
ACCOUNT NO. <b>KCI USA P.O. Box 301557 Dallas, TX 75303-1557</b>		<b>Trade Debt; medical services; 2014</b>				<b>3,116.20</b>
ACCOUNT NO. <b>Keenan, Malladi &amp; O'Neill 10 Hospital Drive Holyoke, MA 01040</b>		<b>Trade Debt; medical services; 2013</b>				<b>260.00</b>
ACCOUNT NO. <b>Leading Age Massachussts 246 Walnut Street, Suite 203 Newton, MA 02460</b>		<b>Seminar/related fees; 2013</b>				<b>3,665.00</b>
ACCOUNT NO. <b>Life Supply Corporation 11 Veterans Drive Chicopee, MA 01022</b>		<b>Trade Debt, medical supplies (oxygen); 2013-2014</b>				<b>3,461.60</b>
ACCOUNT NO. <b>MADSA One Florence Street Boston, MA 02131</b>		<b>Annual Fees; 2013</b>				<b>2,300.00</b>
ACCOUNT NO. <b>Marcum 555 Long Wharf Drive, 12th Floor New Haven, CT 06511</b>		<b>Audit services; 2013-2014</b>				<b>19,800.00</b>

Sheet no. 8 of 16 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **33,887.80**

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



IN RE **Geriatric Authority Of Holyoke**

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS  
(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>MDI Achieve SDS-12-2905 Minneapolis, MN 55486-2905</b>		<b>Trade Debt, 2014</b>				<b>3,681.00</b>
ACCOUNT NO. <b>MED Advantage 11301 Corporate Blvd Orlando, FL 32817</b>		<b>Trade Debt; 2013-2014</b>				<b>1,593.25</b>
ACCOUNT NO. <b>Med-Pass, Inc. L-3495 Columbus, OH 43260-0001</b>		<b>Trade Debt; 2013</b>				<b>189.48</b>
ACCOUNT NO. <b>Medline Industries, Inc. P.O. Box 382075 Pittsburgh, PA 15251-8075</b>		<b>Trade Debt, medical supplies; 2013-2014</b>				<b>3,872.51</b>
ACCOUNT NO. <b>Michael Hooker, Esq. 25 Main St. Northampton, MA 01060</b>		<b>Legal Services; 2013</b>				<b>11,000.00</b>
ACCOUNT NO. <b>Minuteman Press 1 Anngina Drive Enfield, CT 06082</b>		<b>Trade Debt, printing services; 2013</b>				<b>190.35</b>
ACCOUNT NO. <b>Morris Roofing &amp; Sheet Metal Corp. 142 Hancock Street Springfield, MA 01109</b>		<b>Roof Repairs; 2013</b>				<b>2,500.00</b>

Sheet no. 9 of 16 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **23,026.59**

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

IN RE Geriatric Authority Of Holyoke

Case No. \_\_\_\_\_

Debtor(s) \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS  
(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Motion Automotive Special Route 20 Brimfield, MA 01010</b>		<b>Automotive Repairs; 2013</b>				<b>811.00</b>
ACCOUNT NO. <b>My Ntural Form By WCW P.O. Box 2225 Manchester Center, VT 05255</b>		<b>Trade Debt; furniture/mattresses; 2014</b>				<b>767.92</b>
ACCOUNT NO. <b>Nursing Registry 529 Front Stree Chicopee, MA 01013</b>		<b>Trade Debt; 2013</b>				<b>4,678.36</b>
ACCOUNT NO. <b>Ott Communications P.O. Box 11004 Lewiston, ME 04243-9455</b>		<b>Trade Debt; 2014</b>				<b>95.85</b>
ACCOUNT NO. <b>Pacific Telemanagement Services 2001 Crow Canyon Road, Suite 200 SAn Ramon, CA 94583</b>		<b>Trade Debt, telephone services; 2014</b>				<b>433.49</b>
ACCOUNT NO. <b>Paper City Emergency Physicians 575 Beach Street Holyoke, MA 01040</b>		<b>Trade Debt, medical services; 2013</b>				<b>555.00</b>
ACCOUNT NO. <b>Patterson Medical P.O. Box 93040 Chicago, IL 60673-3040</b>		<b>Trade Debt, medical services; 2013</b>				<b>566.09</b>

Sheet no. 10 of 16 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **7,907.71**

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

IN RE **Geriatric Authority Of Holyoke**

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS  
(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Pitney Bowes Global Financial Services, LLC Pittsburgh, PA 15250-7887</b>		<b>Trade Debt, office services (postage); 2014</b>				<b>488.13</b>
ACCOUNT NO. <b>Pitney Bowes P.O. Box 371896 Pittsburgh, PA 15250-7896</b>		<b>Assignee or other notification for: Pitney Bowes Global</b>				
ACCOUNT NO. <b>Preferred Pharmacy Solutions 35 Avco Road Havelhill, MA 01835</b>		<b>Trade Debt, pharmacy services/purchases; 2013-2014</b>				<b>72,224.94</b>
ACCOUNT NO. <b>Premier Staffing Services P.O. Box 504 Holyoke, MA 01401</b>		<b>Trade Debt, medical services; 2014</b>				<b>1,218.00</b>
ACCOUNT NO. <b>R.J. Greeley Company, Inc. 1 Federal Street Springfield, MA 01105</b>		<b>Real Esate Services; 2013</b>				<b>4,750.00</b>
ACCOUNT NO. <b>Radiology &amp; Imaging, Inc. 231 Moody Street Ludlow, MA 01056</b>		<b>Trade Debt, medical services; 2013-2014</b>				<b>420.00</b>
ACCOUNT NO. <b>Reliance Electric Service 573 S. Canal Street Holyoke, MA 01040</b>		<b>Electrical Repairs; 2013-2014</b>				<b>540.13</b>

Sheet no. 11 of 16 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **79,641.20**

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

IN RE **Geriatric Authority Of Holyoke**

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS  
(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Rene L. Cote Sons, Inc. P.O. Box 741 Holyoke, MA 01041</b>		<b>Boiler repairs; 2013-2014</b>				<b>6,566.30</b>
ACCOUNT NO. <b>Richco Products, Inc. 237 Memorial Drive Springfield, MA 01101-1250</b>		<b>Supply/repair parts; 2014</b>				<b>270.60</b>
ACCOUNT NO. <b>Rochester Midland Corp. P.O. Box 64462 Rochester, NY 14524-6862</b>		<b>Water Energy Services; 2013-2014</b>				<b>1,331.68</b>
ACCOUNT NO. <b>Rsm McGladrey 5155 Paysphere Circle Chicago, IL 60674</b>		<b>Trade Debt; 2013-2014</b>				<b>11,815.00</b>
ACCOUNT NO. <b>Rucki &amp; Son P.O. Box 949 Holyoke, MA 01041</b>		<b>Trade Debt, medical services; 2013</b>				<b>866.00</b>
ACCOUNT NO. <b>Select Rehabilitation P.O. Box 809056 Chicago, IL 60680</b>		<b>Trade Debt, medical services/physical therapy services; 2013-2014</b>				<b>207,797.19</b>
ACCOUNT NO. <b>Faegre Baker Daniels 311 S. Wacker Drive, Suite 4400 Chicago, IL 60606-6622</b>		<b>Assignee or other notification for: Select Rehabilitation</b>				

Sheet no. 12 of 16 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **228,646.77**

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

Total  
\$

IN RE **Geriatric Authority Of Holyoke**

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS  
(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Seton Identification Products P.O. Box 95904 Chicago, IL 60694-5904</b>		<b>Trade Debt; 2013</b>				<b>63.05</b>
ACCOUNT NO. <b>Sexauer P.O. Box 404284 Atlanta, GA 30384-4284</b>		<b>Trade Debt, facility repairs; 2014</b>				<b>232.36</b>
ACCOUNT NO. <b>Sherwin-Williams 2221 Northampton St. Holyoke, MA 01040</b>		<b>Trade Debt, paint for repairs; 2014</b>				<b>790.96</b>
ACCOUNT NO. <b>Siemens Industry, Inc. C/O Citibank (Bldh Tech) Carol Stream, IL 60132-2134</b>		<b>Trade Debt, mainenance parts; 2013</b>				<b>123.78</b>
ACCOUNT NO. <b>Sodexo, Inc. P.O. Box 360170 Pittsburgh, PA 15251-6170</b>		<b>Trade Debt, food service; 2013-2014</b>				<b>120,499.91</b>
ACCOUNT NO. <b>Sodexo Marriott Services P.O.Box 905374 Charlotte, NC 28290-5374</b>		<b>Assignee or other notification for: Sodexo, Inc.</b>				
ACCOUNT NO. <b>SPHS Mercy Inpatient Medical Association P.O. Box 414432 Boston, MA 02241-4432</b>		<b>Trade Debt, medical services; 2013-2014</b>				<b>3,004.00</b>

Sheet no. **13** of **16** continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **124,714.06**

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

IN RE Geriatric Authority Of Holyoke

Case No. \_\_\_\_\_

Debtor(s) \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS  
(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Sprint</b> <b>P.O. Box 4181</b> <b>Carol Stream, IL 60197-4181</b>		<b>Trade Debt, telephone services; 2013-2014</b>				<b>206.55</b>
ACCOUNT NO. <b>Stanley Healthcare Solutions</b> <b>Dept Ch 10504</b> <b>Palatine, IL 60055-0504</b>		<b>Trade Debt, telephone services; 2013-2014</b>				<b>788.12</b>
ACCOUNT NO. <b>Stat-Care Pharmacy</b> <b>Fifth Third Bank</b> <b>Cincinnati, OH 45263-5234</b>		<b>Trade Debt, pharmacy services; 2013-2014</b>				<b>29,234.70</b>
ACCOUNT NO. <b>Sullivan, Hayes &amp; Quinn</b> <b>One Monarch Place, Suite 1200</b> <b>Springfield, MA 01144-1200</b>		<b>Trade Debt, Legal Services; 2012-2013</b>				<b>39,081.49</b>
ACCOUNT NO. <b>Sundance Rehabilitation</b> <b>6549 Paysphere Circle</b> <b>Chicago, IL 60674</b>		<b>Trade Debt, physical therapy services; 2013-2014</b>				<b>130,117.09</b>
ACCOUNT NO. <b>Day Pitney, LLP</b> <b>One International Place</b> <b>Boston, MA 02110</b>		<b>Assignee or other notification for: Sundance Rehabilitation</b>				
ACCOUNT NO. <b>Thyssenkrup Elevator</b> <b>P.O. Box 9334007</b> <b>Atlanta, GA 31193-3007</b>		<b>Trade Debt, elevator maintenance; 2013-2014</b>				<b>5,341.14</b>

Sheet no. 14 of 16 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **204,769.09**

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

IN RE **Geriatric Authority Of Holyoke**

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS  
(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Total Communications</b> <b>333 Burnham Street</b> <b>East Hartford, CT 06108</b>		<b>Trade Debt, communication services; 2013-2014</b>				<b>125.69</b>
ACCOUNT NO. <b>Totalkare Of America, Inc.</b> <b>1112 E. Fayette St.</b> <b>Syracuse, NY 13210-1922</b>		<b>Trade Debt; 2013</b>				<b>125.69</b>
ACCOUNT NO. <b>Touchpoint Therapy, LLC</b> <b>341 Bidwell St.</b> <b>Manchester, CT 06040</b>		<b>Trade Debt, physical therapy services; 2013</b>				<b>48,711.90</b>
ACCOUNT NO. <b>Unemployment Tax Control</b> <b>One Monarch Place, Suite 250</b> <b>Springfield, MA 01144</b>		<b>Trade Debt, tax services; 2013</b>				<b>2,400.00</b>
ACCOUNT NO. <b>Universal Hospital Service</b> <b>SDS 12-0940</b> <b>Minneapolis, MN 55486-0940</b>		<b>Trade Debt, medical services; 2013</b>				<b>1,424.00</b>
ACCOUNT NO. <b>Urology Group Of Western New England</b> <b>3640 Main Street, Suite 103</b> <b>Springfield, MA 01107-1139</b>		<b>Trade Debt, medical services; 2013</b>				<b>40.00</b>
ACCOUNT NO. <b>Verizon Wireless</b> <b>P.O. Box 1100</b> <b>Albany, NY 12250-0001</b>		<b>Trade Debt, telephone services; 2014</b>				<b>966.48</b>

Sheet no. 15 of 16 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **53,793.76**

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

IN RE **Geriatric Authority Of Holyoke**

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS  
(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>WB Mason Co., Inc. P.O. Box 981101 Boston, MA 02298-1101</b>		<b>Trade Debt, office supplies; 2013-2014</b>				<b>3,417.75</b>
ACCOUNT NO. <b>West Central Family Counseling 103 Myron St. West Springfield, MA 01089</b>		<b>Trade Debt, medical services; 2013</b>				<b>2,600.00</b>
ACCOUNT NO. <b>William Johnson, M.S.W. P.O. Box 1354 Belchertown, MA 01007</b>		<b>Trade Debt, medical services; 2013-2014</b>				<b>3,600.00</b>
ACCOUNT NO. <b>Worcester Elevator Co., Inc. 4 Southbridge St. Auburn, MA 01501</b>		<b>Trade Debt, elevator repair services; 2013</b>				<b>13,957.05</b>
ACCOUNT NO. <b>Worldwide Staffing 425 Union St., Suite B-1 West Springfield, MA 01089</b>		<b>Trade Debt, staffing services; 2013-2014</b>				<b>11,979.52</b>
ACCOUNT NO. <b>Yankee Equipment Systems 1 Glass Lane Barrington, NH 03825</b>		<b>Supplies/Machinery; 2013-2014</b>				<b>268.54</b>
ACCOUNT NO.  						

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

Subtotal  
(Total of this page) \$ **35,822.86**

Total  
(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) \$ **2,706,040.04**





IN RE Geriatric Authority Of Holyoke

Debtor(s)

Case No.

(If known)

SCHEDULE H - CODEBTORS

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

Check this box if debtor has no codebtors.

Table with 2 columns: NAME AND ADDRESS OF CODEBTOR, NAME AND ADDRESS OF CREDITOR

IN RE Geriatric Authority Of Holyoke Case No. \_\_\_\_\_  
Debtor(s) (If known)

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Debtor

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ (Joint Debtor, if any)

[If joint case, both spouses must sign.]

**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

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 by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer \_\_\_\_\_ Social Security No. (Required by 11 U.S.C. § 110.)  
*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.*

Address \_\_\_\_\_

Signature of Bankruptcy Petition Preparer \_\_\_\_\_ Date \_\_\_\_\_

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 signed sheets conforming to the appropriate Official Form for each person.*

*A bankruptcy petition preparer's failure to comply with the provision 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.*

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

I, the **Chair** \_\_\_\_\_ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the **Geriatric Authority Of Holyoke** \_\_\_\_\_ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 35 sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: **April 24, 2014** Signature: **/s/ Charles F. Glidden**

**Charles F. Glidden** \_\_\_\_\_  
(Print or type name of individual signing on behalf of debtor)

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

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.

IN RE:

Case No. \_\_\_\_\_

Geriatric Authority Of Holyoke

Chapter 11

Debtor(s)

**VERIFICATION OF CREDITOR MATRIX**

The above named debtor(s) hereby verify(ies) that the attached matrix listing creditors is true to the best of my(our) knowledge.

Date: April 24, 2014

Signature: /s/ Charles F. Glidden  
Charles F. Glidden, Chair

Debtor

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Joint Debtor, if any

ACS Service Bureau, Inc.  
226 Lowell St., Suite A-2  
Wilmington, MA 01887-3073

Aegis Energy Services, Inc.  
P.O. Box 2511  
Springfield, MA 01101-2511

Alimed, Inc.  
P.O. Box 9135  
Dedham, MA 02027-9135

American Messaging  
P.O. Box 5749  
Carol Stream, IL 60197-5749

American Pest Solutions  
169 Williams Street  
Springfield, MA 01105

Amy Owsiak  
286 Westfield Road  
Holyoke, MA 01040

Barry S. Gordon  
26 Stoneham Drive  
West Hartford, CT 06117

BayState Medical Center  
759 Chestnut St.  
Springfield, MA 01199

BayState Reference Lab  
P.O. Box 3353  
Boston, MA 02241-3353

BayState Sprinkler Co.  
27 Labrie Lane  
Holyoke, MA 01040

Betsy Robinson  
174 South Street  
Holyoke, MA 01040

Blue Cross/Blue Shield Of Massachusetts  
P.O. Box 371318  
Pittsburgh, PA 15250-7318

Bonnie Bergeron  
101 West Street  
Holyoke, MA 01040

Briggs Corp  
P.O. Box 1355  
Des Moines, IA 50350-1355

Cbiz Tofias  
P.O. Box 956793  
St. Louis, MO 63195-6793

Chemsearch  
23261 Network Place  
Chicago, IL 60673-1232

Christina Loranger  
50 Arden Street  
Springfield, MA 01118

Chrystal Maly  
245 Whiting Farms Road  
Holyoke, MA 01040

Cindy Deschenes  
37 Chapin Street  
Holyoke, MA 01040

City Of Holyoke  
Treasurer's Office, City Hall  
536 Dwight Avenue  
Holyoke, MA 01040

City Of Holyoke  
Treasurer's Office, City Hall  
536 Dwight Avenue  
Holyoke, MA 01040-5019

City Solicitor  
Heather Egan  
Town Hall  
Holyoke, MA 01040

Comcast  
P.O. Box 1577  
Newark, NJ 07101-1577

Commonwealth Of Mass/Attn. Chief Counsel  
Department Of Unemployment Assistance  
19 Staniford Street, Legal Dept, 1st Flr  
Boston, MA 02114-2502

Commonwealth Of Massachusetts  
Center For Health Information & Analysis  
Two Boylston Street  
Boston, MA 02116

Congregate House  
43 Lower Westfield Road  
Holyoke, MA 01040-0000

Conn Care Transportation  
ADH Transportation  
15 Monrovia St  
Springfield, MA 01104

Connecticu Steam Cleaning  
P.O. Box 354  
Orange, CT 06477

Cooley Dickinson  
P.O. Box 911  
Northampton, MA 01601

Crest Healthcare Supply  
P.O. Box 727  
Dassel, MN 55325-0727

Crystal Rock, LLC  
P.O. Box 10028  
Waterbury, CT 06725

Cynthia Gruszka  
501 Rock Valley Road  
Holyoke, MA 01040

Day Pitney, LLP  
One International Place  
Boston, MA 02110

Department Of Health & Human Services  
Centers For Medicare & Medicaid Services  
JFK Federal Building, Room 2275  
Boston, MA 02203



Department Of Unemployment Assistance  
Commonwealth Of Massachusetts  
19 Stanford Street  
Boston, MA 02114

Divion Of Health Care Finance & Policy  
Nursing Facility User Fee  
P.O. Box 3538  
Boston, MA 02241-3538

DocuSource  
35B Cabot Road  
Woburn, MA 01801

Donald Wilcox  
25 Carey Lane  
Norwich, CT 06360

Donoghue, Barrett & Singal  
One Beacon Street, Suite 1320  
Boston, MA 02180-3113

DPM Associates, Inc.  
510 Front Street  
Chicopee, MA 01013

Earthlink Business  
P.O. Box 88104  
Chicago, IL 60680-1104

Ecolab  
P.O. Box 905327  
Charlotte, NC 28290-5327

Egan, Flanagan & Cohen, PC  
P.O. Box 9035  
Springfield, MA 01102

Eileen Rule  
82 Osborne Terrace  
Springfield, MA 01104

Employers Association Of The North East  
P.O. Box 1070  
Agawam, MA 01001-6070

Excel Nursing Services  
185 West Avenue, Suite 103  
Ludlow, MA 01056

Expert Staffing  
120 Stafford Street  
Worcester, MA 01603

Faegre Baker Daniels  
311 S. Wacker Drive, Suite 4400  
Chicago, IL 60606-6622

Favorite Healthcare  
P.O. Box 803356  
Kansas Cit, MO 64180-3356

Fedex  
P.O. Box 371461  
Pittsburgh, PA 15250-7461

Fire Detection Systems  
66 Main Stree  
Chicopee, MA 01020

Fln-Mar Rubber & Plastics  
P.O. Box 307  
Holyoke, MA 01040

Flor Barreto  
4 Locust Street  
Holyoke, MA 01040

Ford Credit  
P.O. Box 220564  
Pittsburgh, PA 15257-2564

Gandara Mental Health Center  
147 Norman Street  
West Springfield, MA 01089

Gary Dearman  
28 Sherwood Terrace  
Holyoke, MA 01040

Geriatric Med & Surg Supply  
P.O. Bo 9127  
Chelsea, MA 02150-9127

Geriatric Medical  
P.O. Box 2503  
Woburn, MA 01888-2503

Gulf South Medical Supply  
P.O. Box 841968  
Dallas, TX 75284-1968

H.L. Dempsey Co.  
P.O. Box 1110  
West Sprringfield, MA 01090-0921

Hanger Inc.  
1985 Main Street  
Springfield, MA 01103-1095

HD Supply Facilities Main  
P.O. Box 509058  
San Diego, CA 92150-9058

Holyoke Gas & Electric  
99 Suffolk Street  
Holyoke, MA 01040

Holyoke Housing Authourity  
475 Maple Street  
Holyoke, MA 01040

Holyoke Medical Center  
575 Beech Street  
Holyoke, MA 01040

Holyoke Retirement Board  
City Hall Annex, Room 207  
Holyoke, MA 01040

Holyoke Water Works  
P.O. Box 4184  
Woburn, MA 01888-4184

Holyoke Water Works  
20 Commercial Street  
Holyoke, MA 01040

Home Depot Credit Services  
Dept 32-2500898709  
Des Moines, IA 50368-9055

Invacare Credit Corp  
P.O. Box 41602  
Philadelphia, PA 19101-1602

Invacare Outcomes Management  
50 Kerry Place  
Norwood, MA 02062

Iris Alvarez  
50 Hitchcock Street  
Holyoke, MA 01040

James M. Litton, Esq.  
38 Gray Street  
Boston, MA 02116

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138 South Street  
Chesterfield, MA 01012

Joint Commission, The  
P.O. Box 92775  
Chicago, IL 60675-2775

Karla Lancto  
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Holyoke, MA 01040

Kathleen Brown  
51 Magnolia Avenue  
Holyoke, MA 01040

KCI USA  
P.O. Box 301557  
Dallas, TX 75303-1557

Keenan, Malladi & O'Neill  
10 Hospital Drive  
Holyoke, MA 01040

Ken Erickson  
22 Abbott Street  
Greenfield, MA 01301

Laura Guy  
9 Edison Drive  
South Hadley, MA 01075

Lawrence Bearegard  
258 Poplar Avenue  
West Springfield, MA 01089

Leading Age Massachusetts  
246 Walnut Street, Suite 203  
Newton, MA 02460

Levi & Wong Associates, Inc.  
45 Walden Street  
Concord, MA 01742

Lewis & Kaplan, LLP  
17 Lincoln Street, Suite 3A  
Newton Highlands, MA 02461

Life Supply Corporation  
11 Veterans Drive  
Chicopee, MA 01022

Lorraine Chenail  
63 Syrek St  
Chicopee, MA 01020

Lourdes Panlilio  
27 Boghollow Road  
Springfield, MA 01109

Lydia Torres  
187 Theroux Dr.  
Chicopee, MA 01020

MADSA  
One Florence Street  
Boston, MA 02131

Marcum  
555 Long Wharf Drive, 12th Floor  
New Haven, CT 06511

Massachusetts Department Of Revenue  
Bankruptcy Unit  
P.O. Box 9564  
Boston, MA 02114-9564

Massachusetts Department Of Revenue  
P.O. Box 7049  
Boston, MA 02204

MDI Achieve  
SDS-12-2905  
Minneapolis, MN 55486-2905

MED Advantage  
11301 Corporate Blvd  
Orlando, FL 32817

Med-Pass, Inc.  
L-3495  
Columbus, OH 43260-0001

Medline Industries, Inc.  
P.O. Box 382075  
Pittsburgh, PA 15251-8075

Michael Hooker, Esq.  
25 Main St.  
Northampton, MA 01060

Michael Owsiak  
286 Westfield Road  
Holyoke, MA 01040

Michael Stroetzel  
227 Barbara Street  
Westfield, MA 01085

Minuteman Press  
1 Anngina Drive  
Enfield, CT 06082

Morris Roofing & Sheet Metal Corp.  
142 Hancock Street  
Springfield, MA 01109

Motion Automotive Special  
Route 20  
Brimfield, MA 01010

Muturi Irungu  
89 Maryland Street  
Springfield, MA 01108

My Ntural Form By WCW  
P.O. Box 2225  
Manchester Center, VT 05255



Nursing Registry  
529 Front Street  
Chicopee, MA 01013

Ott Communications  
P.O. Box 11004  
Lewiston, ME 04243-9455

Pacific Telemanagement Services  
2001 Crow Canyon Road, Suite 200  
SAN Ramon, CA 94583

Paper City Emergency Physicians  
575 Beach Street  
Holyoke, MA 01040

Patricia Sexton  
59 Taylor Street  
Holyoke, MA 01040

Patterson Medical  
P.O. Box 93040  
Chicago, IL 60673-3040

Pellegrini, Seeley, Ryan & Blakesley, P.  
1145 Main Street  
Springfield, MA 01103

Peter Mule  
1300 Federal St  
Belchertown, MA 01007

Peter Petrenko  
45 Belle Ave  
West Springfield, MA 01089

Pitney Bowes  
P.O. Box 371896  
Pittsburgh, PA 15250-7896

Pitney Bowes Global  
Financial Services, LLC  
Pittsburgh, PA 15250-7887

Preferred Pharmacy Solutions  
35 Avco Road  
Havelhill, MA 01835

Premier Staffing Services  
P.O. Box 504  
Holyoke, MA 01401

R.J. Greeley Company, Inc.  
1 Federal Street  
Springfield, MA 01105

Radiology & Imaging, Inc.  
231 Moody Street  
Ludlow, MA 01056

Randall Rivard  
14 Harrison Avenue  
Holyoke, MA 01040

Reliance Electric Service  
573 S. Canal Street  
Holyoke, MA 01040

Rene L. Cote Sons, Inc.  
P.O. Box 741  
Holyoke, MA 01041

Richco Products, Inc.  
237 Memorial Drive  
Springfield, MA 01101-1250

Rick Caneschi  
15 Ferrin Drive  
Southwick, MA 01077

Rochester Midland Corp.  
P.O. Box 64462  
Rochester, NY 14524-6862

Rosemarie Lebiecz  
46 Sherwood Terrace  
Holyoke, MA 01040

Rsm McGladrey  
5155 Paysphere Circle  
Chicago, IL 60674

Rucki & Son  
P.O. Box 949  
Holyoke, MA 01041

Select Rehabilitation  
P.O. Box 809056  
Chicago, IL 60680

Seton Identification Products  
P.O. Box 95904  
Chicago, IL 60694-5904

Sexauer  
P.O. Box 404284  
Atlanta, GA 30384-4284

Sherwin-Williams  
2221 Northampton St.  
Holyoke, MA 01040

Siemens Industry, Inc.  
C/O Citibank (Bldg Tech)  
Carol Stream, IL 60132-2134

Sodexo Marriott Services  
P.O.Box 905374  
Charlotte, NC 28290-5374

Sodexo, Inc.  
P.O. Box 360170  
Pittsburgh, PA 15251-6170

SPHS Mercy Inpatient Medical Association  
P.O. Box 414432  
Boston, MA 02241-4432

Sprint  
P.O. Box 4181  
Carol Stream, IL 60197-4181

Stanley Healthcare Solutions  
Dept Ch 10504  
Palatine, IL 60055-0504

Stat-Care Pharmacy  
Fifth Third Bank  
Cincinnati, OH 45263-5234

Stella King  
425 South Street  
Holyoke, MA 01040

Sullivan, Hayes & Quinn  
One Monarch Place, Suite 1200  
Springfield, MA 01144-1200

Sundance Rehabilitation  
6549 Paysphere Circle  
Chicago, IL 60674

Swartz Law, LLC  
100 State Street, Suite 900  
Boston, MA 02109

Thyssenkrup Elevator  
P.O. Box 9334007  
Atlanta, GA 31193-3007

Total Communications  
333 Burnham Street  
East Hartford, CT 06108

Totalkare Of America, Inc.  
1112 E. Fayette St.  
Syracuse, NY 13210-1922

Touchpoint Therapy, LLC  
341 Bidwell St.  
Manchester, CT 06040

Trudy Taylor  
68 Beacon Avenue  
Holyoke, MA 01040

Unemployment Tax Control  
One Monarch Place, Suite 250  
Springfield, MA 01144

Universal Hospital Service  
SDS 12-0940  
Minneapolis, MN 55486-0940

Urology Group Of Western New England  
3640 Main Street, Suite 103  
Springfield, MA 01107-1139

Verizon Wireless  
P.O. Box 1100  
Albany, NY 12250-0001

WB Mason Co., Inc.  
P.O. Box 981101  
Boston, MA 02298-1101

West Central Family Counseling  
103 Myron St.  
West Springfield, MA 01089

WesternMass ElderCare, Inc.  
4 Valley Mill Road  
Holyoke, MA 01040-0000

William Johnson, M.S.W.  
P.O. Box 1354  
Belchertown, MA 01007

Willie Mae White  
44 Ionia Street  
Springfield, MA 01109

Worcester Elevator Co., Inc.  
4 Southbridge St.  
Auburn, MA 01501

Worldwide Staffing  
425 Union St., Suite B-1  
West Springfield, MA 01089

Yankee Equipment Systems  
1 Glass Lane  
Barrington, NH 03825

Zulimar Rios  
15 Leary Drive  
Holoke, MA 01040