

(Official Form 1) (04/07)

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEVADA
LAS VEGAS DIVISION**

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle):
Centers For Long Term Care of Bonner Springs, Inc.

Name of Joint Debtor (Spouse) (Last, First, Middle):

All Other Names used by the Debtor in the last 8 years
(include married, maiden, and trade names):

All Other Names used by the Joint Debtor in the last 8 years
(include married, maiden, and trade names):

Last four digits of Soc. Sec./Complete EIN or other Tax I.D. No. (if more than one, state all): **77-0523875**

Last four digits of Soc. Sec./Complete EIN or other Tax I.D. No. (if more than one, state all):

Street Address of Debtor (No. and Street, City, and State):
**6255 South Mojave, Suite F
Las Vegas, NV**

Street Address of Joint Debtor (No. and Street, City, and State):

ZIP CODE
89120

ZIP CODE

County of Residence or of the Principal Place of Business:
CLARK

County of Residence or of the Principal Place of Business:

Mailing Address of Debtor (if different from street address):
**Law Firm of K.A. Regel, LLC
Plano, TX**

Mailing Address of Joint Debtor (if different from street address):

ZIP CODE
75024

ZIP CODE

Location of Principal Assets of Business Debtor (if different from street address above):

ZIP CODE

Type of Debtor
(Form of Organization)
(Check one box.)

- Individual (Includes Joint Debtors)
See Exhibit D on page 2 of this form.
- Corporation (includes LLC and LLP)
- Partnership
- Other (If debtor is not one of the above entities, check this box and state type of entity below.)

Nature of Business
(Check one box.)

- Health Care Business
- Single Asset Real Estate as defined in 11 U.S.C. § 101(51B)
- Railroad
- Stockbroker
- Commodity Broker
- Clearing Bank
- Other

Tax-Exempt Entity
(Check box, if applicable.)

- Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).

Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box)

- Chapter 7
- Chapter 9
- Chapter 11
- Chapter 12
- Chapter 13
- Chapter 15 Petition for Recognition of a Foreign Main Proceeding
- Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding

Nature of Debts (Check one box)

- 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."
- Debts are primarily business debts.

Filing Fee (Check one box)

- Full Filing Fee attached
- 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.
- Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.

Check one box:

- Debtor is a small business debtor as defined by 11 U.S.C. § 101(51D).
- Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).

Check if:

- Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000.

Check all applicable boxes:

- A plan is being filed with this petition
- Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1128(b).

Statistical/Administrative Information

- Debtor estimates that funds will be available for distribution to unsecured creditors.
- Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.

Estimated Number of Creditors	Estimated Assets	Estimated Debts
1-49 <input type="checkbox"/> 50-99 <input checked="" type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> OVER 100,000 <input type="checkbox"/>	<input type="checkbox"/> \$0 to \$10,000 <input type="checkbox"/> \$10,000 to \$100,000 <input type="checkbox"/> \$100,000 to \$1 million <input checked="" type="checkbox"/> \$1 million to \$100 million <input type="checkbox"/> More than \$100 million	<input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,000 to \$100,000 <input checked="" type="checkbox"/> \$100,000 to \$1 million <input type="checkbox"/> \$1 million to \$100 million <input type="checkbox"/> More than \$100 million

THIS SPACE IS FOR COURT USE ONLY

RECEIVED AND FILED
 2007 AUG 17 P 4: 2
 U.S. BANKRUPTCY COURT
 HARRY A. SCHOTT, CLERK

(Official Form 1) (04/07)

Voluntary Petition

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

Name of Debtor(s): **Centers For Long Term Care of Bonner Springs, Inc.**

All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)

Location Where Filed:

None

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:

CLC of Tappahannock, Inc.

Case Number:

07-13028-mkn

Date Filed:

5/24/2007

District:

of Nevada Las Vegas Division

Relationship:

Sister Company

Judge:

Mike K. Nakagawa

Exhibit A

(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.)

Exhibit A is attached and made a part of this petition.

Exhibit B

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

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).

X

Date

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 and 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.

Statement 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.

(Official Form 1) (04/07)

Voluntary Petition

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

Name of Debtor(s): **Centers For Long Term Care of Bonner Springs, Inc.**

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

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

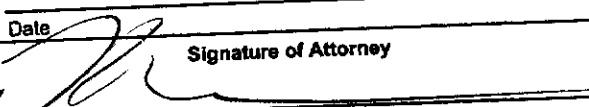
X _____

X _____

Telephone Number (If not represented by an attorney) _____

Date _____

Signature of Attorney

X  _____
K. A. Regel Bar No. 24000221

Law Firm of K. A. Regel, PLLC
5700 Granite Parkway Suite 200
Plano, Texas 75024

Phone No. (972) 208-8685 Fax No. (866) 684-9245

Date 8/17/07

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.
Centers For Long Term Care of Bonner Springs, Inc.

X  _____

Gary R. Trebert
Printed Name of Authorized Individual

President and CEO
Title of Authorized Individual

Date 8/17/07

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, United States Code, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X _____
(Signature of Foreign Representative)

(Printed Name of Foreign Representative)

(Date)

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, 3) If rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 198 is attached.

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

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

Address

X _____

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

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

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

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

Form 4
(10/05)

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEVADA
LAS VEGAS DIVISION**

IN RE: **Centers For Long Term Care of Bonner Springs, Inc.**

CASE NO

CHAPTER 11

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

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

Name of creditor and complete mailing address including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim (if secured, also state value of security)
State of Kansas Dept Labor 401 SW Topeka Blvd. Topeka, KS 66612		Lawsuit		\$100,000.00
University Associates, L.P. 10100 Santa Monica Blvd, Suite 1300 Los Angeles, CA 90067		Trade Payable		\$19,950.00
Pharmerica-409251 Bank of America, Lockbox 409 P O Box 409251 Atlanta, GA 30384-9251		Trade Payable		\$17,103.29
McKesson Medical-Surgical P O Box 27100 Golden, MN 55427-0100		Trade Payable		\$13,713.80
Internal Revenue Service 500 North Capital Street NW Washington, DC 20221		941 Taxes		\$9,559.11
Executive Healthcare Resources, Inc P O Box 155635 Fort Worth, TX 76155		Trade Payable		\$8,383.00

Form 4
(10/05)

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEVADA
LAS VEGAS DIVISION**

IN RE: **Centers For Long Term Care of Bonner Springs, Inc.**

CASE NO

CHAPTER 11

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Continuation Sheet No. 1

Name of creditor and complete mailing address including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim (if secured, also state value of security)
CLC Rehab & Management, Inc. P O Box 156508 Fort Worth, TX 76155		Trade Payable		\$8,078.60
Law Offices of Gary Trebert P O Box 155545 Fort Worth, TX 76155		Trade Payable		\$8,000.00
MARTIN BROS DISTRBUTING CO., INC. 406 VIKING ROAD P.O. BOX 89 CEDAR FALLS, IA 50613-0010		Trade Payable		\$7,704.69
Rehab Choice, Inc. P O Box 798257 St. Louis, MO 63179-8000		Trade Payable		\$7,209.14
Direct Supply Healthcare Equip., Inc. P O Box 88201 Milwaukee, WI 53288-0201		Trade Payable		\$8,875.41
Unimed II, Inc. 805 N. Meadowbrook Drive Olathe, KS 66062		Trade payable		\$5,245.96
PROVIDENCE MEDICAL CENTER P.O. BOX 874300 KANSAS CITY, MO. 64187-4300		TRADE PAYABLE		\$4,800.70

Form 4
(10/05)

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEVADA
LAS VEGAS DIVISION**

IN RE: **Centers For Long Term Care of Bonner Springs, Inc.**

CASE NO

CHAPTER 11

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Continuation Sheet No. 2

Name of creditor and complete mailing address including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim (if secured, also state value of security)
MAINTENANCE SUPPLY CO., INC. MASSCO PAPER SALES 1837 S. MERIDIAN WICHITA, KS 67213		TRADE PAYABLE		\$2,593.40
KCI USA P.O. BOX 203086 HOUSTON, TX 77216-3086		Trade payable		\$2,583.97
WC Construction P.O. Box 29009 1761 Burlington Avenue North KC, MO 64116		Trade payable		\$2,150.00
Fleet Group, Inc. P O Box 156505 Fort Worth, TX 76155		Trade Payable		\$1,531.12
Texas Star Linen P O Box 488 Bellmawr, NJ 08099		Trade Payable		\$1,475.41
RECOVERCARE LLC 805 N. MEADOWBROOK DRIVE OLATHE, KS. 66062		TRADE PAYABLE		\$1,433.32
DMZ, Inc. Advanced Medical Company 12335 Kingsride Ln. #102 Houston, TX 77024		Trade Payable		\$1,414.50

Form 4
(10/05)

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEVADA
LAS VEGAS DIVISION**

IN RE: **Centers For Long Term Care of Bonner Springs, Inc.**

CASE NO

CHAPTER 11

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

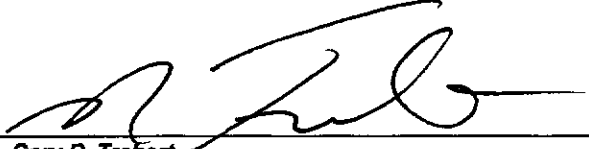
Continuation Sheet No. 3

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

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

Date: _____

Signature: _____



**Gary R. Trebert
President and CEO**

Official Form 6 - Summary (10/06)

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEVADA
LAS VEGAS DIVISION**

IN RE: **Centers For Long Term Care of Bonner Springs, Inc.**

CASE NO

CHAPTER 11

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also 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	\$0.00		
B - Personal Property	Yes	4	\$0.00		
C - Property Claimed as Exempt	No				
D - Creditors Holding Secured Claims	Yes	1		\$0.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	3		\$9,559.11	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	15		\$243,153.50	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	No				N/A
J - Current Expenditures of Individual Debtor(s)	No				N/A
	TOTAL	26	\$0.00	\$252,712.61	

Form B6A
(10/05)

In re Centers For Long Term Care of Bonner Springs, Inc.

Case No. _____
(if known)

SCHEDULE A - REAL PROPERTY

Description and Location of Property	Nature of Debtor's Interest in Property	Current Value of Debtor's Interest in Property, Without Deducting Any Secured Claim or Exemption	Amount Of Secured Claim
None			

Total: **\$0.00**
(Report also on Summary of Schedules)

Form B6B
(10/05)

In re 'Centers For Long Term Care of Bonner Springs, Inc.

Case No. _____

(if known)

SCHEDULE B - PERSONAL PROPERTY

Type of Property	None	Description and Location of Property	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
1. Cash on hand.	X		
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and home-stead associations, or credit unions, brokerage houses, or cooperatives.	X		
3. Security deposits with public utilities, telephone companies, landlords, and others.	X		
4. Household goods and furnishings, including audio, video and computer equipment.	X		
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.	X		
6. Wearing apparel.	X		
7. Furs and jewelry.	X		
8. Firearms and sports, photographic, and other hobby equipment.	X		
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X		
10. Annuities. Itemize and name each issuer.	X		

Form B6B-Cont.
(10/05)

In re' **Centers For Long Term Care of Bonner Springs, Inc.**

Case No. _____
(if known)

SCHEDULE B - PERSONAL PROPERTY

Continuation Sheet No. 1

Type of Property	None	Description and Location of Property	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
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); Rule 1007(b)).	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.	X		
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X		
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X		

Form B6B-Cont.
(10/05)

In re **Centers For Long Term Care of Bonner Springs, Inc.**

Case No. _____
(if known)

SCHEDULE B - PERSONAL PROPERTY

Continuation Sheet No. 2

Type of Property	None	Description and Location of Property	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	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		
23. Licenses, franchises, and other general intangibles. Give particulars.	X		
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X		
25. Automobiles, trucks, trailers, and other vehicles and accessories.	X		
26. Boats, motors, and accessories.	X		

Form B6B-Cont.
(10/05)

In re **Centers For Long Term Care of Bonner Springs, Inc.**

Case No. _____
(if known)

SCHEDULE B - PERSONAL PROPERTY

Continuation Sheet No. 3

Type of Property	None	Description and Location of Property	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
27. Aircraft and accessories.	X		
28. Office equipment, furnishings, and supplies.	X		
29. Machinery, fixtures, equipment, and supplies used in business.	X		
30. Inventory.	X		
31. Animals.	X		
32. Crops - growing or harvested. Give particulars.	X		
33. Farming equipment and implements.	X		
34. Farm supplies, chemicals, and feed.	X		
35. Other personal property of any kind not already listed. Itemize.	X		
(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.) Total >			\$0.00

Form B6C
(04/07)

In re **Centers For Long Term Care of Bonner Springs, Inc.**

Case No. _____
(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

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

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

Check if debtor claims a homestead exemption that exceeds \$136,875.

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Not Applicable			
		\$0.00	\$0.00

Official Form 6D (10/06)

In re - Centers For Long Term Care of Bonner Springs, Inc.

Case No. _____
(if known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

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

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBITOR	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT		AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
			UNLIQUIDATED	DISPUTED		
Subtotal (Total of this Page) >					\$0.00	\$0.00
Total (Use only on last page) >					\$0.00	\$0.00

No continuation sheets attached

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

Official Form 6E (04/07)

In re **Centers For Long Term Care of Bonner Springs, Inc.**

Case No. _____
(If Known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

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

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

Domestic Support Obligations

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

Extensions of credit in an involuntary case

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

Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

Contributions to employee benefit plans

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

Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$5,400* 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 \$2,425* for deposits for the purchase, lease or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

Taxes and Certain Other Debts Owed to Governmental Units

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

Commitments to Maintain the Capital of an Insured Depository Institution

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

Claims for Death or Personal Injury While Debtor Was Intoxicated

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

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

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

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Official Form 6E (04/07) - Cont.

In re Centers For Long Term Care of Bonner Springs, Inc.

Case No. _____
(If Known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

TYPE OF PRIORITY Taxes and Certain Other Debts Owed to Governmental Units

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT UNLIQUIDATED DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCT #: Internal Revenue Service 500 North Capital Street NW Washington, DC 20221		DATE INCURRED: CONSIDERATION: 941 Taxes REMARKS:		\$9,559.11	\$9,559.11	\$0.00

Sheet no. <u>1</u> of <u>2</u> continuation sheets	Subtotals (Totals of this page) >	\$9,559.11	\$9,559.11	\$0.00
attached to Schedule of Creditors Holding Priority Claims	Total >			
	(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)			
	Totals >			
	(Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)			

Official Form 6E (04/07) - Cont.

In re **Centers For Long Term Care of Bonner Springs, Inc.**

Case No. _____
(If Known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

TYPE OF PRIORITY Administrative allowances

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCT #: Law Firm of K. A. Regel, PLLC 15305 Dallas Parkway, Suite 300 Addison, Texas 75034		DATE INCURRED: 07/19/2007 CONSIDERATION: Attorney Fees REMARKS:				\$0.00	\$0.00	\$0.00

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

Subtotals (Totals of this page) >
Total >
(Use only on last page of the completed Schedule E.
Report also on the Summary of Schedules.)

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

\$0.00	\$0.00	\$0.00
\$9,559.11		
	\$9,559.11	\$0.00

Official Form 6F (10/06)

In re **Centers For Long Term Care of Bonner Springs, Inc.**

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT UNLIQUIDATED DISPUTED			AMOUNT OF CLAIM
ACCT #: 168 INDUSTRIES, LLC d/b/a O'Neal Electric Service 3073 Merriam lane Kansas City, KS. 66106		DATE INCURRED: CONSIDERATION: TRADE PAYABLE REMARKS:				\$880.00
ACCT #: Advanced Homecare, LLC 2500 W. 31st St. Lawrence, KS 68047		DATE INCURRED: CONSIDERATION: Trade Payable REMARKS:				\$382.00
ACCT #: Advanced Waste Services LP P.O. Box 572660 Houston, Texas 77257-2660		DATE INCURRED: CONSIDERATION: Trade Payable REMARKS:				\$571.09
ACCT #: ALKOR INC. 11291 WASHINGTON BLVD CULVER CITY, CA 90230		DATE INCURRED: CONSIDERATION: TRADE PAYABLE REMARKS:				\$497.12
ACCT #: Anderson Erickson Dairy Co. 2420 E. University Des Moines, IA 50317		DATE INCURRED: CONSIDERATION: Trade Payable REMARKS:				\$272.25
ACCT #: AT&T Yellow Pages P.O. Box 630052 Dallas, TX 75263-0052		DATE INCURRED: CONSIDERATION: Trade Payable REMARKS:				(\$102.00)
Subtotal >						\$2,500.46
Total >						

14 continuation sheets attached

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

Official Form 6F (10/06) - Cont.

In re **Centers For Long Term Care of Bonner Springs, Inc.**

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: Atmos Energy P.O. Box 79073 Phoenix, AZ 85062-9073		DATE INCURRED: CONSIDERATION: Vendor Sale REMARKS:				\$330.93
ACCT #: AVAYA INC. P.O. Box 5125 Carol Stream, IL 60197-5125		DATE INCURRED: CONSIDERATION: Trade Payable REMARKS:				\$66.38
ACCT #: BGB FAMILY INC. RECOGNITION WORKS 8790 D PLATA LANE ATASCADERO, CA 93422		DATE INCURRED: CONSIDERATION: TRADE PAYABLE REMARKS:				\$85.75
ACCT #: Bonner Springs Chamber of Commerce Box 403 BONNER SPRINGS, KS 68012		DATE INCURRED: CONSIDERATION: Trade Payable REMARKS:				\$610.00
ACCT #: Bonner Springs Floral Inc. P.O. Box 89 LEAVENWORTH, KS 66048-0089		DATE INCURRED: CONSIDERATION: Vendor Sale REMARKS:				\$106.24
ACCT #: BOYCE-BYNUM PATHOLOGY LABATORIES P.O. BOX 7406 COLUMBIA, MO 65205		DATE INCURRED: CONSIDERATION: Trade Payable REMARKS:				\$405.23
Subtotal >						\$1,604.53
Total >						

Sheet no. 1 of 14 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

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

Official Form 6F (10/06) - Cont.

In re **Centers For Long Term Care of Bonner Springs, Inc.**

Case No. _____

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				AMOUNT OF CLAIM
			CONTINGENT	UNLIQUIDATED	DISPUTED	
ACCT #: Briggs Corporation P O Box 1355 Des Moines, IA 50305-1355		DATE INCURRED: CONSIDERATION: Trade Payable REMARKS:				\$827.65
ACCT #: C.V.B. INC. WATER DOCTOR P.O. BOX 3060 ST. JOSEPH, MO 64503-0060		DATE INCURRED: CONSIDERATION: Trade Payable REMARKS:				\$689.62
ACCT #: CAMPBELL FIRE PROTECTION LLC 27311 S.E. OUTER ROAD HARRISONVILLE, MO 64701		DATE INCURRED: CONSIDERATION: Trade Payable REMARKS:				\$1,213.35
ACCT #: Charles S. Malcom Custom Prewire Specialist 550 W. Park Street Olathe, KS 66061		DATE INCURRED: CONSIDERATION: Trade Payable REMARKS:				\$80.00
ACCT #: CLC Rehab & Management, Inc. P O Box 156508 Fort Worth, TX 76155		DATE INCURRED: CONSIDERATION: Trade Payable REMARKS:				\$8,078.60
ACCT #: Corporate Express P.O. BOX 71271 CHICAGO, IL 60694-1217		DATE INCURRED: CONSIDERATION: TRADE PAYABLE REMARKS:				\$983.25

Sheet no. 2 of 14 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal >

\$11,872.47

Total >

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

Official Form 6F (10/06) - Cont.
 In re **Centers For Long Term Care of Bonner Springs, Inc.**

Case No. _____
 (if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				AMOUNT OF CLAIM
			CONTINGENT	UNLIQUIDATED	DISPUTED	
ACCT #: CYPRESS MEDIA LLC KANSAS CITY STAR P.O. BOX 807769 KANSAS CITY MO 64180-7769		DATE INCURRED: CONSIDERATION: TRADE PAYABLE REMARKS:				\$1,070.93
ACCT #: Direct Supply Healthcare Equip., Inc. P O Box 88201 Milwaukee, WI 53288-0201		DATE INCURRED: CONSIDERATION: Trade Payable REMARKS:				\$6,875.41
ACCT #: DMZ, Inc. Advanced Medical Company 12335 Kingsride Ln. #102 Houston, TX 77024		DATE INCURRED: CONSIDERATION: Trade Payable REMARKS:				\$1,414.50
ACCT #: Earl Bryant Enterprises, Inc. 15280 Briar Road Basehor, KS 66007		DATE INCURRED: CONSIDERATION: Trade Payable REMARKS:				\$99.01
ACCT #: Ecolab Institutional P O Box 70343 Chicago, IL 60673-0343		DATE INCURRED: CONSIDERATION: Trade Payable CREDIT REMARKS:				(\$348.56)
ACCT #: Edward Don & Company 2562 Paysphere Circle Chicago, IL 60674		DATE INCURRED: CONSIDERATION: Trade Payable REMARKS:				\$119.28
Subtotal >						\$9,230.57
Total >						

Sheet no. 3 of 14 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

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

Official Form 6F (10/06) - Cont.

In re **Centers For Long Term Care of Bonner Springs, Inc.**

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBITOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: Electric Shop Inc. 1001 North Pearl Paoli, KS 66071		DATE INCURRED: CONSIDERATION: Trade Payable REMARKS:				\$104.86
ACCT #: Environmental Temperature 4310 E 75 Terrace Kansas City, KS 64132		DATE INCURRED: CONSIDERATION: Trade payable REMARKS:				\$192.21
ACCT #: Executive Healthcare Resources, Inc P O Box 155635 Fort Worth, TX 76155		DATE INCURRED: CONSIDERATION: Trade Payable REMARKS:				\$8,383.00
ACCT #: Farmers Bros. File 55172 Los Angeles, CA 90074-5172		DATE INCURRED: CONSIDERATION: Trade Payable REMARKS:				\$148.70
ACCT #: FedEx P.O. Box 94515 Palatine, IL 60094-4515		DATE INCURRED: CONSIDERATION: Trade Payable REMARKS:				\$260.67
ACCT #: Fleet Group, Inc. P O Box 156505 Fort Worth, TX 76155		DATE INCURRED: CONSIDERATION: Trade Payable REMARKS:				\$1,531.12

Sheet no. 4 of 14 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > **\$10,620.56**

Total >

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

Official Form 6F (10/06) - Cont.

In re **Centers For Long Term Care of Bonner Springs, Inc.**

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT			AMOUNT OF CLAIM
			UNLIQUIDATED	DISPUTED		
ACCT #: Gary Grimm & Associates 82 South Madison P.O. Box 378 Carthage, IL 62321		DATE INCURRED: CONSIDERATION: Trade payable REMARKS:				\$29.95
ACCT #: GE CAPITAL P.O. BOX 740441 ATLANTA GA 30374-0441		DATE INCURRED: CONSIDERATION: Trade Payable REMARKS:				\$1,209.33
ACCT #: Gerald H. Wells d/b/a Tri-State Alarms 267 Kinderhook Estates Drive Camdenton, MO 65020		DATE INCURRED: CONSIDERATION: Trade Payable REMARKS:				\$325.28
ACCT #: Healthland Health Labs Inc 13321 West 98th ST. Lenexa, KS 66215		DATE INCURRED: CONSIDERATION: Trade payable REMARKS:				\$608.81
ACCT #: Heartland Publishing Company BOX 1313 BELLEVUE, NE 68005-1313		DATE INCURRED: CONSIDERATION: Trade payable REMARKS:				\$120.00
ACCT #: HMP DME SERVICES 400 SE BRIZENDINE RD BLUE SPRINGS, MO 64014-6241		DATE INCURRED: CONSIDERATION: Trade payable REMARKS:				\$521.09

Sheet no. 5 of 14 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > **\$2,814.46**

Total >

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

Official Form 6F (10/06) - Cont.

In re **Centers For Long Term Care of Bonner Springs, Inc.**

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: HOME DEPOT P.O. BOX 509058 SAN DIEGO, CA 92150-9058		DATE INCURRED: CONSIDERATION: Credit TRADE PAYABLE REMARKS:				(\$142.08)
ACCT #: Internal Revenue Service 500 North Capital Street NW Washington, DC 20221		DATE INCURRED: CONSIDERATION: Trade Payable REMARKS:				\$0.00
ACCT #: INTERSTATE BRANDS CORPORATION P.O. BOX 410559 KANSAS CITY, MO 64141		DATE INCURRED: CONSIDERATION: Trade payable REMARKS:				\$166.55
ACCT #: James Bradley Summers Assured Pest Management 616 NW 1501 Rd. Holden, MO 64040		DATE INCURRED: CONSIDERATION: Vendor sale REMARKS:				\$160.00
ACCT #: KACE 3601 SW 29TH SUITE 202 TOPEKA, KS 66614		DATE INCURRED: CONSIDERATION: Trade payable REMARKS:				\$150.00
ACCT #: KANSAS HEALTH CARE ASSOC. 117 SW 6TH AVE., STE 200 TOPEKA, KS 66603		DATE INCURRED: CONSIDERATION: Trade Payable REMARKS:				\$620.00

Sheet no. 6 of 14 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > **\$954.47**

Total >

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

Official Form 6F (10/06) - Cont.

In re **Centers For Long Term Care of Bonner Springs, Inc.**

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBITOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	AMOUNT OF CLAIM			
			CONTINGENT	UNLIQUIDATED	DISPUTED	
ACCT #: KANSAS HEALTHCARE ASSOCIATION 117 SW 6TH AVE., STE 200 TOPEKA, KS 66603		DATE INCURRED: CONSIDERATION: Trade Payable REMARKS:				\$450.00
ACCT #: KCI USA P.O. BOX 203086 HOUSTON, TX 77216-3086		DATE INCURRED: CONSIDERATION: Trade payable REMARKS:				\$2,583.97
ACCT #: KONICA MINOLTA BUSINESS SOLUTIONS BANK OF AMERICA LOCKBOX SERVICE 13847 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693		DATE INCURRED: CONSIDERATION: Trade payable REMARKS:				\$217.14
ACCT #: Law Offices of Gary Trebert P O Box 155545 Fort Worth, TX 76155		DATE INCURRED: CONSIDERATION: Trade Payable REMARKS:				\$8,000.00
ACCT #: LIFE CONNECTIONS INC. 2513 SW ASHWORTH PLACE TOPEKA, KS 66614		DATE INCURRED: CONSIDERATION: Trade payable REMARKS:				\$720.00
ACCT #: MAINTENANCE SUPPLY CO., INC. MASSCO PAPER SALES 1837 S. MERIDIAN WICHITA, KS 67213		DATE INCURRED: CONSIDERATION: TRADE PAYABLE REMARKS:				\$2,593.40

Sheet no. 7 of 14 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > \$14,564.51

Total >

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

Official Form 6F (10/06) - Cont.

In re **Centers For Long Term Care of Bonner Springs, Inc.**

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: MARTIN BROS DISTRBUTING CO., INC. 406 VIKING ROAD P.O. BOX 69 CEDAR FALLS, IA 50613-0010		DATE INCURRED: CONSIDERATION: Trade Payable REMARKS:				\$7,704.69
ACCT #: MATRIX TELECOM INC P.O. BOX 742501 CINCINNATI, OH 45274-2501		DATE INCURRED: CONSIDERATION: TRADE PAYABLE REMARKS:				\$682.14
ACCT #: McKesson Medical-Surgical P O Box 27100 Golden, MN 55427-0100		DATE INCURRED: CONSIDERATION: Trade Payable REMARKS:				\$13,713.80
ACCT #: MEDICAL ONE, INC 4741 CENTRAL AVE. #274 KANSAS CITY, MO 64112		DATE INCURRED: CONSIDERATION: TRADE PAYABLE REMARKS:				\$75.00
ACCT #: Medserv Inc. Enserv Midwest LLC Dept. 641-P.O. Box 4346 Houston, TX 77210-4346		DATE INCURRED: CONSIDERATION: Trade payable REMARKS:				\$429.98
ACCT #: MID-AMERICA PHYSICIANS 6815 HILLTOP ROAD #100 SHAWNEE, KS 66226		DATE INCURRED: CONSIDERATION: TRADE PAYABLE REMARKS:				\$100.00

Sheet no. 8 of 14 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > **\$22,705.61**

Total >

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

Official Form 6F (10/06) - Cont.

In re **Centers For Long Term Care of Bonner Springs, Inc.**

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: MID-AMERICA SENIOR MGMT LLC P.O. BOX 996 TONGAHOXIE, KS 66086-0996		DATE INCURRED: CONSIDERATION: TRADE PAYABLE REMARKS:				\$1,400.00
ACCT #: MULTIMEDIA SALES P.O. BOX 5065 BUFFALO GROVE, IL 60089		DATE INCURRED: CONSIDERATION: TRADE PAYABLE REMARKS:				\$250.00
ACCT #: Mutual of Omaha Medicare Mutual of Omaha Plaza Omaha, NE 68175		DATE INCURRED: CONSIDERATION: Trade Payable REMARKS:				\$16.20
ACCT #: OCCUPATIONAL HEALTH CTRS OF THE P.O. Box 369 Lombard, IL 60148		DATE INCURRED: CONSIDERATION: TRADE PAYABLE REMARKS:				\$78.00
ACCT #: ON HOLD MARKETING INC 6003 FINANCIAL PLAZA #101 SHREVEPORT, LA 71129		DATE INCURRED: CONSIDERATION: TRADE PAYABLE REMARKS:				\$119.85
ACCT #: Orthopedic Professional Assoc. 8919 Parallel Pkwy, Ste. 270 Kansas City, KS 66112-1655		DATE INCURRED: CONSIDERATION: Trade Payable REMARKS:				\$160.00

Sheet no. 9 of 14 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > \$2,024.05

Total >

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

Official Form 6F (10/06) - Cont.

In re **Centers For Long Term Care of Bonner Springs, Inc.**

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBITOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: PAM JAMES MEMORY LANE 2211 LAHOMA WITCHITA, KS. 67207		DATE INCURRED: CONSIDERATION: TRADE PAYABLE REMARKS:				\$75.00
ACCT #: PARTNERS FINANCIAL LLC 234 W. 12TH AVENUE NORTH KANSAS CITY, MO. 64116		DATE INCURRED: CONSIDERATION: TRADE PAYABLE REMARKS:				\$412.68
ACCT #: Pharmerica-409251 Bank of America, Lockbox 409 P O Box 409251 Atlanta, GA 30384-9251		DATE INCURRED: CONSIDERATION: Trade Payable REMARKS:				\$17,103.29
ACCT #: PROVIDENCE EMERGENCY PHYSICIANS P.O. BOX 879683 KANSAS CITY, MO 64187		DATE INCURRED: CONSIDERATION: TRADE PAYABLE REMARKS:				\$165.00
ACCT #: PROVIDENCE MEDICAL CENTER P.O. BOX 874300 KANSAS CITY, MO. 64187-4300		DATE INCURRED: CONSIDERATION: TRADE PAYABLE REMARKS:				\$4,800.70
ACCT #: QUILLEN BLANCHE, M.D. 1029 S. 55 TERRECE KANSAS CITY KS. 66106		DATE INCURRED: CONSIDERATION: TRADE PAYABLE REMARKS:				\$90.00

Sheet no. 10 of 14 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > **\$22,646.67**

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

Official Form 6F (10/06) - Cont.

In re **Centers For Long Term Care of Bonner Springs, Inc.**

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT		AMOUNT OF CLAIM
			UNLIQUIDATED	DISPUTED	
ACCT #: R. J. KOOL COMPANY 234 W. 12TH AVE. NORTH KANSAS CITY, MO. 64116		DATE INCURRED: CONSIDERATION: TRADE PAYABLE REMARKS:			\$1,065.09
ACCT #: R. S. Andrews Enterprises of KS A B May Company 2017 W. 104th Street Leawood, KS 66206		DATE INCURRED: CONSIDERATION: Trade Payable REMARKS:			\$210.00
ACCT #: RECOVERCARE LLC 805 N. MEADOWBROOK DRIVE OLATHE, KS. 66062		DATE INCURRED: CONSIDERATION: TRADE PAYABLE REMARKS:			\$1,433.32
ACCT #: RECOVERCARE ONECARE LLC 805 N. MEADOWBROOK DRIVE OLATHE, KS 66062		DATE INCURRED: CONSIDERATION: TRADE PAYABLE REMARKS:			\$655.36
ACCT #: Rehab Choice, Inc. P O Box 798257 St. Louis, MO 63179-8000		DATE INCURRED: CONSIDERATION: Trade Payable REMARKS:			\$0.00
ACCT #: Rehab Choice, Inc. P O Box 798257 St. Louis, MO 63179-8000		DATE INCURRED: CONSIDERATION: Trade Payable REMARKS:			\$7,209.14

Sheet no. 11 of 14 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > **\$10,572.91**

Total >

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

Official Form 6F (10/06) - Cont.

In re **Centers For Long Term Care of Bonner Springs, Inc.**

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: Sambel Investments G&K Service Co P.O. Box 860488 Shawnee, KS 66286		DATE INCURRED: CONSIDERATION: Trade payable REMARKS:				\$258.98
ACCT #: SAMMONS PRESTON P.O. Box 93040 Chicago, IL 60673-3040		DATE INCURRED: CONSIDERATION: TRADE PAYABLE REMARKS:				\$256.01
ACCT #: Shawnee Mission Medical Ctr P.O. Box 930023 Kansas City, KS 66112		DATE INCURRED: CONSIDERATION: Trade Payable REMARKS:				\$395.25
ACCT #: Show-Me Food and Nutrition Services, Inc 25001 Timberlake Trail Greenwood, MO 64034		DATE INCURRED: CONSIDERATION: Trade Payable REMARKS:				\$501.18
ACCT #: SM CORPORATE CARE LLC P.O. BOX 219975 KANSAS CITY, MO 64121-9975		DATE INCURRED: CONSIDERATION: TRADE PAYABLE REMARKS:				\$54.00
ACCT #: SPI Aquistion Corporation 7373 W. 107th Street Overland Park, KS 66212		DATE INCURRED: CONSIDERATION: Trade Payable REMARKS:				\$256.00

Sheet no. 12 of 14 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > **\$1,721.42**

Total >

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

Official Form 6F (10/06) - Cont.

In re **Centars For Long Term Care of Bonner Springs, Inc.**

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: State of Kansas Dept Labor 401 SW Topeka Blvd. Topeka, KS 66612		DATE INCURRED: CONSIDERATION: Lawsuit REMARKS:				\$100,000.00
ACCT #: Texas Star Linen P O Box 488 Bellmawr, NJ 08099		DATE INCURRED: CONSIDERATION: Trade Payable REMARKS:				\$1,475.41
ACCT #: Tina Ashford 13749 Woodend Road Bonner Springs, KS 66012		DATE INCURRED: CONSIDERATION: Trade Payable REMARKS:				\$168.00
ACCT #: Trugreen Chemlawn 8420 Cole Pkwy Shawnee, KS 66227		DATE INCURRED: CONSIDERATION: Trade Payable REMARKS:				\$157.05
ACCT #: Unimed II, inc. 805 N. Meadowbrook Drive Olathe, KS 66062		DATE INCURRED: CONSIDERATION: Trade payable REMARKS:				\$5,245.96
ACCT #: Unisource P.O. Box 849089 Dallas, TX 75284-9089		DATE INCURRED: CONSIDERATION: Trade Payable REMARKS:				(\$383.59)

Sheet no. 13 of 14 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > \$106,662.83

Total >

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

Official Form 6F (10/06) - Cont.
 In re **Centers For Long Term Care of Bonner Springs, Inc.**

Case No. _____
 (if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT		AMOUNT OF CLAIM
			UNLIQUIDATED	DISPUTED	
ACCT #: University Associates, L.P. 10100 Santa Monica Blvd, Suite 1300 Los Angeles, CA 90067		DATE INCURRED: CONSIDERATION: Trade Payable REMARKS:			\$19,950.00
ACCT #: US X-Ray, L.L.C. 8665 West 19th Street, Ste. 200 Overland Park, KS 66212		DATE INCURRED: CONSIDERATION: Trade Payable REMARKS:			\$366.00
ACCT #: Vesta Lee Lumber Company P.O. Box 392 Bonner Springs, KS 66012		DATE INCURRED: CONSIDERATION: Trade payable REMARKS:			\$191.98
ACCT #: WC Construction P.O. Box 29009 1761 Burlington Avenue North KC, MO 64116		DATE INCURRED: CONSIDERATION: Trade payable REMARKS:			\$2,150.00
Subtotal >					\$22,657.98
Total >					\$243,153.50

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

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

Form B6G
(10/05)

In re **Centers For Long Term Care of Bonner Springs, Inc.**

Case No. _____

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

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

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

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
<p>CLC Healthcare, Inc. 6255 South Mojave, Ste. F Las Vegas, NV 89120</p>	<p>Sublease agreeemnt for real property located 520 East Morse, Bonner Springs KS. Contract to be ASSUMED</p>

Form B6H
(10/05)

In re **Centers For Long Term Care of Bonner Springs, Inc.**

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 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, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

Official Form 6 - Declaration (10/06)
In re **Centers For Long Term Care of Bonner Springs, Inc.**

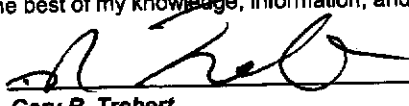
Case No. _____

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the President and CEO of the Corporation
named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of
28 sheets, and that they are true and correct to the best of my knowledge, information, and belief.
(Total shown on summary page as attached plus 1.)

Date 8/17/07

Signature 
Gary R. Trebert
President and CEO

[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.

Official Form 7
(04/07)

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEVADA
LAS VEGAS DIVISION**

In re: **Centers For Long Term Care of Bonner Springs, Inc.**

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS

1. Income from employment or operation of business

None State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

2. Income other than from employment or operation of business

None State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

3. Payments to creditors

Complete a. or b., as appropriate, and c.

None a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$5,475. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

None a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
State v. CLC of Bonner Springs et al 07-4089-SAC	Workers Compensation	United States District Court for the District of Kansas	Pending
Rehab Choice v. CLC Bonner Springs et al 4:07-CV-314-Y	Insurance issues.	U. S. District Court Fort Worth	Pending
CLC Healthcare, Inc., et al vs. LTC Properties, Inc., et al CV-07-4534-AHM (AGRx)	Removal action Breach of Contract and counter for Fraud. Wrongful termination of leases	U.S. District Court Central District of California	Pending

Official Form 7 - Cont.
(04/07)

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEVADA
LAS VEGAS DIVISION**

In re: **Centers For Long Term Care of Bonner Springs, Inc.**

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS
Continuation Sheet No. 1

None b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

None List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

6. Assignments and receiverships

None a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

None List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

None List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

None List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

10. Other transfers

None a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

Official Form 7 - Cont.
(04/07)

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEVADA
LAS VEGAS DIVISION**

In re: **Centers For Long Term Care of Bonner Springs, Inc.**

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS
Continuation Sheet No. 2

11. Closed financial accounts

None List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

12. Safe deposit boxes

None List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

None List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

None List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

None If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
520 East Morse Bonner Springs, KS 66012	Same	11/03 to 10/06
7610 Stemmons Freeway, Suite 300 Dallas, Texas 75247	Same	10/06 to 02/04
15100 Trinity Blvd., Suite 400 Fort Worth, Texas 76155	Same	02/04 to 09/06
7606 Pebble Drive Fort Worth, Texas 76118	same	09/06 to present

16. Spouses and Former Spouses

None 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 eight years 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.

Official Form 7 - Cont.
(04/07)

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEVADA
LAS VEGAS DIVISION**

In re: **Centers For Long Term Care of Bonner Springs, Inc.**

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS
Continuation Sheet No. 3

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

None a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

**NAME, ADDRESS, AND LAST FOUR DIGITS OF
SOC. SEC. NO. / COMPLETE EIN OR OTHER
TAXPAYER I.D. NO.**

NATURE OF BUSINESS

**BEGINNING AND ENDING
DATES**

Centers for Long Term care of Bonner Springs, Inc. The care of the elderly.

None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

Official Form 7 - Cont.
(04/07)

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEVADA
LAS VEGAS DIVISION**

In re: **Centers For Long Term Care of Bonner Springs, Inc.**

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS
Continuation Sheet No. 4

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

- None a. List all bookkeepers and accountants who within two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

Christa Cobbins, BOM
520 East Morse
Bonner Springs, KS 66012

Jeffrey A. Head
7606 Pebble Drive
Fort Worth, Texas 76118

Gerl K. Ostlund, Cash Manager
7606 Pebble Drive
Fort Worth, Texas

Pam Govender, Cash Manager
7606 Pebble Drive
Fort Worth, Texas 76118

- None b. List all firms or individuals who within two years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

Golden, Pelsler & Pelsler
Certified Public Accountants
17742 Preston Rd.
Dallas, Texas 75252

- None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

Debtor

6255 South Mojave Ste F
Las Vegas, NV 89120

Official Form 7 - Cont.
(04/07)

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEVADA
LAS VEGAS DIVISION**

In re: **Centers For Long Term Care of Bonner Springs, Inc.**

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS
Continuation Sheet No. 5

None

d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within two years immediately preceding the commencement of this case.

NAME AND ADDRESS	DATE ISSUED
LTC Properties, Inc. 31365 Oak Crest Drive Westlake Village, CA 91361	2004 - 2005

20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

None

b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

21. Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

None

b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
Gary R. Trebert 6255 South Mojave, Ste F Las Vegas, NV 89120	President and CEO	100% of CLC Healthcare, Inc.
CLC Healthcare, Inc. 6255 South Mojave, Ste. F Las Vegas, NV 89120	Shareholder	100% of Debtor

22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case.

None

b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within one year immediately preceding the commencement of this case.

NAME, ADDRESS AND TITLE	DATE OF TERMINATION
Jeffrey A. Head, CFO 7606 Pebble Drive Fort Worth, Tx 76118	10/31/2006

23. Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case.

Official Form 7 - Cont.
(04/07)

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEVADA
LAS VEGAS DIVISION**

In re: **Centers For Long Term Care of Bonner Springs, Inc.**

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS
Continuation Sheet No. 6

24. Tax Consolidation Group

None If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within six years immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

Center Healthcare, Inc.


20-0743979

25. Pension Funds

None If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within six years immediately preceding the commencement of the case.

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

Date 8/17/07

Signature 
Gary R. Trebert
President and CEO

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

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

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEVADA
LAS VEGAS DIVISION

IN RE: **Centers For Long Term Care of Bonner Springs, Inc.**

CASE NO

CHAPTER 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept:	<u>\$5,000.00</u>
Prior to the filing of this statement I have received:	<u>\$5,000.00</u>
Balance Due:	<u>\$0.00</u>

2. The source of the compensation paid to me was:

- Debtor Other (specify)
Parent Company CLC Healthcare, Inc.
6255 South Mojave, Ste. F
Las Vegas, NV 89120

3. The source of compensation to be paid to me is:

- Debtor Other (specify)
Parent Company, CLC Healthcare, Inc.
6255 South Mojave, Ste F
Las Vegas, NV 89120

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEVADA
LAS VEGAS DIVISION

IN RE: Centers For Long Term Care of Bonner Springs, Inc.

CASE NO

CHAPTER 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

8/17/07

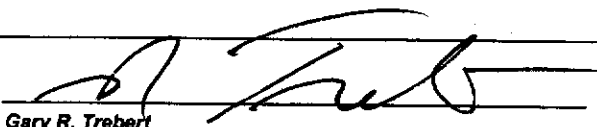
Date



K. A. Regel

Bar No. 24000221

Law Firm of K. A. Regel, PLLC
5700 Granite Parkway Suite 200
Plano, Texas 75024
Phone: (972) 208-8685 / Fax: (866) 684-9245



Gary R. Trebert
President and CEO

168 INDUSTRIES, LLC d/b/a
O'Neal Electric Service
3073 Merriam lane
Kansas City, KS. 66106

Advanced Homecare, LLC
2500 W. 31st St.
Lawrence, KS 66047

Advanced Waste Services LP
P.O. Box 572660
Houston, Texas 77257-2660

ALKOR INC.
11291 WASHINGTON BLVD
CULVER CITY, CA 90230

Anderson Erickson Dairy Co.
2420 E. University
Des Moines, IA 50317

AT&T Yellow Pages
P.O. Box 630052
Dallas, TX 75263-0052

Atmos Energy
P.O. Box 79073
Phoenix, AZ 85062-9073

AVAYA INC.
P.O. Box 5125
Carol Stream, IL 60197-5125

BGB FAMILY INC.
RECOGNITION WORKS
8790 D PLATA LANE
ATASCADERO, CA 93422

Bonner Springs Chamber of Commerce
Box 403
BONNER SPRINGS, KS 66012

Bonner Springs Floral Inc.
P.O. Box 89
LEAVENWORTH, KS 66048-0089

BOYCE-BYNUM PATHOLOGY LABORATORIES
P.O. BOX 7406
COLUMBIA, MO 65205

Briggs Corporation
P O Box 1355
Des Moines, IA 50305-1355

C.V.B. INC.
WATER DOCTOR
P.O. BOX 3060
ST. JOSEPH, MO 64503-0060

CAMPBELL FIRE PROTECTION LLC
27311 S.E. OUTER ROAD
HARRISONVILLE, MO 64701

Charles S. Malcom
Custom Prewire Specialist
550 W. Park Street
Olathe, KS 66061

CLC Healthcare, Inc.
6255 South Mojave, Ste. F
Las Vegas, NV 89120

CLC Rehab & Management, Inc.
P O Box 156508
Fort Worth, TX 76155

Corporate Express
P.O. BOX 71271
CHICAGO, IL 60694-1217

CYPRESS MEDIA LLC KANSAS CITY STAR
P.O. BOX 807769
KANSAS CITY MO 64180-7769

Direct Supply Healthcare Equip., Inc.
P O Box 88201
Milwaukee, Wi 53288-0201

DMZ, Inc.
Advanced Medical Company
12335 Kingsride Ln. #102
Houston, TX 77024

Earl Bryant Enterprises, Inc.
15280 Briar Road
Basehor, KS 66007

Ecolab Institutional
P O Box 70343
Chicago, IL 60673-0343

Edward Don & Company
2562 Paysphere Circle
Chicago, IL 60674

Electric Shop Inc.
1001 North Pearl
Paoli, KS 66071

Environmental Temperature
4310 E 75 Terrace
Kansas City, KS 64132

Executive Healthcare Resources, Inc
P O Box 155635
Fort Worth, TX 76155

Farmers Bros.
File 55172
Los Angeles, CA 90074-5172

FedEx
P.O. Box 94515
Palatine, IL 60094-4515

Fleet Group, Inc.
P O Box 156505
Fort Worth, TX 76155

Gary Grimm & Associates
82 South Madison
P.O. Box 378
Carthage, IL 62321

GE CAPITAL
P.O. BOX 740441
ATLANTA GA 30374-0441

Gerald H. Wells d/b/a
Tri-State Alarms
267 Kinderhook Estates Drive
Camdenton, MO 65020

Healthland Health Labs Inc
13321 West 98th ST.
Lenexa, KS 66215

Heartland Publishing Company
BOX 1313
BELLEVUE, NE 68005-1313

HMP DME SERVICES
400 SE BRIZENDINE RD
BLUE SPRINGS, MO 64014-6241

HOME DEPOT
P.O. BOX 509058
SAN DIEGO, CA 92150-9058

Internal Revenue Service
Austin, Texas

Internal Revenue Service
500 North Capital Street NW
Washington, DC 20221

INTERSTATE BRANDS CORPORATION
P.O. BOX 410559
KANSAS CITY, MO 64141

James Bradley Summers
Assured Pest Management
616 NW 1501 Rd.
Holden, MO 64040

KACE
3601 SW 29TH SUITE 202
TOPEKA, KS 66614

KANSAS HEALTH CARE ASSOC.
117 SW 6TH AVE., STE 200
TOPEKA, KS 66603

KANSAS HEALTHCARE ASSOCIATION
117 SW 6TH AVE., STE 200
TOPEKA, KS 66603

KCI USA
P.O. BOX 203086
HOUSTON, TX 77216-3086

KONICA MINOLTA BUSINESS SOLUTIONS
BANK OF AMERICA LOCKBOX SERVICE
13847 COLLECTIONS CENTER DRIVE
CHICAGO, IL 60693

Law Firm of K. A. Regel, PLLC
15305 Dallas Parkway, Suite 300
Addison, Texas 75034

Law Offices of Gary Trebert
P O Box 155545
Fort Worth, TX 76155

LIFE CONNECTIONS INC.
2513 SW ASHWORTH PLACE
TOPEKA, KS 66614

MAINTENANCE SUPPLY CO., INC.
MASSCO PAPER SALES
1837 S. MERIDIAN
WICHITA, KS 67213

MARTIN BROS DISTRIBUTEING CO., INC.
406 VIKING ROAD
P.O. BOX 69
CEDAR FALLS, IA 50613-0010

MATRIX TELECOM INC
P.O. BOX 742501
CINCINNATI, OH 45274-2501

McKesson Medical-Surgical
P O Box 27100
Golden, MN 55427-0100

MEDICAL ONE, INC
4741 CENTRAL AVE. #274
KANSAS CITY, MO 64112

Medserve Inc.
Enserv Midwest LLC
Dept. 641-P.O. Box 4346
Houston, TX 77210-4346

MID-AMERICA PHYSICIANS
6815 HILLTOP ROAD #100
SHAWNEE, KS 66226

MID-AMERICA SENIOR MGMT LLC
P.O. BOX 996
TONGAHOXIE, KS 66086-0996

MULTIMEDIA SALES
P.O. BOX 5065
BUFFALO GROVE, IL 60089

Mutual of Omaha Medicare
Mutual of Omaha Plaza
Omaha, NE 68175

OCCUPATIONAL HEALTH CTRS OF THE
P.O. Box 369
Lombard, IL 60148

ON HOLD MARKETING INC
6003 FINANCIAL PLAZA #101
SHREVEPORT, LA 71129

Orthopedic Professional Assoc.
8919 Parallel Pkwy, Ste. 270
Kansas City, KS 66112-1655

PAM JAMES
MEMORY LANE
2211 LAHOMA
WITCHITA, KS. 67207

PARTNERS FINANCIAL LLC
234 W. 12TH AVENUE
NORTH KANSAS CITY, MO. 64116

Pharmerica-409251
Bank of America, Lockbox 409
P O Box 409251
Atlanta, GA 30384-9251

PROVIDENCE EMERGENCY PHYSICIANS
P.O. BOX 879683
KANSAS CITY, MO 64187

PROVIDENCE MEDICAL CENTER
P.O. BOX 874300
KANSAS CITY, MO. 64187-4300

QUILLEN BLANCHE, M.D.
1029 S. 55 TERRECE
KANSAS CITY KS. 66106

R. J. KOOL COMPANY
234 W. 12TH AVE.
NORTH KANSAS CITY, MO. 64116

R. S. Andrews Enterprises of KS
A B May Company
2017 W. 104th Street
Leawood, KS 66206

RECOVERCARE LLC
805 N. MEADOWBROOK DRIVE
OLATHE, KS. 66062

RECOVERCARE ONECARE LLC
805 N. MEADOWBROOK DRIVE
OLATHE, KS 66062

Rehab Choice, Inc.
P O Box 798257
St. Louis, MO 63179-8000

Sambel Investments
G&K Service Co
P.O. Box 860488
Shawnee, KS 66286

SAMMONS PRESTON
P.O. Box 93040
Chicago, IL 60673-3040

Shawnee Mission Medical Ctr
P.O. Box 930023
Kansas City, KS 66112

Show-Me Food and Nutrition Services, Inc
25001 Timberlake Trail
Greenwood, MO 64034

SM CORPORATE CARE LLC
P.O. BOX 219975
KANSAS CITY, MO 64121-9975

SPI Aquistion Corporation
7373 W. 107th Street
Overland Park, KS 66212

State of Kansas Dept Labor
401 SW Topeka Blvd.
Topeka, KS 66612

Texas Star Linen
P O Box 488
Bellmawr, NJ 08099

Tina Ashford
13749 Woodend Road
Bonner Springs, KS 66012

Trugreen Chemlawn
8420 Cole Pkwy
Shawnee, KS 66227

Unimed II, Inc.
805 N. Meadowbrook Drive
Olathe, KS 66062

Unisource
P.O. Box 849089
Dallas, TX 75284-9089

University Associates, L.P.
10100 Santa Monica Blvd, Suite 1300
Los Angeles, CA 90067

US X-Ray, L.L.C.
8665 West 19th Street, Ste. 200
Overland Park, KS 66212

Vesta Lee Lumber Company
P.O. Box 392
Bonner Springs, KS 66012

WC Construction
P.O. Box 29009
1761 Burlington Avenue
North KC, MO 64116

Debtor(s): Centers For Long Term Care of Bonner Springs Case No:
Chapter: 11

DISTRICT OF NEVADA
LAS VEGAS DIVISION

168 INDUSTRIES, LLC d/b/a
O'Neal Electric Service
3073 Merriam lane
Kansas City, KS. 66106

Bonner Springs Floral Inc.
P.O. Box 89
LEAVENWORTH, KS 66048-0089

Direct Supply Healthcare Equip:
P O Box 88201
Milwaukee, Wi 53288-0201

Advanced Homecare, LLC
2500 W. 31st St.
Lawrence, KS 66047

BOYCE-BYNUM PATHOLOGY LABATORIE
P.O. BOX 7406
COLUMBIA, MO 65205

DMZ, Inc.
Advanced Medical Company
12335 Kingsride Ln. #102
Houston, TX 77024

Advanced Waste Services LP
P.O. Box 572660
Houston, Texas 77257-2660

Briggs Corporation
P O Box 1355
Des Moines, IA 50305-1355

Earl Bryant Enterprises, Inc.
15280 Briar Road
Basehor, KS 66007

ALKOR INC.
11291 WASHINGTON BLVD
CULVER CITY, CA 90230

C.V.B. INC.
WATER DOCTOR
P.O. BOX 3060
ST. JOSEPH, MO 64503-0060

Ecolab Institutional
P O Box 70343
Chicago, IL 60673-0343

Anderson Erickson Dairy Co.
2420 E. University
Des Moines, IA 50317

CAMPBELL FIRE PROTECTION LLC
27311 S.E. OUTER ROAD
HARRISONVILLE, MO 64701

Edward Don & Company
2562 Paysphere Circle
Chicago, IL 60674

AT&T Yellow Pages
P.O. Box 630052
Dallas, TX 75263-0052

Charles S. Malcom
Custom Prewire Specialist
550 W. Park Street
Olathe, KS 66061

Electric Shop Inc.
1001 North Pearl
Paoli, KS 66071

Atmos Energy
P.O. Box 79073
Phoenix, AZ 85062-9073

CLC Healthcare, Inc.
6255 South Mojave, Ste. F
Las Vegas, NV 89120

Environmental Temperature
4310 E 75 Terrace
Kansas City, KS 64132

AVAYA INC.
P.O. Box 5125
Carol Stream, IL 60197-5125

CLC Rehab & Management, Inc.
P O Box 156508
Fort Worth, TX 76155

Executive Healthcare Resource
P O Box 155635
Fort Worth, TX 76155

BGB FAMILY INC.
RECOGNITION WORKS
8790 D PLATA LANE
ATASCADERO, CA 93422

Corporate Express
P.O. BOX 71271
CHICAGO, IL 60694-1217

Farmers Bros.
File 55172
Los Angeles, CA 90074-5172

Bonner Springs Chamber of Comme
Box 403
BONNER SPRINGS, KS 66012

CYPRESS MEDIA LLC KANSAS CITY S
P.O. BOX 807769
KANSAS CITY MO 64180-7769

FedEx
P.O. Box 94515
Palatine, IL 60094-4515

Debtor(s): Centers For Long Term Care of Bonner Springs

Case No:
Chapter: 11DISTRICT OF NEVADA
LAS VEGAS DIVISIONFleet Group, Inc.
P O Box 156505
Fort Worth, TX 76155INTERSTATE BRANDS CORPORATION
P.O. BOX 410559
KANSAS CITY, MO 64141MAINTENANCE SUPPLY CO., INC.
MASSCO PAPER SALES
1837 S. MERIDIAN
WICHITA, KS 67213Gary Grimm & Associates
82 South Madison
P.O. Box 378
Carthage, IL 62321James Bradley Summers
Assured Pest Management
616 NW 1501 Rd.
Holden, MO 64040MARTIN BROS DISTRBUTING CO.,
406 VIKING ROAD
P.O. BOX 69
CEDAR FALLS, IA 50613-0010GE CAPITAL
P.O. BOX 740441
ATLANTA GA 30374-0441KACE
3601 SW 29TH SUITE 202
TOPEKA, KS 66614MATRIX TELECOM INC
P.O. BOX 742501
CINCINNATI, OH 45274-2501Gerald H. Wells d/b/a
Tri-State Alarms
267 Kinderhook Estates Drive
Camdenton, MO 65020KANSAS HEALTH CARE ASSOC.
117 SW 6TH AVE., STE 200
TOPEKA, KS 66603McKesson Medical-Surgical
P O Box 27100
Golden, MN 55427-0100Healthland Health Labs Inc
13321 West 98th ST.
Lenexa, KS 66215KANSAS HEALTHCARE ASSOCIATION
117 SW 6TH AVE., STE 200
TOPEKA, KS 66603MEDICAL ONE, INC
4741 CENTRAL AVE. #274
KANSAS CITY, MO 64112Heartland Publishing Company
BOX 1313
BELLEVUE, NE 68005-1313KCI USA
P.O. BOX 203086
HOUSTON, TX 77216-3086Medserve Inc.
Enserv Midwest LLC
Dept. 641-P.O. Box 4346
Houston, TX 77210-4346HMP DME SERVICES
400 SE BRIZENDINE RD
BLUE SPRINGS, MO 64014-6241KONICA MINOLTA BUSINESS SOLUTIO
BANK OF AMERICA LOCKBOX SERVICE
13847 COLLECTIONS CENTER DRIVE
CHICAGO, IL 60693MID-AMERICA PHYSICIANS
6815 HILLTOP ROAD #100
SHAWNEE, KS 66226HOME DEPOT
P.O. BOX 509058
SAN DIEGO, CA 92150-9058Law Firm of K. A. Regel, PLLC
15305 Dallas Parkway, Suite 300
Addison, Texas 75034MID-AMERICA SENIOR MGMT LLC
P.O. BOX 996
TONGAHOXIE, KS 66086-0996Internal Revenue Service
Austin, TexasLaw Offices of Gary Trebert
P O Box 155545
Fort Worth, TX 76155MULTIMEDIA SALES
P.O. BOX 5065
BUFFALO GROVE, IL 60089Internal Revenue Service
500 North Capital Street NW
Washington, DC 20221LIFE CONNECTIONS INC.
2513 SW ASHWORTH PLACE
TOPEKA, KS 66614Mutual of Omaha Medicare
Mutual of Omaha Plaza
Omaha, NE 68175

Debtor(s): Centers For Long Term Care of Bonner Springs

Case No:
Chapter: 11DISTRICT OF NEVADA
LAS VEGAS DIVISIONOCCUPATIONAL HEALTH CTRS OF THE
P.O. Box 369
Lombard, IL 60148R. S. Andrews Enterprises of KS
A B May Company
2017 W. 104th Street
Leawood, KS 66206State of Kansas Dept Labor
401 SW Topeka Blvd.
Topeka, KS 66612ON HOLD MARKETING INC
6003 FINANCIAL PLAZA #101
SHREVEPORT, LA 71129RECOVERCARE LLC
805 N. MEADOWBROOK DRIVE
OLATHE, KS. 66062Texas Star Linen
P O Box 488
Bellmawr, NJ 08099Orthopedic Professional Assoc.
8919 Parallel Pkwy, Ste. 270
Kansas City, KS 66112-1655RECOVERCARE ONECARE LLC
805 N. MEADOWBROOK DRIVE
OLATHE, KS 66062Tina Ashford
13749 Woodend Road
Bonner Springs, KS 66012PAM JAMES
MEMORY LANE
2211 LAHOMA
WITCHITA, KS. 67207Rehab Choice, Inc.
P O Box 798257
St. Louis, MO 63179-8000Trugreen Chemlawn
8420 Cole Pkwy
Shawnee, KS 66227PARTNERS FINANCIAL LLC
234 W. 12TH AVENUE
NORTH KANSAS CITY, MO. 64116Sambel Investments
G&K Service Co
P.O. Box 860488
Shawnee, KS 66286Unimed II, Inc.
805 N. Meadowbrook Drive
Olathe, KS 66062Pharmerica-409251
Bank of America, Lockbox 409
P O Box 409251
Atlanta, GA 30384-9251SAMMONS PRESTON
P.O. Box 93040
Chicago, IL 60673-3040Unisource
P.O. Box 849089
Dallas, TX 75284-9089PROVIDENCE EMERGENCY PHYSICIANS
P.O. BOX 879683
KANSAS CITY, MO 64187Shawnee Mission Medical Ctr
P.O. Box 930023
Kansas City, KS 66112University Associates, L.P.
10100 Santa Monica Blvd, Suit
Los Angeles, CA 90067PROVIDENCE MEDICAL CENTER
P.O. BOX 874300
KANSAS CITY, MO. 64187-4300Show-Me Food and Nutrition Serv
25001 Timberlake Trail
Greenwood, MO 64034US X-Ray, L.L.C.
8665 West 19th Street, Ste. 2
Overland Park, KS 66212QUILLEN BLANCHE, M.D.
1029 S. 55 TERRECE
KANSAS CITY KS. 66106SM CORPORATE CARE LLC
P.O. BOX 219975
KANSAS CITY, MO 64121-9975Vesta Lee Lumber Company
P.O. Box 392
Bonner Springs, KS 66012R. J. KOOL COMPANY
234 W. 12TH AVE.
NORTH KANSAS CITY, MO. 64116SPI Aquistion Corporation
7373 W. 107th Street
Overland Park, KS 66212WC Construction
P.O. Box 29009
1761 Burlington Avenue
North KC, MO 64116