

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF OKLAHOMA

Case number (if known) _____ Chapter 11

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/19

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

1. Debtor's name CAH Acquisition Company 12, LLC

2. All other names debtor used in the last 8 years
 Include any assumed names, trade names and doing business as names
DBA Fairfax Community Hospital

3. Debtor's federal Employer Identification Number (EIN) 27-1730967

4. Debtor's address	Principal place of business	Mailing address, if different from principal place of business
	<u>40 Hospital Rd. Fairfax, OK 74637</u> Number, Street, City, State & ZIP Code	_____ P.O. Box, Number, Street, City, State & ZIP Code
	<u>Osage</u> County	_____ Location of principal assets, if different from principal place of business Number, Street, City, State & ZIP Code

5. Debtor's website (URL) _____

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

Debtor CAH Acquisition Company 12, LLC
Name

Case number (if known) _____

7. Describe debtor's business

A. Check one:

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

B. Check all that apply

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

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

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

Check one:

- Chapter 7
- Chapter 9

Chapter 11. Check all that apply:

- Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625 (amount subject to adjustment on 4/01/22 and every 3 years after that).
- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- A plan is being filed with this petition.
- Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- No.
- Yes.

If more than 2 cases, attach a separate list.

District	<u>Eastern District of North Carolina</u>	When	<u>3/17/19</u>	Case number	<u>9-01229-5-JNC</u>
District	<u>Western District of Missouri</u>	When	<u>10/23/11</u>	Case number	<u>11-44749-drd11</u>

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- No
- Yes.

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

Debtor	<u>See Attachment</u>	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

Debtor **CAH Acquisition Company 12, LLC**
Name

Case number (if known) _____

11. Why is the case filed in this district? *Check all that apply:*

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

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

No

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

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

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
 What is the hazard? _____

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

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

Other _____

Where is the property? _____
 Number, Street, City, State & ZIP Code

Is the property insured?

No

Yes. Insurance agency _____
 Contact name _____
 Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds *Check one:*

Funds will be available for distribution to unsecured creditors.

After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

<input type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input type="checkbox"/> 50-99	<input type="checkbox"/> 5001-10,000	<input type="checkbox"/> 50,001-100,000
<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000
<input checked="" type="checkbox"/> 200-999		

15. Estimated Assets

<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion
<input checked="" type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

16. Estimated liabilities

<input type="checkbox"/> \$0 - \$50,000	<input checked="" type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion
<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

Debtor **CAH Acquisition Company 12, LLC**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

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

17. Declaration and signature of authorized representative of debtor

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

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

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

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

Executed on **April 1, 2019**
MM / DD / YYYY

X /s/ Charles E. Cartwright, Trustee for Receiver for Debtor
Signature of authorized representative of debtor

Charles E. Cartwright, Trustee for Receiver for Debtor
Printed name

Title **Trustee, Fairfax Healthcare Authority, Receiver for Debtor**

18. Signature of attorney

X /s/ Sam G. Bratton
Signature of attorney for debtor

Date **April 1, 2019**
MM / DD / YYYY

Sam G. Bratton
Printed name

Doerner, Saunders, Daniel & Anderson, L.L.P.
Firm name

**Two West Second Street, Suite 700
Tulsa, OK 74103-3117**
Number, Street, City, State & ZIP Code

Contact phone **(918) 582-1211** Email address **sbratton@dnda.com**

OBA No. 1086 OK
Bar number and State

Debtor **CAH Acquisition Company 12, LLC**
Name

Case number (if known)

Fill in this information to identify your case:

United States Bankruptcy Court for the:
NORTHERN DISTRICT OF OKLAHOMA

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

Check if this an amended filing

FORM 201. VOLUNTARY PETITION
Pending Bankruptcy Cases Attachment

Debtor	CAH Acquisition Company #1 LLC		Relationship to you	_____
District	North Carolina Eastern Bankruptcy Court	When	2/19/19	Case number, if known 5:2019bk00730
Debtor	CAH Acquisition Company #2 LLC		Relationship to you	_____
District	North Carolina Eastern Bankruptcy Court	When	3/17/19	Case number, if known 5:2019bk01230
Debtor	CAH Acquisition Company #3 LLC		Relationship to you	_____
District	North Carolina Eastern Bankruptcy Court	When	3/14/19	Case number, if known 5:2019bk01180
Debtor	CAH Acquisition Company #4 LLC		Relationship to you	_____
District	North Carolina Eastern Bankruptcy Court	When	3/17/19	Case number, if known 5:2019bk01228
Debtor	CAH Acquisition Company #5 LLC		Relationship to you	_____
District	Kansas Bankruptcy Court	When	3/13/19	Case number, if known 6:2019bk10359
Debtor	CAH Acquisition Company 11, LLC		Relationship to you	_____
District	Tennessee Western Bankruptcy Court	When	3/08/19	Case number, if known 2:2019bk22020
Debtor	CAH Acquisition Company 12, LLC		Relationship to you	_____
District	North Carolina Eastern Bankruptcy Court	When	3/17/19	Case number, if known 5:2019bk01229
Debtor	CAH Acquisition Company 6, LLC		Relationship to you	_____
District	North Carolina Eastern Bankruptcy Court	When	3/21/19	Case number, if known 4:2019bk01300
Debtor	CAH Acquisition Company 7, LLC		Relationship to you	_____
District	North Carolina Eastern Bankruptcy Court	When	3/21/19	Case number, if known 5:2019bk01298
Debtor	CAH Acquisition Company 7, LLC.		Relationship to you	_____
District	Oklahoma Western Bankruptcy Court	When	3/21/19	Case number, if known 5:2019bk11040
Debtor	CAH Acquisition Company 16, LLC		Relationship to you	_____
District	North Carolina Eastern Bankruptcy Court	When	3/17/19	Case number, if known 5:2019bk01227

Fill in this information to identify the case:

Debtor name CAH Acquisition Company 12, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF OKLAHOMA

Case number (if known) _____

Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

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

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

Declaration and signature

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

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

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

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

Executed on April 1, 2019

X /s/ Charles E. Cartwright, Trustee for Receiver for Debtor
Signature of individual signing on behalf of debtor

Charles E. Cartwright, Trustee for Receiver for Debtor
Printed name

Trustee, Fairfax Healthcare Authority, Receiver for Debtor
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **CAH Acquisition Company 12, LLC**
 United States Bankruptcy Court for the: **NORTHERN DISTRICT OF OKLAHOMA**
 Case number (if known): _____

Check if this is an amended filing

Official Form 204**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

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

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
QUALITY SYSTEMS PO BOX 511449 LOS ANGELES, California 90051-0000	Maureen Lavictoire mlavictoire@harris computer.com 888-847-7747 ext 2663	NextGen Billing Software Services				\$175,564.54
REBOOT, INC PO BOX 775535 CHICAGO, Illinois 60677-0000	3172254476	IT Professional Services				\$57,744.00
3M 2807 PAYSHERE CIRCLE CHICAGO, Illinois 60674-0000	6517331110	Coding Software Services				\$39,418.88
GENE EVANS 44702 S. 34700 Rd. PAWNEE, Oklahoma 74058-0000	Gene Evans MD pawneedoc.@yaho o.com 918-762-3942	Professional Services				\$36,322.00
SHARED MEDICAL SERVICES INC 209 LIMESTONE PASS COTTAGE GROVE, Wisconsin 53527-0000	Kathy Pitzner kpitzner@sharedm ed.com 608-839-9050 ext 1275	MRI Services				\$32,404.20
HIPPA-GUARD PO BOX 80019 #86038 INDIANAPOLIS, Indiana 46280-0000	3173168880	HIPAA Compliance Services				\$29,538.00
CPSI PO BOX 850309 MOBILE, Alabama 36685-0000	8774241777	Payroll and Billing Software Services				\$19,081.29

Debtor **CAH Acquisition Company 12, LLC**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
TRUCODE, LLC 150 BURFORD HOLLOW ALPHARETTA, Georgia 30022-0000	Joanna Neri jneri@trucode.com 404-606-1699	Coding Software Services				\$18,219.00
PATRIOT PLACEMENT STAFFING LLC 2105 BRIARWOOD DRIVE AMARILLO, Texas 79124-0000	Rodney Skelton rodskelton@gmail.com 806-553.5280	Contract Nursing Services				\$17,921.82
LABCORP PO BOX 12140 BURLINGTON, North Carolina 27216-0000	Yoana Molina moliny1@labcorp.com 800-222-7566 ext 65478	Reference Lab Services				\$17,733.27
ARJO, INC. PO BOX 640799 PITTSBURGH, Pennsylvania 15264-0000	nick.williams@arjo.com nick.williams@arjo.com 925-330-6251	Medical Supplies				\$16,240.34
SYSCO FOOD SERVICES PO BOX 1127 NORMAN, Oklahoma 73070-0000	Jennifer Kopeki kopeki.jennifer@oksysco.com 281-758-6583	Dietery and Housekeeping Supplies				\$16,152.13
OSU FOUNDATION 400 S MONROE STILLWATER, Oklahoma 74074-0000	Dee Niles dniles@osugiving.com 405-385-5136	Recruiting Services				\$16,000.00
BECKMAN COULTER INC DEPT CH 10164 PALATINE, Illinois 60055-0000	Gigi Garcia ggarcia02@beckman.com 714-792-1462	Lab Equipment Rental/Reagents				\$14,422.61
MILLER EMS, LLC PO BOX 65 MEDFORD, Oklahoma 73759-0000	Matthew Miller mems@millerems.com 580-395-2426	Ambulatory Transportation Services				\$14,281.86
MEDLINE INDUSTRIES INC PO BOX 121080 DEPT 1080 DALLAS, Texas 75312-0000	Shane Reed sreed@medline.com 262-367-7501 ext 2252	Medical Supplies				\$13,374.05

Debtor **CAH Acquisition Company 12, LLC**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
STANDLEY SYSTEMS, LLC PO BOX 460 CHICKASHA, Oklahoma 73023-0000	Tom Fender tfender@standleys.com 580-761-4163	Copier Services				\$11,770.49
GAS & SUPPLY 125 THRUWAY PARK BROUSSARD, Louisiana 70518-3601	Kathy Walsh cathy.walsh@gasandsupply.com 918-224-6455	Oxygen Vendor				\$11,745.79
UNITED LINEN UNIFORM SERVICES 400 WEST FRANK PHILLIPS BARTLESVILLE, Oklahoma 74005-0000	8002596808	Linen Services				\$10,335.04
HEARTLAND PATHOLOGY CONSULTANT 3509 FRENCH PARK DRIVE SUITE D EDMOND, Oklahoma 73034-7296	Vicki Bogard vbogard@heartlandpath.com 405-715-4500	Pathology Services				\$9,729.15

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court
Northern District of Oklahoma**

In re CAH Acquisition Company 12, LLC Debtor(s)

Case No. _____
Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

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>12,599.50</u>
Prior to the filing of this statement I have received	\$	<u>12,599.50</u>
Balance Due	\$	<u>0.00</u>

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

Debtor Other (specify): **Town of Fairfax, OK.**

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

Debtor Other (specify): **Town of Fairfax, OK or purchaser**

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 a 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, statement of affairs and plan which may be required;
- c. [Other provisions as needed]

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

None.

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.

April 1, 2019
Date

/s/ Sam G. Bratton
Sam G. Bratton
Signature of Attorney
Doerner, Saunders, Daniel & Anderson, L.L.P.
Two West Second Street, Suite 700
Tulsa, OK 74103-3117
(918) 582-1211 Fax: (918) 591-5360
sbratton@dsda.com
Name of law firm

**United States Bankruptcy Court
Northern District of Oklahoma**

In re CAH Acquisition Company 12, LLC

Debtor(s)

Case No.

Chapter 11

LIST OF EQUITY SECURITY HOLDERS

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

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
--	----------------	----------------------	------------------

Health Acquisition CO, LLC,A West VA LLC

HMC/CAH Consolidated, Inc. A Delaware Co

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

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

Date April 1, 2019Signature /s/ Charles E. Cartwright, Trustee for Receiver for Debtor
Charles E. Cartwright, Trustee for Receiver for Debtor

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

Revised 02/2012

United States Bankruptcy Court
Northern District of Oklahoma

In re CAH Acquisition Company 12, LLC

Debtor(s)

Case No.

Chapter 11

VERIFICATION AS TO OFFICIAL CREDITOR LIST

- Original
Amendment
Add Delete

I hereby certify under penalty of perjury that the master mailing list of creditors submitted either on the Creditor List Submission application, or uploaded to the Electronic Case Filing System is a true, correct and complete listing to the best of my knowledge.

I further acknowledge that (1) the accuracy and completeness in preparing the creditor listing are the shared responsibility of the debtor and the debtor's attorney, (2) the court will rely on the creditor listing for all mailings, and (3) that the various schedules and statements required by the Bankruptcy Rules are not used for mailing purposes.

If this filing is an amendment to the creditor list, indicate only the number of creditors being added or to be deleted at this time. (For verification purposes, attach a list of the creditors being submitted, uploaded, or to be deleted.)

717 # of Creditors (or if amended, # of creditors added)

Method of submission:

- a) X uploaded to Electronic Case Filing System; or
b) Creditor List Submission application (to be used by Pro Se filers, found on the Court's website at www.oknb.uscourts.gov, or available in the Clerk's Office)

of Creditors (on attached list) to be deleted

/s/ Charles E. Cartwright, Trustee for Receiver for Debtor

Debtor Signature
Address:(if not represented by an attorney)

Joint Debtor Signature
Address:(if not represented by an attorney)

Phone:(if not represented by an attorney)

Phone:(if not represented by an attorney)

/s/ Sam G. Bratton

Attorney Signature
Sam G. Bratton
Doerner, Saunders, Daniel & Anderson, L.L.P.
Two West Second Street, Suite 700
Tulsa, OK 74103-3117
(918) 582-1211
(918) 591-5360
sbratton@dsda.com

Date: April 1, 2019

[Check if applicable]
Creditors with foreign addresses included

3M ACCURATE ENVIRONMENTAL LLC AHMA ABAZID
 2807 PAYSHERE CIRCLE PO BOX 613 5021 TAFT BLVD APT #4304
 CHICAGO, Illinois 60674-0000 STILLWATER, Oklahoma 74076-0000 WICHITA FALLS, Texas 763

3M ACCURATENOW AIR EVAC EMS
 REMITTANCE PROCESSING DEPT 7515 IRVINE CENTER DRIVE 1001 Boardwalk Springs, S2
 MAIL STOP 224-05-N-42 IRVINE, California 92618-0000 Attn: Training Center
 ST. PAUL, Minnesota 55144-0000 O'Fallon, Missouri 63368

A+ PRINTING ADVANCE BOILER REPR & SVC AIR MED CARE
 119 N THIRD 36168 W STATE HWY 51 PO Box 948
 PONCA CITY, Oklahoma 74601-0000 MANNFORD, Oklahoma 74044-0000 West Plains, Missouri 65

AAAASF ADVANCED FILING SYSTEM INC AIRGAS USA, LLC
 7500 GRAND AVENUE SUITE 200 9528 E 55TH STREET STE A PNC BANK
 GURNEE, Illinois 60031-0000 TULSA, Oklahoma 74145-8151 PO BOX 676015
 DALLAS, Texas 75267-6015

ABBOTT LABORATORIES INC ADVANCED LABORATORY SERVICES, AIRSOURCE
 100 ABBOTT PARK ROAD 300 N. MERIDIAN SUITE 205-S PO BOX 415
 ABBOTT PARK, Illinois 60064-0000 OKLAHOMA CITY, Oklahoma 73107-5000 OKLAHOMA, Oklahoma 74055-

ABBVIE ADVANCED MOLECULAR DIAGNOSTICS ALEXANDER R GENTY
 ATTN DEPT. V345 535 EAST CRESCENT AVE 19901 COKER ROAD
 1 NORTH WAUKEGAN ROAD ATTN: CHIEF EXECUTIVE OFFICER TECUMSEH, OK 74873
 NORTH CHICAGO, Illinois 60064-0000 RAMSEY, New Jersey 07446-0000

ABILITY NETWORK INC AFCO INSURANCE PREMIUM FINANCE ALFA MEDICAL EQUIPMENT I
 DEPT CH 16577 PO BOX 360572 265 POST AVE SUITE 350
 PALATINE, Illinois 60055-6577 PITTSBURGH, Pennsylvania 15250-5657 WESTBURY, New York 11590

ACCENT FLOWERS & GIFTS AGFA HEALTHCARE CORPORATION ALICIA ROACH
 315 NORTH MAIN MAIL CODE 5583 140 S 5TH
 FAIRFAX, Oklahoma 74637-0000 PO BOX 105046 FAIRFAX, Oklahoma 74637-
 ATLANTA, Georgia 30348-5046

ACCENT FLOWERS & GIFTS AGILITY HEALTH LLC ALIMED INC
 315 NORTH MAIN PO BOX 5509 PO BOX 9135
 FAIRFAX, Oklahoma 74637-0000 CAROL STREAM, Illinois 60197-5509 BELLINGHAM, Massachusetts 02

ACCURAD MEDICAL IMAGING SERVICES, LLC ALLERGAN USA, INC
 PO BOX 1128 233 N MICHIGAN AVE, 21st FLOOR 12975 COLLECTIONS CENTERD
 MANNFORD, Oklahoma 74044-0000 CHICAGO,, Illinois 60601-5809 CHICAGO, Illinois 60693-

ALLRED RECRUITING GROUP ANGELA D IRONS ARTHROCARE MEDICAL CORPO
PO BOX 7261 2825 LA CANN DRIVE 7000 WEST WILLIAM CANNON D
SHAWNEE MISSION, Kansas 66207 PONCA CITY, OK 74604 BUILDING ONE
AUSTIN, Texas 78735-0000

ALLSTATE WORKPLACE DIVISION ANTHONY S DAVIS ARTHUR THOMPSON
PO BOX 650514 250 ROBERTSON ADDITION RD PO BOX 154
DALLAS, Texas 75265-0514 FAIRFAX, OK 74637 PAWNEE, Oklahoma 74058-0

ALTIS BARBARA ANTHONY TECHNOLOGY LLC ARVIN J POURTORKAN
PO BOX 412 1216 E KENOSHA ST#266 P.O. BOX344
SHIDLER, Oklahoma 74652-0000 BROKEN ARROW, Oklahoma 74012 EDMOND, OK 73083

AMBASSADOR COMPANY APIC ASHLEY D ENGLE
PO BOX 890287 PO BOX 79502 201 S 7TH STREET
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MESIROW INSURANCE SERVICES MODULAR SPACE CORPORATION NEWS PRESS INC
353 NORTH CLARK STREET 12603 COLLECTIONS CENTER DRIVE NEWSPAPER HOLDINGS INC
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CAMP HILL, Pennsylvania 1

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MYLES W MINOR
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NEUROCOM INTERNATIONAL INC
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OK BUREAU OF NARCOTICS & OKLA OSTEOPATHIC ASSOCIATION OKLAHOMA NOTARY DISCOUNT
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OKLAHOMA CITY, Oklahoma 73152-0004 28TH OKLAHOMA CITY, Oklahoma
OKLAHOMA CITY, Oklahoma 73105-0000

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WILMINGTON, Delaware 19850-5109

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OKLAHOMA CITY, Oklahoma 73154-2625 EDMOND, Oklahoma 73083-0
STILLWATER, Oklahoma 74074-4539

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OKAUSA OKLAHOMA HEALTHCARE ORTHO CLINICAL DIAGNOSTI
PO BOX 1383 2401 NW 23RD ST, SUITE 1A 5972 COLLECTIONS CENTER D
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OKLA OSTEOPATHIC ASSOCIATION OKLAHOMA NATURAL GAS COMPANY OSTEOPOROSIS SERVICES
4848 N LINCOLN BLVD PO BOX 219296 2921 SW WANAMAKER DRIVE
OKLAHOMA CITY, Oklahoma 73105 KANSAS CITY, Missouri 64121-9296 TOPEKA, Kansas 66614-000

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PATENTIA INC 103 BOULDER DR IRONTON, Missouri 63650-0000
PAWNEE COMMUNITY DIRECTO PO BOX 655 PAWNEE, Oklahoma 74067-0

OSU FOUNDATION 400 S MONROE STILLWATER, Oklahoma 74074-0000
PATIENT TELEPHONE SUPPLY LLC 1022 BRIARRIDGE DRIVE BATON ROUGE, Louisiana 70810-0000
PAWNEE HILLCREST PHARMAC 539 6TH ST PAWNEE, Oklahoma 74058-0

OSU-CHS ADJUNCT REFUNDS ATTN: OFFICE OF THE BURSAR 700 N GREENWOOD AVE TULSA, Oklahoma 74106-0700
PATRIOT PLACEMENT STAFFING LLC 2105 BRIARWOOD DRIVE AMARILLO, Texas 79124-0000
PAWNEE PUBLIC SCHOOL 615 Denver Street Pawnee, Oklahoma 74058-0

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PATTERSON MEDICAL 28100 TORCH PKWY #700 WARRENVILLE, Illinois 60555-3388
PAWNEE TRUE VALUE LUMBER 405 SIXTH STREET PAWNEE, Oklahoma 74058-0

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PERSONNEL CONCEPTS PO BOX 5750 CAROL STREAM, Illinois 6

PALACE GROCERY 201 N MAIN FAIRFAX, Oklahoma 74637-0000
PAWNEE BILL MEMORIAL RODEO 613 HARRISON PAWNEE, Oklahoma 74056-0000
PESI, INC PESI HEALTHCARE PO BOX 900 EAU CLAIRE, Wisconsin 54

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LOS ANGELES, California 90054-1563 MAPLE GROVE, Minnesota 55369-1000 MOORE SUMMIT, Missouri 6

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UNITED LINEN UNIFORM SER
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1625 W CROSBY RD, STE 120 P.O. BOX 344
CARROLLTON, Texas 75006-0000 CARNEY, OK 74832

**United States Bankruptcy Court
Northern District of Oklahoma**

In re CAH Acquisition Company 12, LLC

Debtor(s)

Case No.

Chapter

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for CAH Acquisition Company 12, LLC in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

Health Acquisition CO, LLC,A West VA LLC

HMC/CAH Consolidated, Inc. A Delaware Co

None [*Check if applicable*]

April 1, 2019

Date

/s/ Sam G. Bratton

Sam G. Bratton

Signature of Attorney or Litigant

Counsel for **CAH Acquisition Company 12, LLC**

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