

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW MEXICO**

In re

OTERO COUNTY HOSPITAL
ASSOCIATION, INC. (d/b/a Gerald
Champion Regional Medical Center, d/b/a
Mountain View Catering),

Debtor.

No. 11-11-13686-JA

DEBTOR'S STANDARD MONTHLY OPERATING REPORT (BUSINESS)

FOR THE PERIOD
FROM 11/1/2011 TO 11/30/2011

Comes now the above-named debtor and files its Monthly Operating Reports in accordance with the Guidelines established by the United States Trustee and FRBP 2015.

WHITE & CASE LLP

/s/ Craig H. Averch

Craig H. Averch
Attorney for the Debtor

Debtor's Address and Phone Number:

Gerald Champion Regional Medical Center
2669 North Scenic Drive
Alamogordo, New Mexico 88310
Attn: Pete Seaman
(575) 443-7827

Attorney's Address and Phone Number:

White & Case LLP
633 West Fifth Street, Suite 1900
Los Angeles, California 90071
Attn: Craig H. Averch
(213) 620-7700

Note: The original Monthly Operating Report is to be filed with the court and a copy simultaneously provided to the United States Trustee Office. Monthly Operating Reports must be filed by the 21st day of the following month.

For assistance in preparing the Monthly Operating Report, refer to the following resources on the United States Trustee Program Website, <http://www.justice.gov/ust/r20/index.htm>.

- 1) Instructions for Preparations of Debtor's Chapter 11 Monthly Operating Report
- 2) Initial Filing Requirements
- 3) Frequently Asked Questions (FAQs) <http://www.usdoj.gov/ust/>

MOR-1

LOSANGELES 930225 v1 (2K)



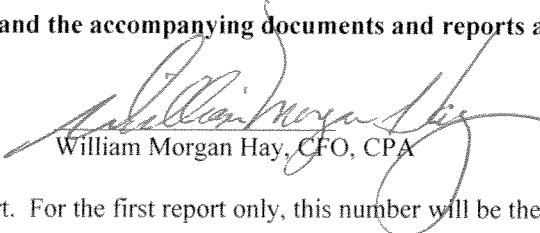
**SCHEDULE OF RECEIPTS AND DISBURSEMENTS
FOR THE PERIOD BEGINNING 11/01/2011 AND ENDING 11/30/2011**

Name of Debtor: OTERO COUNTY HOSPITAL ASSOCIATION, INC. Case Number 11-11-13686-JA
Date of Petition: 8/16/2011

	CURRENT MONTH	CUMULATIVE PETITION TO DATE
1. FUNDS AT BEGINNING OF PERIOD	\$19,037,380.55(a)	19,879,374.92_(b)
2. RECEIPTS:		
A. Cash Sales	13,456,557.16	
Minus: Cash Refunds	<u>(6,454,474.32)</u>	
Net Cash Sales	<u>7,002,082.84</u>	
B. Accounts Receivable	<u>275,082.17</u>	
C. Other Receipts (See MOR-3) (See attached Rent Roll)	<u>(392,678.00)</u>	
3. TOTAL RECEIPTS (Lines 2A+2B+2C)	<u>6,884,487.01</u>	<u>23,445,030.01</u>
4. TOTAL FUNDS AVAILABLE FOR OPERATIONS (Line 1 + Line 3)	<u>25,921,867.56</u>	
5. DISBURSEMENTS		
A. Advertising	\$ 13,007.64	
B. Bank Charges	\$ 302.53	
C. Contract Labor	\$ 932,612.87	
D. Fixed Asset Payments (not incl. in "N")	\$ 260,410.30	
E. Insurance	\$ 381,077.79	
F. Inventory Payments (See Attach. 2)	\$ 467,549.88	
G. Leases	\$ 94,081.20	
H. Manufacturing Supplies		
I. Office Supplies	\$ 13,890.77	
J. Payroll - Net (See Attachment 4B)	\$ 1,920,785.57	
K. Professional Fees (Accounting & Legal)	\$ 527,127.77	
L. Rent	\$ 26,310.00	
M. Repairs & Maintenance	\$ 296,657.65	
N. Secured Creditor Payments (See Attach. 2)	\$ 457,500.00	
O. Taxes Paid - Payroll (See Attachment 4C)	\$ 785,445.37	
P. Taxes Paid - Sales & Use (See Attachment 4C)	\$ 13,703.82	
Q. Taxes Paid - Other (See Attachment 4C)	\$ 70,887.89	
R. Telephone	\$ 33,105.98	
S. Travel & Entertainment	\$ 16,333.49	
Y. U.S. Trustee Quarterly Fees	\$ 12,675.00	
U. Utilities	\$ 191,564.11	
V. Vehicle Expenses		
W. Other Operating Expenses (See MOR-3)	<u>\$ 2,436,163.69</u>	
6. TOTAL DISBURSEMENTS (Sum of 5A thru W)	<u>8,951,193.32</u>	<u>26,353,730.32</u>
7. ENDING BALANCE (Line 4 Minus Line 6)	<u>16,970,674.24 (c)</u>	<u>16,970,674.61 (c)</u>

I declare under penalty of perjury that this statement and the accompanying documents and reports are true and correct to the best of my knowledge and belief.

This 21 day of December, 2011.


 William Morgan Hay, CFO, CPA

- (a) This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.
- (b) This figure will not change from month to month. It is always the amount of funds on hand as of the date of the petition.
- (c) These two amounts will always be the same if form is completed correctly.

**GCRMC
RENT ROLL
NOVEMBER 2011**

Physician	Address	Beg Date	Totals 11240.074
Abood	2559 N Scenic MOB Ste C	9/4/2005	\$ 1,690.67
Aday	1410 Aspen Dr		\$ 1,868.00
ASV	2351 25th St Complex B		\$ 38,056.67
Bankston	1315 12th Street Ste A	9/1/2005	\$ 589.33
Daycare CHINS	2598 Medical Dr	11/2/2006	\$ 1,976.00
Dialysis Center	2578 Medical Dr Fresenius Dr. de la Vega		\$ 363.00
Fellers	2559 N Scenic Dr Ste C	9/4/2005	\$ 820.33
Frost	1401 Tenth St Ste C	10/1/2009	\$ 6,420.75
Hadzic - OCCC	2559 N Scenic Dr Ste G	8/3/2003	\$ 3,869.00
Imaging Ctr	2539 Medical Dr Complex A - Ste 101	2/1/2005	\$ 11,017.18
Interv.Mgmt. ISPM	2539 Medical Dr Complex A - Ste 108		\$ 1,330.00
Jun	2559 N Scenic Dr Ste B	12/4/2005	\$ 961.21
Korec - OOC	2559 N Scenic Dr Ste G	5/3/2005	\$ 2,455.00
Martin-Sleep Ctr	101 5th St Ruidoso	8/1/2011	\$ 500.00
Air Methods	2669 N Scenic Dr Apartment	9/28/2011	\$ 652.00
Paul	2559 N Scenic Dr MOB Ste E	12/4/2005	\$ 1,790.29
Smaltz	2539 Medical Dr Complex A - Ste 103	7/1/2005	\$ 4,655.55
Xray Assoc	2539 Medical Dr Complex A	2/1/2005	\$ 2,031.67
Yang	923 9th St Ste A	10/1/2000	\$ 2,215.00
Total Monthly Rental Income:			<u>\$ 83,261.65</u>

MONTHLY SCHEDULE OF RECEIPTS AND DISBURSEMENTS (cont'd)

Detail of Other Receipts and Other Disbursements

OTHER RECEIPTS:

Describe Each Item of Other Receipt and List Amount of Receipt. Write totals on Page MOR-2, Line 2C.

<u>Description</u>	<u>Current Month</u>	<u>Cumulative Petition to Date</u>
SEE ATTACHED	(\$392,678)	\$465,152
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL OTHER RECEIPTS	_____	_____

“Other Receipts” includes Loans from Insiders and other sources (i.e. Officer/Owner, related parties directors, related corporations, etc.). Please describe below:

<u>Loan Amount</u>	<u>Source of Funds</u>	<u>Purpose</u>	<u>Repayment Schedule</u>
None	_____	_____	_____
_____	_____	_____	_____

OTHER DISBURSEMENTS:

Describe Each Item of Other Disbursement and List Amount of Disbursement. Write totals on Page MOR-2, Line 5W.

<u>Description</u>	<u>Current Month</u>	<u>Cumulative Petition to Date</u>
SEE ATTACHED	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL OTHER DISBURSEMENTS	\$ 2,436,163.69	\$ 8,372,309.57

NOTE: Attach a current Balance Sheet and Income (Profit & Loss) Statement.

GERALD CHAMPION REGIONAL MEDICAL CENTER
OTHER RECEIPTS
Prepared by Margie Gary

Acct#	Dept#	Sub	Desc	Nov-11
55625.051	55625	51	MCU STORE RENTALS	
55625.052	55625	52	MCU STORE SALES	90
55685.050	55685	50	SANE PROGRAM-ER	1,622
55685.052	55685	52	GRANT-STOP VAWA	
55688.052	55688	52	TRAUMA AUTHORITY	
55688.053	55688	53	DISASTER PREPAREDNESS-TRAUMA	25,000
55724.050	55724	50	FILM/COPIES/REBATES-RADIOLOGY	15
55733.050	55733	50	PHARMACY REBATES	
55740.050	55740	50	OTHER REVENUE-CARDIO	24
55802.050	55802	50	CAFETERIA REVENUE	53,010
55802.051	55802	51	EMPLOYEE FOOD DISCOUNTS	13,786
55802.052	55802	52	CATERING-EXTERNAL	3,699
55802.053	55802	53	COMMISSIONS-DIETARY	(46)
55802.057	55802	57	BISTRO-GCRMC	478
55802.058	55802	58	BISTRO-NMSUA	4,460
55827.051	55827	51	OTHER REVENUE-REIMB FRM WCG CONF	
55835.050	55835	50	MEDICAL RECORDS-COPIES	2,599
55837.050	55837	50	NON-PATIENT SUPPLIES	
55852.050	55852	50	O/S EDUCATION CLASSES	1,695
55853.050	55853	50	COMMUNITY HEALTH	128
55902.050	55902	50	PT BILLING REVENUE	(30)
55902.051	55902	51	A/P DISCOUNTS	348
55902.052	55902	52	MISCELLANEOUS	30
55903.050	55903	50	MISC COLLECTIONS	
55903.051	55903	51	COPY SALES	80
55908.050	55908	50	ADMIN SUPPORT-WSCHS	6,015
55911.050	55911	50	MISC INTEREST/DIVIDENDS	
55911.051	55911	51	INTEREST-WF & OFCU SAVINGS	473
55911.052	55911	52	RENTAL INCOME-DR OFFICES	83,262
55911.054	55911	54	SALE OF ASSETS/SCRAP	(924)
55911.055	55911	55	UNREALIZED INVESTMENT GAIN/LOSS	(24,898)
55911.056	55911	56	INTEREST-DR FORGIVE	
55911.057	55911	57	INTEREST-MISC INSURANCE	985
55911.058	55911	58	MOB CLEANING FEES	
55911.063	55911	63	REALIZED INVESTMENT GAIN/LOSS	(553,224)
55911.066	55911	66	ACCRUED INCOME-CD INTEREST	(20,655)
55911.067	55911	67	ACCRUED INCOME-BOND RESERVE	24
55912.050	55912	50	OTHER REVEN/MISC-HR	25
55916.051	55916	51	TRICARE BONUS-WHC	
55926.052	55926	52	FRESENIUS REIMB	2,360
55932.050	55932	50	BANK INTEREST-PAYLOR	
55932.051	55932	51	TRICARE BONUS-PAYLOR	
55934.050	55934	50	BANK INTEREST-CMG	
55934.051	55934	51	934 TRICARE BONUS-CMG	
55935.050	55935	50	BANK INTEREST-MASSOUD	
55936.050	55936	50	BANK INTEREST-DR. LAWS	
55937.050	55937	50	OTHER REVENUE-PHY PRAC ADMIN	6,891
				<u>(392,678)</u>

**GCRMC
OTHER DISBURSEMENTS
NOVEMBER 2011**

PURPOSE	CHECK AMT	DIST
OTHER-AP DISCOUNTS Total	(347.80)	
OTHER-CAPITAL INTEREST Total	9,707.16	
OTHER-COLLECTION FEES Total	64.66	
OTHER-COMMUNITY BENEFIT Total	3,309.02	
OTHER-CONTRACT DEPT FEES Total	184,207.89	
OTHER-CONTRACT FEES Total	566,249.35	
OTHER-CREDENTIALING Total	1,843.02	
OTHER-DEPT SUPPLIES Total	65,951.72	
OTHER-DRUGS/IV Total	16,956.46	
OTHER-EDUCATION Total	65.00	
OTHER-EMPLOYEE BENEFITS Total	674,227.25	
OTHER-EMPLOYEE CHARGES Total	3,975.21	
OTHER-EXTERNAL EDUCATION Total	9,715.76	
OTHER-FOOD COSTS Total	94,670.40	
OTHER-FREIGHT/POSTAGE Total	12,902.45	
OTHER-GARNISHMENTS Total	7,168.62	
OTHER-INTERNAL EDUCATION Total	4,522.65	
OTHER-ISOTOPES Total	24,483.30	
OTHER-LICENSES Total	7,010.00	
OTHER-LINEN SUPPLY Total	5,305.34	
OTHER-LONG TERM DEBT Total	4,775.74	
OTHER-MINOR EQUIPMENT Total	1,145.51	
OTHER-MISC Total	1,868.74	
OTHER-MISC REFUND Total	15,000.00	
OTHER-OXYGEN/GAS Total	7,548.52	
OTHER-PATIENT CHG ITEMS Total	384,119.23	
OTHER-PATIENT REFUNDS Total	54,108.62	
OTHER-PHYS RECRUITMENT Total	3,333.34	
OTHER-PO/INVOICE DISCREPANCY Tot	(0.13)	
OTHER-PPD EXPENSE Total	169,635.02	
OTHER-PROFESSIONAL DUES Total	1,531.00	
OTHER-QA PROGRAMS Total	2,004.00	
OTHER-REAGENTS Total	50,788.30	
OTHER-RELOCATION Total	1,293.06	
OTHER-RENTALS Total	3,279.97	
OTHER-REORGANIZATION Total	370.43	
OTHER-SANE GRANT Total	2,730.00	
OTHER-SOFTWARE LICENSING Total	0.00	
OTHER-SUBSCRIPTIONS Total	4,307.42	
OTHER-UTILITY DEPOSITS Total	950.00	
OTHER-VENDOR DEPOSITS Total	44,750.00	
OTHER-VOID CHECK Total	(9,362.54)	
11 OTHER OPERATING EXPENSES Total	\$ 2,436,163.69	

MOR-3

Gerald Champion Regional
Medical Center

Cumulative Petition to Date:

	2011	Other Receipts:	Other Disbursements:
August		194,318.00	598,501.67
September		192,586.00	2,739,102.92
October		470,926.00	2,598,541.29
November		(392,678.00)	2,436,163.69
December			
January			
February			
March			
April			
May			
June			
<hr/>			
Total (enter on MOR-3)	\$	465,152.00	\$ 8,372,309.57

GERALD CHAMPION REGIONAL MEDICAL CENTER
Hospital & Physician Balance Sheet
For Period Ending: November 30, 2011

CURRENT ASSETS

CASH	\$	13,460,719.00
TEMPORARY INVESTMENTS	\$	2,707,785.00
TOTAL CASH & TEMPORARY INVESTMENTS	\$	<u>16,168,504.00</u>
PATIENT RECEIVABLES	\$	32,080,259.00
PATIENT RECEIV-WSS 11200.003	\$	303,243.00
PATIENT RECEIV-Gastro 11240.004	\$	387,608.00
PATIENT RECEIV-Schlicht 11200.005	\$	392,613.00
PATIENT RECEIV-Paylor 11260.006	\$	147,357.00
PATIENT RECEIV-CWH 11200.007	\$	1,450,398.00
PATIENT RECEIV-Lancaster 11200.008	\$	184,335.00
PATIENT RECEIV-Massoud 11200.009	\$	494,717.00
PATIENT RECEIV-Hospitalist 11200.010	\$	362,406.00
PATIENT RECEIV-Harris 11200.011	\$	33,157.00
PATIENT RECEIV-Grummert 11200.012	\$	174,150.00
PATIENT RECEIV-CMG After Hrs 11200.013	\$	204,887.00
PATIENT RECEIV-Perez 11200.014	\$	160,447.00
PATIENT RECEIV-CMG Walk-In 11200.015	\$	56,075.00
PATIENT RECEIV-Rawcliff 11200.016	\$	95,779.00
PATIENT RECEIV-Banerji 11200.017	\$	2,385.00
PATIENT RECEIV-Danner 11200.018	\$	184,871.00
PATIENT RECEIV-Lindley 11200.019	\$	279,851.00
PATIENT RECEIV-Smith 11200.021	\$	46,564.00
PATIENT RECEIV-Thompson 11200.022	\$	39,645.00
PATIENT RECEIV -Simmons 11200.024	\$	14,345.00
PATIENT RECEIV -Alqassem 11200.026	\$	25,408.00
PATIENT RECEIV 11200.050	\$	180,047.00
PATIENT RECEIV-VanHorn 11200.51	\$	31,769.00
PATIENT RECEIVABLES	\$	<u>37,332,316.00</u>
ALLOWANCE FOR UNCOLLECTIBLES	\$	(22,784,563.00)
NET PATIENT RECEIVABLES	\$	<u>14,547,753.00</u>
DTF COUNTY INDIGENT	\$	2,914,297.00
NET THIRD PARTY RESERVES	\$	(653,197.00)
RECEIVABLE-FORGIVENESS	\$	802,545.00
OTHER RECEIVABLES	\$	1,096,382.00
INVENTORIES	\$	2,714,853.00
PREPAID FINANCING COSTS	\$	-
PREPAID EXPENSES	\$	<u>1,221,014.00</u>
TOTAL CURRENT ASSETS	\$	<u>38,812,151.00</u>

OTHER ASSETS

BOARD DESIGNATED FUNDS	\$	106,296.00
LIMITED USE ASSETS	\$	1,006,421.00
UNAMORTIZED BONDS	\$	394,207.00
TOTAL OTHER ASSETS	\$	<u>1,506,924.00</u>

INTANGIBLE ASSETS

ACCUM AMORT WHC	\$	-
INTANGIBLES-WHC	\$	56,563.00
TOTAL INTANGIBLE COSTS	\$	<u>56,563.00</u>

PROPERTY PLANT & EQUIPMENT

LAND	\$	6,228,724.00
BUILDINGS & IMPROVEMENTS	\$	74,378,328.00
FIXED EQUIPMENT	\$	15,441,475.00
MAJOR MOVABLE EQUIPMENT	\$	41,975,537.00
MINOR MOVABLE EQUIPMENT	\$	343,039.00
LEASED EQUIPMENT	\$	542,629.00
TOTAL PROPERTY PLANT & EQUIPMENT	\$	<u>138,909,732.00</u>
LESS: ACCUMULATED DEPRECIATION	\$	<u>(69,231,468.00)</u>
SUBTOTAL	\$	69,678,264.00

CONSTRUCTION IN PROGRESS	\$	35,830,479.00
NET PROPERTY, PLANT & EQUIPMENT	\$	<u>105,508,743.00</u>

TOTAL ASSETS	\$	<u><u>145,884,381.00</u></u>
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LIABILITIES & EQUITY

ACCOUNTS PAYABLE 217.1-99	\$	(10,935,972.00)
SALARIES PAYABLE 21710.1	\$	(1,533,827.00)
PP TAXES & DEDUCTIONS 21720.1-21	\$	(174,160.00)
ACCRU EMPL BENEFITS 21740.1-5	\$	(4,185,350.00)
NOTES PAYABLE 22000.4-10	\$	(180,931.00)
BONDS PAYABLES 22000.1-2	\$	(690,000.00)
CAPITAL LEASE/SHORT TERM 22000.3	\$	-
UNEARNED REV-TRAUMA GRANT 23000.1	\$	-
OTHER CURRENT LIAB 21750-21800.1	\$	-
TOTAL CURRENT LIABILITIES	\$	(17,700,240.00)

NET THIRD PARTY RESERVES	\$	-
PATIENT ACCOUNTS CREDIT BALANCES	\$	(395,167.00)

LONG TERM LIABILITIES

BONDS/LOANS	\$	(35,795,531.00)
LONG-TERM LEASE OBLIGATION	\$	(333,763.00)
NON CURRENT LIABILITY	\$	(2,500,000.00)
TOTAL LONG TERM DEBT	\$	(38,629,294.00)

TOTAL LIABILITIES & DEFERRED INCOME	\$	(56,724,701.00)
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FUND BALANCES

RESTRICTED FUND	\$	-
MEMBERSHIP CERTIFICATES	\$	(127,010.00)
RETAINED EARNINGS	\$	(95,838,471.00)
CURRENT YEAR EXCESS REVENUE (EXPENSE	\$	6,805,807.00
TOTAL EQUITY	\$	(89,159,674.00)

TOTAL LIABILITIES & EQUITIES	\$	(145,884,375.00)
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GERALD CHAMPION REGIONAL MEDICAL CENTER
Hospital & Physician Income Statement
For Period 11/01/2011 - 11/30/2011

GROSS PATIENT REVENUE

ROUTINE REVENUE	1,032,812
ANCILLARY REVENUE	3,659,337
	<hr/>
INPATIENT REVENUE	4,692,149
OUTPATIENT REVENUE	12,687,600
	<hr/>
TOTAL PATIENT REVENUE	17,379,749

DEDUCTIONS FROM REVENUE

CONTRACTUAL ADJ-CY	10,391,807
CONTRACTUAL ADJ-PY	1,354
CHARITY ALLOWANCES	132,724
OTHER ALLOWANCES	134,348
	<hr/>
DEDUCTIONS TOTALS	10,660,233

NET PATIENT REVENUE 6,719,516

OTHER REVENUE 198,648

TOTAL REVENUE 6,918,164

OPERATING EXPENSES

SALARIES & WAGES	3,148,465
AGENCY FEES	48,875
EMPLOYEE BENEFITS	798,599
PHYSICIAN FEES	246,916
OTHER FEES	1,461,819
ASV UNDERARRANGEMENT FE	807,758
SUPPLIES	975,925
UTILITIES	245,145
MINOR EQUIPMENT	(571)
REPAIRS & MAINTENANCE	401,881
LEASES & RENTALS	111,389
INTEREST EXPENSE	14,890
INSURANCE	196,057
BAD DEBTS	575,260
DEPRECIATION & AMORTIZA	799,425
TAXES	20,203
OTHER OPERATING EXPENSE	203,221
	<hr/>
TOTAL OPERATING EXPENSES	10,055,257

NET OPERATING INCOME (3,137,091)

TOTAL NON-OPERATING INCOME (316,562)

INCRS IN UNRESTRICTED ASSET (3,453,653)

These financial statements do not include an accrued liability for defense and settlement of pending lawsuits and reorganization costs under the Chapter 11 Bankruptcy filed on August 16, 2011.

ATTACHMENT 1

MONTHLY ACCOUNTS RECEIVABLE RECONCILIATION AND AGING

Name of Debtor: OTERO COUNTY HOSPITAL ASSOCIATION, INC. Case Number: 11-11-13686-JA

Reporting Period beginning 11/01/2011 Period ending 11/30/2011

ACCOUNTS RECEIVABLE AT PETITION DATE:

ACCOUNTS RECEIVABLE RECONCILIATION

(Include all accounts receivable, pre-petition and post-petition, including charge card sales which have not been received):

Beginning of Month Balance	\$ 38,757,394.32 (a)
PLUS: Current Month New Billings	12,945,016.11
MINUS: Collection During the Month	\$ (13,731,639.33) (b)
PLUS/MINUS: Adjustments or Writeoffs	\$ 22,269.24 *
End of Month Balance	\$ 37,993,040.34 (c)

*For any adjustments or Write-offs provide explanation and supporting documentation, if applicable:

Please see Attached.

POST PETITION ACCOUNTS RECEIVABLE AGING

(Show the total for each aging category for all accounts receivable)

0-30 Days	31-60 Days	61-90 Days	Over 90Days	Total
<u>\$16,555,267.88</u>	<u>\$6,699,867.83</u>	<u>\$3,335,678.49</u>	<u>\$11,402,226.14</u>	<u>\$37,993,040.34 (c)</u>

For any receivables in the "Over 90 Days" category, please provide the following:

<u>Customer</u>	<u>Receivable Date</u>	<u>Status</u> (Collection efforts taken, estimate of collectibility, write-off, disputed account, etc.)
<u>Third Party</u>	<u>Various</u>	
<u>Self Pay</u>	<u>Various</u>	
_____	_____	
_____	_____	

(a) This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.

(b) This must equal the number reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 2B).

(c) These two amounts must equal.

Gerald Champion Regional Medical Center
 ATTACHMENT 1 - POST PETITION ACCOUNTS RECEIVABLE AGING
 Adjustments/Write Offs of AR
 November 30, 2011

②

	November	October	Difference
PATIENT RECEIVABLES	\$ 37,332,314	\$ 38,049,920	\$ (717,606)
NET PATIENT RECEIVABLES	<u>\$ (13,875,846)</u>	<u>\$ (14,636,566)</u>	<u>\$ 760,720</u>
	\$ 23,456,468	\$ 23,413,354	\$ 43,114 <u>PT ACCTS!H11</u>
11240.001 OTHER AR-INTEREST			<u>(20,844.76)</u>
Adj interest on CDs to statements			<u>\$ 22,269.24</u> ②

Data from Report #206 as of 11/30/2011

ATTACHMENT 2

MONTHLY ACCOUNTS PAYABLE AND SECURED PAYMENTS REPORT

Name of Debtor: OTERO COUNTY HOSPITAL ASSOCIATION, INC. Case Number: 11-11-13686-JA

Reporting Period beginning 11/01/2011 Period ending 11/30/2011

In the space below list all invoices or bills incurred and not paid since the filing of the petition. Do not include amounts owed prior to filing the petition. In the alternative, a computer generated list of payables may be attached provided all information requested below is included.

POST-PETITION ACCOUNTS PAYABLE

<u>Date Incurred</u>	<u>Days Outstanding</u>	<u>Vendor</u>	<u>Description</u>	<u>Amount</u>
<u>SEE ATTACHMENT ATT-2</u>				
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
TOTAL AMOUNT				<u>\$1,181,328.20</u> (b)

Check here if pre-petition debts have been paid. Attach an explanation and copies of supporting documentation.

ACCOUNTS PAYABLE RECONCILIATION (Post Petition Unsecured Debt Only)

Opening Balance	<u>\$ 1,503,805.26</u>	(a)
PLUS: New Indebtedness Incurred This Month	<u>\$ 6,708,345.28</u>	
MINUS: Amount Paid on Post Petition, Accounts Payable This Month	<u>\$ (7,029,912.94)</u>	
PLUS/MINUS: Adjustments	<u>\$ (909.40)</u>	*
Ending Month Balance	<u>\$ 1,181,328.20</u>	(c)

*For any adjustments provide explanation and supporting documentation, if applicable.

\$909.40 – Credits or Adjustments on various vendor invoices.

12/16/2011

GCRMC
ATT-2 MONTHLY ACCOUNTS PAYABLE AND SECURED PAYMENTS REPORT
ACCOUNTS PAYABLE RECONCILIATION (Post Petition Unsecured Debt Only)
NOVEMBER 30, 2011

Opening Balance	1,503,805.26
PLUS: New Indebtedness Incurred This Month	6,708,840.09
MINUS: Amount Paid on Post Petition	
Accounts Payable This Month	(7,030,407.75) ③
PLUS/MINUS: Adjustments	<u>(909.40) ②</u>
Ending Month Balance	<u><u>1,181,328.20</u> ①</u>

**GCRM
ATT-2 AP BALANCE
NOVEMBER 30, 2011**

DATE	DAYS		VENDOR	DESCRIPTION	TOTAL
	INCURRED	OUTSTAND			
20111130	0	1016	ALAMOGORDO DAILY NEWS	OTHER-VENDOR DEPOSIT	2,300.00
20111121	9	1804	AMERICAN COLLEGE OF OB/GYN	OTHER-DEPT SUPPLIES	154.50
20111011	50	10132	BARBANEL & TREUER, P.C.	PROFESSIONAL FEES	15,977.10
20111114	16	1113	BAXTER HEALTHCARE/730531	INVENTORY PAYMENTS	214.24
20111115	15	1113	BAXTER HEALTHCARE/730531	INVENTORY PAYMENTS	219.20
20111116	14	1113	BAXTER HEALTHCARE/730531	INVENTORY PAYMENTS	299.16
20111116	14	1131	BECKMAN COULTER	OTHER-REAGENTS	2,153.69
20111121	9	1131	BECKMAN COULTER	OTHER-REAGENTS	7,379.61
20111117	13	9851	BELLA FOUR BAKERY, INC	OTHER-FOOD COSTS	224.16
20111115	15	1137	BIOMERIEUX, INC - 500308	OTHER-DEPT SUPPLIES	1,589.04
20111116	14	1137	BIOMERIEUX, INC - 500308	OTHER-DEPT SUPPLIES	1,791.41
20111115	15	1341	BIOMET	OTHER-PATIENT CHG ITEMS	1,178.00
20111115	15	1341	BIOMET	OTHER-PATIENT CHG ITEMS	1,500.00
20111115	15	1341	BIOMET	OTHER-FREIGHT/POSTAGE	30.00
20111122	8	8206	BOSTON SCIENTIFIC NEURO 951653	OTHER-PATIENT CHG ITEMS	305.46
20111122	8	8206	BOSTON SCIENTIFIC NEURO 951653	OTHER-PO/INVOICE DISCREPANCY	1.96
20111114	16	5500	BRACCO DIAGNOSTICS, INC.	OTHER-DRUGS/IV	1,183.70
20111114	16	5500	BRACCO DIAGNOSTICS, INC.	OTHER-DRUGS/IV	24.86
20111114	16	5500	BRACCO DIAGNOSTICS, INC.	OTHER-DRUGS/IV	400.05
20111114	16	5500	BRACCO DIAGNOSTICS, INC.	OTHER-DRUGS/IV	636.00
20111114	16	5500	BRACCO DIAGNOSTICS, INC.	OTHER-DRUGS/IV	118.37
20111115	15	5500	BRACCO DIAGNOSTICS, INC.	OTHER-DRUGS/IV	26.43
20111121	9	1106	CARDINAL HEALTH - ALLEGIANCE	INVENTORY PAYMENTS	4,651.94
20111121	9	1106	CARDINAL HEALTH - ALLEGIANCE	INVENTORY PAYMENTS	1,045.10
20111121	9	1106	CARDINAL HEALTH - ALLEGIANCE	OTHER-PATIENT CHG ITEMS	26.98
20111121	9	1106	CARDINAL HEALTH - ALLEGIANCE	OTHER-PATIENT CHG ITEMS	590.25
20111121	9	1106	CARDINAL HEALTH - ALLEGIANCE	OTHER-PATIENT CHG ITEMS	59.65
20111121	9	1106	CARDINAL HEALTH - ALLEGIANCE	OTHER-DEPT SUPPLIES	395.96
20111121	9	1106	CARDINAL HEALTH - ALLEGIANCE	OTHER-DEPT SUPPLIES	12.09
20111121	9	1106	CARDINAL HEALTH - ALLEGIANCE	OTHER-DEPT SUPPLIES	445.86
20111121	9	1106	CARDINAL HEALTH - ALLEGIANCE	OTHER-DEPT SUPPLIES	196.28
20111121	9	1106	CARDINAL HEALTH - ALLEGIANCE	OTHER-DEPT SUPPLIES	326.14
20111121	9	1106	CARDINAL HEALTH - ALLEGIANCE	OTHER-DEPT SUPPLIES	652.29
20111121	9	1106	CARDINAL HEALTH - ALLEGIANCE	OTHER-DEPT SUPPLIES	249.82
20111121	9	1106	CARDINAL HEALTH - ALLEGIANCE	OTHER-DEPT SUPPLIES	129.93
20111121	9	1106	CARDINAL HEALTH - ALLEGIANCE	OTHER-DEPT SUPPLIES	163.15
20111121	9	1106	CARDINAL HEALTH - ALLEGIANCE	OTHER-DEPT SUPPLIES	167.87
20111121	9	1106	CARDINAL HEALTH - ALLEGIANCE	OTHER-PO/INVOICE DISCREPANCY	0.01
20111121	9	1106	CARDINAL HEALTH - ALLEGIANCE	OTHER-PO/INVOICE DISCREPANCY	0.36
20111122	8	1106	CARDINAL HEALTH - ALLEGIANCE	INVENTORY PAYMENTS	109.08
20111122	8	1106	CARDINAL HEALTH - ALLEGIANCE	INVENTORY PAYMENTS	1,692.13
20111122	8	1106	CARDINAL HEALTH - ALLEGIANCE	INVENTORY PAYMENTS	596.04
20111122	8	1106	CARDINAL HEALTH - ALLEGIANCE	INVENTORY PAYMENTS	43.93
20111122	8	1106	CARDINAL HEALTH - ALLEGIANCE	INVENTORY PAYMENTS	235.92
20111122	8	1106	CARDINAL HEALTH - ALLEGIANCE	OTHER-DEPT SUPPLIES	124.85
20111123	7	1106	CARDINAL HEALTH - ALLEGIANCE	INVENTORY PAYMENTS	37.47
20111123	7	1106	CARDINAL HEALTH - ALLEGIANCE	INVENTORY PAYMENTS	79.31
20111123	7	1106	CARDINAL HEALTH - ALLEGIANCE	INVENTORY PAYMENTS	49.09
20111123	7	1106	CARDINAL HEALTH - ALLEGIANCE	INVENTORY PAYMENTS	1,584.00
20111123	7	1106	CARDINAL HEALTH - ALLEGIANCE	INVENTORY PAYMENTS	297.66
20111123	7	1106	CARDINAL HEALTH - ALLEGIANCE	INVENTORY PAYMENTS	3,363.80
20111123	7	1106	CARDINAL HEALTH - ALLEGIANCE	INVENTORY PAYMENTS	35.56

GCRMC
ATT-2 AP BALANCE
NOVEMBER 30, 2011

DATE	DAYS		VENDOR NAME	DESCRIPTION	TOTAL AMOUNT
	OUTSTANDING	ID#			
INCURRED	ING	ID#			
20111123	7	1106	CARDINAL HEALTH - ALLEGIANCE	INVENTORY PAYMENTS	4,095.11
20111123	7	1106	CARDINAL HEALTH - ALLEGIANCE	INVENTORY PAYMENTS	68.60
20111123	7	1106	CARDINAL HEALTH - ALLEGIANCE	INVENTORY PAYMENTS	105.26
20111123	7	1106	CARDINAL HEALTH - ALLEGIANCE	INVENTORY PAYMENTS	140.85
20111123	7	1106	CARDINAL HEALTH - ALLEGIANCE	INVENTORY PAYMENTS	140.85
20111123	7	1106	CARDINAL HEALTH - ALLEGIANCE	INVENTORY PAYMENTS	4,861.71
20111123	7	1106	CARDINAL HEALTH - ALLEGIANCE	INVENTORY PAYMENTS	2,197.84
20111123	7	1106	CARDINAL HEALTH - ALLEGIANCE	OTHER-PATIENT CHG ITEMS	391.97
20111123	7	1106	CARDINAL HEALTH - ALLEGIANCE	OTHER-PATIENT CHG ITEMS	593.45
20111123	7	1106	CARDINAL HEALTH - ALLEGIANCE	OTHER-PATIENT CHG ITEMS	234.04
20111123	7	1106	CARDINAL HEALTH - ALLEGIANCE	OTHER-PATIENT CHG ITEMS	291.60
20111123	7	1106	CARDINAL HEALTH - ALLEGIANCE	OTHER-PATIENT CHG ITEMS	259.72
20111123	7	1106	CARDINAL HEALTH - ALLEGIANCE	OTHER-PATIENT CHG ITEMS	419.12
20111123	7	1106	CARDINAL HEALTH - ALLEGIANCE	OTHER-PATIENT CHG ITEMS	39.27
20111123	7	1106	CARDINAL HEALTH - ALLEGIANCE	OTHER-PATIENT CHG ITEMS	102.24
20111123	7	1106	CARDINAL HEALTH - ALLEGIANCE	OTHER-DEPT SUPPLIES	130.07
20111123	7	1106	CARDINAL HEALTH - ALLEGIANCE	OTHER-DEPT SUPPLIES	878.70
20111123	7	1106	CARDINAL HEALTH - ALLEGIANCE	OTHER-DEPT SUPPLIES	95.47
20111123	7	1106	CARDINAL HEALTH - ALLEGIANCE	OTHER-DEPT SUPPLIES	25.80
20111123	7	1106	CARDINAL HEALTH - ALLEGIANCE	OTHER-DEPT SUPPLIES	2,262.50
20111123	7	1106	CARDINAL HEALTH - ALLEGIANCE	OTHER-DEPT SUPPLIES	52.00
20111123	7	1106	CARDINAL HEALTH - ALLEGIANCE	OTHER-DEPT SUPPLIES	487.78
20111123	7	1106	CARDINAL HEALTH - ALLEGIANCE	OTHER-DEPT SUPPLIES	181.84
20111123	7	1106	CARDINAL HEALTH - ALLEGIANCE	OTHER-PO/INVOICE DISCREPANCY	2.95
20111123	7	1106	CARDINAL HEALTH - ALLEGIANCE	OTHER-PO/INVOICE DISCREPANCY	1.18
20111123	7	1106	CARDINAL HEALTH - ALLEGIANCE	OTHER-PO/INVOICE DISCREPANCY	2.10
20111123	7	1106	CARDINAL HEALTH - ALLEGIANCE	OTHER-PO/INVOICE DISCREPANCY	2.50
20111128	2	1106	CARDINAL HEALTH - ALLEGIANCE	OTHER-DEPT SUPPLIES	299.59
20111128	2	1106	CARDINAL HEALTH - ALLEGIANCE	OTHER-MINOR EQUIPMENT	830.00
20111111	19	3643	CARDINAL PHARMACEUTICAL	INVENTORY PAYMENTS	899.44
20111111	19	3643	CARDINAL PHARMACEUTICAL	INVENTORY PAYMENTS	7,825.79
20111111	19	3643	CARDINAL PHARMACEUTICAL	INVENTORY PAYMENTS	33.03
20111111	19	3643	CARDINAL PHARMACEUTICAL	INVENTORY PAYMENTS	18,549.86
20111111	19	3643	CARDINAL PHARMACEUTICAL	INVENTORY PAYMENTS	114.91
20111114	16	3643	CARDINAL PHARMACEUTICAL	INVENTORY PAYMENTS	8,306.59
20111115	15	3643	CARDINAL PHARMACEUTICAL	INVENTORY PAYMENTS	2,588.50
20111115	15	3643	CARDINAL PHARMACEUTICAL	INVENTORY PAYMENTS	30.00
20111115	15	3643	CARDINAL PHARMACEUTICAL	INVENTORY PAYMENTS	6,051.71
20111115	15	3643	CARDINAL PHARMACEUTICAL	INVENTORY PAYMENTS	226.72
20111115	15	3643	CARDINAL PHARMACEUTICAL	INVENTORY PAYMENTS	715.70
20111115	15	3643	CARDINAL PHARMACEUTICAL	INVENTORY PAYMENTS	241.20
20111115	15	3643	CARDINAL PHARMACEUTICAL	INVENTORY PAYMENTS	252.60
20111116	14	3643	CARDINAL PHARMACEUTICAL	INVENTORY PAYMENTS	114.75
20111116	14	3643	CARDINAL PHARMACEUTICAL	INVENTORY PAYMENTS	3,655.51
20111117	13	3643	CARDINAL PHARMACEUTICAL	INVENTORY PAYMENTS	17,296.61
20111117	13	3643	CARDINAL PHARMACEUTICAL	INVENTORY PAYMENTS	172.36
20111117	13	3643	CARDINAL PHARMACEUTICAL	INVENTORY PAYMENTS	79.92
20111117	13	3643	CARDINAL PHARMACEUTICAL	INVENTORY PAYMENTS	8,115.68
20111117	13	3643	CARDINAL PHARMACEUTICAL	INVENTORY PAYMENTS	1,627.77
20111117	13	3643	CARDINAL PHARMACEUTICAL	INVENTORY PAYMENTS	348.23
20111118	12	3643	CARDINAL PHARMACEUTICAL	INVENTORY PAYMENTS	3,062.37
20111118	12	3643	CARDINAL PHARMACEUTICAL	INVENTORY PAYMENTS	6,880.40

GCRMC
ATT-2 AP BALANCE
NOVEMBER 30, 2011

DATE INCURRED	DAYS		VENDOR ID#	VENDOR NAME	DESCRIPTION	TOTAL AMOUNT
	OUTSTAND	ING				
20111118	12	3643	CARDINAL PHARMACEUTICAL	INVENTORY PAYMENTS	101.17	
20111118	12	3643	CARDINAL PHARMACEUTICAL	INVENTORY PAYMENTS	0.89	
20111118	12	3643	CARDINAL PHARMACEUTICAL	INVENTORY PAYMENTS	1.93	
20111121	9	3643	CARDINAL PHARMACEUTICAL	INVENTORY PAYMENTS	568.53	
20111121	9	3643	CARDINAL PHARMACEUTICAL	INVENTORY PAYMENTS	5,543.12	
20111121	9	3643	CARDINAL PHARMACEUTICAL	INVENTORY PAYMENTS	1,205.27	
20111121	9	3643	CARDINAL PHARMACEUTICAL	INVENTORY PAYMENTS	381.50	
20111122	8	3643	CARDINAL PHARMACEUTICAL	INVENTORY PAYMENTS	459.77	
20111122	8	3643	CARDINAL PHARMACEUTICAL	INVENTORY PAYMENTS	2,314.13	
20111122	8	3643	CARDINAL PHARMACEUTICAL	INVENTORY PAYMENTS	1,234.84	
20111123	7	3643	CARDINAL PHARMACEUTICAL	INVENTORY PAYMENTS	314.90	
20111123	7	3643	CARDINAL PHARMACEUTICAL	INVENTORY PAYMENTS	39,993.51	
20111123	7	3643	CARDINAL PHARMACEUTICAL	INVENTORY PAYMENTS	4,036.02	
20111123	7	3643	CARDINAL PHARMACEUTICAL	INVENTORY PAYMENTS	7,007.14	
20111126	4	3643	CARDINAL PHARMACEUTICAL	INVENTORY PAYMENTS	15,909.81	
20111126	4	3643	CARDINAL PHARMACEUTICAL	INVENTORY PAYMENTS	279.12	
20111126	4	3643	CARDINAL PHARMACEUTICAL	INVENTORY PAYMENTS	405.00	
20111128	2	3643	CARDINAL PHARMACEUTICAL	INVENTORY PAYMENTS	3,204.89	
20111128	2	3643	CARDINAL PHARMACEUTICAL	INVENTORY PAYMENTS	8,664.73	
20111128	2	3643	CARDINAL PHARMACEUTICAL	INVENTORY PAYMENTS	605.47	
20111130	0	3643	CARDINAL PHARMACEUTICAL	INVENTORY PAYMENTS	1,223.14	
20111130	0	3643	CARDINAL PHARMACEUTICAL	INVENTORY PAYMENTS	7,731.40	
20111130	0	3643	CARDINAL PHARMACEUTICAL	INVENTORY PAYMENTS	641.60	
20111031	30	1684	CERNER CORPORATION 412702	REPAIRS & MAINTENANCE	724.88	
20111031	30	1684	CERNER CORPORATION 412702	REPAIRS & MAINTENANCE	76.72	
20111031	30	1684	CERNER CORPORATION 412702	REPAIRS & MAINTENANCE	857.04	
20111031	30	1684	CERNER CORPORATION 412702	REPAIRS & MAINTENANCE	2,637.10	
20111031	30	1684	CERNER CORPORATION 412702	REPAIRS & MAINTENANCE	19,288.50	
20111101	29	1684	CERNER CORPORATION 412702	REPAIRS & MAINTENANCE	1,323.39	
20111108	22	1684	CERNER CORPORATION 412702	REPAIRS & MAINTENANCE	15,768.75	
20111108	22	1684	CERNER CORPORATION 412702	REPAIRS & MAINTENANCE	60,552.00	
20111108	22	1684	CERNER CORPORATION 412702	REPAIRS & MAINTENANCE	788.44	
20111128	2	9101	CITRIX ONLINE, LLC	REPAIRS & MAINTENANCE	490.00	
20111123	7	2343	DAVIS ENTERPRISES	OTHER-DEPT SUPPLIES	161.70	
20111117	13	4675	DJO, LLC	OTHER-PATIENT CHG ITEMS	88.11	
20111019	42	9816	EMCARE, INC. - ANESTHESIA CARE	CONTRACT LABOR	28,759.20	
20111102	28	9823	EMCARE, INC. - EMERGENCY MED	CONTRACT LABOR	57,080.43	
20111103	27	9824	EMCARE, INC. - INPATIENT SVCS	CONTRACT LABOR	145,833.05	
20111104	26	10077	EXCELSIOR MEDICAL	INVENTORY PAYMENTS	1,602.00	
20111117	13	10077	EXCELSIOR MEDICAL	INVENTORY PAYMENTS	1,922.40	
20111117	13	7192	FASTHEALTH	ADVERTISING	350.00	
20111018	43	8096	HERITAGE FOOD SERVICE EQUIP.	REPAIRS & MAINTENANCE	87.68	
20111114	16	3750	IMMUCOR, INC.	OTHER-REAGENTS	479.45	
20111121	9	3750	IMMUCOR, INC.	OTHER-REAGENTS	3,160.54	
20111115	15	4934	INSTRUMENTATION LABORATORY	OTHER-DEPT SUPPLIES	2,211.58	
20111111	19	32560	J & L STORAGE VANS	OTHER-CONTRACT DEPT FEES	150.24	
20111111	19	32560	J & L STORAGE VANS	OTHER-CONTRACT DEPT FEES	107.31	
20111111	19	32560	J & L STORAGE VANS	OTHER-CONTRACT DEPT FEES	107.31	
20111111	19	32560	J & L STORAGE VANS	OTHER-CONTRACT DEPT FEES	107.31	
20111011	50	5811	JOHN D. WHEELER & ASSOCIATES	PROFESSIONAL FEES	16,377.39	
20111011	50	5811	JOHN D. WHEELER & ASSOCIATES	PROFESSIONAL FEES	4,576.21	
20111013	48	5811	JOHN D. WHEELER & ASSOCIATES	PROFESSIONAL FEES	25,055.31	

**GCRMC
ATT-2 AP BALANCE
NOVEMBER 30, 2011**

DATE	DAYS OUTSTANDING	VENDOR ID#	VENDOR NAME	DESCRIPTION	TOTAL AMOUNT
20111111	19	1410	JOHNSON & JOHNSON HEALTH406663	OTHER-PATIENT CHG ITEMS	3,941.00
20111113	17	1410	JOHNSON & JOHNSON HEALTH406663	OTHER-REAGENTS	54.04
20111111	19	5888	KCI USA - 203086	OTHER-RENTALS	463.60
20111111	19	1775	KENTEC MEDICAL	INVENTORY PAYMENTS	155.20
20111122	8	31204	LMA NORTH AMERICA, INC.	OTHER-PATIENT CHG ITEMS	229.50
20111015	46	10109	MANZIEL LAW OFFICES	PROFESSIONAL FEES	1,042.50
20111115	15	10109	MANZIEL LAW OFFICES	PROFESSIONAL FEES	1,042.50
20111116	14	3563	MARKETLAB, INC.	OTHER-DEPT SUPPLIES	500.95
20111119	11	10358	MCGUIRE WOODS LLP	PROFESSIONAL FEES	30,000.00
20111118	12	4518	MEDICAL IMAGING CONSULTANTS	OTHER-EXTERNAL EDUCATION	299.00
20111117	13	3304	MEGADYNE MEDICAL PRODUCTS INC.	OTHER-PATIENT CHG ITEMS	210.24
20111117	13	3304	MEGADYNE MEDICAL PRODUCTS INC.	OTHER-DEPT SUPPLIES	198.00
20111114	16	10343	MICROLINE SURGICAL, INC.	OTHER-PATIENT CHG ITEMS	780.76
20111115	15	1091	MICROTEK MEDICAL INC	OTHER-PATIENT CHG ITEMS	347.68
20111122	8	1091	MICROTEK MEDICAL INC	OTHER-DEPT SUPPLIES	128.31
20111130	0	6831	MOORE, CHERI, PETTY CASH	OTHER-DIETARY COMMISSIONS	14.05
20111111	19	5702	ORTHOFIX, INC.	OTHER-PATIENT CHG ITEMS	4,532.08
20111111	19	5702	ORTHOFIX, INC.	OTHER-DEPT SUPPLIES	4,408.95
20111122	8	5702	ORTHOFIX, INC.	OTHER-PATIENT CHG ITEMS	4,995.00
20111114	16	8533	ORTHOHELIX SURGICAL DESIGN,INC	OTHER-PATIENT CHG ITEMS	5,283.60
20111114	16	8533	ORTHOHELIX SURGICAL DESIGN,INC	OTHER-PATIENT CHG ITEMS	10,908.40
20111114	16	8533	ORTHOHELIX SURGICAL DESIGN,INC	OTHER-FREIGHT/POSTAGE	45.00
20111116	14	8533	ORTHOHELIX SURGICAL DESIGN,INC	OTHER-PATIENT CHG ITEMS	4,365.60
20111116	14	8533	ORTHOHELIX SURGICAL DESIGN,INC	OTHER-PATIENT CHG ITEMS	2,006.40
20111116	14	8533	ORTHOHELIX SURGICAL DESIGN,INC	OTHER-PATIENT CHG ITEMS	3,000.00
20111116	14	8533	ORTHOHELIX SURGICAL DESIGN,INC	OTHER-PATIENT CHG ITEMS	3,124.80
20111116	14	8533	ORTHOHELIX SURGICAL DESIGN,INC	OTHER-FREIGHT/POSTAGE	45.00
20111116	14	8533	ORTHOHELIX SURGICAL DESIGN,INC	OTHER-FREIGHT/POSTAGE	45.00
20111116	14	8533	ORTHOHELIX SURGICAL DESIGN,INC	OTHER-FREIGHT/POSTAGE	45.00
20110923	68	32228	PMS CHAPARRAL	OTHER-COMMUNITY BENEFIT	16,667.00
20111017	44	32228	PMS CHAPARRAL	OTHER-COMMUNITY BENEFIT	16,667.00
20111116	14	32228	PMS CHAPARRAL	OTHER-COMMUNITY BENEFIT	16,667.00
20111108	22	4983	PREMIER HOSPITAL SUPPLY	INVENTORY PAYMENTS	172.50
20111108	22	4983	PREMIER HOSPITAL SUPPLY	OTHER-DEPT SUPPLIES	89.50
20111114	16	4983	PREMIER HOSPITAL SUPPLY	INVENTORY PAYMENTS	86.25
20111118	12	4983	PREMIER HOSPITAL SUPPLY	OTHER-DEPT SUPPLIES	79.70
20111118	12	4983	PREMIER HOSPITAL SUPPLY	OTHER-DEPT SUPPLIES	79.70
20111114	16	6175	RADSCAN MEDICAL EQUIPMENT INC.	OTHER-DEPT SUPPLIES	361.00
20111129	1	3217	ROBINS AND MORTON GROUP	FIXED ASSET PAYMENTS	377,263.47
20111116	14	10355	SEGOVIA'S DISTRIBUTING, INC.	OTHER-DEPT SUPPLIES	451.50
20111118	12	10355	SEGOVIA'S DISTRIBUTING, INC.	OTHER-DEPT SUPPLIES	429.00
20111123	7	10355	SEGOVIA'S DISTRIBUTING, INC.	OTHER-DEPT SUPPLIES	483.50
20111111	19	3760	STAPLES ADVANTAGE	OFFICE SUPPLIES	305.20
20111111	19	3760	STAPLES ADVANTAGE	OTHER-DEPT SUPPLIES	6.96
20111111	19	3760	STAPLES ADVANTAGE	OTHER-PO/INVOICE DISCREPANCY	3.10
20111112	18	3760	STAPLES ADVANTAGE	INVENTORY PAYMENTS	93.05
20111112	18	3760	STAPLES ADVANTAGE	OFFICE SUPPLIES	2.27
20111112	18	3760	STAPLES ADVANTAGE	OFFICE SUPPLIES	9.20
20111115	15	3760	STAPLES ADVANTAGE	OFFICE SUPPLIES	278.36
20111115	15	3760	STAPLES ADVANTAGE	OFFICE SUPPLIES	7.51
20111115	15	3760	STAPLES ADVANTAGE	OFFICE SUPPLIES	62.96
20111116	14	3760	STAPLES ADVANTAGE	OFFICE SUPPLIES	115.18

GCRMC
ATT-2 AP BALANCE
NOVEMBER 30, 2011

DATE INCURRED	DAYS OUTSTAND ING	VENDOR ID#	VENDOR NAME	DESCRIPTION	TOTAL AMOUNT
20111116	14	3760	STAPLES ADVANTAGE	OFFICE SUPPLIES	72.60
20111116	14	3760	STAPLES ADVANTAGE	OTHER-PO/INVOICE DISCREPANCY	3.00
20111118	12	3760	STAPLES ADVANTAGE	OFFICE SUPPLIES	142.29
20111118	12	3760	STAPLES ADVANTAGE	OFFICE SUPPLIES	14.11
20111118	12	3760	STAPLES ADVANTAGE	OFFICE SUPPLIES	15.10
20111118	12	3760	STAPLES ADVANTAGE	OTHER-DEPT SUPPLIES	154.20
20111122	8	3760	STAPLES ADVANTAGE	OFFICE SUPPLIES	45.22
20111122	8	3760	STAPLES ADVANTAGE	OFFICE SUPPLIES	206.38
20111122	8	3760	STAPLES ADVANTAGE	OFFICE SUPPLIES	11.08
20111122	8	3760	STAPLES ADVANTAGE	OFFICE SUPPLIES	3.86
20111122	8	3760	STAPLES ADVANTAGE	OTHER-DEPT SUPPLIES	35.94
20111123	7	3760	STAPLES ADVANTAGE	OFFICE SUPPLIES	98.93
20111123	7	3760	STAPLES ADVANTAGE	OFFICE SUPPLIES	79.95
20111123	7	3760	STAPLES ADVANTAGE	OTHER-DEPT SUPPLIES	48.09
20111123	7	3760	STAPLES ADVANTAGE	OTHER-DEPT SUPPLIES	18.18
20111123	7	3760	STAPLES ADVANTAGE	OTHER-DEPT SUPPLIES	2,030.37
20111118	12	1545	SYNTHE USA	OTHER-PATIENT CHG ITEMS	549.00
20111122	8	1545	SYNTHE USA	OTHER-PATIENT CHG ITEMS	1,069.20
20111116	14	10356	TORNIER, INC.	OTHER-PATIENT CHG ITEMS	10,373.00
20111110	20	9649	TUCKER, ELIZABETH M.	TELEPHONE	358.09
20111122	8	4378	WESTERN CONTROLS COMPANY	REPAIRS & MAINTENANCE	310.80
					1,182,237.60
					AP CREDITS/ADJUSTMENTS (909.40)
					1,181,328.20

SECURED PAYMENTS REPORT

List the status of Payments to Secured Creditors and Lessors (Post Petition Only). If you have entered into a modification agreement with a secured creditor/lessor, consult with your attorney and the United States Trustee Program prior to completing this section).

<u>Secured Creditor/ Lessor</u>	<u>Date Payment Due This Month</u>	<u>Amount Paid This Month</u>	<u>of Post Petition Payments Delinquent</u>	<u>Number Total Amount of Post Petition Payments Delinquent</u>
<u>Robins & Morton</u>	<u>11/18/2011</u>	<u>\$ 300,000</u>	<u> </u>	<u> </u>
<u>Robins & Morton</u>	<u>11/29/2011</u>	<u>\$ 100,000</u>	<u> </u>	<u> </u>
<u>Bank of America</u>	<u> </u>	<u>\$ 57,500</u>	<u> </u>	<u> </u>
<u>TOTAL</u>	<u> </u>	<u>\$ 457,500</u> (d)	<u> </u>	<u> </u>

(a) This number is carried forward from last month's report. For the first report only, this number will be zero.

(b, c) The total of line (b) must equal line (c).

(d) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5N).

ATTACHMENT 3

INVENTORY AND FIXED ASSETS REPORT

Name of Debtor: OTERO COUNTY HOSPITAL ASSOCIATION, INC. Case Number: 11-11-13686-JA

Reporting Period beginning 11/01/2011 Period ending 11/30/2011

INVENTORY REPORT

INVENTORY BALANCE AT PETITION DATE:	\$ <u>2,775,294</u>
INVENTORY RECONCILIATION:	
Inventory Balance at Beginning of Month	\$ <u>2,701,935</u> (a)
PLUS: Inventory Purchased During Month	\$ <u>124,366</u>
MINUS: Inventory Used or Sold	\$ <u>(111,448)</u>
PLUS/MINUS: Adjustments or Write-downs	\$ _____ *
Inventory on Hand at End of Month	\$ <u>2,714,853</u>

METHOD OF COSTING INVENTORY: FIFO

*For any adjustments or write-downs provide explanation and supporting documentation, if applicable.

INVENTORY AGING

Less than 6 months old	6 months to 2 years old	Greater than 2 years old	Considered Obsolete	Total Inventory
<u>75</u> %	<u>20</u> %	<u>5</u> %	<u>0</u> %	= <u>100</u> %*

* Aging Percentages must equal 100%.

Check here if inventory contains perishable items.

Description of Obsolete Inventory:

FIXED ASSET REPORT

FIXED ASSETS FAIR MARKET VALUE AT PETITION DATE: Unknown (b)
(Includes Property, Plant and Equipment)

BRIEF DESCRIPTION (First Report Only):

Fixed Assets do not include Construction in Progress of \$35,830,479

FIXED ASSETS RECONCILIATION:	
Fixed Asset Book Value at Beginning of Month	\$ <u>70,433,764</u> (a)(b)
MINUS: Depreciation Expense	\$ <u>(790,393)</u>
PLUS: New Purchases	\$ <u>0</u>
PLUS/MINUS: Adjustments or Write-downs	\$ <u>34,892</u> *
Ending Monthly Balance	\$ <u>69,678,263</u>

*For any adjustments or write-downs, provide explanation and supporting documentation, if applicable.
Please see attached.

BRIEF DESCRIPTION OF FIXED ASSETS PURCHASED OR DISPOSED OF DURING THE REPORTING PERIOD: Please see attached.

(a) This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.

(b) Fair Market Value is the amount at which fixed assets could be sold under current economic conditions.
Book Value is the cost of the fixed assets minus accumulated depreciation and other adjustments.

MOR-7

Attachment 3 Fixed Asset Report
GERALD CHAMPION REGIONAL MEDICAL CENTER
NOVEMBER 30, 2011

FIXED ASSETS RECONCILIATION:

FIXED ASSET BOOK VALUE AT BEGINNING OF MONTH	\$	70,433,764	10/31/11 MOR
MINUS DEPRECIATION EXPENSE	\$	(790,393)	
PLUS NEW PURCHASES	\$	-	①
PLUS/MINUS ADJUSTMENTS OR WRITE-DOWNS	\$	34,892	②
ENDING MONTHLY BALANCE	\$	69,678,263	
GL Report 200	\$	69,678,263	
	\$	0	diff
No new purchases in November			①
Disposals			② \$ (1,668)
Downpayment - Skytron 2 beds			\$ 23,554
Remaining adjustments are accruals and reclasses.			\$ 13,006
			\$ 34,892
Construction in Progress not included in Fixed Assets:	\$	35,830,479	
CIP decreased approx \$1 mil from October due to R & M invoice entered incorrectly in October and corrected in November.			

ATTACHMENT-3 FIXED ASSET REPORT

Gerald Champion Regional Med Ctr

FY12 Additions after 8/16/2011

1

THERE WERE NO ADDITIONS IN NOVEMBER 2011

Book = Financial
FYE Month = June

Sys No	Ext	C	Tag No	Description	Cl	Fund	In Svc Date	P T Meth	Depr	Department	Vendor/ Mfg	Disposal Date	Acquired Value
--------	-----	---	--------	-------------	----	------	-------------	----------	------	------------	-------------	---------------	----------------

Report Assumptions

Report Name: FY12 Additions for MORs
Source Report: File Listing

Calculation Assumptions:
Not applicable to this report

Group/Sorting Criteria:

Group = FY12 Additions for MOR
Include Assets that meet the following conditions:
Acquisition Date is greater than 08/15/2011
Activity is currently A
G/L Asset/Acct No is between 14010.001 and 14520.042
Sorted by: System No, Extension
November 14, 2011 at 2:48 PM

2

Gerald Champion Regional Med Ctr

FY12 Disposals for MORs Report

11/01/2011 to 11/30/2011

Book = Financial

FYE Month = June

Case 1:13686-j11

Dis No	Ext	Tag No	Cl	In Svc Date	Dispos Date	Acquired Value	Current Accum Depreciation	Net Proceeds	Gain/Loss Adjust Basis	Realized Gain (Loss)	G L
G/L Asset Acct No = 14520.020											
002761	000	11086		01/01/96	##### A	\$ 0.01	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.00	Y
006374	001			0E 07/01/11	##### A	1,635.00	181.67	0.00	1,453.33	(1,453.33)	Y
	003			0E 07/01/11	##### A	33.00	3.67	0.00	29.33	(29.33)	Y
G/L Asset Acct No = 14520.020							\$ 1,668.01	\$ 185.35	\$ 0.00	\$ 1,482.66	\$ (1,482.66)
							Count = 3				

Grand Total	\$ 1,668.01	\$ 185.35	\$ 0.00	\$ 1,482.66	\$ (1,482.66)
Count = 3					

2

	Gains	Losses	Net
Recognized	\$ 0.00	\$ (1,482.66)	\$ (1,482.66)
Not Recognized	0.00	0.00	0.00
Deferred	0.00	0.00	0.00
Total	\$ 0.00	\$ (1,482.66)	\$ (1,482.66)

Report Assumptions

Report Name: FY12 Disposals for MORs

Source Report: Disposal

Recalculation Assumptions:

Adjustment Convention: None

Group/Sorting Criteria:

Group = FY12 Disposals for MOR

Include Assets that meet the following conditions:

Disposal Date is greater than 08/15/2011

G/L Asset Acct No is between 14010.001 and 14520.042

Sorted by: G/L Asset Acct No (with subtotals), Department, Disposal Date, System No, Extension

December 2, 2011 at 5:50 PM

Entered 12/2/11 15:03:12 Page 5 of 10

ATTACHMENT 4A

MONTHLY SUMMARY OF BANK ACTIVITY - OPERATING ACCOUNT

Name of Debtor: OTERO COUNTY HOSPITAL ASSOCIATION, INC. Case Number: 11-11-13686-JA

Reporting Period beginning 11/01/2011 Period ending 11/30/2011

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found at <http://www.justice.gov/ust/r20/index.htm>. If bank accounts other than the three required by the United States Trustee Program are necessary, permission must be obtained from the United States Trustee prior to opening the accounts. Additionally, use of less than the three required bank accounts must be approved by the United States Trustee.

NAME OF BANK: WELLS FARGO, N.A. BRANCH: Alamogordo, N.A.

ACCOUNT NAME: Gerald Champion Regional Medical Center ACCOUNT NUMBER: 1500039705

PURPOSE OF ACCOUNT: OPERATING

Ending Balance per Bank Statement	\$ <u>14,324,667.17</u>
Plus Total Amount of Outstanding Deposits	\$ <u>40,508.50</u>
Minus Total Amount of Outstanding Checks and other debits	\$ <u>(1,338,005.62) *</u>
Minus Service Charges	\$ _____
Ending Balance per Check Register	\$ <u>13,027,170.05</u> ** <u>(a)</u>

*Debit cards are used by

**If Closing Balance is negative, provide explanation:

The following disbursements were paid in Cash (do not includes items reported as Petty Cash on Attachment 4D: () Check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
------	--------	-------	---------	------------------------------

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

"Total Amount of Outstanding Checks and other debits", listed above, includes:

\$ <u>0</u>	Transferred to Payroll Account
\$ _____	Transferred to Tax Account

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

GCRMC - Operating Bank Rec
November 2011

Prepared by mgary



	BEG BAL	DEPOSITS	DISBURSEMENTS	END BALANCE
BANK BALANCE	16,365,954.11	6,898,730.68	(8,940,017.62)	14,324,667.17
DEPOSITS - O/S PRIOR MONTH	92,780.41	(92,780.41)		
DEPOSITS - O/S CURRENT MONTH				
CASH		39,062.24		
AMEX		5.73		
VISA/DISCOVER		1,420.53		
RE-DEPOSIT-RTN ITEM		20.00		
				40,508.50
DISBURSEMENTS -O/S PRIOR MONTH	(1,216,614.05)		1,216,614.05	
DISBURSEMENTS -O/S CURRENT MONTH				
A/P CHECKS			(1,331,156.27)	
WIRE TRANSFERS/ACH			(6,849.35)	
PAYROLL CHECKS			-	
				(1,338,005.62)
end bank	<u>15,242,120.47</u>	<u>6,846,458.77</u>	<u>(9,061,409.19)</u>	<u>13,027,170.05</u> ✓
GL 11000.001	15,242,641.82	6,846,458.81	(8,959,892.14)	13,129,208.49
Payflex Clrd Bank	(300.00)		300.00	-
PR Ck#29503 Clrd Bank	(221.39)		221.39	-
Miscellaneous adj	0.04	(0.04)	-	-
Prior Month				-
Payflex EOM				-
P/R Overpmt - pp21				-
P/R Missed Hours - pp21				-
P/R PAYROLL ADVANCE				-
P/r DD ADVANCE				-
Miscellaneous adj				-
Wire transfer submitted/reversed				-
Current Month				-
AMEX credit card fees				-
AMEX credit card fees				-
Payflex Clrd Bank, not processed in system			(9.95)	(9.95)
WT GE HEALTHCARE, clrd bank not in system			(3,430.91)	(3,430.91)
WT BCBS, clrd bank, not in system			(95,859.71)	(95,859.71)
PNM Ck#172192 clrd bank 11/22, ck voided in system 11/22			(2,737.87)	(2,737.87)
PAYROLL				-
Ck#29503 Clrd Bank, not processed in system PP23				-
P/R Check 291241 listed as o/s, clrd 12/31/2010				-
P/R Missed Hours - pp21				-
P/R PAYROLL ADVANCE				-
P/r DD ADVANCE				-
AMEX fee clrd July, pstd Aug				-
Miscellaneous adj				-
Ending Balance	<u>15,242,120.47</u>	<u>6,846,458.77</u>	<u>(9,061,409.19)</u>	<u>13,027,170.05</u>

Variance

Choice IV Commercial Checking

Account number: 1500039705 ■ November 1, 2011 - November 30, 2011 ■ Page 1 of 14



GERALD CHAMPION REGIONAL MED CENTER
DEBTOR IN POSSESSION
CH.11 CASE #11-12686 (MNM)
ATTN: CFO
2669 SCENIC DR
ALAMOGORDO NM 88310-8700

Questions?

Available by phone 24 hours a day, 7 days a week:
1-800-CALL-WELLS (1-800-225-5935)

Online: wellsfargo.com

Write: Wells Fargo Bank, N.A. (585)
Las Cruces Business Banking
425 S Telshor Blvd
Las Cruces, NM 88001

Account summary

Choice IV Commercial Checking

<i>Account number</i>	<i>Beginning balance</i>	<i>Total credits</i>	<i>Total debits</i>	<i>Ending balance</i>
1500039705	\$16,365,954.11	\$6,898,730.68	-\$8,940,017.62	\$14,324,667.17

Credits

Deposits

<i>Effective date</i>	<i>Posted date</i>	<i>Amount</i>	<i>Transaction detail</i>
	11/01	90,859.31	Deposit
	11/02	230,331.75	Deposit
	11/02	41.62	Deposit
	11/03	47,186.71	Deposit
	11/04	108,485.24	Deposit
	11/07	162,047.99	Deposit
	11/08	140,689.10	Deposit
	11/09	139,594.63	Deposit
	11/09	50.00	Deposit
	11/10	43,068.58	Deposit
	11/14	152,172.89	Deposit
	11/14	33,108.03	Deposit
	11/15	1,250.94	Deposit
	11/15	530.34	Deposit
	11/16	272,749.82	Deposit
	11/17	111,210.56	Deposit
	11/18	47,765.94	Deposit
	11/21	38,836.77	Deposit
	11/22	36,250.46	Deposit
	11/22	25.00	Deposit
	11/23	344,150.51	Deposit
	11/28	42,721.11	Deposit

(585)
Sheet Seq = 0014347
Sheet 00001 of 00014



Deposits (continued)

Effective date	Posted date	Amount	Transaction detail
	11/29	48,173.17	Deposit
	11/30	253,331.60	Deposit
		\$2,344,632.07	Total deposits

Electronic deposits/bank credits

Effective date	Posted date	Amount	Transaction detail
	11/01	118,393.23	Bcbs NEW Mexico Payment C11300E68502230 TRN*1*C11300E68502230*1361236610*Cp20111027E68502
	11/01	50,801.64	J4 TX/CO/NM Part Medicare A 111031 320004 00000001111028EFT25668321EFT2566832 17527842
	11/01	32,846.10	Bcbs NEW Mexico Payments C11300E72899630 TRN*1*C11300E72899630*1361236610*Cp20111027E72899
	11/01	29,797.84	NM Hsd-McAid ACH Payment 00000018 Otero County Hospital
	11/01	19,535.37	Unitedhealthcare Dir Dep xxxxx8775 TRN*1*1Qg30561321*1411289245*000087726*1861450579
	11/01	10,574.01	J4 OK/NM/CO Pt B Med B Pay 111029 1861450579 TRN*1*882832421*146028001\
	11/01	5,015.93	NM Hsd-McAid ACH Payment 00045930 Otero County Hospital
	11/01	2,938.69	Unitedhealthcare Dir Dep xxxxx8775 TRN*1*1055146158*1111187726*000087726*1861450579\
	11/01	2,031.67	x-Ray Assoc Ofnm Gcrmc Gcrmc Gerald Champion Rmc
	11/01	141.77	United Health CA Dir Dep xxxxx8775 TRN*1*1055095188*1362739571*000036273*1861450579\
	11/01	87.94	Npc Merch Pymt Proc 111031 0012550823 Gcrmc Mountain View CA
	11/02	56,113.72	J4 TX/CO/NM Part Medicare A 111101 320004 00000001111031EFT25680461EFT2568046 17527842
	11/02	6,576.00	Cigna Ccd Ffs 102911 xxxxx8775 TRN*1*111029090020206*1060303370\
	11/02	3,914.59	J4 OK/NM/CO Pt B Med B Pay 111101 1861450579 TRN*1*882835411*146028001\
	11/02	434.26	Cigna Managecare 103011 xxxxx8775 TRN*1*111029070010521*1060303370\
	11/02	5,525.90	Merchant Service Rmbcs 111031 8002085192 Gerald Champion Region
	11/02	1,824.32	Npc Merch Pymt Proc 111101 0008615073 Otero County Hospital
	11/02	92.14	Npc Merch Pymt Proc 111101 0012550823 Gcrmc Mountain View CA
	11/02	57.71	Npc Merch Pymt Proc 111101 0012572791 Nmsua Bistro
	11/02	10.01	Npc Merch Pymt Proc 111101 0014713590 Otero County Hospital
	11/03	24,178.60	J4 TX/CO/NM Part Medicare A 111102 32S004 00000001111101EFT25699341EFT2569934 17527842
	11/03	5,024.06	J4 TX/CO/NM Part Medicare A 111102 320004 00000001111101EFT25691691EFT2569169 17527842
	11/03	4,101.43	Cigna Ccd Ffs 103111 xxxxx8775 TRN*1*111031090007735*1060303370\
	11/03	3,443.01	Unitedhealthcare Dir Dep xxxxx8775 TRN*1*1055252957*1111187726*000087726*1861450579\
	11/03	2,835.39	J4 OK/NM/CO Pt B Med B Pay 111102 1861450579 TRN*1*882838276*146028001\



Electronic deposits/bank credits (continued)

Effective date	Posted date	Amount	Transaction detail
	11/03	2,044.96	United Health CA Dir Dep xxxxx8775 TRN*1*1055215559*1362739571*000036273*1861450579\
	11/03	315.30	Wisconsin Phys Wpstricare 110111 TRN*1*0000085146*1860813402*Wpstriwest*8501387758
	11/03	15.22	Palmetto Gba/Rrb Payment 111031 1861450579 TRN*1*885938000*571062326\
	11/03	8.70	Wisconsin Phys Wpstricare 110111 TRN*1*8000031245*1860813402*Wpstriwest*8501387758
	11/03	3,329.11	Npc Merch Pymt Proc 111102 0008615073 Otero County Hospital
	11/03	199.99	Npc Merch Pymt Proc 111102 0012550823 Gcrmc Mountain View CA
	11/03	86.85	Npc Merch Pymt Proc 111102 0012572791 Nmsua Bistro
	11/03	8.53	American Express Settlement 111103 1300436938 Gcrmc Mounta1300436938
	11/04	176,798.99	Bcbs NEW Mexico Payment C11305E68543150 TRN*1*C11305E68543150*1361236610* Cp20111101E68543
	11/04	49,280.66	Bcbs NEW Mexico Payments C11305E72913620 TRN*1*C11305E72913620*1361236610* Cp20111101E72913
	11/04	6,072.93	Wisconsin Physic Wpstricare 110211 TRN*1*0020356721*1391268299*Wpstdefic *8501387758
	11/04	2,493.99	J4 OK/NM/CO Pt B Med B Pay 111103 1861450579 TRN*1*882840932*146028001\
	11/04	887.10	Unitedhealthcare Dir Dep xxxxx8775 TRN*1*1055346557*1111187726*000087726*1861450579\
	11/04	257.13	Wisconsin Physic Wpstricare 110211 TRN*1*0020356720*1391268299*Wpstdefic *8501387758
	11/04	155.03	United Health CA Dir Dep xxxxx8775 TRN*1*1055298343*1362739571*000036273*1861450579\
	11/04	20.67	J4 TX/CO/NM Part Medicare A 111103 320004 000000001111102EFT25702591EFT2570259 17527842
	11/04	15.22	Palmetto Gba/Rrb Payment 111101 1861450579 TRN*1*885944227*571062326\
	11/04	3,234.07	Merchant Service Rmbcs 111102 8002085192 Gerald Champion Region
	11/04	2,457.57	Npc Merch Pymt Proc 111103 0008615073 Otero County Hospital
	11/04	327.70	Npc Merch Pymt Proc 111103 0012550823 Gcrmc Mountain View CA
	11/04	124.66	Npc Merch Pymt Proc 111103 0012572791 Nmsua Bistro
	11/04	75.00	Npc Merch Pymt Proc 111103 0009381597 Otero County Hospital
	11/04	6.90	Npc Merch Pymt Proc 111103 0014713590 Otero County Hospital
	11/07	268,347.24	J4 TX/CO/NM Part Medicare A 111104 320004 000000001111103EFT25712861EFT2571286 17527842
	11/07	168,455.00	Wisconsin Phys Wpstricare 110311 TRN*1*0000086996*1860813402*Wpstriwest*8501387758
	11/07	72,485.78	Wisconsin Phys Wpstricare 110311 TRN*1*8000031988*1860813402*Wpstriwest*8501387758
	11/07	11,154.45	J4 TX/CO/NM Part Medicare A 111104 32T004 000000001111103EFT25721191EFT2572119 17527842
	11/07	8,250.69	J4 TX/CO/NM Part Medicare A 111104 32S004 000000001111103EFT25712801EFT2571280 17527842



Electronic deposits/bank credits (continued)

Effective date	Posted date	Amount	Transaction detail
	11/07	3,558.61	Wisconsin Phys Wpstricare 110311 TRN*1*0000087032*1860813402*Wpstriwest*8501387758
	11/07	3,332.00	J4 OK/NM/CO Pt B Med B Pay 111104 1861450579 TRN*1*882843927*146028001\
	11/07	753.39	United Health CA Dir Dep xxxxx8775 TRN*1*1055368309*1362739571*000036273*1861450579\
	11/07	714.07	Wisconsin Phys Wpstricare 110311 TRN*1*8000031772*1860813402*Wpstriwest*8501387758
	11/07	590.41	Unitedhealthcare Dir Dep xxxxx8775 TRN*1*1055416214*1111187726*000087726*1861450579\
	11/07	14,256.92	Merchant Service Rmbcs 111104 8002085192 Gerald Champion Region
	11/07	3,755.27	Npc Merch Pymt Proc 111104 0008615073 Otero County Hospital
	11/07	2,660.76	Npc Merch Pymt Proc 111105 0008615073 Otero County Hospital
	11/07	1,137.20	Npc Merch Pymt Proc 111105 0012550823 Gcrmc Mountain View CA
	11/07	327.33	American Express Settlement 111107 1300056728 Gerald Champ1300056728
	11/07	177.13	Npc Merch Pymt Proc 111104 0012550823 Gcrmc Mountain View CA
	11/07	87.52	Npc Merch Pymt Proc 111104 0012572791 Nmsua Bistro
	11/07	25.23	Merchant Service Rmbcs 111103 8002085192 Gerald Champion Region
	11/07	9.67	Npc Merch Pymt Proc 111104 0014713590 Otero County Hospital
	11/07	4.47	American Express Settlement 111105 1300436938 Gcrmc Mounta1300436938
	11/08	97,099.88	Bcbs NEW Mexico Payment C11307E68573820 TRN*1*C11307E68573820*1361236610*Cp20111103E68573
	11/08	41,781.85	J4 TX/CO/NM Part Medicare A 111107 320004 000000001111104EFT25724841EFT2572484 17527842
	11/08	27,966.69	Wisconsin Phys Wpstricare 110411 TRN*1*0000087588*1860813402*Wpstriwest*8501387758
	11/08	18,085.89	Unitedhealthcare Dir Dep xxxxx8775 TRN*1*1Qg30573822*1411289245*000087726*1861450579
	11/08	18,031.99	Bcbs NEW Mexico Payments C11307E72923750 TRN*1*C11307E72923750*1361236610*Cp20111103E72923
	11/08	9,681.17	NM Hsd-McAid ACH Payment 00000018 Otero County Hospital
	11/08	4,267.65	United Health CA Dir Dep xxxxx8775 TRN*1*1055473557*1362739571*000036273*1861450579\
	11/08	2,653.31	J4 OK/NM/CO Pt B Med B Pay 111105 1861450579 TRN*1*882846795*146028001\
	11/08	1,202.27	Unitedhealthcare Dir Dep xxxxx8775 TRN*1*1055460833*1111187726*000087726*1861450579\
	11/08	1,164.31	NM Hsd-McAid ACH Payment 00045930 Otero County Hospital
	11/08	103.02	Npc Merch Pymt Proc 111107 0012550823 Gcrmc Mountain View CA
	11/09	21,585.00	J4 TX/CO/NM Part Medicare A 111108 320004 000000001111107EFT25736041EFT2573604 17527842
	11/09	10,623.19	Unitedhealthcare Dir Dep xxxxx8775 TRN*1*1055541130*1111187726*000087726*1861450579\
	11/09	5,052.34	Cigna Ccd Ffs 110511 xxxxx8775 TRN*1*111105090019673*1060303370\



Electronic deposits/bank credits (continued)

Effective date	Posted date	Amount	Transaction detail
	11/09	3,146.37	J4 OK/NM/CO Pt B Med B Pay 111108 1861450579 TRN*1*882849843*146028001\
	11/09	1,454.64	United Health CA Dir Dep xxxxx8775 TRN*1*1055493629*1362739571*000036273*1861450579\
	11/09	351.39	Wisconsin Phys Wpstricare 110711 TRN*1*8000032472*1860813402*Wpstriwest*8501387758
	11/09	217.51	Wisconsin Phys Wpstricare 110711 TRN*1*0000088066*1860813402*Wpstriwest*8501387758
	11/09	35.81	Wisconsin Phys Wpstricare 110711 TRN*1*0000088065*1860813402*Wpstriwest*8501387758
	11/09	3,442.35	Npc Merch Pymt Proc 111108 0008615073 Otero County Hospital
	11/09	108.39	Npc Merch Pymt Proc 111108 0012550823 Grcmc Mountain View CA
	11/09	108.28	Npc Merch Pymt Proc 111108 0012572791 Nmsua Bistro
	11/09	23.15	Npc Merch Pymt Proc 111108 0014713590 Otero County Hospital
	11/10	96,629.86	J4 TX/CO/NM Part Medicare A 111109 320004 000000001111108EFT25746741EFT2574674 17527842
	11/10	4,051.02	J4 OK/NM/CO Pt B Med B Pay 111109 1861450579 TRN*1*882852560*146028001\
	11/10	2,127.24	Unitedhealthcare Dir Dep xxxxx8775 TRN*1*1055588343*1111187726*000087726*1861450579\
	11/10	328.38	Wisconsin Phys Wpstricare 110811 TRN*1*8000032610*1860813402*Wpstriwest*8501387758
	11/10	3,173.17	Npc Merch Pymt Proc 111109 0008615073 Otero County Hospital
	11/10	174.35	Npc Merch Pymt Proc 111109 0012550823 Grcmc Mountain View CA
	11/10	110.55	Npc Merch Pymt Proc 111109 0012572791 Nmsua Bistro
	11/14	168,922.42	Bcbs NEW Mexico Payment C11312E68616450 TRN*1*C11312E68616450*1361236610*Cp20111108E68616
	11/14	54,579.01	J4 TX/CO/NM Part Medicare A 111110 320004 000000001111109EFT25757201EFT2575720 17527842
	11/14	33,994.23	Bcbs NEW Mexico Payments C11312E72939180 TRN*1*C11312E72939180*1361236610*Cp20111108E72939
	11/14	15,599.71	Unitedhealthcare Dir Dep xxxxx8775 TRN*1*1055692316*1111187726*000087726*1861450579\
	11/14	15,237.81	Wisconsin Phys Wpstricare 110911 TRN*1*0000088991*1860813402*Wpstriwest*8501387758
	11/14	13,628.01	J4 TX/CO/NM Part Medicare A 111110 32T004 000000001111109EFT25764431EFT2576443 17527842
	11/14	10,530.10	Wisconsin Physic Wpstricare 110911 TRN*1*0020362075*1391268299*Wpstdefic *8501387758
	11/14	10,434.46	J4 TX/CO/NM Part Medicare A 111110 32S004 000000001111109EFT25764421EFT2576442 17527842
	11/14	9,808.67	J4 OK/NM/CO Pt B Med B Pay 111110 1861450579 TRN*1*882856666*146028001\
	11/14	3,597.23	United Health CA Dir Dep xxxxx8775 TRN*1*1055642318*1362739571*000036273*1861450579\
	11/14	480.30	Wisconsin Phys Wpstricare 110911 TRN*1*8000032751*1860813402*Wpstriwest*8501387758



Electronic deposits/bank credits (continued)

Effective date	Posted date	Amount	Transaction detail
	11/14	85.95	Palmetto Gba/Rrb Payment 111108 1861450579 TRN*1*885976641*571062326\
	11/14	40.45	Wisconsin Physic Wpstricare 110911 TRN*1*0020362074*1391268299*Wpstdefic *8501387758
	11/14	4,119.25	Npc Merch Pymt Proc 111110 0008615073 Otero County Hospital
	11/14	1,815.25	Npc Merch Pymt Proc 111111 0008615073 Otero County Hospital
	11/14	1,691.93	Merchant Service Rmbcs 111109 8002085192 Gerald Champion Region
	11/14	149.82	Npc Merch Pymt Proc 111112 0012550823 Gcrmc Mountain View CA
	11/14	142.31	Npc Merch Pymt Proc 111110 0012550823 Gcrmc Mountain View CA
	11/14	133.66	Npc Merch Pymt Proc 111111 0012550823 Gcrmc Mountain View CA
	11/14	101.20	Npc Merch Pymt Proc 111111 0012572791 Nmsua Bistro
	11/14	75.00	Npc Merch Pymt Proc 111112 0009381597 Otero County Hospital
	11/14	67.33	Npc Merch Pymt Proc 111110 0012572791 Nmsua Bistro
	11/14	45.95	Npc Merch Pymt Proc 111110 0014713590 Otero County Hospital
	11/14	44.40	Npc Merch Pymt Proc 111112 0008615073 Otero County Hospital
	11/14	12.77	American Express Settlement 111114 1300436938 Gcrmc Mounta1300436938
	11/14	6.48	American Express Settlement 111112 1300436938 Gcrmc Mounta1300436938
	11/15	125,871.04	Wisconsin Phys Wpstricare 111011 TRN*1*0000090230*1860813402*Wpstriwest*8501387758
	11/15	51,835.93	J4 TX/CO/NM Part Medicare A 111114 320004 000000001111110EFT25767861EFT2576786 17527842
	11/15	31,471.88	Wisconsin Phys Wpstricare 111011 TRN*1*8000033297*1860813402*Wpstriwest*8501387758
	11/15	29,086.93	NM Hsd-McAid ACH Payment 00000018 Otero County Hospital
	11/15	12,918.48	J4 TX/CO/NM Part Medicare A 111114 32S004 000000001111110EFT25776201EFT2577620 17527842
	11/15	12,008.53	J4 OK/NM/CO Pt B Med B Pay 111111 1861450579 TRN*1*882859639*146028001\
	11/15	5,237.91	Wisconsin Phys Wpstricare 111011 TRN*1*0000090253*1860813402*Wpstriwest*8501387758
	11/15	2,895.56	Unitedhealthcare Dir Dep xxxxx8775 TRN*1*1055749723*1111187726*000087726*1861450579\
	11/15	2,037.01	NM Hsd-McAid ACH Payment 00045930 Otero County Hospital
	11/15	1,982.87	Wisconsin Phys Wpstricare 111011 TRN*1*8000033116*1860813402*Wpstriwest*8501387758
	11/15	155.46	Wisconsin Physic Wpstricare 111011 TRN*1*0020363223*1391268299*Wpstdefic *8501387758
	11/15	54.46	United Health CA Dir Dep xxxxx8775 TRN*1*1055708115*1362739571*000036273*1861450579\
	11/15	166.24	Npc Merch Pymt Proc 111114 0012550823 Gcrmc Mountain View CA
	11/15	125.00	Npc Merch Pymt Proc 111114 0008615073 Otero County Hospital
	11/16	156,063.84	J4 TX/CO/NM Part Medicare A 111115 320004 000000001111114EFT25780701EFT2578070 17527842
	11/16	91,014.48	Bcbs NEW Mexico Payment C11314E68645730 TRN*1*C11314E68645730*1361236610* Cp20111110E68645



Electronic deposits/bank credits (continued)

Effective date	Posted date	Amount	Transaction detail
	11/16	52,118.62	Bcbs NEW Mexico Payments C11314E72949810 TRN*1*C11314E72949810*1361236610*Cp20111110E72949
	11/16	46,413.08	Wisconsin Phys Wpstricare 111411 TRN*1*0000091038*1860813402*Wpstriwest*8501387758
	11/16	13,284.73	Unitedhealthcare Dir Dep xxxxx8775 TRN*1*1Qg30584622*1411289245*000087726*1861450579
	11/16	3,089.40	Cigna Ccd Ffs 111211 xxxxx8775 TRN*1*111112090020509*1060303370\
	11/16	2,692.55	J4 OK/NM/CO Pt B Med B Pay 111115 1861450579 TRN*1*882862711*146028001\
	11/16	775.46	Unitedhealthcare Dir Dep xxxxx8775 TRN*1*1055865102*1111187726*000087726*1861450579\
	11/16	130.43	United Health CA Dir Dep xxxxx8775 TRN*1*1055754361*1362739571*000036273*1861450579\
	11/16	109.31	Unitedhealthcare Dir Dep xxxxx8775 TRN*1*1055810323*1111187726*000087726*1861450579\
	11/16	243.57	Npc Merch Pymt Proc 111115 0012550823 Gcrmc Mountain View CA
	11/16	165.00	Npc Merch Pymt Proc 111115 0008615073 Otero County Hospital
	11/16	94.25	Npc Merch Pymt Proc 111115 0012572791 Nmsua Bistro
	11/16	3.80	Npc Merch Pymt Proc 111115 0014713590 Otero County Hospital
	11/17	123,970.21	J4 TX/CO/NM Part Medicare A 111116 320004 000000001111115EFT25793341EFT2579334 17527842
	11/17	1,802.90	United Health CA Dir Dep xxxxx8775 TRN*1*1055874835*1362739571*000036273*1861450579\
	11/17	1,498.02	Unitedhealthcare Dir Dep xxxxx8775 TRN*1*1055943545*1111187726*000087726*1861450579\
	11/17	1,448.90	J4 OK/NM/CO Pt B Med B Pay 111116 1861450579 TRN*1*882865747*146028001\
	11/17	1,184.37	Wisconsin Physic Wpstricare 111511 TRN*1*0020365843*1391268299*Wpstdefic *8501387758
	11/17	148.51	Dol Treas 303 Misc Pay 111711 187677800161520 Gerald Champion Region
	11/17	60.64	Unitedhealthcare Dir Dep xxxxx8775 TRN*1*1Qg30589936*1411289245*000087726*1861450579
	11/17	293.70	Npc Merch Pymt Proc 111116 0008615073 Otero County Hospital
	11/17	167.00	Npc Merch Pymt Proc 111116 0012550823 Gcrmc Mountain View CA
	11/17	115.89	Npc Merch Pymt Proc 111116 0012572791 Nmsua Bistro
	11/17	1.25	Npc Merch Pymt Proc 111116 0014713590 Otero County Hospital
	11/18	122,252.59	Bcbs NEW Mexico Payment C11319E68687030 TRN*1*C11319E68687030*1361236610*Cp20111115E68687
	11/18	38,348.31	J4 TX/CO/NM Part Medicare A 111117 320004 000000001111116EFT25806811EFT2580681 17527842
	11/18	28,501.40	Bcbs NEW Mexico Payments C11319E72964810 TRN*1*C11319E72964810*1361236610*Cp20111115E72964
	11/18	21,163.87	J4 TX/CO/NM Part Medicare A 111117 32T004 000000001111116EFT25814611EFT2581461 17527842
	11/18	12,003.18	Wisconsin Physic Wpstricare 111611 TRN*1*0020367391*1391268299*Wpstdefic *8501387758



Electronic deposits/bank credits (continued)

Effective date	Posted date	Amount	Transaction detail
	11/18	6,654.81	Wisconsin Phys Wpstricare 111611 TRN*1*0000092098*1860813402*Wpstriwest*8501387758
	11/18	4,327.48	Unitedhealthcare Dir Dep xxxxx8775 TRN*1*1055967453*1111187726*000087726*1861450579\
	11/18	4,083.28	J4 OK/NM/CO Pt B Med B Pay 111117 1861450579 TRN*1*882868683*146028001\
	11/18	2,227.94	United Health CA Dir Dep xxxxx8775 TRN*1*1055972744*1362739571*000036273*1861450579\
	11/18	392.53	Wisconsin Physic Wpstricare 111611 TRN*1*0020367390*1391268299*Wpstdefic *8501387758
	11/18	1,311.55	Merchant Service Rmbcs 111116 8002085192 Gerald Champion Region
	11/18	616.80	Npc Merch Pymt Proc 111117 0008615073 Otero County Hospital
	11/18	217.29	Npc Merch Pymt Proc 111117 0012550823 Grcmc Mountain View CA
	11/18	170.15	American Express Settlement 111118 1300436938 Grcmc Mounta1300436938
	11/18	54.85	Npc Merch Pymt Proc 111117 0012572791 Nmsua Bistro
	11/18	17.42	Merchant Service Rmbcs 111116 8002085192 Gerald Champion Region
	11/18	8.50	Npc Merch Pymt Proc 111117 0014713590 Otero County Hospital
	11/21	123,923.83	Wisconsin Phys Wpstricare 111711 TRN*1*0000093317*1860813402*Wpstriwest*8501387758
	11/21	64,510.67	J4 TX/CO/NM Part Medicare A 111118 320004 000000001111117EFT25819841EFT2581984 17527842
	11/21	35,112.67	Wisconsin Phys Wpstricare 111711 TRN*1*8000034424*1860813402*Wpstriwest*8501387758
	11/21	3,589.87	J4 OK/NM/CO Pt B Med B Pay 111118 1861450579 TRN*1*882871619*146028001\
	11/21	2,639.59	Wisconsin Phys Wpstricare 111711 TRN*1*0000093339*1860813402*Wpstriwest*8501387758
	11/21	742.16	Wisconsin Phys Wpstricare 111711 TRN*1*8000034361*1860813402*Wpstriwest*8501387758
	11/21	94.97	Unitedhealthcare Dir Dep xxxxx8775 TRN*1*1056060007*1111187726*000087726*1861450579\
	11/21	1,469.48	Npc Merch Pymt Proc 111119 0008615073 Otero County Hospital
	11/21	1,422.91	Npc Merch Pymt Proc 111118 0008615073 Otero County Hospital
	11/21	189.81	Npc Merch Pymt Proc 111118 0012550823 Grcmc Mountain View CA
	11/21	174.98	Npc Merch Pymt Proc 111119 0012550823 Grcmc Mountain View CA
	11/21	69.43	Npc Merch Pymt Proc 111118 0012572791 Nmsua Bistro
	11/21	11.00	Npc Merch Pymt Proc 111118 0014713590 Otero County Hospital
	11/21	8.36	Npc Merch Pymt Proc 111119 0014713590 Otero County Hospital
	11/22	113,485.05	Bcbs NEW Mexico Payment C11321E68714630 TRN*1*C11321E68714630*1361236610* Cp20111117E68714
	11/22	104,980.74	J4 TX/CO/NM Part Medicare A 111121 320004 000000001111118EFT25835531EFT2583553 17527842
	11/22	19,635.28	J4 TX/CO/NM Part Medicare A 111121 32S004 000000001111118EFT25844961EFT2584496 17527842
	11/22	18,885.47	Bcbs NEW Mexico Payments C11321E72974690 TRN*1*C11321E72974690*1361236610* Cp20111117E72974



Electronic deposits/bank credits (continued)

Effective date	Posted date	Amount	Transaction detail
	11/22	18,617.95	Unitedhealthcare Dir Dep xxxxx8775 TRN*1*1Qg30597150*1411289245*000087726*1861450579
	11/22	18,280.47	NM Hsd-McAid ACH Payment 00000018 Otero County Hospital
	11/22	4,245.90	Unitedhealthcare Dir Dep xxxxx8775 TRN*1*1056095958*1111187726*000087726*1861450579\
	11/22	3,219.41	J4 OK/NM/CO Pt B Med B Pay 111119 1861450579 TRN*1*882874611*146028001\
	11/22	1,358.40	NM Hsd-McAid ACH Payment 00045930 Otero County Hospital
	11/22	118.32	Npc Merch Pymt Proc 111121 0012550823 Gcrmc Mountain View CA
	11/22	70.33	Npc Merch Pymt Proc 111121 0008615073 Otero County Hospital
	11/23	74,483.57	J4 TX/CO/NM Part Medicare A 111122 320004 000000001111121EFT25850341EFT2585034 17527842
	11/23	11,248.42	J4 TX/CO/NM Part Medicare A 111122 32T004 000000001111121EFT25859671EFT2585967 17527842
	11/23	10,215.31	Cigna Ccd Ffs 111911 xxxxx8775 TRN*1*111119090021791*1060303370\
	11/23	3,104.72	J4 OK/NM/CO Pt B Med B Pay 111122 1861450579 TRN*1*882877353*146028001\
	11/23	1,279.24	Unitedhealthcare Dir Dep xxxxx8775 TRN*1*1Qg30599852*1411289245*000087726*1861450579
	11/23	1,094.65	Unitedhealthcare Dir Dep xxxxx8775 TRN*1*1056195723*1111187726*000087726*1861450579\
	11/23	386.63	NM Hosp Private Payment 111121 2337
	11/23	884.01	Npc Merch Pymt Proc 111122 0008615073 Otero County Hospital
	11/23	190.70	Npc Merch Pymt Proc 111122 0012550823 Gcrmc Mountain View CA
	11/23	15.80	Npc Merch Pymt Proc 111122 0014713590 Otero County Hospital
	11/25	158,702.60	Bcbs NEW Mexico Payment C11326E68756490 TRN*1*C11326E68756490*1361236610*Cp20111122E68756
	11/25	32,436.16	J4 TX/CO/NM Part Medicare A 111123 320004 000000001111122EFT25865151EFT2586515 17527842
	11/25	30,108.43	Bcbs NEW Mexico Payments C11326E72989270 TRN*1*C11326E72989270*1361236610*Cp20111122E72989
	11/25	8,530.61	Wisconsin Phys Wpstricare 112211 TRN*1*8000034946*1860813402*Wpstriwest*8501387758
	11/25	7,658.46	Wisconsin Phys Wpstricare 112211 TRN*1*0000094687*1860813402*Wpstriwest*8501387758
	11/25	6,065.51	Wisconsin Phys Wpstricare 112211 TRN*1*0000094349*1860813402*Wpstriwest*8501387758
	11/25	4,720.83	Fresenius Mgmt S Transfer Gerald Champion Medica
	11/25	3,795.82	United Health CA Dir Dep xxxxx8775 TRN*1*1056206293*1362739571*000036273*1861450579\
	11/25	3,671.99	J4 TX/CO/NM Part Medicare A 111123 32S004 000000001111122EFT25865121EFT2586512 17527842
	11/25	2,282.33	Unitedhealthcare Dir Dep xxxxx8775 TRN*1*1Qg30605840*1411289245*000087726*1861450579
	11/25	2,228.19	Unitedhealthcare Dir Dep xxxxx8775 TRN*1*1056288337*1111187726*000087726*1861450579\



Electronic deposits/bank credits (continued)

Effective date	Posted date	Amount	Transaction detail
11/25		115.80	Palmetto Gba/Rrb Payment 111122 1861450579 TRN*1*886045800*571062326\
11/25		9.04	Wisconsin Physic Wpstricare 112211 TRN*1*0020371121*1391268299*Wpstdefic *8501387758
11/25		11,286.49	Npc Merch Pymt Proc 111123 0008615073 Otero County Hospital
11/25		131.19	Npc Merch Pymt Proc 111123 0012550823 Gcrmc Mountain View CA
11/25		100.00	Npc Merch Pymt Proc 111123 0009381597 Otero County Hospital
11/25		12.20	Merchant Service Rmbcs 111122 8002085192 Gerald Champion Region
11/25		5.59	Npc Merch Pymt Proc 111123 0014713590 Otero County Hospital
11/28		33,193.94	J4 OK/NM/CO Pt B Med B Pay 111123 1861450579 TRN*1*882882137*146028001\
11/28		16,311.22	Wisconsin Physic Wpstricare 112311 TRN*1*0020372527*1391268299*Wpstdefic *8501387758
11/28		1,381.65	Unitedhealthcare Dir Dep xxxxx8775 TRN*1*1Qg30610751*1411289245*000087726*1861450579
11/28		67.19	Wisconsin Physic Wpstricare 112311 TRN*1*0020372526*1391268299*Wpstdefic *8501387758
11/28		24.27	Unitedhealthcare Dir Dep xxxxx8775 TRN*1*1056321009*1111187726*000087726*1861450579\
11/28		6,438.18	Merchant Service Rmbcs 111123 8002085192 Gerald Champion Region
11/28		1,778.31	Npc Merch Pymt Proc 111125 0008615073 Otero County Hospital
11/28		98.85	Npc Merch Pymt Proc 111125 0012550823 Gcrmc Mountain View CA
11/28		82.81	Npc Merch Pymt Proc 111126 0008615073 Otero County Hospital
11/28		19.97	Npc Merch Pymt Proc 111126 0012550823 Gcrmc Mountain View CA
11/28		5.35	Npc Merch Pymt Proc 111125 0014713590 Otero County Hospital
11/29		263,859.81	J4 TX/CO/NM Part Medicare A 111128 320004 000000001111123EFT25881681EFT2588168 17527842
11/29		30,277.63	Bcbs NEW Mexico Payment C11327E68774890 TRN*1*C11327E68774890*1361236610*Cp20111123E68774
11/29		14,208.40	J4 TX/CO/NM Part Medicare A 111128 32T004 000000001111123EFT25894271EFT2589427 17527842
11/29		5,767.43	Bcbs NEW Mexico Payments C11327E72995190 TRN*1*C11327E72995190*1361236610*Cp20111123E72995
11/29		5,546.16	NM Hsd-McAid ACH Payment 00000018 Otero County Hospital
11/29		4,938.85	Unitedhealthcare Dir Dep xxxxx8775 TRN*1*1056506739*1111187726*000087726*1861450579\
11/29		3,896.83	Unitedhealthcare Dir Dep xxxxx8775 TRN*1*1056474397*1111187726*000087726*1861450579\
11/29		3,802.42	J4 OK/NM/CO Pt B Med B Pay 111124 1861450579 TRN*1*882885138*146028001\
11/29		2,051.48	Unitedhealthcare Dir Dep xxxxx8775 TRN*1*1Qg30614651*1411289245*000087726*1861450579
11/29		1,307.00	United Health CA Dir Dep xxxxx8775 TRN*1*1056393381*1362739571*000036273*1861450579\
11/29		896.48	NM Hsd-McAid ACH Payment 00045930 Otero County Hospital
11/29		1,030.98	American Express Settlement 111129 1300056728 Gerald Champ1300056728



Electronic deposits/bank credits (continued)

Effective date	Posted date	Amount	Transaction detail
	11/29	22.93	Npc Merch Pymt Proc 111128 0012550823 Gcrmc Mountain View CA
	11/30	158,090.62	Wisconsin Phys Wpstricare 112811 TRN*1*0000097050*1860813402*Wpstriwest*8501387758
	11/30	71,453.07	J4 TX/CO/NM Part Medicare A 111129 320004 00000001111128EFT25900721EFT2590072 17527842
	11/30	51,232.59	Wisconsin Phys Wpstricare 112811 TRN*1*8000035880*1860813402*Wpstriwest*8501387758
	11/30	11,214.55	J4 TX/CO/NM Part Medicare A 111129 32T004 00000001111128EFT25910311EFT2591031 17527842
	11/30	8,322.19	Cigna Ccd Ffs 112611 xxxxx8775 TRN*1*11126090019411*1060303370\
	11/30	5,410.59	J4 OK/NM/CO Pt B Med B Pay 111129 1861450579 TRN*1*882888115*146028001\
	11/30	3,114.00	Wisconsin Phys Wpstricare 112811 TRN*1*0000097109*1860813402*Wpstriwest*8501387758
	11/30	450.69	Wisconsin Phys Wpstricare 112811 TRN*1*8000035763*1860813402*Wpstriwest*8501387758
	11/30	54.06	Unitedhealthcare Dir Dep xxxxx8775 TRN*1*1056520477*1111187726*000087726*1861450579\
	11/30	6,107.71	Npc Merch Pymt Proc 111129 0008615073 Otero County Hospital
	11/30	117.88	Npc Merch Pymt Proc 111129 0012550823 Gcrmc Mountain View CA
	11/30	92.55	Npc Merch Pymt Proc 111129 0012572791 Nmsua Bistro
		\$4,554,098.61	Total electronic deposits/bank credits
		\$6,898,730.68	Total credits

Debits

Electronic debits/bank debits

Effective date	Posted date	Amount	Transaction detail
	11/01	218,375.85	Controlled Disbursement Van Wert Funding to 000009600009666
	11/01	50.00	Return Item Charge - Paper AZ 111101
	11/01	28,348.67	ACH Prep Origintn - Gcrmc Vendor Pmt - File 7777788888 Coid 1850138775
	11/01	47,097.95	WF Ret Plan Svcs Payroll Gerald Champion Reg. M
	11/01	363.05	Payflex T950810-24 111031 000000850138775 Gerald Champion Region
	11/01	238.98	Payflex T949860-24 111029 000000850138775 Gerald Champion Region
	11/02	136,486.69	Controlled Disbursement Van Wert Funding to 000009600009666
	11/02	45,625.61	ACH Prep Origintn - Gcrmc Vendor Pmt - File 7777788888 Coid 1850138775
	11/02	2,388.63	Npc Merch Pymt Proc 111101 0008615073 Otero County Hospital
	11/02	618.44	Merchant Service Rmbcs 111031 8002085192 Gerald Champion Region
	11/02	575.97	Npc Merch Pymt Proc 111101 0012550823 Gcrmc Mountain View CA
	11/02	235.18	Npc Merch Pymt Proc 111101 0012572791 Nmsua Bistro
	11/02	75.01	Npc Merch Pymt Proc 111101 0014713590 Otero County Hospital
	11/02	66.95	Npc Merch Pymt Proc 111101 0015721934 Otero County Hospital
	11/02	65.34	Npc Merch Pymt Proc 111101 0009381597 Otero County Hospital
	11/02	46.90	Npc Merch Pymt Proc 111101 0011954637 Otero County Hospital A
	11/02	45.65	Npc Merch Pymt Proc 111101 0010211737 Otero County Hospital



Electronic debits/bank debits (continued)

Effective date	Posted date	Amount	Transaction detail
	11/02	41.90	Npc Merch Pymt Proc 111101 0014651940 Otero County Hospital
	11/02	38.02	Npc Merch Pymt Proc 111101 0008615141 Otero County Hospital
	11/02	8,633.24	Domestic Trade O Otero Otero County Wells Fargo Bank
	11/02	426.37	Payflex T951736-24 111101 000000850138775 Gerald Champion Region
	11/02	48.30	Payflex T950830-24 111101 000000850138775 Gerald Champion Region
	11/03	171,294.72	Controlled Disbursement Van Wert Funding to 000009600009666
	11/03	91,075.09	ACH Prep Origintn - Gcrmc Vendor Pmt - File 7777788888 Coid 1850138775
	11/03	7.95	American Express Collection 111103 1300480308 Gerald Champ1300480308
	11/03	7.95	American Express Collection 111103 1300291150 Scienic View1300291150
	11/03	341.39	Payflex T952824-24 111102 000000850138775 Gerald Champion Region
	11/04	9,835.27	Controlled Disbursement Van Wert Funding to 000009600009666
	11/04	566,249.35	ACH Prep Origintn - Gcrmc Vendor Pmt - File 7777788888 Coid 1850138775
	11/04	28,594.25	ACH Prep Origintn - Gcrmc Vendor Pmt - File 7777788888 Coid 1850138775
	11/04	1,000.00	ACH Prep Origintn - Gcrmc Vendor Pmt - File 7777788888 Coid 1850138775
	11/04	48.72	Payflex T954508-24 111103 000000850138775 Gerald Champion Region
	11/07	95,221.81	Controlled Disbursement Van Wert Funding to 000009600009666
	11/07	3,430.91	ACH Prep Origintn - Gcrmc Vendor Pmt - File 7777788888 Coid 1850138775
	11/07	86.94	American Express Axp Discnt 111105 1300056728 Gerald Champ1300056728
	11/07	40.49	Payflex T955578-24 111104 000000850138775 Gerald Champion Region
	11/08	189,343.28	Controlled Disbursement Van Wert Funding to 000009600009666
	11/08	10,244.65	WT Fed#05101 Mellon Bank, N. A. /Ftr/Bnf=Siemens Healthcare Diagnostics Srf# IN11110715340698 Trn#111107117314 Rfb# 000000734
	11/08	150.16	Payflex T955584-24 111105 000000850138775 Gerald Champion Region
	11/08	45.62	Payflex T956548-24 111107 000000850138775 Gerald Champion Region
	11/09	98,049.45	Controlled Disbursement Van Wert Funding to 000009600009666
	11/09	3,500.00	WT Fed#05152 Bank of America, N /Ftr/Bnf=Standard and Poor's Srf# IN11110909171559 Trn#111109049926 Rfb# 000000735
	11/09	935,424.17	ACH Prep Origintn - Gcrmc Payroll - File 7777788888 Coid 9800011618
	11/09	355,474.67	WellsTAX Federal Fedtaxpymt 110911 xxxxx8775 Otero County Hospital
	11/09	209,675.70	ACH Prep Origintn - Gcrmc Vendor Pmt - File 7777788888 Coid 1850138775
	11/09	199,017.99	ACH Prep Origintn - Gcrmc Vendor Pmt - File 7777788888 Coid 1850138775
	11/09	2,000.00	ACH Prep Origintn - Gcrmc Vendor Pmt - File 7777788888 Coid 1850138775
	11/09	66.04	Payflex T957514-24 111108 000000850138775 Gerald Champion Region
	11/10	92,601.14	Controlled Disbursement Van Wert Funding to 000009600009666
	11/10	3,580.80	ACH Prep Origintn - Gcrmc Vendor Pmt - File 7777788888 Coid 1850138775
	11/14	357,609.72	Controlled Disbursement Van Wert Funding to 000009600009666
	11/14	8,128.92	ACH Prep Origintn - Gcrmc Vendor Pmt - File 7777788888 Coid 1850138775
	11/14	58.02	ACH Prep Origintn - Gcrmc Vendor Pmt - File 7777788888 Coid 1850138775
	11/14	43,243.60	WF Ret Plan Svcs Payroll Gerald Champion Reg. M
	11/14	265.99	Payflex T961038-24 111110 000000850138775 Gerald Champion Region
	11/14	1,107.70	ZBA Funding Account Transfer to 1500039802
	11/15	103,377.45	Controlled Disbursement Van Wert Funding to 000009600009666
	11/15	25.00	Return Item Charge - Paper AZ 111115
	11/15	151,927.55	WT Fed#03350 Western Commerce B /Ftr/Bnf=Western Commerce Bank/lpf Division Srf# IN11111415015407 Trn#111114168810 Rfb# 000000736



Electronic debits/bank debits (continued)

Effective date	Posted date	Amount	Transaction detail
	11/15	168.30	Payflex T961050-24 111112 000000850138775 Gerald Champion Region
	11/15	120.00	Payflex T961068-24 111114 000000850138775 Gerald Champion Region
	11/15	90.00	Payflex T962214-24 111114 000000850138775 Gerald Champion Region
	11/15	23,130.46	ZBA Funding Account Transfer to 1500039802
	11/16	43,879.35	Controlled Disbursement Van Wert Funding to 000009600009666
	11/16	14,873.74	WT Fed#02691 Mellon Bank, N. A. /Ftr/Bnf=Siemens Healthcare Diagnostics Srf# IN11111608180371 Trn#111116042287 Rfb# 000000737
	11/16	149,889.42	ACH Prep Origintn - Gcrmc Vendor Pmt - File 7777788888 Coid 1850138775
	11/16	5,000.00	ACH Prep Origintn - Gcrmc Vendor Pmt - File 7777788888 Coid 1850138775
	11/16	114.00	Payflex T963210-24 111115 000000850138775 Gerald Champion Region
	11/16	10.00	Payflex T962234-24 111115 000000850138775 Gerald Champion Region
	11/16	17,321.08	ZBA Funding Account Transfer to 1500039802
	11/17	33,918.70	Controlled Disbursement Van Wert Funding to 000009600009666
	11/17	372.80	Payflex T963224-24 111116 000000850138775 Gerald Champion Region
	11/17	9.80	Payflex T964350-24 111116 000000850138775 Gerald Champion Region
	11/18	222,615.70	Controlled Disbursement Van Wert Funding to 000009600009666
	11/18	300,000.00	WT Fed#03651 Synovus Bank /Ftr/Bnf=Robins & Morton Group Srf# IN11111810252403 Trn#111118071621 Rfb# 000000738
	11/18	23,249.37	ACH Prep Origintn - Gcrmc Vendor Pmt - File 7777788888 Coid 1850138775
	11/18	52.43	Payflex T966038-24 111117 000000850138775 Gerald Champion Region
	11/21	302,735.99	Controlled Disbursement Van Wert Funding to 000009600009666
	11/21	162.00	Payflex T966044-24 111118 000000850138775 Gerald Champion Region
	11/21	30.00	Payflex T967108-24 111118 000000850138775 Gerald Champion Region
	11/22	207,530.37	Controlled Disbursement Van Wert Funding to 000009600009666
	11/22	20.00	Return Item Charge - Paper AZ 111122
	11/22	12,907.00	WT Fed#07096 M I Marshall IIs /Ftr/Bnf=Quarles & Brady Depository Account Srf# IN11112211152551 Trn#111122081922 Rfb# 000000739
	11/22	370.43	WT Fed#07172 City Bank /Ftr/Bnf=The Arland Law Firm Srf# IN11112211170347 Trn#111122082199 Rfb# 000000740
	11/22	942,910.10	ACH Prep Origintn - Gcrmc Payroll - File 7777788888 Coid 9800011618
	11/22	4,709.82	ACH Prep Origintn - Gcrmc Vendor Pmt - File 7777788888 Coid 1850138775
	11/22	404.33	Payflex T967128-24 111121 000000850138775 Gerald Champion Region
	11/22	41.86	Payflex T967116-24 111119 000000850138775 Gerald Champion Region
	11/22	30.00	Payflex T968190-24 111121 000000850138775 Gerald Champion Region
	11/23	45,039.16	Controlled Disbursement Van Wert Funding to 000009600009666
	11/23	339,359.16	WellsTAX Federal Fedtaxpymt 112311 xxxxx8775 Otero County Hospital
	11/23	73,822.25	ACH Prep Origintn - Gcrmc Vendor Pmt - File 7777788888 Coid 1850138775
	11/23	57,500.00	ACH Prep Origintn - Gcrmc Vendor Pmt - File 7777788888 Coid 1850138775
	11/23	5,696.22	ACH Prep Origintn - Gcrmc Vendor Pmt - File 7777788888 Coid 1850138775
	11/23	432.26	Payflex T968202-24 111122 000000850138775 Gerald Champion Region
	11/25	71,120.23	Controlled Disbursement Van Wert Funding to 000009600009666
	11/25	49,181.34	WF Ret Plan Svcs Payroll Gerald Champion Reg. M
	11/25	45.00	Payflex T969086-24 111123 000000850138775 Gerald Champion Region
	11/25	373.56	ZBA Funding Account Transfer to 1500039802
	11/28	279,467.02	Controlled Disbursement Van Wert Funding to 000009600009666
	11/28	70.00	Return Item Charge - Paper AZ 111128



Electronic debits/bank debits (continued)

Effective date	Posted date	Amount	Transaction detail
	11/28	100,000.00	WT Fed#00390 Synovus Bank /Ftr/Bnf=Robins & Morton Group Srf# IN1112813531207 Trn#111128118699 Rfb# 000000741
	11/28	297.11	ZBA Funding Account Transfer to 1500039802
	11/29	195,392.94	Controlled Disbursement Van Wert Funding to 000009600009666
	11/29	230,471.47	WT Fed#08085 U.S. Bank,N.A. /Ftr/Bnf=Kurtzman Carson Consultants LLC Srf# IN1112913452581 Trn#111129114042 Rfb# 000000742
	11/29	166,135.02	WT Fed#09228 Bank of America, N /Ftr/Bnf=Bank of America Srf# IN1112913582168 Trn#111129116985 Rfb# 000000745
	11/29	151,927.55	WT Fed#08991 Western Commerce B /Ftr/Bnf=Western Commerce Bank/lpf Division Srf# IN1112913553090 Trn#111129116309 Rfb# 000000744
	11/29	12,691.69	WT Fed#08253 Mellon Bank, N. A. /Ftr/Bnf=Siemens Healthcare Diagnostics Srf# IN1112913474365 Trn#111129114484 Rfb# 000000743
	11/29	354,742.60	ACH Prep Origintn - Gcrmc Vendor Pmt - File 7777788888 Coid 1850138775
	11/29	60,009.00	ACH Prep Origintn - Gcrmc Vendor Pmt - File 7777788888 Coid 1850138775
	11/29	23,000.00	ACH Prep Origintn - Gcrmc Vendor Pmt - File 7777788888 Coid 1850138775
	11/29	21,668.63	ACH Prep Origintn - Gcrmc Vendor Pmt - File 7777788888 Coid 1850138775
	11/29	17,973.38	ACH Prep Origintn - Gcrmc Vendor Pmt - File 7777788888 Coid 1850138775
	11/29	104.91	Payflex T971746-24 111124 000000850138775 Gerald Champion Region
	11/29	100.00	Payflex T971772-24 111128 000000850138775 Gerald Champion Region
	11/29	70.00	Payflex T971768-24 111128 000000850138775 Gerald Champion Region
	11/30	58,745.25	Controlled Disbursement Van Wert Funding to 000009600009666
	11/30	95,859.71	ACH Prep Origintn - Gcrmc Vendor Pmt - File 7777788888 Coid 1850138775
	11/30	9.95	Payflex T973634-24 111129 000000850138775 Gerald Champion Region
		\$8,940,017.62	Total electronic debits/bank debits
		\$8,940,017.62	Total debits

Daily ledger balance summary

Date	Balance	Date	Balance	Date	Balance
10/31	16,365,954.11	11/09	15,287,902.39	11/21	15,789,914.39
11/01	16,434,503.11	11/10	15,341,383.60	11/22	14,960,163.26
11/02	16,544,006.93	11/14	15,461,594.27	11/23	14,885,367.77
11/03	16,374,057.69	11/15	15,460,384.09	11/25	15,036,508.88
11/04	16,119,022.96	11/16	15,868,244.84	11/28	14,758,797.60
11/07	16,742,373.94	11/17	16,075,845.49	11/29	13,910,289.98
11/08	16,905,317.36	11/18	15,820,045.88	11/30	14,324,667.17
Average daily ledger balance		\$15,565,368.85			

Choice IV Commercial Checking

Account number: 9600009666 ■ November 1, 2011 - November 30, 2011 ■ Page 1 of 7



GERALD CHAMPION REGIONAL MEDICAL CENTER
 DEBTOR IN POSSESSION
 CH.11 CASE #11-12686 (MNM)
 2669 SCENIC DR
 ALAMOGORDO NM 88310-8799

Questions?

Online: wellsfargo.com

Write: Wells Fargo Bank, N.A. (259)
 115 Hospital Drive
 Van Wert, OH 45891

Account summary

Choice IV Commercial Checking

Account number	Beginning balance	Total credits	Total debits	Ending balance
9600009666	\$0.00	\$2,932,640.09	-\$2,932,640.09	\$0.00

Credits

Electronic deposits/bank credits

Effective date	Posted date	Amount	Transaction detail
	11/01	218,375.85	Controlled Disbursement Van Wert Funding From 000001500039705
	11/02	136,486.69	Controlled Disbursement Van Wert Funding From 000001500039705
	11/03	171,294.72	Controlled Disbursement Van Wert Funding From 000001500039705
	11/04	9,835.27	Controlled Disbursement Van Wert Funding From 000001500039705
	11/07	95,221.81	Controlled Disbursement Van Wert Funding From 000001500039705
	11/08	189,343.28	Controlled Disbursement Van Wert Funding From 000001500039705
	11/09	98,049.45	Controlled Disbursement Van Wert Funding From 000001500039705
	11/10	92,601.14	Controlled Disbursement Van Wert Funding From 000001500039705
	11/14	357,609.72	Controlled Disbursement Van Wert Funding From 000001500039705
	11/15	103,377.45	Controlled Disbursement Van Wert Funding From 000001500039705
	11/16	43,879.35	Controlled Disbursement Van Wert Funding From 000001500039705
	11/17	33,918.70	Controlled Disbursement Van Wert Funding From 000001500039705
	11/18	222,615.70	Controlled Disbursement Van Wert Funding From 000001500039705
	11/21	302,735.99	Controlled Disbursement Van Wert Funding From 000001500039705
	11/22	207,530.37	Controlled Disbursement Van Wert Funding From 000001500039705
	11/23	45,039.16	Controlled Disbursement Van Wert Funding From 000001500039705
	11/25	71,120.23	Controlled Disbursement Van Wert Funding From 000001500039705
	11/28	279,467.02	Controlled Disbursement Van Wert Funding From 000001500039705
	11/29	195,392.94	Controlled Disbursement Van Wert Funding From 000001500039705
	11/30	58,745.25	Controlled Disbursement Van Wert Funding From 000001500039705
		\$2,932,640.09	Total electronic deposits/bank credits
		\$2,932,640.09	Total credits

(259)
 Sheet Seq = 0004182
 Sheet 00001 of 00007



Debits

Electronic debits/bank debits

Effective date	Posted date	Amount	Transaction detail
	11/02	35.00	Geraldchampionre Elec Fee 111101 101526 101526
		\$35.00	Total electronic debits/bank debits

Checks paid

Number	Amount	Date	Number	Amount	Date	Number	Amount	Date
169032	49.00	11/07	171957 *	796.00	11/02	172038	9,223.68	11/03
169265 *	6,552.54	11/22	171967 *	1,390.00	11/01	172039	229.50	11/01
170810 *	250.00	11/29	171976 *	860.00	11/04	172040	1,367.97	11/02
170934 *	10.00	11/22	171982 *	735.21	11/02	172041	6,833.12	11/01
171021 *	2,613.27	11/02	171986 *	72.00	11/07	172042	3,535.48	11/01
171028 *	88.55	11/08	171987	1,666.67	11/02	172043	796.70	11/04
171202 *	76.79	11/01	171988	300.00	11/01	172044	128.31	11/02
171274 *	25.00	11/29	171994 *	325.00	11/01	172045	18,416.00	11/03
171467 *	400.00	11/01	171998 *	39.32	11/08	172046	196.16	11/01
171475 *	2,011.88	11/01	172000 *	32,569.70	11/02	172048 *	525.00	11/02
171516 *	44.10	11/18	172002 *	3,416.00	11/01	172050 *	1,957.78	11/01
171528 *	12.00	11/29	172003	625.00	11/02	172051	227.07	11/01
171602 *	168.00	11/10	172004	1,007.50	11/01	172054 *	231.23	11/02
171638 *	2,411.71	11/28	172005	1,801.90	11/04	172055	2,162.00	11/07
171696 *	954.61	11/01	172006	821.01	11/02	172056	176.00	11/01
171723 *	338.55	11/01	172007	3,788.10	11/02	172057	980.92	11/01
171741 *	176.50	11/15	172008	495.00	11/01	172058	1,584.38	11/03
171774 *	156.85	11/01	172009	4,235.33	11/01	172060 *	1,088.26	11/04
171785 *	766.50	11/07	172010	16,259.23	11/03	172061	274.26	11/01
171803 *	2,417.57	11/01	172012 *	2,236.35	11/02	172062	491.80	11/02
171825 *	1,972.22	11/04	172013	73.92	11/02	172063	6,595.37	11/01
171845 *	211.70	11/01	172014	2,410.90	11/01	172064	5,487.45	11/01
171856 *	178.34	11/03	172015	163.00	11/02	172065	1,677.76	11/01
171872 *	110.00	11/03	172016	19.11	11/07	172066	1,778.62	11/01
171878 *	82.19	11/02	172017	11,132.40	11/02	172067	361.80	11/01
171879	75.57	11/02	172018	1,000.00	11/01	172068	796.67	11/01
171885 *	40.93	11/01	172019	2,681.65	11/01	172069	7,276.41	11/01
171890 *	225.00	11/25	172020	1,782.00	11/01	172070	59,591.81	11/01
171891	1,119.60	11/01	172021	9,477.20	11/01	172071	53,685.39	11/02
171895 *	231.35	11/04	172022	1,600.00	11/01	172072	39,309.00	11/01
171899 *	288.00	11/01	172023	750.00	11/02	172073	101,209.47	11/03
171905 *	1,281.60	11/01	172024	4,050.00	11/02	172074	1,198.80	11/01
171906	64.66	11/01	172025	1,400.00	11/01	172075	162.01	11/02
171911 *	2,032.75	11/02	172026	2,332.51	11/01	172076	13.00	11/02
171915 *	199.00	11/15	172027	750.00	11/09	172077	5,229.64	11/02
171920 *	19,620.00	11/03	172030 *	516.48	11/15	172078	222.20	11/01
171923 *	300.00	11/07	172031	1,435.71	11/01	172079	191.02	11/01
171945 *	250.00	11/01	172032	151.20	11/01	172080	30.00	11/02
171947 *	20,915.03	11/08	172033	7,258.55	11/02	172081	695.30	11/01
171950 *	68,230.02	11/08	172034	123.70	11/01	172082	304.03	11/01
171951	21,000.00	11/01	172036 *	225.50	11/01	172083	1,032.00	11/04
171953 *	599.99	11/01	172037	489.00	11/01	172084	4,659.56	11/01



Checks paid (continued)

Number	Amount	Date	Number	Amount	Date	Number	Amount	Date
172085	3,623.12	11/03	172142	3,189.73	11/08	172194	283.90	11/09
172086	37.68	11/02	172143	196.48	11/09	172195	77.00	11/08
172087	1,536.83	11/09	172144	12,600.00	11/08	172196	1,433.81	11/09
172088	294.66	11/02	172145	824.45	11/08	172197	2,855.87	11/09
172089	1,292.33	11/01	172146	310.49	11/08	172198	63.49	11/08
172090	46.42	11/07	172147	378.50	11/08	172199	265.00	11/21
172091	312.00	11/01	172148	6,492.67	11/09	172200	20.00	11/14
172092	169.09	11/01	172150	295.89	11/08	172201	73.92	11/07
172093	486.00	11/01	172151	288.00	11/09	172202	1,982.78	11/10
172096	109.13	11/01	172152	774.00	11/15	172203	1,190.00	11/08
172097	1,602.00	11/02	172153	6,385.43	11/07	172204	428.63	11/08
172098	144.16	11/01	172154	441.35	11/23	172205	200.00	11/08
172099	138.39	11/01	172155	306.87	11/09	172206	5,668.68	11/07
172100	875.00	11/01	172156	8,438.14	11/08	172207	6,813.91	11/08
172101	900.00	11/07	172157	35.52	11/09	172208	1,826.08	11/08
172102	85.94	11/01	172158	1,104.79	11/09	172210	18,510.00	11/08
172103	232.00	11/01	172159	125.00	11/08	172211	346.85	11/09
172104	217.44	11/01	172160	625.25	11/09	172212	73.81	11/10
172105	143.68	11/01	172161	1,535.78	11/08	172213	9,370.00	11/09
172106	19.30	11/01	172162	80.00	11/08	172214	1,367.72	11/09
172110	94.80	11/04	172163	1,034.05	11/08	172215	952.39	11/14
172111	1,570.22	11/01	172164	87.00	11/08	172216	361.69	11/08
172112	298.97	11/02	172165	160.69	11/14	172217	139.92	11/07
172113	392.80	11/02	172166	18,954.40	11/07	172218	25,945.81	11/10
172114	491.54	11/02	172167	10,989.70	11/15	172219	34,992.72	11/07
172115	44.15	11/01	172168	207.00	11/08	172220	44,686.65	11/10
172117	390.00	11/01	172169	168.13	11/04	172221	1,476.00	11/14
172118	92.37	11/03	172170	64.30	11/14	172223	35.29	11/15
172119	183.33	11/03	172171	121.34	11/10	172224	158.52	11/15
172120	114.49	11/03	172172	577.24	11/10	172225	9.99	11/15
172121	100.00	11/04	172173	162.98	11/07	172226	28.59	11/10
172122	150.00	11/08	172174	540.00	11/08	172227	30.00	11/09
172123	1,322.51	11/04	172175	390.39	11/08	172228	50.40	11/09
172124	631.01	11/08	172176	201.30	11/07	172229	9.02	11/14
172125	77,734.20	11/21	172177	59.09	11/16	172230	24.13	11/14
172126	100.00	11/01	172178	24.68	11/08	172231	81.28	11/09
172128	1,331.36	11/15	172180	310.07	11/07	172232	46.31	11/09
172129	34.58	11/15	172181	1,129.86	11/08	172234	50.00	11/14
172130	719.91	11/15	172182	50.00	11/08	172235	54.78	11/16
172131	318.63	11/17	172183	1,372.80	11/09	172237	260.00	11/08
172132	97.50	11/14	172184	7,737.00	11/08	172238	13.00	11/22
172133	1,852.76	11/10	172185	2,536.50	11/09	172239	244.56	11/10
172134	2,653.71	11/07	172186	1,210.37	11/10	172240	202.31	11/23
172135	821.98	11/10	172187	114.93	11/08	172241	9.05	11/14
172136	15.38	11/10	172188	60.00	11/09	172242	13.20	11/09
172137	2,699.97	11/10	172189	8,653.20	11/09	172243	600.00	11/25
172138	680.41	11/10	172190	100.00	11/10	172245	480.60	11/09
172139	21.15	11/16	172191	480.00	11/08	172246	177.89	11/08
172140	4,698.00	11/14	172192	2,737.87	11/22	172247	4,202.04	11/08
172141	670.50	11/15	172193	367.40	11/04	172248	575.21	11/14



Checks paid (continued)

Number	Amount	Date	Number	Amount	Date	Number	Amount	Date
172249	680.31	11/03	172301	2,600.00	11/09	172354	351.76	11/15
172250	298.16	11/08	172302	46,690.00	11/14	172355	12,976.00	11/14
172251	1,535.25	11/14	172303	27,725.77	11/21	172356	3,875.00	11/16
172252	224.16	11/08	172304	1,469.31	11/15	172357	149.10	11/25
172253	16.22	11/08	172305	23.82	11/10	172358	831.87	11/15
172254	7,965.00	11/09	172306	48.82	11/14	172359	1,815.02	11/14
172255	5,000.00	11/09	172307	6,750.00	11/09	172360	2,275.46	11/16
172256	405.59	11/08	172308	2,400.00	11/09	172361	14.00	11/14
172257	1,419.02	11/09	172309	10.35	11/15	172362	144,731.85	11/14
172258	8,589.76	11/09	172310	560.00	11/15	172363	55,726.39	11/15
172259	100.00	11/09	172311	340.00	11/14	172364	26,940.00	11/14
172260	2,625.00	11/08	172312	1,400.00	11/15	172365	46,240.00	11/14
172261	547.32	11/08	172313	660.00	11/21	172366	11.44	11/30
172262	990.00	11/09	172314	310.00	11/15	172367	9.00	11/23
172263	282.24	11/07	172315	4,043.00	11/15	172368	10.32	11/23
172264	371.21	11/10	172316	774.00	11/15	172369	242.58	11/23
172266	241.58	11/14	172317	12,307.88	11/14	172370	987.84	11/23
172267	2,793.38	11/08	172318	10,110.93	11/21	172371	34.52	11/23
172268	586.23	11/18	172320	2,095.33	11/14	172372	19.52	11/23
172269	152.13	11/10	172321	36.52	11/14	172374	109.35	11/21
172270	519.72	11/08	172322	3,879.68	11/15	172375	130.33	11/21
172271	499.21	11/08	172323	1,120.33	11/14	172376	92.31	11/21
172272	5,000.00	11/07	172324	5,796.00	11/14	172377	150.68	11/21
172273	151.71	11/08	172325	518.52	11/15	172378	108.25	11/21
172275	45.00	11/07	172326	1,355.50	11/14	172379	28.59	11/22
172276	969.54	11/08	172327	187.48	11/10	172380	45.44	11/28
172277	109.63	11/14	172329	2,636.39	11/15	172382	100.00	11/22
172278	1,311.90	11/09	172330	58.11	11/14	172383	40.77	11/28
172279	10,125.00	11/14	172331	796.25	11/15	172385	51.60	11/22
172280	2,060.01	11/09	172332	317.39	11/23	172386	132.06	11/22
172281	3,025.00	11/08	172333	334.00	11/17	172387	50.00	11/18
172282	236.99	11/16	172334	29.49	11/15	172388	132.85	11/18
172283	2,953.09	11/09	172335	7,182.80	11/14	172389	200.00	11/29
172284	445.55	11/09	172336	3,249.22	11/14	172390	231.26	11/18
172285	1,198.30	11/07	172337	10,800.00	11/08	172391	603.90	11/18
172286	3,889.00	11/09	172338	111.43	11/17	172392	989.44	11/18
172287	625.00	11/15	172339	12.89	11/10	172393	122.49	11/17
172288	2,637.37	11/08	172340	122.44	11/15	172394	7,050.67	11/15
172289	43.54	11/09	172342	6,376.96	11/14	172395	442.12	11/18
172290	9,900.00	11/09	172343	1,682.95	11/21	172396	5,362.97	11/21
172291	350.00	11/07	172344	8.64	11/14	172397	480.82	11/18
172292	20.00	11/18	172345	112.35	11/10	172398	1,914.80	11/18
172293	63.35	11/08	172346	358.33	11/10	172399	190.40	11/21
172294	282.98	11/10	172347	248.59	11/14	172400	287.88	11/17
172295	183.22	11/10	172348	644.63	11/10	172401	1,195.20	11/18
172296	9,062.45	11/10	172349	36.00	11/14	172402	1,111.32	11/21
172297	14,488.11	11/07	172350	3,518.62	11/16	172403	1,686.00	11/21
172298	30.00	11/08	172351	115.00	11/14	172404	7,500.00	11/21
172299	1,313.73	11/09	172352	2,517.59	11/14	172405	1,763.81	11/22
172300	143.92	11/15	172353	3,267.76	11/15	172406	19,349.33	11/18



Checks paid (continued)

Number	Amount	Date	Number	Amount	Date	Number	Amount	Date
172407	1,438.12	11/21	172460	810.00	11/18	172512	5,487.45	11/16
172408	2,136.00	11/23	172461	140.39	11/25	172514	70.07	11/18
172409	1,427.74	11/23	172462	8,402.61	11/18	172515	147.65	11/17
172410	1,292.33	11/16	172463	1,132.95	11/28	172516	426.94	11/21
172411	41.25	11/21	172464	15.73	11/18	172517	177.02	11/17
172412	204.96	11/21	172465	1,638.05	11/18	172518	46,479.73	11/18
172413	60.49	11/16	172466	244.14	11/18	172519	12,675.00	11/16
172414	8,966.95	11/17	172467	3,225.35	11/18	172532	12.00	11/29
172416	1,082.31	11/18	172468	1,899.00	11/18	172533	50.13	11/30
172417	1,281.60	11/18	172469	498.80	11/21	172535	25.65	11/25
172418	350.00	11/25	172470	202.89	11/21	172536	308.73	11/30
172419	1,255.00	11/21	172471	113.55	11/21	172543	293.52	11/30
172420	225.00	11/30	172472	100.00	11/23	172544	14.21	11/30
172421	3,975.21	11/21	172473	150.00	11/18	172545	5.34	11/30
172422	915.00	11/15	172474	1,640.51	11/25	172546	129.05	11/30
172423	1,001.46	11/15	172475	2,286.00	11/18	172547	1,885.25	11/28
172424	274.32	11/28	172476	5,359.05	11/16	172548	3,226.54	11/25
172425	38.57	11/18	172477	631.01	11/18	172549	813.00	11/28
172426	108.77	11/18	172478	122.50	11/17	172550	51.62	11/25
172427	59.35	11/18	172479	23,345.00	11/21	172552	431.66	11/28
172428	7,750.00	11/17	172480	55,204.66	11/21	172553	1,540.00	11/28
172429	55.00	11/17	172481	27,000.00	11/22	172554	316.20	11/28
172430	2,211.58	11/21	172482	45,024.91	11/21	172555	976.00	11/23
172431	120.00	11/17	172483	26,881.80	11/22	172556	2,246.00	11/28
172432	3,380.78	11/18	172484	70,887.89	11/18	172557	1,290.00	11/30
172433	407.36	11/18	172485	23,950.69	11/21	172558	680.00	11/30
172434	127.28	11/15	172486	1,122.20	11/21	172561	3,082.27	11/28
172435	72.52	11/22	172487	12,654.10	11/18	172562	6,462.32	11/28
172436	2,545.15	11/21	172489	13,938.97	11/18	172563	4,183.38	11/28
172437	1,114.70	11/18	172490	1,094.95	11/17	172565	490.00	11/28
172438	198.00	11/17	172491	516.00	11/23	172566	112.75	11/22
172439	143.68	11/18	172492	65.00	11/30	172567	1,398.65	11/28
172440	5,420.00	11/17	172493	845.04	11/21	172568	6,552.90	11/25
172441	110.00	11/21	172494	52.11	11/21	172569	2,848.23	11/29
172442	168.00	11/18	172495	8,692.20	11/17	172570	233.53	11/29
172443	5,587.03	11/22	172496	128.93	11/18	172571	96.74	11/25
172445	14,191.31	11/14	172497	1,700.00	11/18	172573	1,709.34	11/28
172446	144.82	11/18	172498	3,760.31	11/22	172574	638.60	11/28
172448	1,043.80	11/15	172499	277.75	11/21	172575	64.66	11/28
172449	212.31	11/16	172500	99.00	11/30	172576	76.91	11/29
172450	4,177.32	11/21	172501	127.28	11/15	172577	225.00	11/22
172451	6,132.86	11/23	172503	1,785.00	11/18	172578	1,352.61	11/28
172452	3,450.00	11/16	172504	948.18	11/18	172579	3,000.00	11/25
172453	2,676.19	11/25	172505	59.76	11/21	172580	4,875.00	11/29
172454	295.35	11/18	172506	970.50	11/14	172581	206.20	11/28
172455	115.00	11/23	172507	980.92	11/16	172582	2,391.18	11/25
172456	236.10	11/18	172508	2,220.71	11/16	172583	2,577.35	11/28
172457	2,100.00	11/16	172509	17,554.10	11/18	172584	977.67	11/25
172458	2,637.37	11/18	172510	28.03	11/18	172586	5,188.15	11/28
172459	189.34	11/21	172511	843.30	11/21	172587	8,710.00	11/28



Checks paid (continued)

Number	Amount	Date	Number	Amount	Date	Number	Amount	Date
172588	463.60	11/28	172638	45,024.91	11/29	172708 *	6,074.12	11/30
172589	711.46	11/28	172639	21,905.48	11/28	172710 *	93.65	11/29
172590	113.06	11/28	172642 *	131,357.49	11/22	172712 *	149.34	11/28
172592 *	678.82	11/28	172648 *	50.00	11/30	172714 *	167.68	11/30
172593	740.70	11/29	172650 *	5,800.10	11/30	172717 *	1,586.94	11/30
172594	114.91	11/28	172654 *	1,491.00	11/29	172719 *	33.00	11/29
172595	369.88	11/25	172655	606.02	11/30	172720	143.68	11/29
172596	17,430.00	11/23	172657 *	121.50	11/29	172721	128.31	11/29
172598 *	500.00	11/28	172658	11,910.00	11/29	172722	1,311.55	11/30
172599	159.92	11/29	172659	744.99	11/30	172724 *	1,278.37	11/29
172600	175.00	11/29	172662 *	231.35	11/29	172725	60.00	11/30
172601	210.00	11/28	172663	614.50	11/29	172726	200.84	11/29
172602	15,789.87	11/28	172664	7,324.72	11/29	172727	344.20	11/30
172603	415.34	11/29	172666 *	224.16	11/29	172729 *	200.00	11/29
172604	905.51	11/28	172667	554.95	11/29	172730	14,455.00	11/29
172605	6,115.00	11/25	172668	297.78	11/29	172731	4,995.00	11/29
172606	811.54	11/28	172669	264.93	11/29	172732	14,216.31	11/25
172609 *	181.13	11/29	172670	749.32	11/30	172733	73.55	11/30
172610	3,392.47	11/23	172671	754.00	11/30	172735 *	6,594.13	11/29
172611	225.00	11/23	172672	2,262.30	11/28	172736	431.07	11/25
172612	350.00	11/30	172673	2,477.35	11/29	172737	569.01	11/28
172613	1,779.26	11/28	172674	6,550.00	11/30	172739 *	815.00	11/30
172614	6,687.12	11/29	172675	209.51	11/28	172740	7,539.75	11/29
172616 *	180.80	11/30	172676	4,606.00	11/30	172741	1,146.63	11/29
172617	4,461.18	11/29	172677	100.48	11/30	172743 *	623.67	11/29
172618	332.65	11/25	172680 *	1,292.33	11/29	172744	91.00	11/29
172619	11,531.40	11/28	172681	1,938.83	11/29	172745	3,333.34	11/30
172620	10,242.04	11/23	172682	2,115.94	11/29	172747 *	58.47	11/29
172621	5,468.69	11/25	172683	2,961.80	11/29	172748	7,129.75	11/25
172622	378.71	11/29	172684	337.50	11/30	172751 *	390.10	11/29
172624 *	766.37	11/30	172686 *	36.52	11/29	172752	2,034.54	11/30
172625	1,144.00	11/22	172688 *	946.15	11/30	172753	2,075.00	11/29
172627 *	64.36	11/29	172689	9,477.20	11/30	172754	1,020.00	11/30
172628	13,805.77	11/29	172690	311.57	11/29	172756 *	721.68	11/30
172629	81.22	11/23	172691	45.03	11/30	172758 *	220.88	11/30
172630	6,320.00	11/29	172693 *	2,563.20	11/30	172759	115.16	11/30
172631	13,905.00	11/25	172697 *	8,684.40	11/29	172760	100.00	11/30
172632	59.16	11/28	172698	915.00	11/25	172762 *	1,330.51	11/29
172633	394.03	11/28	172699	50.50	11/29	172764 *	1,748.96	11/29
172634	410.43	11/28	172700	133.39	11/25	172765	15,645.00	11/29
172635	42,354.11	11/28	172704 *	4,917.30	11/29	172766	642.13	11/29
172636	109,218.52	11/28	172705	740.23	11/30	172767	1,110.00	11/29
172637	21,124.87	11/28	172706	101.50	11/29	172768	2,227.80	11/30

\$2,932,605.09 Total checks paid

* Gap in check sequence.

\$2,932,640.09 Total debits



Daily ledger balance summary

<i>Date</i>	<i>Balance</i>	<i>Date</i>	<i>Balance</i>	<i>Date</i>	<i>Balance</i>
10/31	0.00	11/09	0.00	11/21	0.00
11/01	0.00	11/10	0.00	11/22	0.00
11/02	0.00	11/14	0.00	11/23	0.00
11/03	0.00	11/15	0.00	11/25	0.00
11/04	0.00	11/16	0.00	11/28	0.00
11/07	0.00	11/17	0.00	11/29	0.00
11/08	0.00	11/18	0.00	11/30	0.00
Average daily ledger balance		\$0.00			

Choice IV Commercial Checking

Account number: 1500039802 ■ November 1, 2011 - November 30, 2011 ■ Page 1 of 2



GERALD CHAMPION REGIONAL MEDICAL CENTER
 ATTN: CFO
 DEBTOR IN POSSESSION
 CH.11 CASE #11-12686 (MNM)
 2669 SCENIC DR
 ALAMOGORDO NM 88310-8799

Questions?

Available by phone 24 hours a day, 7 days a week:
1-800-CALL-WELLS (1-800-225-5935)

Online: wellsfargo.com

Write: Wells Fargo Bank, N.A. (585)
 Las Cruces Business Banking
 425 S Telshor Blvd
 Las Cruces, NM 88001

Account summary

Choice IV Commercial Checking

Account number	Beginning balance	Total credits	Total debits	Ending balance
1500039802	\$0.00	\$42,229.91	-\$42,229.91	\$0.00

Credits

Electronic deposits/bank credits

Effective date	Posted date	Amount	Transaction detail
	11/14	1,107.70	ZBA Balance Account Transfer From 1500039705
	11/15	23,130.46	ZBA Balance Account Transfer From 1500039705
	11/16	17,321.08	ZBA Balance Account Transfer From 1500039705
	11/25	373.56	ZBA Balance Account Transfer From 1500039705
	11/28	297.11	ZBA Balance Account Transfer From 1500039705
		\$42,229.91	Total electronic deposits/bank credits
		\$42,229.91	Total credits

Debits

Checks paid

Number	Amount	Date	Number	Amount	Date	Number	Amount	Date
29504	297.11	11/28	35083	5,118.40	11/15	35086	1,107.70	11/14
29505	373.56	11/25	35084	17,848.38	11/15	35087	14,875.99	11/16
35082*	163.68	11/15	35085	2,445.09	11/16			
		\$42,229.91	Total checks paid					

* Gap in check sequence.

\$42,229.91 Total debits



Daily ledger balance summary

<i>Date</i>	<i>Balance</i>	<i>Date</i>	<i>Balance</i>	<i>Date</i>	<i>Balance</i>
10/31	0.00	11/15	0.00	11/25	0.00
11/14	0.00	11/16	0.00	11/28	0.00
Average daily ledger balance		\$0.00			

ATTACHMENT 5A

CHECK REGISTER - OPERATING ACCOUNT

Name of Debtor: OTERO COUNTY HOSPITAL ASSOCIATION, INC. Case Number: 11-11-13686-JA

Reporting Period beginning 11/01/2011 Period ending 11/30/2011

NAME OF BANK: WELLS FARGO, N.A. BRANCH: Alamogordo, NM

ACCOUNT NAME: Gerald Champion Regional Medical Center

ACCOUNT NUMBER: 1500039705

PURPOSE OF ACCOUNT: OPERATING

Account for all disbursements, including voids, lost checks, stop payments, etc. In the alternative, a computer generated check register can be attached to this report, provided all the information requested below is included.

<u>DATE</u>	<u>CHECK NUMBER</u>	<u>PAYEE</u>	<u>PURPOSE</u>	<u>AMOUNT</u>
_____	_____	_____	<u>SEE ATTACHMENT 5A</u>	
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
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_____	_____	_____		
TOTAL		\$7,030,407.75		

12/19/2011

GCRM
ATT-5A CHECK REGISTER - OPERATING ACCOUNT
NOVEMBER 30, 2011

CHK DATE	CHECK #	VENDOR ID	VENDOR NAME	PURPOSE	SUBTOTAL	CHECK AMT
11/16/2011	172520	93427	*AENTA	OTHER-PATIENT REFUNDS		15.30
11/2/2011	172221	94779	*AFTERMATH	OTHER-PATIENT REFUNDS		1,476.00
11/16/2011	172521	94797	*AMERIGROUP	OTHER-PATIENT REFUNDS		48.69
11/16/2011	172522	94799	*AMERIGROUP	OTHER-PATIENT REFUNDS		1,132.00
11/22/2011	172644	92591	*AMERIGROUP	OTHER-PATIENT REFUNDS		34.48
11/2/2011	172223	93426	*BLUE CROSS	OTHER-PATIENT REFUNDS		35.29
11/2/2011	172224	93426	*BLUE CROSS	OTHER-PATIENT REFUNDS		158.52
11/2/2011	172225	94170	*BLUE CROSS	OTHER-PATIENT REFUNDS		9.99
11/2/2011	172226	94782	*BLUE CROSS	OTHER-PATIENT REFUNDS		28.59
11/9/2011	172366	93750	*BLUE CROSS	OTHER-PATIENT REFUNDS		11.44
11/9/2011	172367	94170	*BLUE CROSS	OTHER-PATIENT REFUNDS		9.00
11/9/2011	172368	94170	*BLUE CROSS	OTHER-PATIENT REFUNDS		10.32
11/9/2011	172369	94170	*BLUE CROSS	OTHER-PATIENT REFUNDS		242.58
11/9/2011	172370	94170	*BLUE CROSS	OTHER-PATIENT REFUNDS		987.84
11/9/2011	172371	94170	*BLUE CROSS	OTHER-PATIENT REFUNDS		34.52
11/9/2011	172372	94170	*BLUE CROSS	OTHER-PATIENT REFUNDS		19.52
11/9/2011	172373	94787	*BLUE CROSS	OTHER-PATIENT REFUNDS		522.03
11/16/2011	172523	94170	*BLUE CROSS	OTHER-PATIENT REFUNDS		94.76
11/16/2011	172524	94170	*BLUE CROSS	OTHER-PATIENT REFUNDS		401.91
11/16/2011	172525	94170	*BLUE CROSS	OTHER-PATIENT REFUNDS		139.27
11/16/2011	172526	94170	*BLUE CROSS	OTHER-PATIENT REFUNDS		974.80
11/16/2011	172527	94170	*BLUE CROSS	OTHER-PATIENT REFUNDS		9.39
11/16/2011	172528	94170	*BLUE CROSS	OTHER-PATIENT REFUNDS		623.28
11/16/2011	172529	94170	*BLUE CROSS	OTHER-PATIENT REFUNDS		171.36
11/16/2011	172530	94170	*BLUE CROSS	OTHER-PATIENT REFUNDS		149.20
11/16/2011	172531	94170	*BLUE CROSS	OTHER-PATIENT REFUNDS		19.52
11/22/2011	172645	94170	*BLUE CROSS	OTHER-PATIENT REFUNDS		19.52
11/22/2011	172646	94170	*BLUE CROSS	OTHER-PATIENT REFUNDS		27.82
11/22/2011	172647	94170	*BLUE CROSS	OTHER-PATIENT REFUNDS		19.52
11/30/2011	172775	94170	*BLUE CROSS	OTHER-PATIENT REFUNDS		16,107.00
11/30/2011	172776	94170	*BLUE CROSS	OTHER-PATIENT REFUNDS		441.43
11/30/2011	172777	94170	*BLUE CROSS	OTHER-PATIENT REFUNDS		9.39
11/30/2011	172778	94170	*BLUE CROSS	OTHER-PATIENT REFUNDS		1,335.63
11/30/2011	172779	94170	*BLUE CROSS	OTHER-PATIENT REFUNDS		9.05
11/2/2011	172227	94741	[REDACTED]	OTHER-PATIENT REFUNDS		30.00
11/2/2011	172228	94783	[REDACTED]	OTHER-PATIENT REFUNDS		50.40
11/16/2011	172532	94802	[REDACTED]	OTHER-PATIENT REFUNDS		12.00
11/22/2011	172648	94805	[REDACTED]	OTHER-PATIENT REFUNDS		50.00
11/2/2011	172229	94171	*EVERCARE	OTHER-PATIENT REFUNDS		9.02
11/2/2011	172230	94171	*EVERCARE	OTHER-PATIENT REFUNDS		24.13
11/9/2011	172374	94171	*EVERCARE	OTHER-PATIENT REFUNDS		109.35
11/9/2011	172375	94171	*EVERCARE	OTHER-PATIENT REFUNDS		130.33
11/9/2011	172376	94171	*EVERCARE	OTHER-PATIENT REFUNDS		92.31
11/9/2011	172377	94171	*EVERCARE	OTHER-PATIENT REFUNDS		150.68
11/9/2011	172378	94171	*EVERCARE	OTHER-PATIENT REFUNDS		108.25
11/16/2011	172533	94171	*EVERCARE	OTHER-PATIENT REFUNDS		50.13
11/22/2011	172649	94171	*EVERCARE	OTHER-PATIENT REFUNDS		73.32
11/30/2011	172780	94806	*[REDACTED]	OTHER-PATIENT REFUNDS		701.03
11/9/2011	172379	94790	*[REDACTED]	OTHER-PATIENT REFUNDS		28.59
11/9/2011	172380	94784	*GREAT WEST	OTHER-PATIENT REFUNDS		45.44
11/16/2011	172534	94804	[REDACTED]	OTHER-PATIENT REFUNDS		41.60

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11/9/2011	172381	94785	*HEALTH BEN	OTHER-PATIENT REFUNDS		164.73
11/2/2011	172231	94044	*HUMANA HEA	OTHER-PATIENT REFUNDS		81.28
11/2/2011	172232	94044	*HUMANA HEA	OTHER-PATIENT REFUNDS		46.31
11/22/2011	172650	94044	*HUMANA HEA	OTHER-PATIENT REFUNDS		5,800.10
11/16/2011	172535	94795	[REDACTED]	OTHER-PATIENT REFUNDS		25.65
11/30/2011	172781	94807	[REDACTED]	OTHER-PATIENT REFUNDS		7.00
11/9/2011	172382	94793	[REDACTED]	OTHER-PATIENT REFUNDS		100.00
11/16/2011	172536	94801	[REDACTED]	OTHER-PATIENT REFUNDS		308.73
11/2/2011	172233	89995	[REDACTED]	OTHER-PATIENT REFUNDS		34.48
11/30/2011	172782	94694	[REDACTED]	OTHER-PATIENT REFUNDS		12.00
11/9/2011	172383	94789	[REDACTED]	OTHER-PATIENT REFUNDS		40.77
11/2/2011	172234	94778	[REDACTED]	OTHER-PATIENT REFUNDS		50.00
11/16/2011	172537	94796	[REDACTED]	OTHER-PATIENT REFUNDS		125.00
11/22/2011	172651	94178	[REDACTED]	OTHER-PATIENT REFUNDS		2,518.29
11/2/2011	172235	94780	[REDACTED]	OTHER-PATIENT REFUNDS		54.78
11/9/2011	172384	92225	[REDACTED]	OTHER-PATIENT REFUNDS		134.82
11/2/2011	172236	94776	*NEW MEXICO	OTHER-PATIENT REFUNDS		15,252.36
11/30/2011	172783	94808	*NM INSTITU	OTHER-PATIENT REFUNDS		10.53
11/30/2011	172784	94809	[REDACTED]	OTHER-PATIENT REFUNDS		7.22
11/16/2011	172538	94803	[REDACTED]	OTHER-PATIENT REFUNDS		12.00
11/16/2011	172539	94800	*PHILADELPH	OTHER-PATIENT REFUNDS		12.73
11/2/2011	172237	92377	*PRESBYTERI	OTHER-PATIENT REFUNDS		260.00
11/9/2011	172385	94792	[REDACTED]	OTHER-PATIENT REFUNDS		51.60
11/9/2011	172386	94788	[REDACTED]	OTHER-PATIENT REFUNDS		132.06
11/2/2011	172238	93636	[REDACTED]	OTHER-PATIENT REFUNDS		13.00
11/9/2011	172387	94786	[REDACTED]	OTHER-PATIENT REFUNDS		50.00
11/9/2011	172388	94791	[REDACTED]	OTHER-PATIENT REFUNDS		132.85
11/16/2011	172540	94798	*TRANSAMERI	OTHER-PATIENT REFUNDS		62.61
11/2/2011	172239	94172	*TRICARE	OTHER-PATIENT REFUNDS		244.56
11/2/2011	172240	94163	*TRICARE	OTHER-PATIENT REFUNDS		202.31
11/16/2011	172541	93836	*TRICARE	OTHER-PATIENT REFUNDS		147.01
11/16/2011	172542	94172	*TRICARE	OTHER-PATIENT REFUNDS		196.94
11/22/2011	172652	94093	*TRICARE	OTHER-PATIENT REFUNDS		4.25
11/30/2011	172785	94172	*TRICARE	OTHER-PATIENT REFUNDS		10.53
11/9/2011	172389	89586	*UNITED AME	OTHER-PATIENT REFUNDS		200.00
11/2/2011	172241	94781	*UNITED HEA	OTHER-PATIENT REFUNDS		9.05
11/2/2011	172242	94777	*UNITED HEA	OTHER-PATIENT REFUNDS		13.20
11/9/2011	172390	93160	*UNITED HEA	OTHER-PATIENT REFUNDS		231.26
11/16/2011	172543	94794	*UNITED HEA	OTHER-PATIENT REFUNDS		293.52
11/16/2011	172544	93260	*UNITED HEA	OTHER-PATIENT REFUNDS		14.21
11/16/2011	172545	93260	*UNITED HEA	OTHER-PATIENT REFUNDS		5.34
11/4/2011	172365	1496	3M HEALTH I	CONTRACT LABOR		46,240.00
11/16/2011	172634	4789	4IMPRINT	OTHER-DEPT SUPPLIES Total	363.00	
11/16/2011	172634	4789	4IMPRINT	OTHER-FREIGHT/POSTAGE Total	47.43	
				172634 Total		410.43
11/2/2011	172243	31396	[REDACTED]	OTHER-INTERNAL EDUCATION		600.00
11/9/2011	172391	1003	ABBOTT LABO	OTHER-DEPT SUPPLIES		603.90
11/16/2011	172546	6150	ABOOD, FERI	CONTRACT LABOR		129.05
11/11/2011	172486	6384	AC PRINT AN	OTHER-AP DISCOUNTS Total	(124.60)	
11/11/2011	172486	6384	AC PRINT AN	OTHER-DEPT SUPPLIES Total	1,246.80	
				172486 Total		1,122.20

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11/22/2011	172653	6384	AC PRINT AN	OFFICE SUPPLIES Total	268.00	
11/22/2011	172653	6384	AC PRINT AN	OTHER-AP DISCOUNTS Total	(39.70)	
11/22/2011	172653	6384	AC PRINT AN	OTHER-DEPT SUPPLIES Total	129.00	
				172653 Total		357.30
11/30/2011	172786	6384	AC PRINT AN	OFFICE SUPPLIES Total	1,835.80	
11/30/2011	172786	6384	AC PRINT AN	OTHER-AP DISCOUNTS Total	(183.50)	
				172786 Total		1,652.30
11/30/2011	172787	9565	ACOG	OTHER-PROFESSIONAL DUES		1,259.00
11/2/2011	172244	1984	ACR	OTHER-LICENSES		2,600.00
11/22/2011	172654	1721	ACUMED	OTHER-PATIENT CHG ITEMS		1,491.00
11/9/2011	172392	1460	AIRGAS	OTHER-OXYGEN/GAS		989.44
11/16/2011	172547	1460	AIRGAS	OTHER-OXYGEN/GAS		1,885.25
11/22/2011	172655	1460	AIRGAS	OTHER-OXYGEN/GAS		606.02
11/30/2011	172788	1460	AIRGAS	OTHER-OXYGEN/GAS		4,067.81
11/30/2011	172789	1234	ALAMO CRYST	OTHER-DEPT SUPPLIES		60.00
11/30/2011	172790	1017	ALAMO DISTR	OTHER-FOOD COSTS		117.41
11/30/2011	172791	1025	ALAMO PAINT	REPAIRS & MAINTENANCE		58.83
11/2/2011	172245	1016	ALAMOGORDO	ADVERTISING		480.60
11/2/2011	172246	1948	ALAMOGORDO	REPAIRS & MAINTENANCE		177.89
11/4/2011	172304	1016	ALAMOGORDO	ADVERTISING		1,469.31
11/4/2011	172305	1948	ALAMOGORDO	REPAIRS & MAINTENANCE		23.82
11/9/2011	172393	1528	ALAMOGORDO	OTHER-MISC		122.49
11/22/2011	172656	30545	ALAMOGORDO	OTHER-EMPLOYEE BENEFITS		589.25
11/30/2011	172792	1296	ALAMOGORDO	REPAIRS & MAINTENANCE Total		2,302.83
11/30/2011	172793	1948	ALAMOGORDO	FIXED ASSET PAYMENT Total	43.60	
11/30/2011	172793	1948	ALAMOGORDO	REPAIRS & MAINTENANCE Total	71.14	
				172793 Total		114.74
11/4/2011	WT 3244	7940	ALAMOGORDO	OTHER-CONTRACT FEES		566,249.35
11/29/2011	WT 3271	3740	ALAMOGORDO	OTHER-CONTRACT DEPT FEES		21,668.63
11/4/2011	172306	10024	ALEXANDER,	OTHER-FREIGHT/POSTAGE		48.82
11/22/2011	172657	8585	ALL BRAND M	OTHER-DEPT SUPPLIES		121.50
11/22/2011	172658	1186	ALLIANCE HE	LEASES		11,910.00
11/30/2011	172898	1186	ALLIANCE HE	LEASES		23,350.00
11/16/2011	172548	9849	ALLIED MEDI	INVENTORY PAYMENTS		3,226.54
11/22/2011	172659	9849	ALLIED MEDI	INVENTORY PAYMENTS		744.99
11/30/2011	172794	9806	ALLO SOURCE	OTHER-PATIENT CHG ITEMS		3,416.00
11/4/2011	172307	10062	ALQASSEM, N	CONTRACT LABOR		6,750.00
11/4/2011	172308	10170	ALQASSEM, N	CONTRACT LABOR		2,400.00
11/9/2011	172394	10062	ALQASSEM, N	CONTRACT LABOR		7,050.67
11/22/2011	172660	31678	AMERICAN CO	OTHER-LICENSES		4,230.00
11/30/2011	172795	2347	AMERICAN RE	REPAIRS & MAINTENANCE Total		273.00
11/2/2011	172247	9051	AMERIDOSE,	INVENTORY PAYMENTS Total		4,202.04
11/9/2011	172395	9051	AMERIDOSE,	INVENTORY PAYMENTS		442.12
11/16/2011	172549	9051	AMERIDOSE,	INVENTORY PAYMENTS Total		813.00
11/30/2011	172796	9051	AMERIDOSE,	INVENTORY PAYMENTS Total		2,432.52
11/30/2011	172797	10359	AMERISURE P	INVENTORY PAYMENTS		324.97
11/16/2011	172550	6153	ANIREDDY, G	CONTRACT LABOR		51.62
11/9/2011	172396	1363	ANTHEM LIFE	OTHER-EMPLOYEE BENEFITS		5,362.97
11/30/2011	172798	1363	ANTHEM LIFE	OTHER-EMPLOYEE BENEFITS		5,889.40
11/11/2011	172487	3764	APCO USA	FIXED ASSET PAYMENT Total		12,654.10
11/23/2011	WT 3264	10330	ARLAND & AS	OTHER-REORGANIZATION		370.43

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11/9/2011	WT 3247	30400	ARNOLD, NOR	CONTRACT LABOR		2,000.00
11/11/2011	172488	5588	ASCENSION G	FIXED ASSET PAYMENT		1,150.00
11/16/2011	172551	5588	ASCENSION G	FIXED ASSET PAYMENT Total		7,876.17
11/11/2011	172489	7003	ASSURANT EM	OTHER-EMPLOYEE BENEFITS Total		13,938.97
11/30/2011	172799	7003	ASSURANT EM	OTHER-EMPLOYEE BENEFITS Total		13,900.78
11/4/2011	172309	6045	AT&T - CARO	TELEPHONE		10.35
11/30/2011	172800	6045	AT&T - CARO	TELEPHONE Total		1,854.52
11/22/2011	172661	9596	AVATAR INTE	CONTRACT LABOR		4,934.49
11/4/2011	172310	8619	AVIATOR TEN	OTHER-MISC		560.00
11/2/2011	172248	4219	BAJA BROADB	LEASES		575.21
11/4/2011	172311	4219	BAJA BROADB	LEASES Total		340.00
11/9/2011	172397	4219	BAJA BROADB	UTILITIES Total		480.82
11/11/2011	172490	4219	BAJA BROADB	UTILITIES Total		1,094.95
11/16/2011	172552	4219	BAJA BROADB	UTILITIES Total		431.66
11/22/2011	172662	4219	BAJA BROADB	UTILITIES Total		231.35
11/30/2011	172801	4219	BAJA BROADB	UTILITIES Total		928.94
11/28/2011	WT 3266	8013	BANK OF AME	OTHER-BONDS PAYABLE		57,500.00
11/29/2011	WT 3270	8013	BANK OF AME	BANK CHARGES	295.00	
11/29/2011	WT 3270	8013	BANK OF AME	OTHER-CAPITAL INTEREST	6,554.35	
				WT 3270 Total		6,849.35
11/29/2011	WT 3273	8013	BANK OF AME	OTHER-PPD EXPENSE		166,135.02
11/4/2011	172312	10089	BANK OF NEW	OTHER-CONTRACT DEPT FEES		1,400.00
11/30/2011	172802	10089	BANK OF NEW	OTHER-CONTRACT DEPT FEES		5,300.00
10/12/2011	171720	94762	BANKERS LIFE	OTHER-VOID CHECK		(5.91)
11/22/2011	172663	4957	BARCO PRODU	OTHER-DEPT SUPPLIES	472.00	
11/22/2011	172663	4957	BARCO PRODU	OTHER-FREIGHT/POSTAGE	142.50	
				172663 Total		614.50
11/2/2011	172249	8881	BARTLE, ROB	OTHER-RELOCATION		680.31
11/2/2011	172250	1113	BAXTER HEAL	INVENTORY PAYMENTS		298.16
11/9/2011	172398	1113	BAXTER HEAL	INVENTORY PAYMENTS Total	1,914.75	
11/9/2011	172398	1113	BAXTER HEAL	OTHER-PO/INVOICE DISCREPANCY	0.05	
				172398 Total		1,914.80
11/16/2011	172553	1113	BAXTER HEAL	INVENTORY PAYMENTS		1,540.00
11/22/2011	172664	1113	BAXTER HEAL	INVENTORY PAYMENTS Total	5,367.16	
11/22/2011	172664	1113	BAXTER HEAL	OTHER-DEPT SUPPLIES	325.50	
11/22/2011	172664	1113	BAXTER HEAL	OTHER-DRUGS/IV	1,632.00	
11/22/2011	172664	1113	BAXTER HEAL	OTHER-PO/INVOICE DISCREPANCY	0.06	
				172664 Total		7,324.72
11/30/2011	172803	1113	BAXTER HEAL	INVENTORY PAYMENTS Total		2,196.06
11/2/2011	172251	1131	BECKMAN COU	OTHER-REAGENTS Total		1,535.25
11/9/2011	172399	1131	BECKMAN COU	OTHER-DEPT SUPPLIES Total		190.40
11/16/2011	172554	1131	BECKMAN COU	OTHER-REAGENTS Total		316.20
11/22/2011	172665	1131	BECKMAN COU	OTHER-REAGENTS Total		1,188.95
11/30/2011	172804	1131	BECKMAN COU	OTHER-REAGENTS Total		996.78
11/2/2011	172252	9851	BELLA FOUR	OTHER-FOOD COSTS		224.16
11/22/2011	172666	9851	BELLA FOUR	OTHER-FOOD COSTS		224.16
11/2/2011	172253	6563	BENCHMARK,	LEASES		16.22
11/22/2011	172667	6563	BENCHMARK,	OTHER-DEPT SUPPLIES Total		554.95
11/9/2011	172400	9600	BENEFICIAL	OTHER-GARNISHMENTS		287.88
11/22/2011	172668	9600	BENEFICIAL	OTHER-GARNISHMENTS		297.78
11/16/2011	172555	1128	BENNETT PRI	REPAIRS & MAINTENANCE Total		976.00

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11/9/2011	172401	1137	BIOMERIEUX,	OTHER-DEPT SUPPLIES Total		1,195.20
11/22/2011	172669	1137	BIOMERIEUX,	OTHER-REAGENTS Total		264.93
11/30/2011	172805	1137	BIOMERIEUX,	OTHER-DEPT SUPPLIES Total		597.60
11/2/2011	172254	1341	BIOMET	OTHER-FREIGHT/POSTAGE	30.00	
11/2/2011	172254	1341	BIOMET	OTHER-PATIENT CHG ITEMS Total	7,935.00	
				172254 Total		7,965.00
11/4/2011	172314	1341	BIOMET	OTHER-FREIGHT/POSTAGE	30.00	
11/4/2011	172314	1341	BIOMET	OTHER-PATIENT CHG ITEMS	280.00	
				172314 Total		310.00
11/9/2011	172402	1341	BIOMET	OTHER-PATIENT CHG ITEMS Total		1,111.32
11/16/2011	172556	1341	BIOMET	OTHER-FREIGHT/POSTAGE	30.00	
11/16/2011	172556	1341	BIOMET	OTHER-PATIENT CHG ITEMS Total	2,216.00	
				172556 Total		2,246.00
11/22/2011	172670	1341	BIOMET	OTHER-PATIENT CHG ITEMS Total		749.32
11/30/2011	172806	1341	BIOMET	OTHER-PATIENT CHG ITEMS Total		749.25
11/4/2011	172315	4842	BIOMET-SPOR	OTHER-FREIGHT/POSTAGE	30.00	
11/4/2011	172315	4842	BIOMET-SPOR	OTHER-PATIENT CHG ITEMS Total	4,013.00	
				172315 Total		4,043.00
11/9/2011	172403	4842	BIOMET-SPOR	OTHER-FREIGHT/POSTAGE	30.00	
11/9/2011	172403	4842	BIOMET-SPOR	OTHER-PATIENT CHG ITEMS	1,656.00	
				172403 Total		1,686.00
11/30/2011	172807	4842	BIOMET-SPOR	OTHER-FREIGHT/POSTAGE	30.00	
11/30/2011	172807	4842	BIOMET-SPOR	OTHER-PATIENT CHG ITEMS	1,656.00	
				172807 Total		1,686.00
11/4/2011	172313	1133	BIO-RAD LAB	OTHER-REAGENTS Total		660.00
11/2/2011	172255	6708	BKD, LLP	OTHER-VENDOR DEPOSITS		5,000.00
11/4/2011	172316	4836	BLACK'S CLA	OTHER-DEPT SUPPLIES Total		774.00
11/11/2011	172491	4836	BLACK'S CLA	OTHER-DEPT SUPPLIES		516.00
11/16/2011	172557	4836	BLACK'S CLA	OTHER-DEPT SUPPLIES Total		1,290.00
11/22/2011	172671	4836	BLACK'S CLA	OTHER-DEPT SUPPLIES Total		754.00
11/11/2011	172492	10354	BLANKENSHIP	OTHER-EDUCATION		65.00
11/30/2011	172808	10059	BLED SOE BRA	INVENTORY PAYMENTS Total		2,286.28
11/9/2011	172404	10352	BLOOM, LIND	CONTRACT LABOR		7,500.00
11/30/2011	172809	10352	BLOOM, LIND	PROFESSIONAL FEES		3,873.60
11/2/2011	172256	30161	BOLIN, KERR	TRAVEL & ENTERTAINMENT		405.59
11/2/2011	172302	8206	BOSTON SCIE	OTHER-PATIENT CHG ITEMS Total		46,690.00
11/9/2011	172479	8206	BOSTON SCIE	OTHER-PATIENT CHG ITEMS Total		23,345.00
11/22/2011	172672	8206	BOSTON SCIE	OTHER-PATIENT CHG ITEMS Total		2,262.30
11/30/2011	172810	8206	BOSTON SCIE	INVENTORY PAYMENTS	942.95	
11/30/2011	172810	8206	BOSTON SCIE	OTHER-PATIENT CHG ITEMS Total	3,319.48	
11/30/2011	172810	8206	BOSTON SCIE	OTHER-PO/INVOICE DISCREPANCY	1.40	
				172810 Total		4,263.83
11/2/2011	172257	5500	BRACCO DIAG	OTHER-DRUGS/IV Total	1,361.91	
11/2/2011	172257	5500	BRACCO DIAG	OTHER-FREIGHT/POSTAGE	57.11	
				172257 Total		1,419.02
11/9/2011	172405	5500	BRACCO DIAG	OTHER-DRUGS/IV Total		1,763.81
11/22/2011	172673	5500	BRACCO DIAG	OTHER-DRUGS/IV Total	2,478.53	
11/22/2011	172673	5500	BRACCO DIAG	OTHER-PO/INVOICE DISCREPANCY	(1.18)	
				172673 Total		2,477.35
11/30/2011	172811	5500	BRACCO DIAG	INVENTORY PAYMENTS		119.68
11/16/2011	172558	3624	BRAUN MEDIC	INVENTORY PAYMENTS		680.00

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11/16/2011	172559	1591	BREVIS CORP	OTHER-DEPT SUPPLIES Total		82.09
11/16/2011	172560	9117	BRIDEAUX, M	OTHER-PROFESSIONAL DUES		100.00
11/22/2011	172674	33154	BUCKSTAR, L	RENT		6,550.00
11/22/2011	172675	7599	BURMAN, MIK	REPAIRS & MAINTENANCE Total		209.51
11/22/2011	172676	9428	C.N.A. SURE	INSURANCE		4,606.00
11/2/2011	172258	1106	CARDINAL HE	INVENTORY PAYMENTS Total	3,034.17	
11/2/2011	172258	1106	CARDINAL HE	OTHER-DEPT SUPPLIES Total	1,040.40	
11/2/2011	172258	1106	CARDINAL HE	OTHER-FREIGHT/POSTAGE	373.46	
11/2/2011	172258	1106	CARDINAL HE	OTHER-PATIENT CHG ITEMS Total	4,138.91	
11/2/2011	172258	1106	CARDINAL HE	OTHER-PO/INVOICE DISCREPANCY Total	2.82	
				172258 Total		8,589.76
11/4/2011	172317	1106	CARDINAL HE	INVENTORY PAYMENTS Total	9,105.11	
11/4/2011	172317	1106	CARDINAL HE	OTHER-DEPT SUPPLIES Total	1,924.45	
11/4/2011	172317	1106	CARDINAL HE	OTHER-PATIENT CHG ITEMS Total	1,144.83	
11/4/2011	172317	1106	CARDINAL HE	OTHER-PO/INVOICE DISCREPANCY Total	(0.01)	
11/4/2011	172317	1106	CARDINAL HE	OTHER-REAGENTS Total	133.50	
				172317 Total		12,307.88
11/9/2011	172406	1106	CARDINAL HE	INVENTORY PAYMENTS Total	11,790.85	
11/9/2011	172406	1106	CARDINAL HE	OTHER-DEPT SUPPLIES Total	3,713.05	
11/9/2011	172406	1106	CARDINAL HE	OTHER-FREIGHT/POSTAGE Total	328.90	
11/9/2011	172406	1106	CARDINAL HE	OTHER-PATIENT CHG ITEMS Total	3,358.97	
11/9/2011	172406	1106	CARDINAL HE	OTHER-PO/INVOICE DISCREPANCY Total	3.06	
11/9/2011	172406	1106	CARDINAL HE	OTHER-REAGENTS Total	154.50	
				172406 Total		19,349.33
11/16/2011	172635	1106	CARDINAL HE	INVENTORY PAYMENTS Total	18,643.96	
11/16/2011	172635	1106	CARDINAL HE	OTHER-DEPT SUPPLIES Total	3,608.51	
11/16/2011	172635	1106	CARDINAL HE	OTHER-FREIGHT/POSTAGE Total	274.64	
11/16/2011	172635	1106	CARDINAL HE	OTHER-PATIENT CHG ITEMS Total	13,565.45	
11/16/2011	172635	1106	CARDINAL HE	OTHER-PO/INVOICE DISCREPANCY Total	0.20	
11/16/2011	172635	1106	CARDINAL HE	OTHER-REAGENTS Total	6,261.35	
				172635 Total		42,354.11
11/22/2011	172769	1106	CARDINAL HE	INVENTORY PAYMENTS Total	25,022.08	
11/22/2011	172769	1106	CARDINAL HE	OTHER-DEPT SUPPLIES Total	4,820.18	
11/22/2011	172769	1106	CARDINAL HE	OTHER-FREIGHT/POSTAGE Total	548.21	
11/22/2011	172769	1106	CARDINAL HE	OTHER-PATIENT CHG ITEMS Total	6,458.09	
11/22/2011	172769	1106	CARDINAL HE	OTHER-PO/INVOICE DISCREPANCY Total	0.44	
11/22/2011	172769	1106	CARDINAL HE	OTHER-REAGENTS Total	161.35	
				172769 Total		37,010.35
11/30/2011	172899	1106	CARDINAL HE	INVENTORY PAYMENTS Total	23,365.76	
11/30/2011	172899	1106	CARDINAL HE	OTHER-DEPT SUPPLIES Total	3,862.37	
11/30/2011	172899	1106	CARDINAL HE	OTHER-FREIGHT/POSTAGE Total	498.98	
11/30/2011	172899	1106	CARDINAL HE	OTHER-MINOR EQUIPMENT Total	42.60	
11/30/2011	172899	1106	CARDINAL HE	OTHER-PATIENT CHG ITEMS Total	3,525.12	
11/30/2011	172899	1106	CARDINAL HE	OTHER-PO/INVOICE DISCREPANCY Total	(0.34)	
11/30/2011	172899	1106	CARDINAL HE	OTHER-REAGENTS Total	719.89	
				172899 Total		32,014.38
11/22/2011	172770	9704	CARDINAL NP	OTHER-ISOTOPES Total		24,483.30
11/2/2011	172303	3643	CARDINAL PH	INVENTORY PAYMENTS Total	27,710.80	
11/2/2011	172303	3643	CARDINAL PH	OTHER-DRUGS/IV Total	14.97	
				172303 Total		27,725.77
11/4/2011	172318	3643	CARDINAL PH	INVENTORY PAYMENTS Total	8,591.13	

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11/4/2011	172318	3643	CARDINAL PH	OTHER-DRUGS/IV Total	1,519.80	
				172318 Total		10,110.93
11/9/2011	172480	3643	CARDINAL PH	INVENTORY PAYMENTS Total		55,204.66
11/16/2011	172636	3643	CARDINAL PH	INVENTORY PAYMENTS Total	107,049.39	
11/16/2011	172636	3643	CARDINAL PH	OTHER-DRUGS/IV Total	2,166.74	
11/16/2011	172636	3643	CARDINAL PH	OTHER-PO/INVOICE DISCREPANCY Total	2.39	
				172636 Total		109,218.52
11/22/2011	172771	3643	CARDINAL PH	INVENTORY PAYMENTS Total		49,497.83
11/30/2011	172900	3643	CARDINAL PH	INVENTORY PAYMENTS Total	69,948.53	
11/30/2011	172900	3643	CARDINAL PH	OTHER-DRUGS/IV Total	6,018.70	
				172900 Total		75,967.23
11/9/2011	172407	3725	CAREFUSION	LEASES Total		1,438.12
11/16/2011	172637	3725	CAREFUSION	LEASES Total		21,124.87
11/22/2011	172677	10200	CAREFUSION	OTHER-DEPT SUPPLIES Total		100.48
11/16/2011	172561	6344	CAREFUSION-	FIXED ASSET PAYMENT Total		3,082.27
11/16/2011	172562	4882	CAREMARK PA	OTHER-PATIENT CHG ITEMS		6,462.32
11/9/2011	172408	8597	CARMEL PHAR	INVENTORY PAYMENTS		2,136.00
11/9/2011	172409	1145	CARPENTERS	OTHER-EMPLOYEE BENEFITS		1,427.74
11/22/2011	172678	1145	CARPENTERS	OTHER-EMPLOYEE BENEFITS		1,476.93
11/4/2011	172320	9808	CENTURY LIN	TELEPHONE Total		2,095.33
11/4/2011	172321	7708	CENTURY LIN	TELEPHONE		36.52
11/4/2011	172322	7935	CENTURY LIN	TELEPHONE		3,879.68
11/11/2011	172493	7708	CENTURY LIN	TELEPHONE Total		845.04
11/16/2011	172563	7708	CENTURY LIN	TELEPHONE Total		4,183.38
11/30/2011	172812	9808	CENTURY LIN	TELEPHONE		988.43
11/30/2011	172813	7708	CENTURY LIN	TELEPHONE Total		6,414.93
11/30/2011	172814	7935	CENTURY LIN	TELEPHONE		3,883.16
11/4/2011	172362	1684	CERNER CORP	FIXED ASSET PAYMENT Total	13,866.50	
11/4/2011	172362	1684	CERNER CORP	REPAIRS & MAINTENANCE Total	130,865.35	
				172362 Total		144,731.85
11/22/2011	172679	1155	CERTIFIED L	OTHER-DEPT SUPPLIES Total		351.81
11/2/2011	172259	1159	CHARLES GAR	OTHER-LICENSES Total		100.00
11/9/2011	172410	9788	CHILD SUPPO	OTHER-GARNISHMENTS		1,292.33
11/22/2011	172680	9788	CHILD SUPPO	OTHER-GARNISHMENTS		1,292.33
11/16/2011	172564	1171	CHOICE COMM	REPAIRS & MAINTENANCE Total		1,160.00
11/16/2011	172565	9101	CITRIX ONLI	REPAIRS & MAINTENANCE		490.00
11/22/2011	172772	1036	CITY OF ALA	UTILITIES Total		32,018.21
11/30/2011	172815	1036	CITY OF ALA	UTILITIES Total		16,506.56
11/16/2011	172566	31913	CLARK, PENN	TRAVEL & ENTERTAINMENT		112.75
11/4/2011	172323	7560	COCA COLA E	OTHER-FOOD COSTS		1,120.33
11/16/2011	172567	7560	COCA COLA E	OTHER-FOOD COSTS		1,398.65
11/22/2011	172681	7560	COCA COLA E	OTHER-FOOD COSTS		1,938.83
11/30/2011	172816	7560	COCA COLA E	OTHER-FOOD COSTS Total	1,297.05	
11/30/2011	172816	7560	COCA COLA E	OTHER-VENDOR DEPOSITS Total	4,500.00	
				172816 Total		5,797.05
11/30/2011	172817	32389	CODING INST	OFFICE SUPPLIES		1,704.65
11/2/2011	172260	9684	COKER CONSU	CONTRACT LABOR		2,625.00
11/22/2011	172682	9684	COKER CONSU	CONTRACT LABOR		2,115.94
11/9/2011	172411	7425	COLLECTRITE	OTHER-GARNISHMENTS		41.25
11/30/2011	172818	7425	COLLECTRITE	OTHER-GARNISHMENTS		62.46
11/30/2011	172819	1170	COLLEGE OF	OTHER-QA PROGRAMS Total		2,004.00

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11/30/2011	172820	9003	COMET CLEAN	OTHER-DEPT SUPPLIES Total		12.74
11/2/2011	172261	1174	COMPHEALTH,	OTHER-CONTRACT DEPT FEES Total		547.32
11/4/2011	172324	1174	COMPHEALTH,	CONTRACT LABOR		5,796.00
11/9/2011	172481	1174	COMPHEALTH,	CONTRACT LABOR		27,000.00
11/11/2011	172494	1174	COMPHEALTH,	OTHER-CONTRACT DEPT FEES		52.11
11/16/2011	172568	1174	COMPHEALTH,	CONTRACT LABOR Total	5,520.00	
11/16/2011	172568	1174	COMPHEALTH,	OTHER-CONTRACT DEPT FEES Total	1,032.90	
				172568 Total		6,552.90
11/30/2011	172821	1174	COMPHEALTH,	CONTRACT LABOR		18,000.00
11/16/2011	172569	6601	COMPLETE PH	CONTRACT LABOR Total		2,848.23
11/22/2011	172683	5262	COMPLETE PH	CONTRACT LABOR		2,961.80
11/30/2011	172822	5303	COMPLETE PH	CONTRACT LABOR		2,961.80
11/9/2011	172482	4828	COMPLETERX,	CONTRACT LABOR Total		45,024.91
11/16/2011	172638	4828	COMPLETERX,	CONTRACT LABOR Total		45,024.91
11/30/2011	172901	4828	COMPLETERX,	CONTRACT LABOR Total		45,024.91
11/22/2011	172684	10276	COMPLIANCE	OTHER-SOFTWARE LICENSING		337.50
11/22/2011	172685	1176	CONMED CORP	OTHER-PATIENT CHG ITEMS Total		16,794.00
11/4/2011	172325	1765	CONSOLIDATE	FIXED ASSET PAYMENT Total	385.52	
11/4/2011	172325	1765	CONSOLIDATE	REPAIRS & MAINTENANCE Total	133.00	
				172325 Total		518.52
11/16/2011	172570	1765	CONSOLIDATE	REPAIRS & MAINTENANCE Total		233.53
11/22/2011	172686	1765	CONSOLIDATE	FIXED ASSET PAYMENT		36.52
11/30/2011	172823	1765	CONSOLIDATE	FIXED ASSET PAYMENT Total	199.32	
11/30/2011	172823	1765	CONSOLIDATE	REPAIRS & MAINTENANCE Total	322.45	
				172823 Total		521.77
11/22/2011	172687	6380	CONTACT ANS	FIXED ASSET PAYMENT Total	80.00	
11/22/2011	172687	6380	CONTACT ANS	OTHER-CONTRACT DEPT FEES Total	1,500.00	
				172687 Total		1,580.00
11/2/2011	172262	1181	COOK MEDICA	OTHER-PATIENT CHG ITEMS		990.00
11/9/2011	172412	1181	COOK MEDICA	OTHER-PATIENT CHG ITEMS Total		204.96
11/22/2011	172688	1181	COOK MEDICA	OTHER-PATIENT CHG ITEMS Total		946.15
11/30/2011	172824	1181	COOK MEDICA	OTHER-PATIENT CHG ITEMS		217.28
11/4/2011	172326	9645	COOK'S DIRE	FIXED ASSET PAYMENT Total		1,355.50
11/4/2011	172327	6633	CORTEZ GAS	OTHER-DEPT SUPPLIES Total		187.48
11/9/2011	172413	6633	CORTEZ GAS	OTHER-DEPT SUPPLIES Total		60.49
11/16/2011	172571	6633	CORTEZ GAS	OTHER-DEPT SUPPLIES Total		96.74
11/30/2011	172825	6633	CORTEZ GAS	OTHER-DEPT SUPPLIES Total		410.51
11/9/2011	172414	9646	DELTA FLEX	CONTRACT LABOR Total		8,966.95
11/11/2011	172495	9646	DELTA FLEX	CONTRACT LABOR Total		8,692.20
11/22/2011	172689	9646	DELTA FLEX	CONTRACT LABOR Total		9,477.20
11/30/2011	172826	9646	DELTA FLEX	CONTRACT LABOR Total		9,477.20
11/16/2011	172572	6474	DEPO MEDROX	OTHER-PATIENT CHG ITEMS Total		270.00
11/30/2011	172827	1197	DEROYAL IND	OTHER-PATIENT CHG ITEMS Total		153.52
11/30/2011	172828	9174	DESERT BLOO	REPAIRS & MAINTENANCE		583.33
11/11/2011	172496	1199	DEWITT ENTE	REPAIRS & MAINTENANCE Total		128.93
11/16/2011	172573	1199	DEWITT ENTE	OTHER-CONTRACT DEPT FEES Total	1,553.55	
11/16/2011	172573	1199	DEWITT ENTE	REPAIRS & MAINTENANCE Total	155.79	
				172573 Total		1,709.34
11/22/2011	172690	1199	DEWITT ENTE	OTHER-CONTRACT DEPT FEES Total		311.57
11/30/2011	172902	9761	DIAMOND HEA	CONTRACT LABOR Total		33,315.61
11/2/2011	172263	3215	[REDACTED]	TRAVEL & ENTERTAINMENT Total		282.24

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11/4/2011	172328	32150		TRAVEL & ENTERTAINMENT		28.30
11/22/2011	172640	7230	DIRECTORY P	ADVERTISING		3,237.63
11/16/2011	172574	4675		OTHER-PATIENT CHG ITEMS		638.60
11/22/2011	172691	4675		OTHER-PATIENT CHG ITEMS		45.03
11/9/2011	172415	9670	DODSON ORTH	CONTRACT LABOR		3,850.00
11/22/2011	172643	9670	DODSON ORTH	CONTRACT LABOR		2,100.00
11/11/2011	172497	6136	DYNAMIC HEA	FIXED ASSET PAYMENT		1,700.00
11/30/2011	172903	8969	EIDE BAILLY	PROFESSIONAL FEES		62,700.00
11/30/2011	172904	9816	EMCARE, INC	CONTRACT LABOR Total		49,138.28
11/30/2011	172905	9823	EMCARE, INC	CONTRACT LABOR Total		21,831.66
11/30/2011	172906	9824	EMCARE, INC	CONTRACT LABOR		78,542.74
11/9/2011	172416	2481	ENTERPRISE	TRAVEL & ENTERTAINMENT		1,082.31
11/29/2011	WT 3275	10192	E-PHARMPRO,	CONTRACT LABOR		23,000.00
11/22/2011	172692	10096		TRAVEL & ENTERTAINMENT		998.01
11/9/2011	172417	10077	EXCELSIOR M	INVENTORY PAYMENTS Total		1,281.60
11/22/2011	172693	10077	EXCELSIOR M	INVENTORY PAYMENTS Total		2,563.20
11/11/2011	172498	4226	EXECUTIVE S	REPAIRS & MAINTENANCE Total		3,760.31
11/22/2011	172694	4226	EXECUTIVE S	REPAIRS & MAINTENANCE		48.35
11/16/2011	172575	1386	EXPERIAN	OTHER-COLLECTION FEES		64.66
11/22/2011	172695	10357		TRAVEL & ENTERTAINMENT		60.00
11/30/2011	172829	10212	FARR, TIMOT	CONTRACT LABOR Total		244.24
11/9/2011	172418	7192	FASTHEALTH	ADVERTISING		350.00
11/2/2011	172264	1222	FEDERAL EXP	OTHER-FREIGHT/POSTAGE Total	317.71	
11/2/2011	172264	1222	FEDERAL EXP	REPAIRS & MAINTENANCE Total	53.50	
	172264 Total					
11/16/2011	172576	1222	FEDERAL EXP	OTHER-FREIGHT/POSTAGE Total		371.21
11/22/2011	172696	1222	FEDERAL EXP	OTHER-DEPT SUPPLIES Total		76.91
11/22/2011	172696	1222	FEDERAL EXP	OTHER-FREIGHT/POSTAGE Total	12.37	
					42.89	
				172696 Total		55.26
11/9/2011	172419	9236	FIDELITY NA	INSURANCE		1,255.00
11/21/2011	172641	9236	FIDELITY NA	INSURANCE		1,713.00
11/22/2011	172642	10360	FIRST NATIO	FIXED ASSET PAYMENT		131,357.49
11/22/2011	172697	7838	FIRST TRAVE	FIXED ASSET PAYMENT		8,684.40
11/9/2011	172420	31474	FRITZE, LIN	OTHER-SANE GRANT		225.00
11/30/2011	172830	31233	GALLERY COL	OTHER-DEPT SUPPLIES		181.72
11/9/2011	172421	4354	GCRMC AUXIL	OTHER-EMPLOYEE CHARGES		3,975.21
11/30/2011	172831	7030	GE CAPITAL	LEASES		207.00
11/30/2011	172832	7653	GLOBAL NUTR	OTHER-VENDOR DEPOSITS		1,000.00
11/4/2011	172329	8075	GLOBAL TRAN	OTHER-CONTRACT DEPT FEES Total		2,636.39
11/9/2011	172422	6714	GODBY-WARE,	OTHER-SANE GRANT Total		915.00
11/16/2011	172577	6714	GODBY-WARE,	OTHER-SANE GRANT		225.00
11/22/2011	172698	6714	GODBY-WARE,	OTHER-SANE GRANT Total		915.00
11/9/2011	172423	9812	GORMAN, MAR	OTHER-EXTERNAL EDUCATION Total		1,001.46
11/2/2011	172266	1857	GRAINGER -P	REPAIRS & MAINTENANCE		241.58
11/4/2011	172330	1857	GRAINGER -P	REPAIRS & MAINTENANCE Total		58.11
11/9/2011	172424	1857	GRAINGER -P	OTHER-DEPT SUPPLIES Total	206.12	
11/9/2011	172424	1857	GRAINGER -P	OTHER-PO/INVOICE DISCREPANCY Total	0.02	
11/9/2011	172424	1857	GRAINGER -P	REPAIRS & MAINTENANCE Total	68.18	
				172424 Total		274.32
11/16/2011	172578	1857	GRAINGER -P	FIXED ASSET PAYMENT Total	1,100.70	
11/16/2011	172578	1857	GRAINGER -P	OTHER-DEPT SUPPLIES Total	187.88	

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11/16/2011	172578	1857	GRAINGER -P	OTHER-FREIGHT/POSTAGE Total	64.03	
				172578 Total		1,352.61
11/22/2011	172699	1857	GRAINGER -P	OTHER-DEPT SUPPLIES		50.50
11/30/2011	172833	1857	GRAINGER -P	OTHER-DEPT SUPPLIES		325.38
11/2/2011	172267	10215	GREEN, RAYM	FIXED ASSET PAYMENT		2,793.38
11/16/2011	172579	10215	GREEN, RAYM	OTHER-VENDOR DEPOSITS		3,000.00
11/11/2011	172499	10064	GREENE, DEN	TRAVEL & ENTERTAINMENT		277.75
11/30/2011	172834	10064	GREENE, DEN	OTHER-EXTERNAL EDUCATION		405.67
11/9/2011	172425	4004	GYPSY ROSE	OTHER-MISC		38.57
11/22/2011	172700	31383	HADEN, LORI	TRAVEL & ENTERTAINMENT		133.39
11/9/2011	172426	9125	HANS RUDOLP	REPAIRS & MAINTENANCE Total		108.77
11/22/2011	172701	31852	HARDING, MA	TRAVEL & ENTERTAINMENT		311.97
11/2/2011	172268	32165	HARGRAVE, W	OTHER-EMPLOYEE BENEFITS		586.23
11/16/2011	172580	9921	HEALTHCARE	REPAIRS & MAINTENANCE		4,875.00
11/30/2011	172835	9921	HEALTHCARE	REPAIRS & MAINTENANCE		4,800.00
11/4/2011	172332	32463	HEINZE, MAR	TRAVEL & ENTERTAINMENT		317.39
11/22/2011	172702	32463	HEINZE, MAR	OTHER-EXTERNAL EDUCATION		303.44
11/9/2011	172427	1484	HELENA PLAS	OTHER-DEPT SUPPLIES Total		59.35
11/11/2011	172500	10079	HENDY'S SAL	OTHER-FOOD COSTS		99.00
11/30/2011	172836	10079	HENDY'S SAL	OTHER-FOOD COSTS		99.00
11/30/2011	172837	8096	HERITAGE FO	REPAIRS & MAINTENANCE Total		264.89
11/2/2011	172269	7556	HERRERA DIS	OTHER-FOOD COSTS		152.13
11/16/2011	172581	7556	HERRERA DIS	OTHER-FOOD COSTS		206.20
11/22/2011	172703	7556	HERRERA DIS	OTHER-FOOD COSTS		160.00
11/30/2011	172838	7556	HERRERA DIS	OTHER-FOOD COSTS Total	195.30	
11/30/2011	172838	7556	HERRERA DIS	OTHER-VENDOR DEPOSITS Total	250.00	
				172838 Total		445.30
11/9/2011	172429	31441	HILL, GERAL	TRAVEL & ENTERTAINMENT		55.00
11/2/2011	172270	1246	HILL-ROM CO	REPAIRS & MAINTENANCE		519.72
11/9/2011	172428	1246	HILL-ROM CO	FIXED ASSET PAYMENT		7,750.00
11/16/2011	172582	1246	HILL-ROM CO	REPAIRS & MAINTENANCE Total		2,391.18
11/22/2011	172704	1246	HILL-ROM CO	FIXED ASSET PAYMENT Total	2,370.00	
11/22/2011	172704	1246	HILL-ROM CO	OTHER-RENTALS Total	2,070.00	
11/22/2011	172704	1246	HILL-ROM CO	REPAIRS & MAINTENANCE Total	477.30	
				172704 Total		4,917.30
11/30/2011	172839	1246	HILL-ROM CO	OTHER-RENTALS		349.00
11/4/2011	WT 3240	4617	HMONM/BLUE	OTHER-EMPLOYEE BENEFITS		45,625.61
11/11/2011	WT 3252	4617	HMONM/BLUE	OTHER-EMPLOYEE BENEFITS		199,017.99
11/19/2011	WT 3258	4617	HMONM/BLUE	OTHER-EMPLOYEE BENEFITS		149,889.42
11/28/2011	WT 3268	4617	HMONM/BLUE	OTHER-EMPLOYEE BENEFITS		73,822.25
11/30/2011	172840	30534	HOLIDAY INN	OTHER-RELOCATION Total		612.75
11/16/2011	172583	7477	HOME DEPOT	FIXED ASSET PAYMENT Total	312.68	
11/16/2011	172583	7477	HOME DEPOT	OTHER-DEPT SUPPLIES Total	149.94	
11/16/2011	172583	7477	HOME DEPOT	OTHER-EMPLOYEE BENEFITS Total	231.92	
11/16/2011	172583	7477	HOME DEPOT	REPAIRS & MAINTENANCE Total	1,882.81	
				172583 Total		2,577.35
11/4/2011	172333	10329	HOOP-T-DUDE	OTHER-DEPT SUPPLIES Total		334.00
11/2/2011	172271	3750	IMMUCOR, IN	OTHER-REAGENTS		499.21
11/16/2011	172584	3750	IMMUCOR, IN	OTHER-REAGENTS Total		977.67
11/30/2011	172841	3750	IMMUCOR, IN	OTHER-REAGENTS Total		499.09
11/16/2011	172585	31873	INGENIX PUB	OFFICE SUPPLIES Total	349.85	

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11/16/2011	172585	31873	INGENIX PUB	OTHER-PO/INVOICE DISCREPANCY Total	(0.02)	
				172585 Total		349.83
11/30/2011	172842	31873	INGENIX PUB	OFFICE SUPPLIES Total	412.31	
11/30/2011	172842	31873	INGENIX PUB	OTHER-INTERNAL EDUCATION Total	769.70	
11/30/2011	172842	31873	INGENIX PUB	OTHER-PO/INVOICE DISCREPANCY Total	(0.02)	
				172842 Total		1,181.99
11/30/2011	172843	2685	INSTRUMENT	OTHER-PATIENT CHG ITEMS Total		90.67
11/9/2011	172430	4934	INSTRUMENTA	OTHER-DEPT SUPPLIES		2,211.58
11/22/2011	172705	10363	INTERNAL RE	OTHER-GARNISHMENTS		740.23
11/16/2011	172586	10021	IRIS INTERN	LEASES		5,188.15
11/9/2011	WT 3250	1131	IRS - FICA/	TAXES PAID-PAYROLL Total		355,474.67
11/22/2011	WT 3262	1131	IRS - FICA/	TAXES PAID-PAYROLL Total		339,359.16
11/22/2011	172706	5727	IVANS	LEASES		101.50
11/30/2011	172844	32560	J & L STORA	OTHER-CONTRACT DEPT FEES Total		1,615.04
11/9/2011	172431	9672	J & M STORA	OTHER-CONTRACT DEPT FEES		120.00
11/4/2011	172334	8157	JASZAI, JEA	OFFICE SUPPLIES		29.49
11/2/2011	172272	1410	JOHNSON & J	OTHER-VENDOR DEPOSITS		5,000.00
11/22/2011	172707	1410	JOHNSON & J	OTHER-DEPT SUPPLIES Total		611.40
11/4/2011	172335	1265	JOHNSON CON	REPAIRS & MAINTENANCE		7,182.80
11/16/2011	172587	1265	JOHNSON CON	REPAIRS & MAINTENANCE		8,710.00
11/16/2011	172588	5888	KCI USA	OTHER-RENTALS Total		463.60
11/30/2011	172845	5888	KCI USA	OTHER-RENTALS Total		397.37
11/2/2011	172273	6603	KERMA MEDIC	OTHER-PATIENT CHG ITEMS Total		151.71
11/30/2011	172846	3995	KEYSURGICAL	OTHER-DEPT SUPPLIES Total		17.00
11/4/2011	172336	4631	KFORCE.COM	CONTRACT LABOR		3,249.22
11/9/2011	172432	4631	KFORCE.COM	CONTRACT LABOR		3,380.78
11/22/2011	172708	4631	KFORCE.COM	CONTRACT LABOR Total		6,074.12
11/30/2011	172847	4631	KFORCE.COM	CONTRACT LABOR		2,121.08
11/30/2011	172848	6135	KRUSE CASH	REPAIRS & MAINTENANCE Total		889.00
11/29/2011	WT 3277	10136	KURTZMAN CA	PROFESSIONAL FEES		230,471.47
11/4/2011	172363	31044	LABORATORY	OTHER-CONTRACT DEPT FEES		55,726.39
11/9/2011	172433	31044	LABORATORY	OTHER-CONTRACT DEPT FEES Total		407.36
11/30/2011	172849	31044	LABORATORY	OTHER-CONTRACT DEPT FEES		850.50
11/4/2011	172337	10262	LANDSUN HOM	LEASES Total	2,000.00	
11/4/2011	172337	10262	LANDSUN HOM	OTHER-CONTRACT DEPT FEES Total	1,000.00	
11/4/2011	172337	10262	LANDSUN HOM	RENT Total	7,800.00	
				172337 Total		10,800.00
11/30/2011	172850	32977	LARA, SYLVI	TRAVEL & ENTERTAINMENT		270.05
11/22/2011	172709	9800	LAS VENTANA	RENT		860.00
11/30/2011	172851	4160	LASER PRINT	REPAIRS & MAINTENANCE		308.09
11/9/2011	172434	10340	LE BLANC, L	TRAVEL & ENTERTAINMENT		127.28
11/11/2011	172501	10340	LE BLANC, L	TRAVEL & ENTERTAINMENT		127.28
11/16/2011	172589	5504	LEICA MICRO	OTHER-DEPT SUPPLIES Total		711.46
11/30/2011	172852	5504	LEICA MICRO	OTHER-DEPT SUPPLIES Total		331.60
11/22/2011	172710	10362	LESTER, SUE	OTHER-EXTERNAL EDUCATION		93.65
11/22/2011	172711	1592	LEWIS, LILL	TRAVEL & ENTERTAINMENT		56.65
11/30/2011	172853	32851	LINCOLN NAT	INSURANCE		9,639.69
11/4/2011	172338	31420	LIPPINCOTT	OTHER-SUBSCRIPTIONS		111.43
11/30/2011	172854	31420	LIPPINCOTT	OTHER-SUBSCRIPTIONS		111.43
11/4/2011	172339	1286	LOCK SHOP	REPAIRS & MAINTENANCE		12.89
11/9/2011	172435	1286	LOCK SHOP	FIXED ASSET PAYMENT		72.52

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11/30/2011	172855	1286	LOCK SHOP	REPAIRS & MAINTENANCE Total		45.10
8/25/2011	170624	9688	LOVELACE	OTHER-VOID CHECK		(2,043.35)
11/22/2011	172712	10334	MACKAY, HEA	OTHER-EXTERNAL EDUCATION		149.34
11/22/2011	172713	10233	MACRO HELIX	OTHER-SUBSCRIPTIONS		3,089.55
11/4/2011	172340	3563	MARKETLAB,	OTHER-DEPT SUPPLIES Total	121.74	
11/4/2011	172340	3563	MARKETLAB,	OTHER-PO/INVOICE DISCREPANCY Total	0.70	
				172340 Total		122.44
11/9/2011	172436	3563	MARKETLAB,	INVENTORY PAYMENTS Total	66.00	
11/9/2011	172436	3563	MARKETLAB,	OTHER-DEPT SUPPLIES Total	2,479.15	
				172436 Total		2,545.15
11/16/2011	172590	3563	MARKETLAB,	OTHER-DEPT SUPPLIES Total		113.06
11/22/2011	172714	3563	MARKETLAB,	INVENTORY PAYMENTS Total		167.68
11/30/2011	172857	3563	MARKETLAB,	INVENTORY PAYMENTS Total	360.30	
11/30/2011	172857	3563	MARKETLAB,	OTHER-DEPT SUPPLIES Total	1,290.99	
				172857 Total		1,651.29
11/30/2011	172856	3129	MARK'S PLUM	REPAIRS & MAINTENANCE		820.09
11/22/2011	172715	5950	MARRIOTT KA	FIXED ASSET PAYMENT		6,386.92
11/16/2011	172591	9897	MARSHALL ST	OTHER-CONTRACT DEPT FEES		60.00
11/22/2011	172716	10361	MARTINEZ, M	OTHER-EXTERNAL EDUCATION		370.72
11/11/2011	172502	33079	MCM ELEGANTE	TRAVEL & ENTERTAINMENT		221.46
11/4/2011	172341	10271	MCMILLIN, G	TRAVEL & ENTERTAINMENT		23.50
11/2/2011	172275	10201	MCMILLIN, K	TRAVEL & ENTERTAINMENT		45.00
11/11/2011	172503	9951	MD REVIEW	OTHER-CREDENTIALING		1,785.00
11/2/2011	172276	1000	MEDLINE IND	INVENTORY PAYMENTS Total	894.98	
11/2/2011	172276	1000	MEDLINE IND	OTHER-DEPT SUPPLIES Total	74.56	
				172276 Total		969.54
11/4/2011	172342	1000	MEDLINE IND	INVENTORY PAYMENTS Total	986.11	
11/4/2011	172342	1000	MEDLINE IND	OTHER-DEPT SUPPLIES Total	85.51	
11/4/2011	172342	1000	MEDLINE IND	OTHER-LINEN SUPPLY Total	5,305.34	
				172342 Total		6,376.96
11/9/2011	172437	1000	MEDLINE IND	INVENTORY PAYMENTS Total	943.94	
11/9/2011	172437	1000	MEDLINE IND	OTHER-DEPT SUPPLIES Total	170.76	
				172437 Total		1,114.70
11/11/2011	172504	1000	MEDLINE IND	INVENTORY PAYMENTS Total	947.94	
11/11/2011	172504	1000	MEDLINE IND	OTHER-PO/INVOICE DISCREPANCY Total	0.24	
				172504 Total		948.18
11/16/2011	172592	1000	MEDLINE IND	INVENTORY PAYMENTS Total		678.82
11/22/2011	172717	1000	MEDLINE IND	INVENTORY PAYMENTS Total	1,568.49	
11/22/2011	172717	1000	MEDLINE IND	OTHER-DEPT SUPPLIES Total	16.85	
11/22/2011	172717	1000	MEDLINE IND	OTHER-PO/INVOICE DISCREPANCY Total	1.60	
				172717 Total		1,586.94
11/30/2011	172858	1000	MEDLINE IND	INVENTORY PAYMENTS Total	2,977.21	
11/30/2011	172858	1000	MEDLINE IND	OTHER-DEPT SUPPLIES Total	586.48	
				172858 Total		3,563.69
11/16/2011	172593	9487	MEDPOINT, I	INVENTORY PAYMENTS Total		740.70
11/22/2011	172718	4195	██████████	OTHER-PATIENT CHG ITEMS Total		1,836.67
11/9/2011	172438	3304	MEGADYNE ME	OTHER-DEPT SUPPLIES		198.00
11/22/2011	172719	3304	MEGADYNE ME	OTHER-DEPT SUPPLIES		33.00
11/30/2011	172859	3304	MEGADYNE ME	INVENTORY PAYMENTS Total	360.00	
11/30/2011	172859	3304	MEGADYNE ME	OTHER-DEPT SUPPLIES Total	198.00	
				172859 Total		558.00

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11/30/2011	172860	5157	MERCEDES ME	OTHER-DEPT SUPPLIES Total		60.00
11/2/2011	172277	30868	MERSHON, WI	OTHER-MISC		109.63
11/9/2011	172439	8520	MICHIGAN ST	OTHER-GARNISHMENTS		143.68
11/22/2011	172720	8520	MICHIGAN ST	OTHER-GARNISHMENTS		143.68
11/22/2011	172721	1091	MICROTEK ME	OTHER-DEPT SUPPLIES		128.31
11/4/2011	172343	10100	MIDANI, FAT	OTHER-INTERNAL EDUCATION		1,682.95
11/30/2011	172861	10100	MIDANI, FAT	OTHER-INTERNAL EDUCATION		1,470.00
11/9/2011	172440	8930	[REDACTED]	OTHER-PATIENT CHG ITEMS Total		5,420.00
11/2/2011	172278	2057	MOBILE INST	REPAIRS & MAINTENANCE		1,311.90
11/22/2011	172722	2057	MOBILE INST	REPAIRS & MAINTENANCE		1,311.55
11/22/2011	172723	3702	MOEZZI, DAN	RENT Total		11,100.00
11/30/2011	172862	10365	MOOLAMALLA,	OTHER-SUBSCRIPTIONS		431.01
11/16/2011	172594	1104	MOORE WALLA	OTHER-DEPT SUPPLIES Total		114.91
11/16/2011	172595	1032	MORRISON SU	FIXED ASSET PAYMENT Total	282.63	
11/16/2011	172595	1032	MORRISON SU	REPAIRS & MAINTENANCE Total	87.25	
				172595 Total		369.88
11/22/2011	172724	6376	NACR	OTHER-FREIGHT/POSTAGE Total	25.11	
11/22/2011	172724	6376	NACR	REPAIRS & MAINTENANCE Total	1,253.26	
				172724 Total		1,278.37
11/30/2011	172863	8192	NALCO CO.	REPAIRS & MAINTENANCE Total		2,536.50
11/9/2011	172441	10350	NAON	OTHER-PROFESSIONAL DUES		110.00
11/9/2011	172442	9300	NATIONAL BU	REPAIRS & MAINTENANCE		168.00
11/4/2011	172344	9380	NEW MEXICO	UTILITIES		8.64
11/9/2011	172443	9380	NEW MEXICO	UTILITIES Total		5,587.03
11/11/2011	172505	9380	NEW MEXICO	UTILITIES		59.76
11/16/2011	172596	6207	NEW MEXICO	CONTRACT LABOR Total		17,430.00
11/22/2011	172725	3689	NEW MEXICO	OTHER-LICENSES		60.00
11/22/2011	172726	9380	NEW MEXICO	UTILITIES Total		200.84
11/30/2011	172864	9380	NEW MEXICO	UTILITIES Total		619.76
11/22/2011	172727	5407	NEWMAN OUTD	ADVERTISING Total		344.20
11/29/2011	WT 3276	1310	NM HOSPITAL	INSURANCE		60,009.00
11/2/2011	172279	7397	NUTECH MEDI	OTHER-FREIGHT/POSTAGE Total	225.00	
11/2/2011	172279	7397	NUTECH MEDI	OTHER-PATIENT CHG ITEMS Total	9,900.00	
				172279 Total		10,125.00
11/16/2011	172597	7397	NUTECH MEDI	OTHER-FREIGHT/POSTAGE Total	75.00	
11/16/2011	172597	7397	NUTECH MEDI	OTHER-PATIENT CHG ITEMS Total	3,300.00	
				172597 Total		3,375.00
11/22/2011	172728	10323	NXKEM PRODU	OTHER-DEPT SUPPLIES Total	229.49	
11/22/2011	172728	10323	NXKEM PRODU	OTHER-PO/INVOICE DISCREPANCY Total	0.57	
				172728 Total		230.06
11/30/2011	172865	10323	NXKEM PRODU	OTHER-DEPT SUPPLIES Total		1,414.76
11/22/2011	172729	8666	OLDE POST A	LEASES		200.00
11/16/2011	172598	6825	OLIVAREZ, J	REPAIRS & MAINTENANCE Total		500.00
11/2/2011	172280	5426	ONE SOURCE	OFFICE SUPPLIES Total		2,060.01
11/4/2011	172345	4349	ONE STOP AU	OTHER-DEPT SUPPLIES Total		112.35
11/9/2011	172444	9790	ORMED INFOR	CONTRACT LABOR		4,796.00
11/2/2011	172281	7728	ORTHO PRO,	OTHER-FREIGHT/POSTAGE Total	55.00	
11/2/2011	172281	7728	ORTHO PRO,	OTHER-PATIENT CHG ITEMS Total	2,970.00	
				172281 Total		3,025.00
11/22/2011	172730	7728	ORTHO PRO,	OTHER-FREIGHT/POSTAGE Total	110.00	
11/22/2011	172730	7728	ORTHO PRO,	OTHER-PATIENT CHG ITEMS Total	14,345.00	

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					172730 Total	14,455.00
11/30/2011	172866	7728	ORTHO PRO,	OTHER-PATIENT CHG ITEMS		160.00
11/16/2011	172639	5702	ORTHOFIX, I	OTHER-PATIENT CHG ITEMS Total		21,905.48
11/22/2011	172731	5702	ORTHOFIX, I	OTHER-PATIENT CHG ITEMS		4,995.00
11/9/2011	172483	8533	ORTHOHELIX	OTHER-FREIGHT/POSTAGE Total	226.82	
11/9/2011	172483	8533	ORTHOHELIX	OTHER-PATIENT CHG ITEMS Total	26,654.98	
					172483 Total	26,881.80
11/30/2011	172867	8533	ORTHOHELIX	OTHER-DEPT SUPPLIES		315.00
11/9/2011	172484	1579	OTERO COUNT	TAXES PAID-OTHER		70,887.89
11/9/2011	172445	1323	OTERO FEDER	OTHER-EMPLOYEE BENEFITS		14,191.31
11/9/2011	172446	8816	OTERO FEDER	OTHER-GARNISHMENTS		144.82
11/22/2011	172732	1323	OTERO FEDER	OTHER-EMPLOYEE BENEFITS		14,216.31
11/22/2011	172733	8816	OTERO FEDER	OTHER-GARNISHMENTS		73.55
11/30/2011	172868	8510	PACIFIC BIO	OTHER-DEPT SUPPLIES Total		219.84
11/2/2011	172282	9932	PACIFIC MED	REPAIRS & MAINTENANCE		236.99
11/16/2011	172599	10107	PAPERLESSPA	OTHER-CONTRACT DEPT FEES		159.92
11/16/2011	172600	10108	PAYFLEX SYS	OTHER-CONTRACT DEPT FEES		175.00
11/9/2011	172447	10300	PAZ, JAMIE	FIXED ASSET PAYMENT		405.00
11/22/2011	172734	10300	PAZ, JAMIE	FIXED ASSET PAYMENT		907.50
11/16/2011	172601	8788	PEDIATRIX C	CONTRACT LABOR		210.00
11/9/2011	172448	31055	PEPSI-COLA	OTHER-FOOD COSTS		1,043.80
11/30/2011	172869	9461	PEREZ, GERM	TELEPHONE		100.00
11/9/2011	172449	3428	PERFECT LOO	OTHER-MISC		212.31
11/22/2011	172735	2556	PIONEER ABS	BANK CHARGES Total	7.53	
11/22/2011	172735	2556	PIONEER ABS	OTHER-CAPITAL INTEREST Total	1,810.86	
11/22/2011	172735	2556	PIONEER ABS	OTHER-LONG TERM DEBT Total	4,775.74	
					172735 Total	6,594.13
11/9/2011	172450	1343	PITNEY BOWE	OTHER-FREIGHT/POSTAGE Total		4,177.32
11/30/2011	172870	1343	PITNEY BOWE	OTHER-FREIGHT/POSTAGE		4,000.00
11/2/2011	172283	2006	PNM ELECTRI	UTILITIES Total		2,953.09
11/9/2011	172451	2006	PNM ELECTRI	UTILITIES Total		6,132.86
11/16/2011	172602	2006	PNM ELECTRI	UTILITIES Total		15,789.87
11/22/2011	172773	2006	PNM ELECTRI	FIXED ASSET PAYMENT Total	1,428.45	
11/22/2011	172773	2006	PNM ELECTRI	UTILITIES Total	107,104.23	
					172773 Total	108,532.68
11/30/2011	172871	2006	PNM ELECTRI	OTHER-UTILITY DEPOSITS Total	285.00	
11/30/2011	172871	2006	PNM ELECTRI	OTHER-VENDOR DEPOSITS Total	665.00	
11/30/2011	172871	2006	PNM ELECTRI	UTILITIES Total	1,267.89	
					172871 Total	2,217.89
10/31/2011	172192	2006	PNM ELECTRIC	OTHER-VOID CHECK Total		(2,243.06)
11/4/2011	172346	10029	POINTER, KI	TRAVEL & ENTERTAINMENT		358.33
11/11/2011	172506	10029	POINTER, KI	TRAVEL & ENTERTAINMENT		970.50
11/22/2011	172736	10029	POINTER, KI	OTHER-MISC Total	135.47	
11/22/2011	172736	10029	POINTER, KI	TRAVEL & ENTERTAINMENT Total	295.60	
					172736 Total	431.07
11/9/2011	172452	32646	POLLARD, WI	CONTRACT LABOR Total		3,450.00
11/16/2011	172603	2565	POLYMEDCO I	OTHER-REAGENTS Total		415.34
11/22/2011	172737	32056	POORE, THAN	OTHER-EXTERNAL EDUCATION		569.01
11/30/2011	172872	32549	POTTER, CHR	OTHER-DEPT SUPPLIES		21.44
11/11/2011	WT 3253	7781	PRECHECK, I	OTHER-CREDENTIALING		58.02
11/9/2011	172453	6074	PREMIER FIT	OTHER-EMPLOYEE BENEFITS		2,676.19

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11/2/2011	172284	4983	PREMIER HOS	OTHER-DEPT SUPPLIES Total		445.55
11/22/2011	172738	5189	PREMIER SOF	REPAIRS & MAINTENANCE		2,341.75
11/22/2011	172739	9632	PREMIUM RX	INVENTORY PAYMENTS Total		815.00
11/16/2011	172604	7558	PRICE'S CRE	OTHER-FOOD COSTS Total		905.51
11/30/2011	172873	7558	PRICE'S CRE	OTHER-FOOD COSTS		491.25
11/16/2011	172605	6519	PROTECH COM	FIXED ASSET PAYMENT Total		6,115.00
11/30/2011	WT 3280	1351	QHR	CONTRACT LABOR Total	300,519.61	
11/30/2011	WT 3280	1351	QHR	OTHER-EMPLOYEE BENEFITS Total	33,722.85	
11/30/2011	WT 3280	1351	QHR	TAXES PAID-SALES & USE Total	13,240.27	
11/30/2011	WT 3280	1351	QHR	TRAVEL & ENTERTAINMENT Total	7,259.87	
WT 3279 Total						354,742.60
11/2/2011	172285	9872	QUADNA, INC	REPAIRS & MAINTENANCE Total		1,198.30
11/4/2011	172347	8498	QUALITY FRU	OTHER-FOOD COSTS		248.59
11/9/2011	172454	8498	QUALITY FRU	OTHER-FOOD COSTS		295.35
11/16/2011	172606	8498	QUALITY FRU	OTHER-FOOD COSTS Total		811.54
11/2/2011	172286	6816	QUALITY SLE	CONTRACT LABOR		3,889.00
11/22/2011	172740	6816	QUALITY SLE	CONTRACT LABOR		7,539.75
11/4/2011	172348	4039	QUALITY WAT	OTHER-DEPT SUPPLIES Total		644.63
11/30/2011	172874	4039	QUALITY WAT	OTHER-DEPT SUPPLIES Total		1,794.29
11/23/2011	WT 3265	10307	QUARLES & B	PROFESSIONAL FEES		12,907.00
11/9/2011	172455	9989	RACE, DENIS	OTHER-SUBSCRIPTIONS		115.00
11/2/2011	172287	9875	RAIL JUNCTI	OTHER-EMPLOYEE BENEFITS		625.00
11/16/2011	172607	10042	REDMOND, PA	OTHER-PROFESSIONAL DUES		62.00
11/22/2011	172742	32282	REGION II E	OTHER-DEPT SUPPLIES		1,068.00
11/30/2011	172875	7471	RELIANCE WH	INVENTORY PAYMENTS Total		390.80
11/22/2011	172743	5635	RESMED CORP	LEASES Total		623.67
11/4/2011	172349	6138	RESPIRONICS	OTHER-DEPT SUPPLIES		36.00
11/9/2011	172456	1364	RICHARD ALL	OTHER-REAGENTS		236.10
11/9/2011	172457	32534	RICHARDSON,	CONTRACT LABOR		2,100.00
11/11/2011	172507	4257	RIO GRANDE	OTHER-CONTRACT DEPT FEES Total		980.92
11/22/2011	172744	1361	RITCHIE DIS	OTHER-DEPT SUPPLIES Total		91.00
11/22/2011	172741	1844	R-MED, INC.	OTHER-PATIENT CHG ITEMS Total		1,146.63
11/29/2011	WT 3260	3217	ROBINS AND	FIXED ASSET PAYMENT		300,000.00
11/29/2011	WT 3269	3217	ROBINS AND	FIXED ASSET PAYMENT		100,000.00
11/30/2011	172876	5667	ROCHE DIAGN	OTHER-MINOR EQUIPMENT Total		346.91
11/30/2011	172877	5320	ROTO ROOTER	OTHER-CONTRACT DEPT FEES		265.00
11/2/2011	172288	9795	[REDACTED]	OTHER-PATIENT CHG ITEMS Total		2,637.37
11/9/2011	172458	9795	[REDACTED]	OTHER-PATIENT CHG ITEMS Total		2,637.37
11/22/2011	172745	9759	SALLIE MAE	OTHER-PHYS RECRUITMENT		3,333.34
11/2/2011	172289	2508	SAMMONS PRE	OTHER-DEPT SUPPLIES Total	32.08	
11/2/2011	172289	2508	SAMMONS PRE	OTHER-FREIGHT/POSTAGE Total	11.46	
172289 Total						43.54
11/9/2011	172459	2508	SAMMONS PRE	OTHER-PATIENT CHG ITEMS Total		189.34
11/16/2011	172609	2508	SAMMONS PRE	OTHER-DEPT SUPPLIES Total		181.13
11/22/2011	172746	2508	SAMMONS PRE	OTHER-DEPT SUPPLIES Total	332.97	
11/22/2011	172746	2508	SAMMONS PRE	OTHER-PATIENT CHG ITEMS Total	2,540.83	
172746 Total						2,873.80
11/22/2011	172747	1375	SAMON'S DO-	REPAIRS & MAINTENANCE		58.47
11/16/2011	172610	1376	SAMPATH, RU	OTHER-EXTERNAL EDUCATION		3,392.47
11/2/2011	172290	3732	SCC SOFT CO	REPAIRS & MAINTENANCE Total		9,900.00
11/4/2011	172350	10173	SCHUREMED	FIXED ASSET PAYMENT Total		3,518.62

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11/2/2011	172291	6941	SCHUYLER, J	FIXED ASSET PAYMENT		350.00
11/9/2011	172460	1601	SCIENTIFIC	OTHER-CONTRACT DEPT FEES		810.00
11/9/2011	172461	10000	SEAMAN, PET	OTHER-MISC Total		140.39
11/22/2011	172748	10000	SEAMAN, PET	ADVERTISING Total	7,125.90	
11/22/2011	172748	10000	SEAMAN, PET	TRAVEL & ENTERTAINMENT Total	3.85	
				172748 Total		7,129.75
11/2/2011	172292	31862	SECRETARY O	OTHER-LICENSES		20.00
11/2/2011	172293	1380	SHERWIN WIL	REPAIRS & MAINTENANCE		63.35
11/11/2011	172508	6312	SHIPPING ST	OTHER-CONTRACT DEPT FEES Total		2,220.71
11/16/2011	172611	6818	SIEBEL, CEL	OTHER-SANE GRANT		225.00
11/22/2011	172749	6818	SIEBEL, CEL	OTHER-SANE GRANT		225.00
11/7/2011	WT 3246	3142	SIEMENS DIA	OTHER-DEPT SUPPLIES Total	695.01	
11/7/2011	WT 3246	3142	SIEMENS DIA	OTHER-REAGENTS Total	9,549.64	
				WT 3245 Total		10,244.65
11/16/2011	WT 3257	3142	SIEMENS DIA	OTHER-DEPT SUPPLIES Total	619.52	
11/16/2011	WT 3257	3142	SIEMENS DIA	OTHER-REAGENTS Total	14,254.22	
				WT 3256 Total		14,873.74
11/29/2011	WT 3279	3142	SIEMENS DIA	OTHER-DEPT SUPPLIES Total	849.86	
11/29/2011	WT 3279	3142	SIEMENS DIA	OTHER-REAGENTS Total	11,841.83	
				WT 3278 Total		12,691.69
11/9/2011	172462	1527	SIEMENS MED	REPAIRS & MAINTENANCE		8,402.61
11/11/2011	172509	2403	SKYTRON	FIXED ASSET PAYMENT		17,554.10
11/16/2011	172612	31898	SNUG, INC.	OTHER-SUBSCRIPTIONS		350.00
11/22/2011	172750	9629	SOUTHERN NE	OTHER-MISC REFUND		15,000.00
11/4/2011	172351	1757	SOUTHWEST C	REPAIRS & MAINTENANCE		115.00
11/9/2011	172463	2633	SOUTHWEST D	OTHER-CONTRACT DEPT FEES Total		1,132.95
11/16/2011	172613	2633	SOUTHWEST D	OTHER-CONTRACT DEPT FEES		1,779.26
11/30/2011	172878	10346	SPURRIER ME	INVENTORY PAYMENTS Total		967.12
11/9/2011	172464	1952	ST. JOHN CO	OTHER-DEPT SUPPLIES Total		15.73
11/11/2011	172510	1952	ST. JOHN CO	OFFICE SUPPLIES Total		28.03
11/22/2011	172751	1952	ST. JOHN CO	INVENTORY PAYMENTS Total	441.57	
11/22/2011	172751	1952	ST. JOHN CO	OFFICE SUPPLIES Total	(62.56)	
11/22/2011	172751	1952	ST. JOHN CO	OTHER-DEPT SUPPLIES Total	11.09	
				172751 Total		390.10
11/4/2011	172364	9718	ST. JUDE ME	OTHER-PATIENT CHG ITEMS Total		26,940.00
11/9/2011	WT 3246	3350	STANDARD &	OTHER-PPD EXPENSE		3,500.00
11/4/2011	172352	3008	STANDARD RE	INVENTORY PAYMENTS Total	1,602.26	
11/4/2011	172352	3008	STANDARD RE	OFFICE SUPPLIES Total	801.02	
11/4/2011	172352	3008	STANDARD RE	OTHER-DEPT SUPPLIES Total	114.31	
				172352 Total		2,517.59
11/30/2011	172879	31583	STAPLES - C	INVENTORY PAYMENTS Total	494.67	
11/30/2011	172879	31583	STAPLES - C	OTHER-DEPT SUPPLIES Total	123.61	
				172879 Total		618.28
11/9/2011	172465	3760	STAPLES ADV	INVENTORY PAYMENTS Total	1,402.58	
11/9/2011	172465	3760	STAPLES ADV	OFFICE SUPPLIES Total	237.76	
11/9/2011	172465	3760	STAPLES ADV	OTHER-DEPT SUPPLIES Total	5.71	
11/9/2011	172465	3760	STAPLES ADV	OTHER-PO/INVOICE DISCREPANCY Total	(8.00)	
				172465 Total		1,638.05
11/16/2011	172614	3760	STAPLES ADV	INVENTORY PAYMENTS Total	111.63	
11/16/2011	172614	3760	STAPLES ADV	OFFICE SUPPLIES Total	3,054.34	
11/16/2011	172614	3760	STAPLES ADV	OTHER-DEPT SUPPLIES Total	3,517.07	

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11/16/2011	172614	3760	STAPLES ADV	OTHER-PO/INVOICE DISCREPANCY Total	4.08	
				172614 Total		6,687.12
11/22/2011	172752	3760	STAPLES ADV	INVENTORY PAYMENTS Total	1,505.04	
11/22/2011	172752	3760	STAPLES ADV	OFFICE SUPPLIES Total	457.68	
11/22/2011	172752	3760	STAPLES ADV	OTHER-DEPT SUPPLIES Total	71.82	
				172752 Total		2,034.54
11/30/2011	172880	3760	STAPLES ADV	INVENTORY PAYMENTS Total	2,026.64	
11/30/2011	172880	3760	STAPLES ADV	OFFICE SUPPLIES Total	1,336.04	
11/30/2011	172880	3760	STAPLES ADV	OTHER-DEPT SUPPLIES Total	123.99	
11/30/2011	172880	3760	STAPLES ADV	OTHER-PO/INVOICE DISCREPANCY Total	0.26	
				172880 Total		3,486.93
11/2/2011	WT 3240	3761	STAPLES ADV	INVENTORY PAYMENTS Total	1,951.55	
11/2/2011	WT 3240	3761	STAPLES ADV	OFFICE SUPPLIES Total	1,206.35	
11/2/2011	WT 3240	3761	STAPLES ADV	OTHER-DEPT SUPPLIES Total	5,199.21	
11/2/2011	WT 3240	3761	STAPLES ADV	OTHER-PO/INVOICE DISCREPANCY Total	(8.44)	
11/2/2011	WT 3240	3761	STAPLES ADV	OTHER-VENDOR DEPOSITS Total	20,000.00	
				WT 3239 Total		28,348.67
11/2/2011	172294	31175	STARR, LARR	OTHER-MISC		282.98
11/16/2011	172615	31175	STARR, LARR	TELEPHONE		100.00
11/16/2011	172616	7580	STATLAB MED	OTHER-DEPT SUPPLIES Total	180.81	
11/16/2011	172616	7580	STATLAB MED	OTHER-PO/INVOICE DISCREPANCY Total	(0.01)	
				172616 Total		180.80
11/16/2011	172617	4332	STERICYCLE,	OTHER-CONTRACT DEPT FEES Total		4,461.18
11/2/2011	172295	8800	STERILMED R	REPAIRS & MAINTENANCE Total		183.22
11/9/2011	172485	2563	STERIS -PP	FIXED ASSET PAYMENT Total	21,477.89	
11/9/2011	172485	2563	STERIS -PP	OTHER-DEPT SUPPLIES Total	2,227.55	
11/9/2011	172485	2563	STERIS -PP	OTHER-FREIGHT/POSTAGE Total	245.25	
				172485 Total		23,950.69
11/16/2011	172618	2563	STERIS -PP	OTHER-DEPT SUPPLIES Total		332.65
11/22/2011	172753	2563	STERIS -PP	REPAIRS & MAINTENANCE		2,075.00
11/30/2011	172881	2563	STERIS -PP	OTHER-DEPT SUPPLIES Total		221.97
11/11/2011	172511	7135	STERLING	CONTRACT LABOR		843.30
11/9/2011	172466	7726	STORAGE SYS	OTHER-DEPT SUPPLIES Total		244.14
11/16/2011	172619	1710	STRYKER FIN	LEASES Total	8,989.45	
11/16/2011	172619	1710	STRYKER FIN	OTHER-CAPITAL INTEREST Total	1,341.95	
11/16/2011	172619	1710	STRYKER FIN	REPAIRS & MAINTENANCE Total	1,200.00	
				172619 Total		11,531.40
11/2/2011	172296	2786	STRYKER INS	FIXED ASSET PAYMENT Total	3,200.00	
11/2/2011	172296	2786	STRYKER INS	OTHER-PATIENT CHG ITEMS Total	5,862.45	
				172296 Total		9,062.45
11/9/2011	172467	2786	STRYKER INS	INVENTORY PAYMENTS Total	2,613.40	
11/9/2011	172467	2786	STRYKER INS	OTHER-PATIENT CHG ITEMS Total	611.95	
				172467 Total		3,225.35
11/22/2011	172754	2786	STRYKER INS	OTHER-DEPT SUPPLIES Total	825.00	
11/22/2011	172754	2786	STRYKER INS	OTHER-PATIENT CHG ITEMS Total	195.00	
				172754 Total		1,020.00
11/30/2011	172882	2786	STRYKER INS	OTHER-PATIENT CHG ITEMS Total	6,001.00	
11/30/2011	172882	2786	STRYKER INS	REPAIRS & MAINTENANCE Total	524.00	
				172882 Total		6,525.00
11/2/2011	172297	6339	STRYKER ORT	OTHER-FREIGHT/POSTAGE Total	25.00	
11/2/2011	172297	6339	STRYKER ORT	OTHER-PATIENT CHG ITEMS Total	14,463.11	

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					172297 Total	14,488.11
11/11/2011	172512	6339	STRYKER ORT	OTHER-FREIGHT/POSTAGE Total	25.00	
11/11/2011	172512	6339	STRYKER ORT	OTHER-PATIENT CHG ITEMS Total	5,462.45	
					172512 Total	5,487.45
11/16/2011	172620	6339	STRYKER ORT	OTHER-FREIGHT/POSTAGE Total	25.00	
11/16/2011	172620	6339	STRYKER ORT	OTHER-PATIENT CHG ITEMS Total	10,217.04	
					172620 Total	10,242.04
11/30/2011	172883	6339	STRYKER ORT	OTHER-FREIGHT/POSTAGE Total	50.00	
11/30/2011	172883	6339	STRYKER ORT	OTHER-PATIENT CHG ITEMS Total	14,529.76	
					172883 Total	14,579.76
11/9/2011	172468	1407	SUMMIT MEDI	OTHER-FREIGHT/POSTAGE Total	30.00	
11/9/2011	172468	1407	SUMMIT MEDI	OTHER-PATIENT CHG ITEMS Total	1,869.00	
					172468 Total	1,899.00
11/22/2011	172755	10322	SUNPORT FIN	OTHER-GARNISHMENTS		223.01
11/2/2011	172298	5797	SUPREME LAU	OTHER-CONTRACT DEPT FEES		30.00
11/4/2011	172353	5797	SUPREME LAU	OTHER-CONTRACT DEPT FEES Total		3,267.76
11/9/2011	172469	5797	SUPREME LAU	OTHER-CONTRACT DEPT FEES		498.80
11/16/2011	172621	5797	SUPREME LAU	OTHER-CONTRACT DEPT FEES Total		5,468.69
11/22/2011	172756	5797	SUPREME LAU	OTHER-CONTRACT DEPT FEES Total		721.68
11/30/2011	172884	5797	SUPREME LAU	OTHER-CONTRACT DEPT FEES Total		6,931.67
11/16/2011	172622	9803	SURGICAL SP	OTHER-PATIENT CHG ITEMS Total		378.71
11/30/2011	172885	8921	SWANK MOTIO	OTHER-CONTRACT DEPT FEES Total		1,826.08
11/2/2011	172299	5890	SYMETRA FIN	OTHER-EMPLOYEE BENEFITS		1,313.73
10/31/2011	172209	7540	SYSCO	OTHER-VOID CHECK		(25.80)
11/4/2011	WT 3243	7541	SYSCO NEW M	OTHER-FOOD COSTS Total		28,594.25
11/11/2011	WT 3255	7541	SYSCO NEW M	OTHER-FOOD COSTS Total		8,128.92
11/19/2011	WT 3260	7541	SYSCO NEW M	OTHER-FOOD COSTS Total		23,249.37
11/28/2011	WT 3268	7541	SYSCO NEW M	OTHER-FOOD COSTS Total		5,696.22
11/29/2011	WT 3273	7541	SYSCO NEW M	OTHER-FOOD COSTS Total		17,973.38
8/3/2011	170364	10287	TANYA, PRATT	OTHER-VOID CHECK		(70.00)
11/4/2011	WT 3242	1420	TAXATION &	TAXES PAID-PAYROLL Total	90,611.54	
11/4/2011	WT 3241	1419	TAXATION &	TAXES PAID-SALES & USE Total	463.55	
					WT 3241 Total	91,075.09
11/30/2011	172886	10325	TELEBEEPER	TELEPHONE		1,677.76
11/16/2011	172623	3883	TERRACON	FIXED ASSET PAYMENT		1,465.54
11/30/2011	172887	8081	██████████	OTHER-PATIENT CHG ITEMS		703.05
11/11/2011	WT 3251	10127	THOMAS, CHE	CONTRACT LABOR Total	3,230.80	
11/11/2011	WT 3251	10127	THOMAS, CHE	TRAVEL & ENTERTAINMENT Total	350.00	
					WT 3250 Total	3,580.80
11/23/2011	WT 3264	10127	THOMAS, CHE	CONTRACT LABOR Total	3,230.80	
11/23/2011	WT 3264	10127	THOMAS, CHE	TRAVEL & ENTERTAINMENT Total	1,479.02	
					WT 3263 Total	4,709.82
11/22/2011	172757	1430	THUNDERBIRD	LEASES Total	5,045.05	
11/22/2011	172757	1430	THUNDERBIRD	OTHER-COMMUNITY BENEFIT Total	1,000.00	
					172757 Total	6,045.05
11/30/2011	172888	32010	TOOL STORE	REPAIRS & MAINTENANCE		170.00
11/16/2011	172624	8535	TOTAL DESTR	OTHER-CONTRACT DEPT FEES Total	722.32	
11/16/2011	172624	8535	TOTAL DESTR	OTHER-DEPT SUPPLIES Total	44.05	
					172624 Total	766.37
11/4/2011	WT 3243	6201	TOTAL SCOPE	OTHER-VENDOR DEPOSITS		1,000.00
11/16/2011	WT 3257	1538	TRANE U.S.	OTHER-VENDOR DEPOSITS		5,000.00

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11/4/2011	172354	5039		OTHER-PATIENT CHG ITEMS Total		351.76
11/30/2011	172889	9307	TSI INCORPO	REPAIRS & MAINTENANCE Total		1,123.81
11/16/2011	172625	9649	TUCKER, ELI	TRAVEL & ENTERTAINMENT		1,144.00
11/9/2011	172470	9884	U.S. DEPART	OTHER-GARNISHMENTS		202.89
11/22/2011	172758	9884	U.S. DEPART	OTHER-GARNISHMENTS		220.88
11/9/2011	172471	10314	U.S. DEPT.	OTHER-GARNISHMENTS		113.55
11/22/2011	172759	10314	U.S. DEPT.	OTHER-GARNISHMENTS		115.16
11/16/2011	172519	10344	U.S. TRUSTE	U.S. TRUSTEE QUARTERLY FEES		12,675.00
11/11/2011	172513	10353	UBS FINANCI	OTHER-CONTRACT DEPT FEES		3,579.48
11/4/2011	172355	1442	UNITED BLOO	OTHER-CONTRACT DEPT FEES		12,976.00
11/22/2011	172774	1442	UNITED BLOO	OTHER-CONTRACT DEPT FEES		20,572.00
7/1/2011	169398	31185	UNITED HEALTH	OTHER-VOID CHECK		(456.99)
11/2/2011	172300	1446	UNITED PARC	OTHER-FREIGHT/POSTAGE Total		143.92
11/11/2011	172514	1446	UNITED PARC	OTHER-FREIGHT/POSTAGE Total		70.07
11/16/2011	172627	1446	UNITED PARC	OTHER-FREIGHT/POSTAGE Total		64.36
11/30/2011	172890	1446	UNITED PARC	OTHER-FREIGHT/POSTAGE Total		296.55
11/9/2011	172472	10348	UNITED STAT	OTHER-GARNISHMENTS		100.00
11/9/2011	172473	10176	UNITED STAT	OTHER-GARNISHMENTS		150.00
11/22/2011	172760	10348	UNITED STAT	OTHER-GARNISHMENTS		100.00
11/22/2011	172761	10176	UNITED STAT	OTHER-GARNISHMENTS		150.00
11/9/2011	172474	1448	UNITED WAY	OTHER-EMPLOYEE BENEFITS		1,640.51
11/22/2011	172762	1448	UNITED WAY	OTHER-EMPLOYEE BENEFITS		1,330.51
11/16/2011	172628	3310	UNIVERSAL H	OTHER-CONTRACT DEPT FEES Total	15,544.77	
11/16/2011	172628	3310	UNIVERSAL H	REPAIRS & MAINTENANCE Total	(1,739.00)	
				172628 Total		13,805.77
11/30/2011	172907	3310	UNIVERSAL H	REPAIRS & MAINTENANCE		85,964.83
11/9/2011	172475	10351	UNIVERSITY	OTHER-EXTERNAL EDUCATION		2,286.00
11/16/2011	172629	1451	UPTOWN RENT	OTHER-COMMUNITY BENEFIT		81.22
11/22/2011	172763	32717	URBAN, SAND	TRAVEL & ENTERTAINMENT		485.10
11/22/2011	172764	5782	VANGUARD SY	REPAIRS & MAINTENANCE Total		1,748.96
10/12/2011	171817	4750	VERIZON	OTHER-VOID CHECK		(3,721.18)
11/9/2011	172476	4750	VERIZON	TELEPHONE		5,359.05
11/16/2011	172630	10335	VILEX, INC.	OTHER-FREIGHT/POSTAGE Total	20.00	
11/16/2011	172630	10335	VILEX, INC.	OTHER-PATIENT CHG ITEMS Total	6,300.00	
				172630 Total		6,320.00
11/11/2011	172515	9894	VILLAGE OF	UTILITIES		147.65
11/16/2011	172631	8272		OTHER-PATIENT CHG ITEMS Total		13,905.00
11/22/2011	172765	8272		OTHER-PATIENT CHG ITEMS Total		15,645.00
11/16/2011	172632	2045	VITAL SIGNS	INVENTORY PAYMENTS Total		59.16
11/4/2011	172356	33031	VMG HEALTH	OTHER-CONTRACT DEPT FEES Total		3,875.00
11/30/2011	172891	1470	WALMART STO	FIXED ASSET PAYMENT Total	110.48	
11/30/2011	172891	1470	WALMART STO	OTHER-DEPT SUPPLIES Total	463.32	
11/30/2011	172891	1470	WALMART STO	OTHER-EMPLOYEE BENEFITS Total	326.44	
11/30/2011	172891	1470	WALMART STO	OTHER-MINOR EQUIPMENT Total	756.00	
11/30/2011	172891	1470	WALMART STO	OTHER-MISC Total	266.90	
11/30/2011	172891	1470	WALMART STO	REPAIRS & MAINTENANCE Total	47.88	
				172891 Total		1,971.02
11/11/2011	172516	10208	WEATHERBY L	OTHER-CONTRACT DEPT FEES		426.94
11/30/2011	172892	9889	WEISS, SUZE	TRAVEL & ENTERTAINMENT		46.20
11/4/2011	172357	10036	WEITZEL, SU	TRAVEL & ENTERTAINMENT		149.10
11/2/2011	172301	32308	WELLS FARGO	OTHER-DEPT SUPPLIES		2,600.00

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11/9/2011	172477	10245	WELLS FARGO	OTHER-GARNISHMENTS		631.01
11/22/2011	172766	10245	WELLS FARGO	OTHER-GARNISHMENTS		642.13
11/11/2011	WT 3251	31714	WELLS FARGO	OTHER-EMPLOYEE BENEFITS		43,243.60
11/22/2011	WT 3262	31714	WELLS FARGO	OTHER-EMPLOYEE BENEFITS		49,181.34
11/9/2011	172478	2135	WESCOR INC.	OTHER-REAGENTS		122.50
11/15/2011	WT 3255	6098	WESTERN COM	INSURANCE		151,927.55
11/29/2011	WT 3274	6098	WESTERN COM	INSURANCE		151,927.55
11/30/2011	172893	4378	WESTERN CON	REPAIRS & MAINTENANCE Total		190.95
11/9/2011	WT 3249	10087	WHITE & CAS	PROFESSIONAL FEES Total		209,675.70
11/22/2011	172767	5300	WHITEHEAD,	LEASES		1,110.00
11/4/2011	172358	9422	WINDSTREAM	TELEPHONE		831.87
11/30/2011	172894	9422	WINDSTREAM	TELEPHONE Total		845.96
11/30/2011	172895	32712	WOLTERS KLU	OTHER-SUBSCRIPTIONS		99.00
11/4/2011	172361	9288	XEROX 65036	LEASES		14.00
11/30/2011	172897	9288	XEROX 65037	LEASES		7,276.41
11/4/2011	172359	3032	XEROX CORP	LEASES Total		1,815.02
11/4/2011	172360	1486	XEROX CORPO	LEASES Total		2,275.46
11/16/2011	172633	1486	XEROX CORPO	LEASES Total		394.03
11/30/2011	172896	1486	XEROX CORPO	LEASES Total	87.04	
11/30/2011	172896	1486	XEROX CORPO	OFFICE SUPPLIES Total	172.00	
				172896 Total		259.04
11/11/2011	172518	4085	X-RAY ASSOC	CONTRACT LABOR Total		46,479.73
11/11/2011	172517	9895	ZIA NATURAL	CONTRACT LABOR Total		177.02
11/22/2011	172768	31452	ZIA THERAPY	OTHER-COMMUNITY BENEFIT Total		2,227.80
				GRAND TOTAL		7,030,407.75

ATTACHMENT 4B

MONTHLY SUMMARY OF BANK ACTIVITY - PAYROLL ACCOUNT

Name of Debtor: OTERO COUNTY HOSPITAL ASSOCIATION, INC. Case Number: 11-11-13686-JA

Reporting Period beginning 11/01/2011 Period ending 11/30/2011

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found at <http://www.justice.gov/ust/r20/index.htm>.

NAME OF BANK: Wells Fargo, N.A. BRANCH: Alamogordo, NM

ACCOUNT NAME: Gerald Champion Regional Medical Center

ACCOUNT NUMBER: 1500039802

PURPOSE OF ACCOUNT: PAYROLL

Payroll Account is a Zero Balance account – drawing funds from Main Operating Account (Attachment 4a) as needed.

Ending Balance per Bank Statement	\$	
Plus Total Amount of Outstanding Deposits	\$	
Minus Total Amount of Outstanding Checks and other debits	\$	*
Minus Service Charges	\$	
Ending Balance per Check Register	\$	** ^(a)

***Debit cards must not be issued on this account.**

****If Closing Balance is negative, provide explanation:**

The following disbursements were paid by Cash: (Check here if cash disbursements were authorized by United States Trustee)

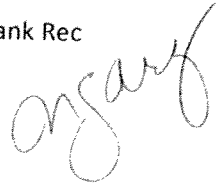
Date	Amount	Payee	Purpose	Reason for Cash Disbursement
_____	_____			
_____	_____			
_____	_____			

The following non-payroll disbursements were made from this account:

Date	Amount	Payee	Purpose	Reason for disbursement from this account
_____	_____			
_____	_____			
_____	_____			

(a)The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

GCMC Payroll Bank Rec
Nov 2011



Prepared by mgary

PAYROLL

MANUAL CHECKS PROCESSED	42,451.30
PLUS: O/S PRIOR MONTH	(221.39)
LESS:	
CLRD CURRENT MONTH	(42,229.91)
O/S	-
	-
	-
	-
subtotal	<u><u>-</u></u>

Choice IV Commercial Checking

Account number: 1500039802 ■ November 1, 2011 - November 30, 2011 ■ Page 1 of 2



GERALD CHAMPION REGIONAL MEDICAL CENTER
 ATTN: CFO
 DEBTOR IN POSSESSION
 CH.11 CASE #11-12686 (MNM)
 2669 SCENIC DR
 ALAMOGORDO NM 88310-8799

Questions?

Available by phone 24 hours a day, 7 days a week:
1-800-CALL-WELLS (1-800-225-5935)

Online: wellsfargo.com

Write: Wells Fargo Bank, N.A. (585)
 Las Cruces Business Banking
 425 S Telshor Blvd
 Las Cruces, NM 88001

Account summary

Choice IV Commercial Checking

Account number	Beginning balance	Total credits	Total debits	Ending balance
1500039802	\$0.00	\$42,229.91	-\$42,229.91	\$0.00

Credits

Electronic deposits/bank credits

Effective date	Posted date	Amount	Transaction detail
	11/14	1,107.70	ZBA Balance Account Transfer From 1500039705
	11/15	23,130.46	ZBA Balance Account Transfer From 1500039705
	11/16	17,321.08	ZBA Balance Account Transfer From 1500039705
	11/25	373.56	ZBA Balance Account Transfer From 1500039705
	11/28	297.11	ZBA Balance Account Transfer From 1500039705
		\$42,229.91	Total electronic deposits/bank credits
		\$42,229.91	Total credits

Debits

Checks paid

Number	Amount	Date	Number	Amount	Date	Number	Amount	Date
29504	297.11	11/28	35083	5,118.40	11/15	35086	1,107.70	11/14
29505	373.56	11/25	35084	17,848.38	11/15	35087	14,875.99	11/16
35082 *	163.68	11/15	35085	2,445.09	11/16			
			\$42,229.91	Total checks paid				

* Gap in check sequence.

\$42,229.91 Total debits



Daily ledger balance summary

<i>Date</i>	<i>Balance</i>	<i>Date</i>	<i>Balance</i>	<i>Date</i>	<i>Balance</i>
10/31	0.00	11/15	0.00	11/25	0.00
11/14	0.00	11/16	0.00	11/28	0.00
Average daily ledger balance		\$0.00			

ATTACHMENT 5B

CHECK REGISTER - PAYROLL ACCOUNT

Name of Debtor: OTERO COUNTY HOSPITAL ASSOCIATION, INC. Case Number: 11-11-13686-JA

Reporting Period beginning 11/01/2011 Period ending 11/30/2011

NAME OF BANK: Wells Fargo, N.A. BRANCH: Alamogordo, NM

ACCOUNT NAME: Gerald Champion Regional Medical Center

ACCOUNT NUMBER: 1500039802

PURPOSE OF ACCOUNT: PAYROLL

Account for all disbursements, including voids, lost payments, stop payment, etc. In the alternative, a computer generated check register can be attached to this report, provided all the information requested below is included.

<u>DATE</u>	<u>CHECK NUMBER</u>	<u>PAYEE</u>	<u>PURPOSE</u>	<u>AMOUNT</u>
11/23/11	<u>29504</u>	<u>ID # 15888</u>	<u>Paycheck</u>	<u>\$ 297.11</u>
11/23/11	<u>29505</u>	<u>ID # 15314</u>	<u>Paycheck</u>	<u>\$ 373.56</u>
	<u>35076</u>		<u>VOID</u>	
	<u>35077</u>		<u>VOID</u>	
	<u>35078</u>		<u>VOID</u>	
	<u>35079</u>		<u>VOID</u>	
	<u>35080</u>		<u>VOID</u>	
	<u>35081</u>		<u>VOID</u>	
11/11/11	<u>35082</u>	<u>ID # 15885</u>	<u>Paycheck</u>	<u>\$ 163.68</u>
11/11/11	<u>35083</u>	<u>ID # 15833</u>	<u>Contract Provider Bonus</u>	<u>\$ 5118.40</u>
11/11/11	<u>35084</u>	<u>ID # 4937</u>	<u>Contract Provider Bonus</u>	<u>\$17848.38</u>
11/11/11	<u>35085</u>	<u>ID # 15235</u>	<u>Contract Provider Bonus</u>	<u>\$ 2445.09</u>
11/11/11	<u>35086</u>	<u>ID # 15699</u>	<u>Contract Provider Bonus</u>	<u>\$ 1107.70</u>
11/11/11	<u>35087</u>	<u>ID # 15787</u>	<u>Contract Provider Bonus</u>	<u>\$14875.99</u>
TOTAL				<u>\$42,329.91</u>

ATTACHMENT 4C

MONTHLY SUMMARY OF BANK ACTIVITY - TAX ACCOUNT

Name of Debtor: OTERO COUNTY HOSPITAL ASSOCIATION, INC. Case Number: 11-11-13686-JA

Reporting Period beginning 11/01/2011 Period ending 11/30/2011

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found on the United States Trustee website, <http://www.justice.gov/ust/r20/index.htm>.

NAME OF BANK: _____ BRANCH: _____
ACCOUNT NAME: _____ ACCOUNT NUMBER: _____

PURPOSE OF ACCOUNT: TAX

Ending Balance per Bank Statement	
Plus Total Amount of Outstanding Deposits	\$ _____
Minus Total Amount of Outstanding Checks and other debits	\$ _____ *
Minus Service Charges	\$ _____
Ending Balance per Check Register	\$ _____ ** (a)

***Debit cards must not be issued on this account.**

****If Closing Balance is negative, provide explanation:**

The following disbursements were paid by Cash: (Check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The following non-tax disbursements were made from this account:

Date	Amount	Payee	Purpose	Reason for disbursement from this account
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(a)The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

ATTACHMENT 5C

CHECK REGISTER - TAX ACCOUNT

Name of Debtor: OTERO COUNTY HOSPITAL ASSOCIATION, INC. Case Number: 11-11-13686-JA

Reporting Period beginning 11/01/2011 Period ending 11/30/2011

NAME OF BANK: _____ BRANCH: _____

ACCOUNT NAME: _____ ACCOUNT # _____

PURPOSE OF ACCOUNT: TAX

Account for all disbursements, including voids, lost checks, stop payments, etc. In the alternative, a computer-generated check register can be attached to this report, provided all the information requested below is included.

<u>DATE</u>	<u>CHECK NUMBER</u>	<u>PAYEE</u>	<u>PURPOSE</u>	<u>AMOUNT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL _____(d)
SUMMARY OF TAXES PAID _____(d)

Payroll Taxes Paid _____(a)
Sales & Use Taxes Paid _____(a)
Other Taxes Paid _____(b)
TOTAL _____(c)
_____ (d)

- (a) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5O).
- (b) This number is reported in the "Current Month" column of Schedule or Receipts and Disbursements (Page MOR-2, Line 5P).
- (c) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5Q).
- (d) These two lines must be equal.

ATTACHMENT 4D

INVESTMENT ACCOUNTS AND PETTY CASH REPORT

INVESTMENT ACCOUNTS

Each savings and investment account, i.e. certificates of deposits, money market accounts, stocks and bonds, etc., should be listed separately. Attach copies of account statements.

Type of Negotiable

Instrument	Face Value	Purchase Price	Date of Purchase	Current Market Value
See Attached				

TOTAL

3,656,247 (a)

PETTY CASH REPORT

The following Petty Cash Drawers/Accounts are maintained:

Location of Box/Account	(Column 2) Maximum Amount of Cash in Drawer/Acct.	(Column 3) Amount of Petty Cash On Hand At End of Month	(Column 4) Difference between (Column 2) and (Column 3)
See Attached			

TOTAL

\$ 287,256.73 (b)

For any Petty Cash Disbursements over \$100 per transaction, attach copies of receipts. If there are no receipts, provide an explanation

TOTAL INVESTMENT ACCOUNTS AND PETTY CASH(a + b) \$ 3,943,503.73
(c)

(c)The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

ATTACHMENT 4-D
 GERALD CHAMPION REGIONAL MEDICAL CENTER
 CHANGES IN CASH/CD'S/INVESTMENTS
 prepared by Margie Gary

Financial Institution	GL	Type of Account	Acct#	September 2011	Interest Earned/Fees Paid	Funds Transferred from CD's/Investment Redemptions	October 2011 GL Account Balances	Interest Earned/Fees Paid	Funds Transferred from CD's/Investment Redemptions	November 2011 GL Account Balances
Wells Fargo	11000.001	Operating		17,642,113.74		935,927.71	15,242,641.82			13,129,208.49
Chase Bank	11000.002	Operating		859.44			859.44			824.56
First National Bank	11000.003	Physician		238,747.39			245,167.97			278,862.17
Petty Cash	11010.xxx	Petty Cash		8,470.00			8,470.00			7,570.00
Wells Fargo	11001.001	Savings		42,363.79			42,363.79			42,377.95
OFCU	11001.002	Savings		1,850.97			1,850.97			1,850.97
Loco Credit Union	11001.003	Savings		25.00			25.00			25.00
Merrill Lynch	11100.001	Money Market		2,704,828.77			2,704,828.77			2,705,287.60
Bank of America, na	19090.085	Bond Reserve		226,485.64			226,485.64			341,497.44
Bank of NY Mellon		Bond Acct		23,257.41			23,257.41			23,257.41
Total Cash				20,889,002.15			18,495,950.81			16,530,761.59

Financial Institution	GL	Type of Account	Acct#	September 2011	Interest Earned	Receipt of Funds upon Maturity	Funds Transferred to Operating Acct (Includes Interest Earned)	October 2011	Interest Earned	Receipt of Funds upon Maturity	Funds Transferred to Operating Acct (Includes Interest Earned)	November 2011
First National Bank	19090.086	CD	78811931	4,616.89				4,616.89				4,616.89
First National Bank	19090.086	CD	788119332	101,678.82				101,678.82				101,678.82
First American	19090.086	CD	603211727	-				-				-
OFCU	19090.086	CD	20025567-3	-				-				-
Washington Federal	19090.086	CD	172-116143-6	-				-				-
Total CD's				106,295.71				106,295.71				106,295.71

Financial Institution	GL	Type of Account	Acct#	September 2011	Redemption Date	Redemption Date	Funds Transferred to Operating Acct	October 2011	Redemption Date	Redemption Date	Funds Transferred to Operating Acct	November 2011
Aetos 10% hold	19090.084	Investment		435,655.38				435,655.38				435,655.38
LKCM	19090.084	Investment		844,944.04	10/12/2011	10/12/2011	(807,331.87)	-				-
Mondrian	19090.084	Investment		132,409.00	10/14/2011	10/14/2011	(128,595.84)	-				-
T.Rowe Price	19090.084	Investment		-				-				-
Vanguard	19090.084	Investment		-				-				-
Total Investments				1,413,008.42				435,655.38				435,655.38
Total Cash, CD's & Investments				22,408,306.28				19,037,901.90				17,072,712.68

Attachment 4D
GERALD CHAMPION REGIONAL MEDICAL CENTER
CD'S/INVESTMENTS/SAVINGS

prepared by Margie Gary

Bank/Institution	Description	Face Value	Purchase Price	Date of Purchase	Current Market Value	Stmnt
First American Bank	Certificate of Deposit	\$	100,000	9/10/2010	\$	-
First National Bank	Certificate of Deposit	\$	101,679	12/2/2010	\$	101,679
First National Bank	Certificate of Deposit	\$	3,624,617	5/4/2010	\$	4,617
Otero Federal Credit Union	Certificate of Deposit	\$	100,000	9/2/2010	\$	-
Washington Federal Bank	Certificate of Deposit	\$	730,494	9/22/2010	\$	-
AETOS Alternatives	Investment Portfolio	\$	2,196,000	8/31/2006	\$	435,655
LKCM Fund	Investment Portfolio	\$	366,000	8/30/2006	\$	-
Mondrian Investment Group	Investment Portfolio	\$	1,000,000	10/1/2009	\$	-
T.Rowe Price	Investment Portfolio	\$	1,281,000	8/30/2006	\$	-
Vanguard	Investment Portfolio	\$	4,745,270	2/28/2009	\$	-
Merrill Lynch	Money Market Fund	\$	4,700,000	5/5/2011	\$	2,705,288
Bank of NY Mellon	Savings/Bond Account	\$			\$	19,181
Bank of NY Mellon	Savings/Bond Account	\$			\$	4,076
Bank of America, N.A.	Savings/Bond Reserve	\$			\$	341,497
LOCO Credit Union	Savings Account	\$			\$	25
Otero Federal Credit Union	Savings Account	\$			\$	1,851
Wells Fargo Bank	Savings Account	\$			\$	42,378
TOTAL NOVEMBER 31, 2011					\$	3,656,247



FIRST NATIONAL BANK IN ALAMOGORDO
 MAIN BANK OFFICES, 414 10th Street, Alamogordo, NM 88310

**TIME CERTIFICATE OF DEPOSIT
 NONTRANSFERABLE AND NONNEGOTIABLE**

Account Title OTERO COUNTY HOSPITAL ASSOCIATION		Account Type 19 MONTH NO PENALTY JUMBO CD		Taxpayer ID Number 85-0138775
Account Number 0000000078811932	Amount \$ 101,678.82	Date of Issue December 2, 2010	Maturity Date July 2, 2012	Term 19 Months / Automatic Renewal
Interest Rate Per Annum 0.71 % with an annual percentage yield of 0.71%.				Interest Payment Frequency Every 3 Months
				Interest Payment Disposition Interest will be capitalized to this certificate.

TIME CERTIFICATE OF DEPOSIT

Agreement. This Time Certificate of Deposit is a part of, and governed by, our Time Deposit Agreement. Among other things, this means that all terms defined in that agreement have the same meanings here. You have received a copy of that agreement, the Truth in Savings disclosures (if applicable), and the fee schedule. You have read them and agree to them.

Early Withdrawal Penalty. We do not have to permit early withdrawals from the account. On each one we do permit, we can charge a penalty calculated as follows: If you give 10 days written notice, you may withdraw the balance of the time deposit with no penalty. If no written notice is given, we may impose a penalty of 180 days interest. If there is enough accrued interest to cover the penalty, we deduct the penalty from it. If not, we deduct the remainder of the penalty from principal. If the account is a variable rate account, we will calculate the penalty using the interest rate being applied at the time of withdrawal. If the account is an Individual Retirement Account, the early withdrawal penalty will be in addition to any penalty imposed under the Individual Retirement Account (IRA) Disclosure Statement. The minimum early withdrawal penalty is seven days' simple interest on any amount withdrawn (a) within the first six days after the account is opened, or (b) within six days after a previous early withdrawal.

Nontransferable. This Time Certificate of Deposit is nonnegotiable and nontransferable. All purported holders or assignees of it agree that our right of setoff will have priority over any of their claims.

FIRST NATIONAL BANK IN ALAMOGORDO

By B. STEVENSON

2 DEC 2010
Date

TIME CERTIFICATE OF DEPOSIT
 NONTRANSFERABLE AND NONNEGOTIABLE
 OTERO COUNTY HOSPITAL ASSOCIATION 0000000078811932

00001100 / 20081030 Printed 12/2/2010 2:27:00 PM
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CD Div 4616.89

Physician Practice

FIRST NATIONAL BANK
P O DRAWER 9
ALAMOGORDO NM 88311-0009

*** CAPITALIZATION NOTICE ***

DATE 11/04/11
TELEPHONE 575-437-4880

DEAR CUSTOMER
ON THE PAYMENT DATE BELOW, INTEREST EARNED ON YOUR
TIME DEPOSIT ACCOUNT WAS PAID AND ADDED TO YOUR ACCOUNT BALANCE.
THE NEW CURRENT BALANCE IS REFLECTED BELOW. PLEASE CONTACT
OUR ACCOUNT SERVICES REPRESENTATIVE AT 437-4880 OR 1-800-827-9192
IF YOU HAVE ANY QUESTIONS. THANK YOU.

OTERO COUNTY HOSPITAL ASSOCIATION
DEBTOR IN POSSESSION
ATTN FINANCIAL SERVICES DEPARTMENT
2669 N SCENIC DRIVE
ALAMOGORDO NM 88310

ACCOUNT NUMBER	78811931
PREVIOUS BALANCE	4,700.49
INTEREST AMOUNT	9.00
INTEREST WITHHELD	.00
PAYMENT DATE	11/04/11
CURRENT BALANCE	4,709.49

RECEIVED

NOV 1 0 2011

Financial Services

Gerald Champion Regional Medical Center
Investment Manager Allocation Over Time as of September 30, 2011

Investment Manager	% of Portfolio					Market Value (\$) 09/30/11
	09/30/10	12/31/10	03/31/11	06/30/11	09/30/11	
U.S. Equity						
Sound Shore	8.6%	9.0%	9.9%	--	--	--
Luther Capital Management	2.4	2.6	3.1	6.0	3.4	754,143
Rydex Russell Top 50 ETF	4.5	--	--	--	--	--
Westfield Large Cap Growth	--	8.5	9.4	--	--	--
Subtotal	15.5	20.1	22.4	6.0	3.4	754,143
Global ex U.S. Equity						
Sanderson Int'l Value	22.0	22.5	23.6	--	--	--
Emerging Markets						
Vanguard Emerging Markets	5.0	5.0	--	--	--	--
Hedge Funds						
Aetos Capital LLC ⁽¹⁾	14.2	13.7	14.6	2.8	2.0	435,655
Inflation Hedging						
T. Rowe Price New Era Fund ⁽²⁾	9.8	11.1	12.8	22.3	--	--
Vanguard TIPS	2.4	2.2	--	--	--	--
Subtotal	12.2	13.3	12.8	22.3	--	--
U.S. Bonds						
Vanguard Inter-Term Bond Index ⁽³⁾	25.5	20.2	21.2	41.3	--	--
Global Bonds						
Mondrian Global Fixed Income ⁽⁴⁾	5.6	5.2	5.5	10.7	0.6	128,596
Cash and Equivalents						
Merrill Lynch	--	--	--	17.1	12.1	2,704,829
FNB Physical Cash	--	--	--	--	1.1	236,761
WF Operating Cash	--	--	--	--	80.9	18,034,474
Subtotal	--	--	--	17.1	94.1	20,976,063
Total Assets	100.0%	100.0%	100.0%	100.0%	100.0%	\$22,294,458

Revised to 40%

(1) Market value reflects 10% holdback amount to be paid following the fund's next annual audit in April 2012
(2) Equated 09/29/11 for approximately \$2.7 billion
(3) Equated 09/29/11 for approximately \$6.8 billion
(4) Market value reflects redemption of approximately \$1.6 billion 09/01/11

RECEIVED



DEC 04 2011
Financial Services

Primary Account: 198-02087

OTERO COUNTY HOSPITAL ASSOC
DBA GERALD CHAMPION RMC
ATTN MORGAN HAY
2669 SCENIC DR
ALAMOGORDO NM 88310-8700

November 01, 2011 - November 30, 2011

YOUR MERRILL LYNCH REPORT

PORTFOLIO SUMMARY

	November 30	October 31	Month Change
Net Portfolio Value			
Your assets	\$2,705,731.71	\$2,705,287.60	\$444.11 ▲
Your liabilities	\$2,705,731.71	\$2,705,287.60	\$444.11 ▲
Your Net Cash Flow (Inflows/Outflows) Securities You Transferred In/Out			
Subtotal Net Contributions			
Your Dividends/Interest Income Your Market Change	\$444.11	\$458.83	
Subtotal Investment Earnings	\$444.11	\$458.83	

If you have questions on your statement,
call 24-Hour Assistance:
(866) 4MLBUSINESS
(866) 465-2874

Investment Advice and Guidance:
Call Your Financial Advisor

Your Financial Advisor:
SELTERS & KRUMRINE GROUP
425 TELSHOR BLDG C STE 101
JAS CRUCES NM 88011
1-800-827-3967

Up-to-date account information can be viewed
at: www.mymerrill.com, where your statements
are archived for three or more years.

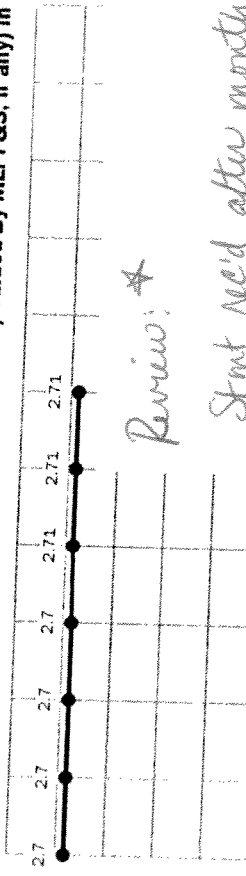
Questions about MyMerrill? Click the "help" tab
at the top of the screen once you log in.

GO GREEN: GET INFORMATION ONLINE, NOT IN YOUR MAILBOX
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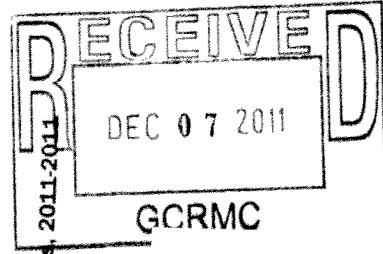
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erite & Dredge Corporation. MLPP&S is a registered broker-dealer, Member Securities Investor Protection
Corporation. Investment products: **Are Not FDIC Insured** | **Are Not Bank Guaranteed** | **M**

Client needs after book will be 1/6/11.

Total Value (Net Portfolio Value plus Assets Not Held/Valued By MLPF&S, if any) in millions



*Review: **
Smt need after month
is closed so interest
is always booked
the following month.



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BNY MELLON

The Bank of New York Mellon Trust Company, N.A.

OTERO COUNTY HOSP ASSOC INC
C/O GERALD CHAMPION REGIONAL MED
ATTN: MORGAN HAY
2669 SCENIC DR
ALAMOGORDO NM 88310-8700

Account Statement

Statement Period 11/01/2011 Through 11/30/2011

Account 750007
GERALD CHAMPION 07 PROJ-INDEBT REF

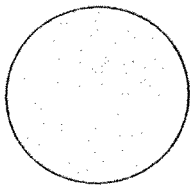
RELATIONSHIP MANAGER: CHARLES SPIVEY
CORPORATE TRUST - 601 TRAVIS ST-18TH FLR
HOUSTON, TX 77002
713-483-6522
CHARLES.SPIVEY@BNYMELLON.COM

BNY Mellon has a team of professionals devoted exclusively to arbitrage compliance services for tax-exempt bond issuers and conduit borrowers. For additional information, please contact your Relationship Manager.

If you are interested in accessing your Account Statement on-line, please contact your Relationship Manager about our web-based INFORM product.

Visit us at www.bnymellon.com

Account Overview



Percent of all Investments	Asset Classification	Market Value
100%	CASH AND SHORT TERM	19,181.17
100%	TOTAL OF ALL INVESTMENTS	19,181.17

Summary of Assets Held

Asset Classification	Market Value	Cost	Accrued Income	Est Annual Income	Market Yield
CASH AND SHORT TERM	19,181.17	19,181.17	0.00	1.92	0.01%
ACCOUNT TOTALS	19,181.17	19,181.17	0.00	1.92	0.01%

Summary of Cash Transactions

Transaction Category	Current Period			Year-to-Date	
	Income	Principal	Realized Gains/Losses	Income	Principal
OPENING BALANCE	0.00	0.00			
DIVIDLND	0.00	0.00	0.00	0.00	0.00
OTHER CASH DISBURSEMENTS	0.00	0.00	0.00	0.10	0.00
CLOSING BALANCE	0.00	0.00	0.00	0.10	0.00
				0.00	0.00

The above cash transactions summary is provided for information purposes only and may not reflect actual taxable income or deductible expenses as reportable under the Internal Revenue Code.



BNY MELLON

The Bank of New York Mellon Trust Company, N.A.

OTERO COUNTY HOSP ASSOC INC
C/O GERALD CHAMPION REGIONAL MED
ATTN: MORGAN HAY
2669 SCENIC DR
ALAMOGORDO NM 88310-8700

Account Statement

Statement Period 11/01/2011 Through 11/30/2011

Account 750043
GERALD CHAMPION 07 DS ELIGIBLE

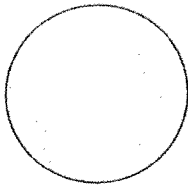
RELATIONSHIP MANAGER: CHARLES SPIVEY
CORPORATE TRUST - 601 TRAVIS ST-18TH FLR
HOUSTON, TX 77002
713-483-6522
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If you are interested in accessing your Account Statement on-line, please contact your Relationship Manager about our web-based INFORM product.

Visit us at www.bnymellon.com

Account Overview



Percent of all Investments	Asset Classification	Market Value
100%	CASH AND SHORT TERM	4,076.24
100%	TOTAL OF ALL INVESTMENTS	4,076.24

Summary of Assets Held

Asset Classification	Market Value	Cost	Accrued Income	Est Annual Income	Market Yield
CASH AND SHORT TERM	4,076.24	4,076.24	0.00	0.41	0.01%
ACCOUNT TOTALS	4,076.24	4,076.24	0.00	0.41	0.01%

Summary of Cash Transactions

Transaction Category	Current Period			Year-to-Date	
	Income	Principal	Realized Gains/Losses	Income	Principal
OPENING BALANCE	0.00	0.00		0.00	0.00
CLOSING BALANCE	0.00	0.00	0.00	0.00	0.00

The above cash transactions summary is provided for information purposes only and may not reflect actual taxable income or deductible expenses as reportable under the Internal Revenue Code.



Bank of America

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118


Page 1 of 3
Statement Period
11/01/11 through 11/30/11
ED P PA 0A 23
Enclosures 0
Account Number 0043 9080 3560

MS 12/07 0 0794 794 000 001690 #001 SP 0.365

OTERO COUNTY HOSPITAL ASSOCIATION
DEBTOR IN POSSESSION
CASE # 11-11-13686-JA
2669 SCENIC DR
ALAMOGORDO NM 88310-8700

Customer Service Information www.bankofamerica.com

For additional information or service, you may call:
1.888.852.5000 Customer Service

Or you may write to:
 Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Deposit Accounts

Commercial Bus Int Max Business Interest Maximizer

OTERO COUNTY HOSPITAL ASSOCIATION DEBTOR IN POSSESSION
CASE # 11-11-13686-JA

Your Account at a Glance

Account Number	0043 9080 3560	Statement Beginning Balance	\$283,997.44
Statement Period	11/01/11 through 11/30/11	Amount of Deposits/Credits	\$115,029.01
Number of Deposits/Credits	3	Amount of Withdrawals/Debits	\$0.00
Number of Withdrawals/Debits	0	Statement Ending Balance	\$399,026.45
Number of Days in Cycle	30	Average Collected Balance	\$352,998.40
		Average Ledger Balance	\$352,998.40
		Service Charge	\$0.00

Interest Information

Amount of Interest Paid	\$29.01	Interest Paid Year-to-Date	\$548.34
Annual Percentage Yield Earned This Statement Period	0.10%	Withholding Year-to-Date	\$0.00

OTERO COUNTY HOSPITAL ASSOCIATION
DEBTOR IN POSSESSION
CASE # 11-11-13686-JA

Page 2 of 3
Statement Period
11/01/11 through 11/30/11
FD P PA 0A 23
Enclosures 0
Account Number 0043 9080 3500

Deposits and Credits

Date Posted	Amount (\$)	Description	Bank Reference
11/01	✓ 57,500.00	Germc Vendor Pmt Des:Payments ID:Boa-Bond Indn:Boa-Bond Sinking Fund Co ID:1850138775 Ccd Pmt Info:Principle Payment -- Germc Sinking Fund\	902504010767770
11/25	57,500.00	Germc Vendor Pmt Des:Payments ID:Boa-Bond Indn:Boa-Bond Sinking Fund Co ID:1850138775 Ccd Pmt Info:Principle Payment -- Germc Sinking Fund\	902527004587722
11/30	29.01	Interest Earned	

Daily Ledger Balances

Date	Balance (\$)	Date	Balance (\$)	Date	Balance (\$)
11/01	341,497.44	11/25	398,997.44	11/30	399,026.45



P.O. Box 1743
808 Washington Avenue
Alamogordo, NM 88311-1743

Statement of Account

Phone (575) 437-3110
Toll Free (800) 765-4130
www.lococreditunion.com

STATEMENT
OCT 9 2011
Personal Services

Need extra cash for the Holidays?
See us about Holiday Loans as low as 10%
or a MasterCard with APR 13.9%.

*****AUTO**SCH 5-DIGIT 88310

GERALD CHAMPION REGIONAL MC 1 >1313
2669 SCENIC DR
ALAMOGORDO NM 88310-8799

Member Number
17668

Page
1

Statement Period
From 7/01/2011 To 9/30/2011

Transaction Date	Effective Date	Description of Transaction and Account Type	Amount	Balance
0701 0930	0701 0930	SHARE SAVINGS ACCOUNT BEGINNING PERIOD BALANCE ENDING PERIOD BALANCE	SHARE TRAILER: 00	25.00 25.00
0701 0930	0701 0930	CERTIFICATE ACCOUNT DIVIDEND RATE: 1.3500% BEGINNING PERIOD BALANCE ENDING PERIOD BALANCE	CERT TRAILER: 81 MATURITY DATE: 11 19 2011	.00 .00
0701 0930	0701 0930	CERTIFICATE ACCOUNT DIVIDEND RATE: 1.3500% BEGINNING PERIOD BALANCE ENDING PERIOD BALANCE	CERT TRAILER: 82 MATURITY DATE: 1 15 2012	.00 .00
0701 0930	0701 0930	CERTIFICATE ACCOUNT DIVIDEND RATE: 1.0500% BEGINNING PERIOD BALANCE ENDING PERIOD BALANCE	CERT TRAILER: 83 MATURITY DATE: 6 17 2012	.00 .00
0701 0930	0701 0930	CERTIFICATE ACCOUNT DIVIDEND RATE: 1.0500% BEGINNING PERIOD BALANCE ENDING PERIOD BALANCE	CERT TRAILER: 84 MATURITY DATE: 6 17 2012	.00 .00
TOTAL DIVIDENDS EARNED THIS YEAR			\$2534.08	

1. Ownership of share, deposit and certificate accounts shown on this statement is not transferable.
2. Transaction dates shown on this statement are not transferable.



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11001.002

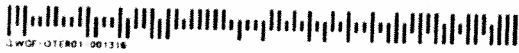
Otero FCU, PO Box 2800, AlamoGordo, NM 88311

Ph: (505) 434-8500 or (800) 376-9000

mail@oterofcu.org


Member Number: 20025567
 Statement Period: 07/01/11 to 09/30/11
 Page Number: 1 of 2

GERALD CHAMPION - GCRMC
 2669 N. SCENIC DRIVE
 ALAMOGORDO NM 88310



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OCT 11 2011
 Financial Services




We've Lowered Our Loan Rates!

New Auto Loans As Low As 2.99% APR*

Motorcycle Loans As Low As 6.00% APR*

* All loans are subject to credit approval. Rates are based on credit worthiness. * APR=annual percentage rates.



Posted Date	Transaction Description	Trans Amount	Balance
MAIN SHARE SUFFIX 0			
07/31	Beginning Balance		\$1,849.25
	Dividend through 31JUL2011	0.63	1,849.88
	ANNUAL PERCENTAGE YIELD EARNED: 0.40% FOR A 31 DAY PERIOD		
	Average Daily Balance: 1849.25		
08/31	Dividend through 31AUG2011	0.63	1,850.51
	ANNUAL PERCENTAGE YIELD EARNED: 0.40% FOR A 31 DAY PERIOD		
	Average Daily Balance: 1849.88		
09/09	Deposit	101,123.03	102,973.54
	Transfer 'CTS' 101123.03 from acct: GCRMC-3		
09/09	Withdrawal	-20.00	102,953.54
	WIRE FEE		
09/09	Withdrawal	-101,103.03	1,850.51
	WIRE TRANSFER		
09/30	Dividend through 30SEP2011	0.46	1,850.97
	ANNUAL PERCENTAGE YIELD EARNED 0.30% FOR A 30 DAY PERIOD		
	Average Daily Balance 1850.51		
09/30	New Balance		\$1,850.97 ✓
	YEAR TO DATE DIVIDENDS PAID TO YOU ON SUFFIX0 ARE \$5.84		

Posted Date	Transaction Description	Trans Amount	Balance
12 MONTH CERT 2			
09/30	Beginning Balance		\$0.00
	New Balance		\$0.00
	Matures On	YTD Interest Paid	Dividend Rate
	01/15/12	\$66.71	1.000%

11/0 Acc Stmt not rec'd

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11001.001

Business High Yield Savings

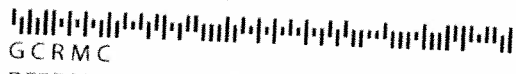
Account number: **6809474908** ■ November 1, 2011 - November 30, 2011 ■ Page 1 of 3



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DEC 07 2011

018541 1 AV 0.340 846903



G C R M C
DEBTOR IN POSSESSION
CH.11 CASE #11-12686 (MNM)
ATTN CFO CONFIDENTIAL
2669 SCENIC DR
ALAMOGORDO NM 88310-8700

Financial Services

Questions?

Available by phone 24 hours a day, 7 days a week:

1-800-CALL-WELLS (1-800-225-5935)

TTY: 1-800-877-4833

En español: 1-877-337-7454

Online: wellsfargo.com/biz

Write: Wells Fargo Bank, N.A. (585)

P.O. Box 1081

Albuquerque, NM 87103

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Activity summary

Beginning balance on 11/1	\$42,370.98
Deposits/Credits	6.97
Withdrawals/Debits	- 0.00
Ending balance on 11/30	\$42,377.95
Average ledger balance this period	\$42,370.98 ✓

Account number: **6809474908**

G C R M C

DEBTOR IN POSSESSION

CH.11 CASE #11-12686 (MNM)

New Mexico account terms and conditions apply

For Direct Deposit and Automatic Payments use

Routing Number (RTN): 107002192

For Wire Transfers use

Routing Number (RTN): 121000248

Interest summary

Interest paid this statement	\$6.97
Average collected balance	\$42,370.98
Annual percentage yield earned	0.20%
Interest earned this statement period	\$6.96
Interest paid this year	\$96.02

DCRP21U:TAW 018541 NNNNNNNNN NNN NNN 001 002 585 074243 10148808 2

12/14/2011

GERALD CHAMPION REGIONAL MEDICAL CENTER
CHANGE FUNDS/PETTY CASH

prepared by Margie Gary

Cash on hand	Location	Max Amt	Amt EOM	Difference	Trans over \$100	Custodian
PETTY CASH	ADMIN	1,400.00	1,400.00	0.00	NONE	CHERI MOORE
PETTY CASH	PLANT OPS	100.00	100.00	0.00	NONE	KATHY WHITE
	TOTAL PETTY CASH	1,500.00	1,500.00	0.00		
CHANGE FUND	Cashiers PT Accts	400.00	400.00	0.00		
CHANGE FUND	Kitchen	700.00	700.00	0.00		
CHANGE FUND	Cafeteria	1,100.00	1,100.00	0.00		
CHANGE FUND	NMSU-A Bistro	450.00	450.00	0.00		
CHANGE FUND	GCRMC Bistro	200.00	200.00	0.00		
CHANGE FUND	GCRMC Coin Machines	600.00	600.00	0.00		
CHANGE FUND	ER/Registration	100.00	100.00	0.00		
CHANGE FUND	Women's Specialty Services	100.00	100.00	0.00		
CHANGE FUND	Champlon Medical Group	100.00	100.00	0.00		
CHANGE FUND	Paylor	100.00	100.00	0.00		
CHANGE FUND	Laws & VanHorne-Padilla	200.00	200.00	0.00		
CHANGE FUND	IW Draw Lab	100.00	100.00	0.00		
CHANGE FUND	Women's Health Center	450.00	450.00	0.00		
CHANGE FUND	Physician Admin Office	70.00	70.00	0.00		
CHANGE FUND	[REDACTED]	100.00	100.00	0.00		
CHANGE FUND	Nephrology & Endocrine	100.00	100.00	0.00		
CHANGE FUND	MCU Store	100.00	100.00	0.00		
CHANGE FUND	Ruidoso Sleep Center	100.00	100.00	0.00		
CHANGE FUND	Pediatrics of Alamogordo	100.00	100.00	0.00		
CHANGE FUND	Main Lobby Registration	500.00	500.00	0.00		
CHANGE FUND	OP Life Transitions	100.00	100.00	0.00		
CHANGE FUND	Family Practice of Alamogordo	100.00	100.00	0.00		
CHANGE FUND	Tucker/General Surgery	100.00	100.00	0.00		
	TOTAL CHANGE FUNDS	6,070.00	6,070.00	0.00		
FNB Checking Account	Physician Practice	278,862.17	278,862.17	0.00		
Chase Checking Acct	Chase Bank	824.56	824.56	0.00		
	PETTY CASH	1,500.00	1,500.00	0.00		
	CHANGE FUNDS	6,070.00	6,070.00	0.00		
	TOTAL October 31, 2011	287,256.73	287,256.73	0.00		

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ATTACHMENT 6

MONTHLY TAX REPORT

Name of Debtor: OTERO COUNTY HOSPITAL ASSOCIATION, INC. Case Number: 11-11-13686-JA

Reporting Period beginning 11/01/2011 Period ending 11/30/11

TAXES OWED AND DUE

Report all unpaid post-petition taxes including Federal and State withholding FICA, State sales tax, property tax, unemployment tax, State workmen's compensation, etc.

Name of Taxing Authority	Date Payment Due	Description	Amount	Date Last Tax Return Filed	Tax Return Period
<u>NM Taxation and Revenue</u>	<u>12/15/11</u>	<u>Withholding (Payroll State Tax)</u>	<u>\$92,247.66</u>	<u>12/02/11</u>	<u>10/23/11 - 11/19/11</u>
<u>NM Taxation and Revenue</u>	<u>12/15/11</u>	<u>Gross Receipts Tax</u>	<u>\$ 48.22</u>	<u>12/02/11</u>	<u>11/01/11 11/30/11</u>
<u>Otero County Treas</u>	<u>5/1/2011</u>	<u>2nd half 2011 prop taxes</u>	<u>\$ 70,888</u>		<u>Calendar year 2011</u>
TOTAL			<u>\$ 163,183.88</u>		

ATTACHMENT 7

SUMMARY OF OFFICER OR OWNER COMPENSATION

SUMMARY OF PERSONNEL AND INSURANCE COVERAGES

Name of Debtor: OTERO COUNTY HOSPITAL ASSOCIATION, INC. Case Number: 11-11-13686-JA

Reporting Period beginning 11/01/2011 Period ending 11/30/2011

Report all forms of compensation received by or paid on behalf of the Officer or Owner during the month. Include car allowances, payments to retirement plans, loan repayments, payments of Officer/Owner's personal expenses, insurance premium payments, etc. Do not include reimbursement for business expenses Officer or Owner incurred and for which detailed receipts are maintained in the accounting records.

<u>Name of Officer or Owner</u>	<u>Title</u>	<u>Payment Description</u>	<u>Amount Paid</u>
<u>Norm Arnold</u>	<u>Board Chairman</u>	<u>Monthly Stipend</u>	<u>\$2,000</u>
<u>Robert J. Heckert</u>	<u>CEO</u>	<u>Paid thru QHR</u>	
<u>William M. Hay</u>	<u>CFO</u>	<u>Management Company</u>	<u>\$ 107,705.46</u>
		<u>(Pd Sept & Oct in the</u>	
		<u>month of November)</u>	

PERSONNEL REPORT

	<u>Full Time</u>	<u>Part Time</u>
<u>Number of employees at beginning of period</u>	<u>554</u>	<u>74</u>
<u>Number hired during the period</u>	<u>9</u>	<u>0</u>
<u>Number terminated or resigned during period</u>	<u>9</u>	<u>0</u>
<u>Number of employees on payroll at end of period</u>	<u>554</u>	<u>74</u>

CONFIRMATION OF INSURANCE

List all policies of insurance in effect, including but not limited to workers' compensation, liability, fire, theft, comprehensive, vehicle, health and life. For the first report, attach a copy of the declaration sheet for each type of insurance. For subsequent reports, attach a certificate of insurance for any policy in which a change occurs during the month (new carrier, increased policy limits, renewal, etc.).

<u>Agent and/or Carrier</u>	<u>Phone Number</u>	<u>Policy Number</u>	<u>Coverage Type</u>	<u>Expiration Date</u>	<u>Premium Due</u>
<u>Anthem/ Lincoln Financial Group</u>	<u>614-436-0688</u>	<u>000010061703</u>	<u>Life & Long Term Disability</u>	<u>08/1/2012</u>	<u>\$76,976</u>
<u>Fidelity National Property and Casualty Insurance</u>	<u>800-820-3242</u>	<u>30 7701210832</u>	<u>Flood for 1501 10th St.</u>	<u>12/24/2012</u>	<u>\$1,255</u>

The following lapse in insurance coverage occurred this month:

<u>Policy Type</u>	<u>Date Lapsed</u>	<u>Date Reinstated</u>	<u>Reason for Lapse</u>
<u>N/A</u>			

X Check here if U. S. Trustee has been listed as Certificate Holder for all insurance policies.

Anthem Life Insurance Company
P.O. Box 182361
Columbus OH 43218-2361
Tel 614-436-0688
Fax 614-433-8869
Email AnthemLife&DisUW_Renewals@Anthem.com

GERALD CHAMPION REGIONAL MEDICAL CENTER
2669 N. SCENIC DRIVE
ALAMOGORDO, NM 88310

July 16, 2011

Dear Benefits Administrator:

Thank you for the opportunity to provide Anthem Life coverage to your employees. All of us at Anthem Life appreciate the confidence you have placed in us, and we remain dedicated to providing you and your employees with quality, cost effective coverage.

We have completed our evaluation of your group coverage with Anthem Life. Our analysis takes into consideration a variety of elements that include overall industry trends in claims incidence, shifts in employee composition as well as other financial or premium related issues that have a bearing on our cost structure. After careful consideration of the above factors, we have established the pricing for your upcoming policy period.

Your current rates for Basic Life and AD&D will be extended for another year.

Anthem offers a variety of products including optional/supplemental life, short and long term disability, dental and vision coverage, and an Employee Assistance Program (EAP). If you have any questions regarding our renewal assessment or would like additional information regarding our products, please do not hesitate to contact your insurance broker or your Anthem Sales representative.

We appreciate the opportunity to provide your employee benefits and look forward to continuing our relationship.

Sincerely,

Scott Reichert

Anthem Life Underwriter

Enclosures

Group Number- HO001 - 604237
Effective Date: 11-01-2011

6740 North High Street • Suite 200 • Worthington • OH • 43085



Fidelity National Property and Casualty Ins. Co.
 P.O. Box 33003
 St. Petersburg, FL 33733-8003
 1-800-820-3242

FFL 99.001 0311
 0081476
 11/18/11

FLOOD DECLARATIONS PAGE

2000 00000 FLD RGLR
 Policy Type

Policy Number	Prior Policy Number	Renewal	Date of Issue	Code	Phone
30 7701210832 04	30 7701210832 03		11/18/11	0081476	(575) 437-6910
Policy Period	Term	Inception Date	Code	Phone	
From: 12/24/11 To: 12/24/12	1 yr(s)	12:01 am Standard Time	0/25/07 12:01am	0081476	(575) 437-6910

Insured
 OTERO COUNTY HOSPITAL ASSN
 2669 SCENIC DR
 ALAMOGORDO NM 88310-8700

CHARLES GARLAND AND HARRIS
 AGENCY
 CHARLES GARLAND &
 3310 N WHITE SANDS BLVD HARRIS AGENCY
 ALAMOGORDO NM 88310-9799

NOV 23 2011

Insured Location (if other than above)

1501 10TH ST, ALAMOGORDO NM 88310

Address may have been changed in accordance with USPS standards.

Rating Information

Grandfathered: No
 Building Description: Non-Residential
 # of Floors: One Floor
 Basement/Enclosure: None

Community Name: ALAMOGORDO, CITY OF
 Community #: 350045
 Map Panel/Suffix: 0001 B
 Community Rating: 09 / 05%
 Program Status: Regular
 Rating Flood Zone: A
 Condo Type: N/A
 Adjacent Grade: 4402.2
 Elevation Diff: 2

Location Description:

Contents Location: Lowest Floor Only Above Ground Level

Coverage

Coverage	Deductible	Premium
BUILDING	\$500,000	\$1,008.00
CONTENTS	\$187,700	\$555.00

PROBATION SURCHARGE:	\$0.00
ANNUAL SUBTOTAL:	\$1,563.00
DEDUCTIBLE CREDIT:	\$288.00
ICC PREMIUM:	\$4.00
COMMUNITY DISCOUNT:	\$64.00

TOTAL WRITTEN PREMIUM:	\$1,215.00
FEDERAL POLICY SERVICE FEE:	\$40.00
TOTAL PREMIUM:	\$1,255.00

THIS IS NOT A BILL

DEAR MORTGAGEE

The Reform Act of 1994 requires you to notify the WYO company for this policy within 60 days of any changes in the servicer of this loan.

The above message applies only when there is a mortgagee on the insured location.

Special Provisions:

Premium Paid by: Insured

This policy covers only one building. If you have more than one building on your property, please make sure they are all covered. See III. Property Covered within your Flood policy for the NFIP definition of "building" or contact your agent, broker, or insurance company. Coverage Limitations may apply. Please refer to your Flood Insurance Policy for details.

Forms and Endorsements:

BFLG99.100 0503 0503 FFL 99.310 0709 0707 BFL 99.116 1005 1005

This policy is issued by

Fidelity National Property and Casualty

Copy Sent To: As indicated on back or additional pages, if any.

00814763077012108321132201

00005

Agent

00217



FFL 99.001 0311
0081476
11/18/11

30 7701210832 04

Agent (575)437-6910
CHARLES GARLAND AND HARRIS
AGENCY
3310 N WHITE SANDS BLVD
ALAMOGORDO NM 88310-9799

00814763077012108321132201

00005



ATTACHMENT 8

SIGNIFICANT DEVELOPMENTS DURING REPORTING PERIOD

Information to be provided on this page, includes, but is not limited to: (1) financial transactions that are not reported on this report, such as the sale of real estate (*attach closing statement*); (2) non-financial transactions, such as the substitution of assets or collateral; (3) modifications to loan agreements; (4) change in senior management, etc. Attach any relevant documents.

- 1) On November 21, 2011, GCRMC closed on the purchase of the Landsun Apartments. This facility will be used to provide temporary housing for healthcare providers, consultants, and temporary employees who would otherwise have stayed at apartments that GCRMC had rented in Alamogordo. The purchase price was \$700,000 (see closing documents attached).
- 2) Effective November 16, 2011, GCRMC executed a Stipulation Agreement with Robins & Morton Group (see copy attached).
- 3) On November 21, 2011, GCRMC executed an Assignment and two Equipment Schedules to finance the acquisition of radiology equipment and related build-out costs pursuant to a Master Lease Agreement with First Financial Corporate Leasing, LLC (see copy attached).

We anticipate filing a Plan of Reorganization and Disclosure Statement on or before _____.

A U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
SETTLEMENT STATEMENT

ALAMOGORDO TITLE COMPANY
1100 New York Avenue, Suite A
P.O. Box 88
Alamogordo, NM 88310
(575) 437-2741

FINAL

B. TYPE OF LOAN

- 1. FHA
- 2. FMHA
- 3. CONV. UNINS.
- 4. VA
- 5. CONV. INS.
- 6. ESCROW FILE NUMBER:
20110828-111 JM
- 7. LOAN NUMBER:
10825164
- 8. MORTGAGE INSURANCE CASE NUMBER:

C NOTE: This form is furnished to give you a statement of actual settlement costs. Amounts paid to and by the settlement agent are shown. Items marked "(P.O.C.)" were paid outside the closing; they are shown here for informational purposes and are not included in the totals.

D. NAME OF BORROWER: Otero County Hospital Association

ADDRESS OF BORROWER: 2669 N. Scenic Drive
Alamogordo, NM 88310

E. NAME OF SELLER: Landsun Homes Inc.

ADDRESS OF SELLER: 2002 Westbridge Road
Carlsbad, NM 88220

F. NAME OF LENDER: First National Bank

ADDRESS OF LENDER: 414 Tenth Street
Alamogordo, NM 88310

G. PROPERTY LOCATION: 3001 N. Scenic Drive
Alamogordo, NM 88310
Otero County 01-12051
Tract 1:

H. SETTLEMENT AGENT: Alamogordo Title Company
PLACE OF SETTLEMENT: 1100 New York Avenue, Suite A, P.O. Box 88, Alamogordo, NM 88310

I. SETTLEMENT DATE: 11/21/2011 PRORATION DATE: 11/21/2011 DISBURSEMENT DATE:

J. SUMMARY OF BORROWER'S TRANSACTION

K. SUMMARY OF SELLER'S TRANSACTION

100. GROSS AMOUNT DUE FROM BORROWER:

400. GROSS AMOUNT DUE TO SELLER:

101. Contract Sales Price	700,000.00
102. Personal Property	
103. Settlement charges to Borrower (line 1400)	6,874.88
104.	
105.	

401. Contract Sales Price	
402. Personal Property	
403.	
404.	
405.	

ADJUSTMENTS FOR ITEMS PAID BY SELLER IN ADVANCE:

ADJUSTMENTS FOR ITEMS PAID BY SELLER IN ADVANCE:

106. City/Town Taxes	
107. County Taxes	
108. Assessments	
109.	
110.	
111.	
112.	
113.	
114.	
115.	
120. GROSS AMOUNT DUE FROM BORROWER:	706,874.88

406. City/Town Taxes	
407. County Taxes	
408. Assessments	
409.	
410.	
411.	
412.	
413.	
414.	
415.	
420. GROSS AMOUNT DUE TO SELLER:	

200. AMOUNTS PAID BY OR IN BEHALF OF BORROWER:

500. REDUCTIONS IN AMOUNT DUE TO SELLER:

201. Deposit or earnest money	50,000.00
202. Principal amount of new loan(s)	525,000.00
203. Existing loan(s) taken subject to	
204.	
205.	
206.	
207.	
208.	
209.	

501. Excess deposit (see instructions)	
502. Settlement charges to Seller (line 1400)	
503. Existing loan(s) taken subject to	
504. Payoff of first mortgage loan	
505. Payoff of second mortgage loan	
506.	
507.	
508.	
509.	

ADJUSTMENTS FOR ITEMS UNPAID BY SELLER:

ADJUSTMENTS FOR ITEMS UNPAID BY SELLER:

210. City/Town Taxes	
211. County Taxes 07/01/11 In 11/21/11	517.39
212. Assessments	
213.	

510. City/Town Taxes	
511. County Taxes	
512. Assessments	
513.	

Landsun

L. SETTLEMENT CHARGES

ESCROW FILE NUMBER 20110828-111 JM
P.O.C.

700. TOTAL SALES/BROKER'S COMMISSION:
BASED ON PRICES

DIVISION OF COMMISSION (LINE 700) AS FOLLOWS:

PAID FROM BORROWER'S FUNDS AT SETTLEMENT
PAID FROM SELLER'S FUNDS AT SETTLEMENT

701	\$	to		
702	\$	to		
703	Commission paid at settlement			
704				

800. ITEMS PAYABLE IN CONNECTION WITH LOAN:

801	Loan Origination Fee	%		P.O.C.
802	Loan Discount Fee	%		
803	Appraisal Fee		to Denton Colvin and Associates	
804	Credit Report			5,974.38
805	Lenders Inspection Fee			
806	Mortgage Insurance Application			
807	Assumption Fee			
808	Documentation Fee		to First National Bank	
809	Future Release Filing Fee		to First National Bank	500.00
810	2 Flood Determination Cert.		to First National Bank	25.00
811	**See attached for breakdown			30.00
900.	ITEMS REQUIRED BY LENDER TO BE PAID IN ADVANCE:			190.50

901	Interest From	to	@ \$ /day	% (days)	P.O.C.
902	Mortgage Insurance Premium for	Month(s) to			
903	Hazard Insurance Premium for	Years(s) to			
904					
905					

1000. RESERVES DEPOSITED WITH LENDER:

1001	Hazard Insurance	months @ \$		per month
1002	Mortgage Insurance	months @ \$		per month
1003	City Property Taxes	months @ \$		per month
1004	County Property Taxes	months @ \$		per month
1005	Annual Assessments	months @ \$		per month
1006		months @ \$		per month
1007		months @ \$		per month
1008	Aggregate Adjustment			

1100. TITLE CHARGES:

1101	Settlement or closing fee			P.O.C.
1102	Abstract or title search			
1103	Title examination			
1104	Title insurance binder			
1105	Document preparation			
1106	Notary fees			
1107	Attorney's Fees			

(includes above items numbers:

1108	Title Insurance	to Alamogordo Title Company		30.00
	(includes above items numbers:			
1109	Lenders coverage	\$ 525,000.00	30.00	
1110	Owner's coverage	\$ 700,000.00	3495.00	
1111	Lien, EPA and Arm Endorsement	Alamogordo Title Company		75.00
1112				
1113				

1200. GOVERNMENT RECORDING AND TRANSFER CHARGES:

1201	Recording Fees: Deed \$ 25.00 Mortgage \$ 25.00	Release \$		P.O.C.
1202	City/County tax/stamps	Deed \$		50.00
1203	State tax/stamps	Deed \$		
1204				
1205				

1300. ADDITIONAL SETTLEMENT CHARGES:

1301	Survey			P.O.C.
1302	Pest Inspection			
1303				
1304				
1305				
1306				
1307				

1400 TOTAL SETTLEMENT CHARGES (Enter on line 103, Section J - and - line 502, Section K)

6,874.88

Escrow Number. 20110828-111 JM

HUD 811 DETAILED BREAKDOWN OF ITEMS PAYABLE IN CONNECTION WITH LOAN

Description	Amount
812 EDR Report to First National Bank	30.00
813. Appraisal Review to Thrash & Associates	160.50
Total as shown on HUD page 2 Line #811	190.50

NOTICE TO PURCHASER/INSURED

Name of Purchaser(s): Otero County Hospital Association

Commitment No : 20110828

Commitment issue date: October 28, 2011

Short Description of Property: Tract 1:

Lot 1A, Replat A, BETTY DARE MEMORIAL SUBDIVISION, Alamogordo, Otero County, New Mexico.

Tract 2:

Lot 5B, Replat B, BETTY DARE MEMORIAL SUBDIVISION, Alamogordo, Otero County, New Mexico

Name & Telephone Number of Agency/Insurer ("Company"): Alamogordo Title Company 575-437-2741

READ THIS NOTICE TO FAMILIARIZE YOURSELF WITH ADDITIONAL COVERAGES AVAILABLE

The New Mexico Insurance Department requires that this Notice be given in connection with all commitments/binders issued for title insurance owner's policies on one to four residential family properties.

THIS NOTICE SHOULD BE RETURNED TO THE COMPANY AT THE EARLIEST POSSIBLE TIME. IT MUST BE SIGNED NOT LATER THAN CLOSING. FAILURE TO ACT IMMEDIATELY COULD DELAY CLOSING SINCE NO TITLE POLICY CAN BE ISSUED UNTIL THIS DOCUMENT IS SIGNED AND RETURNED TO THE COMPANY.

Standard title insurance policies do not cover certain risks. These risks include the standard exceptions shown on your commitment/binder Schedule "B", which will also be part of your title policy. Standard Exceptions 1, 2, 3, 4, 5, 6 and 7 (like all the exceptions) limit the coverage under your title policy. However, *some* of this coverage can be reinstated as described below.

Standard Exception 1 (Parties in Possession) excludes coverage for certain claims of tenants, squatters or other persons who may claim possession of the property. Standard Exception 1 may be deleted and the coverage reinstated if you meet certain requirements. There is no extra premium charge for this coverage, but there may be a charge for inspection of the property.

Do you want this coverage? Yes _____ / No

Standard Exception 2 (Unrecorded Easements) excludes coverage for easements not shown in the public records. Standard Exception 2 may be deleted and the coverage reinstated if you meet certain requirements. There is no extra premium charge for this coverage, but a survey meeting the insurer's requirements is required and there may be a charge for an inspection.

Do you want this coverage? Yes _____ / No

Standard Exception 3 (Survey Protection) excludes coverage for any problem which an accurate survey would show. Without this coverage, your policy won't insure the accuracy of your survey. If your survey turns out to have inaccurately represented items such as boundaries, easements, location of improvements, etc., the standard policy won't cover any harm you suffer as a result of such inaccuracies. Standard exception 3 may be deleted and the coverage reinstated if you meet certain requirements. The charge for this coverage is 15% of the Owner's Policy premium, and you must provide a survey meeting the insurer's requirements for insurability.

Do you want this coverage? Yes _____ / No

Alamogordo Title Company, 1100 New York Avenue, Suite A, P.O. Box 88, Alamogordo, NM 88310

Standard Exception 4 (Lien Coverage) excludes coverage for certain liens (i.e., claims filed for payment for services and materials provided in connection with the property) not filed in the public records on the policy date. Standard exception 4 may be deleted and the coverage reinstated if you satisfy certain requirements. The charge for this coverage is \$25.00 if the statutory time limit for filing a lien has expired. If the time limit has not expired, the charge is \$3.00 for each \$1,000.00 of insurance. In either case, you will have to provide information which the Company requires, and the Buyer or Seller will be responsible for any cost of providing such information.

Do you want this coverage? Yes _____ / No ✓

Standard Exception 6 (Any title to lands comprising the shores or bottoms of navigable streams, lakes, etc.) excepts coverage for title to land that is beneath navigable waters if there are any on the land you are acquiring. Standard Exception 6 may be deleted and the coverage reinstated if the title company is provided a satisfactory survey and upon review of the survey the deletion is authorized by the title insurance underwriter. The charge for this coverage is \$25.

Do you want this coverage? Yes _____ / No ✓

Standard Exception 7 (Unpatented mining claims; water rights, claims or title to water Coverage) excepts coverage for unpatented mining claims; reservations or exceptions in patents or in acts authorizing the issuance thereof; water rights, claims or title to water. All of Standard Exception 7 may be deleted except "Water rights, claims or title to water" if the property is subject to such coverage, and certain underwriter requirements are met. The charge for this coverage is \$25.

Do you want this coverage? Yes _____ / No ✓

PLEASE ACKNOWLEDGE YOU HAVE BEEN MADE AWARE THAT YOU MAY INCREASE YOUR TITLE POLICY AMOUNT IF YOU ADD IMPROVEMENTS, OR IF THE VALUE OF YOUR PROPERTY INCREASES OVER TIME, BY REQUESTING AN INCREASE IN COVERAGE AND PAYING THE APPLICABLE PREMIUMS. THIS WILL NOT CHANGE THE TERMS OF THE POLICY OTHER THAN THE AMOUNT. ML initial here.

Upon the company's receipt of this signed Notice, it may require that certain information and documents be produced. For example, a survey, inspection, lien waivers, affidavits, financial statements, etc., may be requested. The information requested will vary depending upon what additional coverage you have requested, the insurer's guidelines for issuing such coverage and the particular transaction involved. Providing this information and examining it may extend the length of time needed to close and to prepare your title policy. **TO AVOID DELAYS, YOU ARE REQUESTED TO FILL OUT, SIGN AND RETURN THIS NOTICE TO THE COMPANY AS SOON AS POSSIBLE, ESPECIALLY IF YOU WANT ANY OF THE ADDITIONAL COVERAGES.**

If you need further information concerning cost or requirements for obtaining the coverages only, you should call the Company at the telephone number given at the beginning of this Notice. **IF YOU DO NOT UNDERSTAND THE ADDITIONAL COVERAGES, OR WANT TO KNOW IF YOU NEED THESE COVERAGES, YOU ARE ENCOURAGED TO SEEK AN ATTORNEY'S ADVICE. THE CLOSING OFFICER AND THE COMPANY'S PERSONNEL ARE NOT REQUIRED AND MAY NOT BE QUALIFIED TO ANSWER SUCH QUESTIONS.**

November 21, 2011

 Morgan Hay
Otero County Hospital Association dba
Gerald Champion Regional Medical Center
By: Morgan Hay, Chief Financial Officer

 Lillie M Lewis
Otero County Hospital Association dba
Gerald Champion Regional Medical Center
By: Lillie M. Lewis, Director of Marketing

Alamogordo Title Company, 1100 New York Avenue, Suite A, P.O. Box 88, Alamogordo, NM 88310

**ACKNOWLEDGMENT AND AGREEMENT
(Delayed Funding)**

File Number: 20110828
Buyer: Otero County Hospital Association
Seller: Landsun Homes Inc.
Property: 3001 N. Scenic Drive, Alamogordo, NM 88310

Acknowledgment.

1. Buyer/Borrower (and Seller, if applicable) have been advised by Escrow Agent that funding of their transaction is dependent upon funding of the loan by Lender (hereinafter called Loan Funding).
2. Buyer/Borrower (and Seller, if applicable) understand that no disbursement of funds shall occur and, in the case of a purchase and sale transaction, Buyer/Borrower shall own no interest in the Property until Loan Funding.
3. Buyer/Borrower and/or Seller understand that no existing loans will be paid and that interest on any such loans will continue to accumulate until Loan Funding. Buyer/Borrower and/or Seller understand that the final payoff figures may not be available and/or may need to be updated at closing/funding and the final payoff may be adjusted during the funding procedures to satisfy the total amount required to pay the loan in full.
4. At such time as Loan Funding occurs, Escrow Agent shall disburse all funds and record appropriate documents of conveyance.

Agreements and Indemnity.

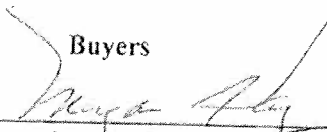
5. Should Buyer/Borrower take possession of the property prior to Loan Funding, Buyer/Borrower and Seller release Escrow Agent from any liability, including liability which may occur in the event that Loan Funding does not occur. Such release includes, but is not limited to, any loss resulting from Buyer/Borrower failing to have or obtain adequate insurance coverage on, or legal title to, the Property.
6. Buyer/Borrower (and Seller, if applicable) agree to save and hold harmless Escrow Agent from any liability arising under and as a result of any delay in Loan Funding, and further agree that Escrow Agent may, at its option, require the receipt, release and authorization in writing of all parties before paying money or delivering or redelivering documents or property to any party or to third parties. Escrow Agent shall not be liable for any interest or other charges on the money held by it.

WITNESS our hands and seals this 21st day of November, 2011.

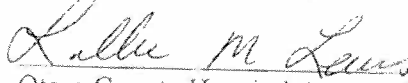
Sellers

Landsun Homes Inc.
By Daniel R. York, Executive Director

Buyers



Otero County Hospital Association dba
Gerald Champion Regional Medical Center
By: Morgan Hay, Chief Financial Officer



Otero County Hospital Association dba
Gerald Champion Regional Medical Center
By Lillie M. Lewis, Director of Marketing

ERRORS AND OMISSIONS AFFIDAVIT

File Number: 20110828

Buyer: Otero County Hospital Association

Seller: Landsun Homes Inc.

Property: 3001 N. Scenic Drive, Alamogordo, NM 88310

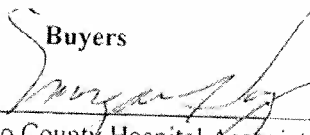
In the event any of the documents evidencing the sale/purchase of the above-referenced property misstate or inaccurately reflect the true and correct terms and provisions of the sale/purchase and said misstatement or inaccuracy is due to unilateral mistake on the part of **Alamogordo Title Company**, mutual mistake on the part of **Alamogordo Title Company** and Buyer/Seller or clerical error, then in such event Buyer/Seller shall upon request by **Alamogordo Title Company** and in order to correct such misstatements or inaccuracy, execute such new documents or initial such corrected original documents as **Alamogordo Title Company** may deem necessary to remedy said inaccuracy or mistake.

WITNESS our hands and seals this 21st day of November, 2011.


Sellers

Landsun Homes Inc.
By Daniel R. York, Executive Director

Buyers



Otero County Hospital Association dba
Gerald Champion Regional Medical Center
By: Morgan Hay, Chief Financial Officer



Otero County Hospital Association dba
Gerald Champion Regional Medical Center
By Lillie M. Lewis, Director of Marketing

File #20110828 - JM



PRIVACY NOTICE

This Privacy Notice describes our practices for safeguarding personal information about you and your personal financial information. We take great care to properly handle information about you. The information we collect and retain is solely to enable us to prepare for your closing. We do not allow Internet access to any of your personal files.

The information we collect about you comes from the following sources:

- Information from your lender, attorney, real estate broker, and their associates.
- Information from public records.
- Information from you, such as your name, address, telephone number, or social security number.

The information we collect enables us to:

- Set up and administer your file. We will ask for personally identifying information to protect you from fraud.
- Satisfy certain regulatory requirements.


We do not disclose this nonpublic information to anyone except:

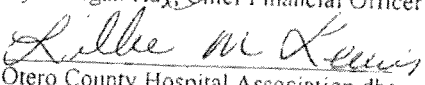
- Financial service providers, insurance companies and agents, and others, as permitted by law.

We restrict access to nonpublic personal information about you to those employees who need to know that information to provide the products or services requested by you or your lender.

We maintain physical, electronic, and procedural safeguards that comply with appropriate federal and state regulations.

 Landsun Homes Inc.
 By Daniel R. York, Executive Director


 Otero County Hospital Association dba
 Gerald*Champion Regional Medical Center
 By: Morgan Hay, Chief Financial Officer


 Otero County Hospital Association dba
 Gerald Champion Regional Medical Center
 By Lillie M. Lewis, Director of Marketing

TAX PRORATION DISCLAIMER

Our File #20110828
3001 N. Scenic Drive
Alamogordo, NM 88310

The undersigned hereby acknowledge that the ad valorem (property) taxes that have accrued for the current year on the captioned property were prorated as of the closing date. The Buyer was given credit on the settlement statement for the Seller's share of the estimated taxes.

The undersigned hereby acknowledge that the ad valorem (property) taxes that have accrued for the current year were not prorated as of the closing date. The Buyer or Seller does hereby assume and agrees to be responsible for taxes for the entire current year.

The Buyer understands that he is responsible for the payment of taxes for the current year. If taxes are escrowed by the Lender, the Buyer should immediately forward any tax bill received to the Lender to ensure payment of taxes. If there is no escrow for taxes and the Buyer does not receive a tax bill by November 15, the Buyer should contact the Otero County Treasurer's Office for a tax bill.

The undersigned understand that the tax prorations are based on actual taxes for the current year. Prorations are final and no other adjustments will be made by **Alamogordo Title Company**. **Alamogordo Title Company** will also have no responsibility in making any future adjustments in the above referred tax prorations as a result of any changes in the tax rate and/or valuation. Buyer acknowledges that the Seller may have previously applied for certain exemptions that could be attached to the tax roll and will be removed upon the sell of this property. Buyer acknowledges that the annual property tax amount may increase once these exemptions have been removed from the tax roll.

In the event that the Buyer is entitled to a Head of Household Exemption or a VA Exemption, they must personally go to the Otero County Assessor's Office and apply for the exemption. The application must be made during the months of January or February, as these exemptions do not operate automatically. In addition, it is the responsibility of the Buyer to determine that the Otero County Assessor has changed their records to show the Buyers correct name and mailing address.

A mobile home is located on the property and has been taxed separately as a mobile home. This mobile home is now a permanent foundation, and in order to comply with your Lender's requirements, the Buyer must contact the Otero County Assessor's office to place the mobile home on the tax roll as a permanent dwelling. **Alamogordo Title Company** will have no responsibility to contact the Otero County Assessor's Office or correct any future tax problems that may arise from the Buyer failing to have the mobile home taxed with the land.

A mobile home is located on the property and has been taxed separately as a mobile home. **Alamogordo Title Company** has obtained all necessary transfer documents and the most current tax release on the property. The ownership of the mobile home now rests with the Buyer. It will still be taxed separately from the land.

Sellers

Landsun Homes Inc.
By Daniel R. York, Executive Director

Buyers

Otero County Hospital Association dba
Gerald Champion Regional Medical Center
By: Morgan Hay, Chief Financial Officer

Otero County Hospital Association dba
Gerald Champion Regional Medical Center
By Lillie M. Lewis, Director of Marketing

Escrow No.: 20110828

Residential Property Transfer Declaration Affidavit

Transferor(s) / Seller(s) Print full names(s) and mailing addresses(es):
 Landsun Homes Inc.
 2002 Westbridge Road
 Carlsbad, NM 88220

Transferor(s) / Buyer(s) Print full names(s) and mailing addresses(es):
 Otero County Hospital Association
 2609 N. Scenic Drive
 Alamogordo, NM 88310

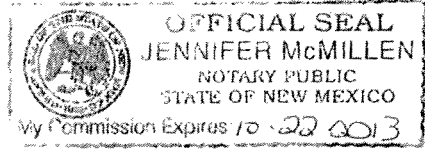
Legal Description of real property transferred as it appears in the document of transfer:
 Tract 1:
 Lot 1A, Replat A, BETTY DARE MEMORIAL SUBDIVISION, Alamogordo, Otero County, New Mexico.
 Tract 2:
 Lot 5B, Replat B, BETTY DARE MEMORIAL SUBDIVISION, Alamogordo, Otero County, New Mexico.

Full consideration including money or other thing of value paid or exchanged for the transfer, and the terms of the sale including any amount of seller incentives.
 Sales Date: 11/01/2011
 Consideration paid or exchanged: \$ 700,000.00
 Value of Personal Property included: \$
 Description of Personal Property:
 Terms of sale including any seller incentives:

Signature of Buyer Seller or Authorized Agent (Check one and sign)
 Signature: *[Handwritten Signature]* Date: 11-21-2011

Acknowledgement of individual or in representative capacity
 State of New Mexico County of Otero
 Signed and sworn to (or affirmed) before me this day of November 18, 2011.

By: _____
 Name of affiant or authorized agent if applicable
[Handwritten Signature]
 Notary Public



My Commission Expires

Pursuant to NMSA 1978, Section 7-36-12.1 and 7-38-12.2 (2005)

For Otero County Assessor's Office Use Only

STATE OF NEW MEXICO, COUNTY OF OTERO. ss, I hereby state that this instrument was filed for record on the _____ day of _____, 2006 at _____ o'clock _____ AM/PM. in full compliance with 7-35-12.1, NMSA

Received by

BUYER/BORROWER INFORMATION

ATC Escrow #20110828
Property address: 3001 N. Scenic Drive

Name: Otero County Hospital Association

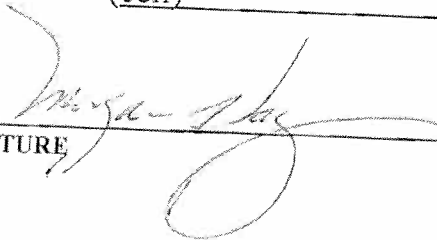
Correct Mailing Address: **(Where you wish your documents to be mailed)**

2669 N Scenic Dr
Alamogordo NM 88310

Phone #'s: (home) _____

(work) 575-443-2848

(cell) _____


SIGNATURE

EXECUTION COPY

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW MEXICO

In re

OTERO COUNTY HOSPITAL
ASSOCIATION, INC. (d/b/a Gerald
Champion Regional Medical Center d/b/a
Mountain View Catering).

Debtor.

No. 11-11-13686-JA

**STIPULATION BY AND BETWEEN THE DEBTOR AND THE ROBINS & MORTON
GROUP PROVIDING ADEQUATE PROTECTION OF SECURED CLAIM AND
FOR ASSUMPTION OF EXECUTORY CONTRACT**

This stipulation (the "Stipulation") is made as of November 16, 2011 by and between the OTERO COUNTY HOSPITAL ASSOCIATION, INC. d/b/a Gerald Champion Regional Medical Center (the "Debtor") and THE ROBINS & MORTON GROUP ("Contractor," and, together with the Debtor, the "Parties").

RECITALS

WHEREAS, on August 16, 2011 (the "Petition Date"), the Debtor filed a voluntary petition under chapter 11 of title 11 of the United States Code (the "Bankruptcy Code"), thereby commencing the above-captioned bankruptcy case (the "Case") in the United States Bankruptcy Court for the District of New Mexico (the "Court"); and

WHEREAS, on or about March 29, 2010, the Debtor and Contractor entered into a Standard Form Agreement (the "Agreement") for the construction of certain building related improvements (the "Improvements") to provide additional patient rooms and house a rehabilitation center and a wound care center. The Improvements are on property (the "Property") located adjacent to the Debtor's main hospital building. The Improvements and

Property are referred to as the "Collateral." The construction of the Improvements upon the Property under the Agreement is referred to herein as the "Work"; and

WHEREAS, on the Petition Date, the Contractor was owed \$855,351.15 in unpaid amounts (the "Unpaid Prepetition Amount") under the Agreement in respect of prepetition Work; and

WHEREAS, the Contractor has continued to build Improvements pursuant to the terms of the Agreement on a postpetition basis and has issued postpetition invoices to the Debtor in the amount of \$2,209,481.87, of which \$777,262.87 remains unpaid (the "Unpaid Postpetition Amount," and, together with the Unpaid Prepetition Amount, the "Unpaid Amount");

WHEREAS, pursuant to section 48-2-2 of the New Mexico Statutes, the Contractor has a materialmen's lien (the "Lien") under New Mexico law upon the Improvements and the Property in the amount of the Unpaid Amount; and

WHEREAS, the Contractor has requested and the Debtor has agreed to provide adequate protection in respect of Lien in exchange for the Contractor (a) forbearing from filing a motion for relief from the automatic stay or otherwise seeking adequate protection, (b) otherwise attempting to enforce the Lien so long as there is no default hereunder and (c) agreeing to allow a portion of its claim to be paid under a plan of reorganization on the terms and conditions set forth in the Stipulation; and

WHEREAS, the Contractor has also requested that the Debtor assume the Agreement in consideration for the Contractor's agreement to continue the Work and complete the Improvements postpetition and:

WHEREAS, the Debtor has agreed to provide adequate protection to the Contractor in respect of the Lien, repay the Unpaid Amount, assume the Agreement and provide adequate

assurance of future performance in respect of the Agreement, in each case as provided for in this Stipulation;

NOW THEREFORE, for valuable consideration, the receipt and adequacy of which is hereby acknowledged, the Parties hereby agree as follows:

1. Certain Payments. In order to provide adequate protection to the Contractor in respect of the Lien, and as a cure of any defaults in respect of the Agreement pursuant to Section 365(b) of the Bankruptcy Code, the Debtor shall make the following payments to the Contractor pursuant to this Stipulation:

- (a) On November 16, 2011, \$300,000;
- (b) On November 28, 2011, \$100,000;
- (c) On the first business day of each calendar month commencing in January of 2012, \$50,000; provided, that the Allowed Claim (as defined below) shall not be reduced below \$455,351.15; and
- (d) On the 10th business day of each month, any interest accrued through the last day of the preceding month, calculated at the non-default rate of interest set forth in the Agreement.

2. Allowed Secured Claim. On the Effective Date (as defined below), subject to paragraph 10, the Contractor shall receive an allowed claim (the "Allowed Claim") in the amount of the Unpaid Amount, which shall accrue interest at the non-default rate set forth in the Agreement. Such Allowed Claim shall be secured by the Collateral and shall be reduced by the payments set forth above upon the Contractor's receipt of such payments. Notwithstanding anything set forth in the Agreement or applicable law, so long as no Event of Default (as defined below) shall have occurred and be continuing, the Contractor shall be entitled to no payments in

respect of the Agreement or otherwise, except as set forth in Paragraph 1; provided, that the Contractor may submit change orders and the Debtor may accept or reject such change orders, in each case as permitted by the Agreement.

3. Plan of Reorganization. The Parties agree that, notwithstanding anything set forth in this Stipulation, the Debtor may file a plan of reorganization at any time and that, if such plan of reorganization is an "Acceptable Plan" and becomes effective, the treatment of the Allowed Claim pursuant to such Acceptable Plan shall supersede this Stipulation. For purposes of this Stipulation, an "Acceptable Plan" is a plan of reorganization for the Debtor that proposes to pay the Allowed Claim in full in cash; provided, that the Allowed Claim may be paid in installments if the Acceptable Plan provides for the payment of interest at the non-default rate set forth in the Agreement in respect of the Allowed Claim.

4. Mandatory Prepayments. The Debtor has not been paid approximately \$2,300,000 in sole community provider payments owed to it by various governmental agencies (the "Community Provider Payments") under a program intended to bolster payments to sole community provider hospitals. The Debtor anticipates receiving such payments in the near future, but cannot be sure if or when such payments might be made; nevertheless, the Debtor shall use a reasonable portion of such Community Provider Payments (to be determined by the Debtor in its reasonable business judgment), if any and when such payments are received, to make payments to the Contractor in respect of its Allowed Claim. Accordingly, within three (3) business days of the receipt of any Community Provider Payments, the Debtor shall make payments to the Contractor on account of the Allowed Claim from the proceeds of such Community Provider Payments in an amount that the Debtor deems reasonable under the

circumstances; provided, that the Allowed Claim shall not be reduced below \$455,351.15 in connection with any payments made under this paragraph 4.

5. Assumption of Agreement. On the Effective Date (which shall include the entry of the Stipulation Approval Order (as defined below)), the Debtor shall be deemed to have assumed the Agreement pursuant to section 365(a) of the Bankruptcy Code, as modified by this Stipulation. Any defaults under the Agreement existing on or before the Effective Date shall be deemed cured on the Effective Date in exchange for the Debtor's agreement to make the payments set forth in this Stipulation. Further, subject to paragraph 10, all payments made in respect of the Agreement prior to the Effective Date shall not be subject to disgorgement or avoidance, except as permitted by the Agreement.

6. The Effective Date. The effective date of this Stipulation (the "Effective Date") shall be the date upon which the Court enters an order (which shall be in form and substance reasonably acceptable to the Contractor and the Debtor) on the docket of the Case approving this Stipulation (the "Stipulation Approval Order"). Without limiting the generality of the foregoing, the Stipulation Approval Order shall expressly authorize the assumption of the Agreement by the Debtor on the terms and conditions set forth in the Stipulation, and the entry of the Stipulation Approval Order shall conclusively establish such assumption without further order of the Court. This Stipulation shall terminate upon the confirmation and effectiveness of an Acceptable Plan.

7. Each of the following shall constitute an "Event of Default" hereunder:

- (a) the Debtor shall fail to make any payments due hereunder within two (2) business days of their due date;
- (b) the entry of an order by the Court converting or dismissing the Debtor's Case or appointing a chapter 11 trustee;

(c) the Debtor shall file a plan of reorganization that is not an Acceptable Plan;

(d) the reversal, vacatur, stay, amendment, supplementation or other modification of the Stipulation Approval Order; and

(e) the Debtor shall fail to file a plan of reorganization by August 1, 2012.

8. Effect of Event of Default. Following the occurrence of an Event of Default that is not expressly waived in writing by the Contractor, and without further notice or action by the Bankruptcy Court, (a) subject to section 362(a) of the Bankruptcy Code, the Contractor shall be entitled to exercise any rights and remedies the Contractor may have in respect of the Lien, including any rights it may have to seek additional adequate protection or relief from the automatic stay or to foreclose upon the Collateral, (b) the Contractor shall be entitled to exercise any rights and remedies it may have under the Agreement, and (c) the Contractor shall be entitled to cease all Work under the Agreement absent further order of the Court. The Contractor shall be entitled to move for relief from the automatic stay to enforce its rights against the Collateral on five (5) days' written notice to the Debtor and the Creditors' Committee. The Debtor and the Creditors' Committee reserve all of their rights to oppose such a motion and to seek an order from the Court assuming or rejecting the Agreement.

9. Certain Additional Rights. On and after the Effective Date:

(a) the Lien shall be deemed to be valid, perfected, non-avoidable and fully enforceable (subject to section 362 of the Bankruptcy Code) notwithstanding any requirements of New Mexico law or the Bankruptcy Code to file or record a lien notice, including any requirements set forth in section 48-2-6 of the New Mexico Statutes and section 546(b) of the Bankruptcy Code. In addition, the validity, perfection, non-avoidability and enforceability of the Lien (subject to section 362 of the Bankruptcy Code) shall continue notwithstanding the

termination of this Stipulation; provided, that the Contractor records and/or files any and all lien notices required by New Mexico law and the Bankruptcy Code to perfect its Liens within one hundred and twenty (120) days of such termination, and the automatic stay set forth in section 362(d) of the Bankruptcy Code shall be modified for such purpose without further order of the Court. Notwithstanding any of the foregoing and without prejudice to the automatic perfection provided for by this paragraph 9(a), the Contractor may but shall not be required to take any and all actions required by New Mexico law and the Bankruptcy Code to perfect or maintain and continue perfection of the Lien, and the automatic stay provided for in section 362(a) of the Bankruptcy Code shall be modified for such purpose without further order of the Court; and

(b) the Debtor shall pay to the Contractor an amount equal to its reasonable attorneys fees and costs without further order of the Court. The Contractor shall provide the Debtor with an invoice detailing such fees and costs (subject to any reasonable redactions required to maintain attorney client privilege) no more than once per calendar month and the Debtor shall pay such invoice within thirty (30) days of receipt; provided, that the Debtor reserves the right to dispute any fees and costs it deems unreasonable. Any such dispute shall be resolved by the Court.

10. Reservation of Rights. Nothing in this Stipulation shall impair any of the rights of the Debtor or the Contractor under the Agreement or applicable law with respect to the Work, including the right to require that defective or non-conforming Work be remedied as required by the Agreement or that the Contractor provide the Debtor with compensation for any non-conforming Work.

11. Miscellaneous.

(a) The headings of the paragraphs of this Stipulation are for convenience of reference only, and do not form a part hereof, and do not in any way modify, interpret, or construe the meaning of the sections themselves or the intentions of the Parties.

(b) The provisions of this Stipulation shall be binding upon all parties in interest in this case, including, without limitation, the Contractor and the Debtor and their respective successors and assigns (including any chapter 7 or chapter 11 trustee or examiner hereinafter appointed or elected for the Debtor's estate) and shall inure to the benefit of the Contractor and the Debtor and any of its respective successors and assigns.

(c) This Stipulation may be executed in any number of counterparts, and each such counterpart hereof shall be deemed an original instrument, but all such counterparts together shall constitute one agreement.

(d) No waiver, modification, or amendment of any of the provisions of this Stipulation shall be effective unless it is set forth in writing, signed by the parties hereto, and approved by the Court.

IN WITNESS WHEREOF the Parties have caused this Stipulation to be duly executed as of the date and year first written above.

ACKNOWLEDGED AND AGREED:

OTERO COUNTY HOSPITAL ASSOCIATION, INC.

d/b/a GERALD CHAMPION REGIONAL MEDICAL CENTER

By: [Signature]
Name: ROBERT J HECKERT
Title: CHIEF EXECUTIVE OFFICER

THE ROBINS & MORTON GROUP

By: [Signature]
Name: G. Edward Cassady III
Title: CFO and SVP



**ORIGINAL
COPY**

NOTICE AND ACKNOWLEDGMENT OF ASSIGNMENT

Dated: November 21, 2011

Reference is hereby made to Master Lease Agreement No. 061511-JR dated June 15, 2011, (the "Lease Agreement" between First Financial Corporate Leasing, LLC dba First Financial Healthcare Solutions as lessor (the "Lessor"), and Otero County Hospital Association dba Gerald Champion Regional Medical Center, as lessee and Equipment Schedule No. 02 thereto (the "Schedule") between Lessor and Otero County Hospital Association dba Gerald Champion Regional Medical Center, as the Lessee (the "Lessee") the Schedule, together with the Lease Agreement, to the extent that it relates thereto, is referred to herein as the "Lease".

Lessor hereby gives Lessee notice and Lessee hereby acknowledges receipt of notice that Lessor has collaterally assigned to First Financial Corporate Leasing, LLC (the "Lender"), all of its rights in the Lease and the Equipment (as defined in the Lease) as security for a loan made or about to be made by Lender to Lessor. From and after the date of this notice Lessee agrees to make payment of any and all monies due or to become due under the Lease to Paying Agent at:

Wells Fargo Bank, N.A.
Attn: FFCSI # 40310
299 South Main – 12th Floor
MAC U1228-120
Salt Lake City, UT 84111-1901
Reference: Otero / Schedule No. 02

In recognition of Lender's reliance upon this Notice and Acknowledgment of Assignment by agreeing to lend to Lessor the substantial portion of the purchase price of the Equipment, and in consideration of Lender's and Lessor's agreement not to interfere with Lessee's quiet possession of the Equipment subject to the terms of the Lease, Lessee certifies, confirms and agrees as follows:

1. Lessee will not assert against Lender any defense, claim, counterclaim, recoupment, setoff or right to cancel or terminate the Lease which Lessee may have against Lessor, whether arising out of the Lease or otherwise. Lessee agrees that it will pay to Lender all monies due or to become due under the Lease without regard to any such defense, claim, counterclaim, recoupment, setoff or right and will not seek to recover any part of this sum from Lender, provided that Lessee retains the right to assert in good faith any claim, including a claim of defense against, or for setoff, counterclaim, or recoupment, against Lender if, when no Event of Default shall have occurred and be continuing, Lender interferes with Lessee's right to quiet enjoyment of the Equipment. Notwithstanding the foregoing, nothing herein shall be deemed to relieve Lessor of any of its obligations to Lessee under the Lease.

2. The Equipment is in Lessee's possession at each address specified in the Lease, that the Equipment has been inspected by duly authorized representatives of Lessee as Equipment under the Lease and found to be in good working order and suitable for the Lessee's purposes in all respects.

3. The Lease is in full force and effect and, no modification, amendment or supplement to the Lease has been made, and all of Lessee's representations and warranties made in the Lease are true and correct and shall have the effect as if made on the date hereof. Any future modification, termination, amendment or supplement to the Lease or settlement of amounts due thereunder shall be ineffective without Lender's prior written consent, which will not be unreasonably withheld or delayed. Lessor reserves the right to further assign this lease to a Lender and Lessee hereby authorizes Lessor to replace this page one and two of the Notice and Acknowledgment of Assignment and provide a copy to Lessee. The remit to address will remain the same unless changed by Lessor.

4. Neither Lessee nor, to the Lessee's knowledge, Lessor has breached the Lease in any respect and that payments of any and all monies due under the Lease have been and will continue to be paid in strict accordance with the terms of the Lease. Commencing with the rentals due on the Initial Term Date, there remain an 60 monthly payments, each in the amount of \$4,710.93 due, under said Lease with the last monthly payment due on the 1st day of the 60th month

5. Lessee acknowledges that Lender has not assumed any of the obligations of Lessor, other than the obligation of quiet and peaceful possession, under the terms of the Lease, and Lender shall not be responsible in any way for the performance by Lessor or any other party of the terms and conditions of the Lease. Further, Lessor hereby notifies Lessee and Lessee acknowledges that Lender is entitled to the benefits of each and every right accorded Lessor in the Lease, including but not limited to remedies, inspection rights, indemnity rights, right to give consent, right to receive payment of costs and expenses incurred in exercising rights and remedies and right to receive notices and other documents required to be furnished by Lessee under the Lease.

6. The Lease represents the sole agreement between Lessor and Lessee respecting the Equipment, the monthly rentals and all other payments due under the Lease and Lessee has received no notice of a prior sale, transfer, assignment, hypothecation or pledge of the Lease, the rents reserved thereunder or the Equipment.

7. Lessee is aware of no claim of any kind or nature in or to the Equipment, or of any lien thereon other than Lender's security interest and Lessee's rights thereto under the Lease and that Lessee will keep the Lease and Equipment free and clear of all liens and encumbrances.

8. All representations and duties of Lessor intended to induce Lessee to enter into the Lease whether required by the Lease or otherwise and which were to have been performed by the date hereof have been so performed or fulfilled.

9. Notwithstanding any provision to the contrary contained in Section 13 of the Master Lease Agreement the parties hereto agree that if the Equipment becomes available to Lender as a result of the cancellation or termination of the Lease due to the occurrence of an Event of Default there under, Lender shall have the right to sell lease or otherwise dispose of the same.

10. Notwithstanding any contrary provision of Section 13.2(c) of the Master Lease Agreement, Lessee agrees that both (i) any obligation of the Lessee to indemnify Lender, and (ii) Lender's right to collect from Lessee any and all reasonable costs, fees or expenses incurred by Lender in connection with the enforcement of remedies, shall survive the payment by Lessee of liquidated damages as described in that Section.

11. Lessee agrees that Lessor shall have marketable title to any Like Part or Like Equipment, in addition to any other requirements there of.

12. As between Lessee and Lender, the Lease and this Notice and Acknowledgement of Assignment constitute their entire agreement.

ACCEPTED AND AGREED TO ON THE DATE FIRST WRITTEN ABOVE.

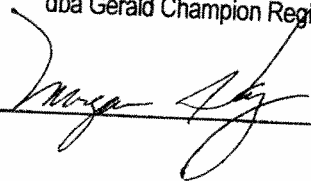
LESSOR: First Financial Corporate Leasing, LLC
dba First Financial Healthcare Solutions,
a California limited liability company

By: 

Name Todd S. Leavey

Title: Vice President

LESSEE: Otero County Hospital Association
dba Gerald Champion Regional Medical Center

By: 

Name: Morgan Hay

Title: Chief Financial Officer

THIS IS COUNTERPART NO. ONE (1) MARKED ORIGINAL OF TWO (2) MARKED DUPLICATE. NUMBERED MANUALLY EXECUTED COUNTERPARTS OF THIS SCHEDULE. NO SECURITY INTEREST IN THIS SCHEDULE MAY BE CREATED THROUGH THE TRANSFER AND POSSESSION OF ANY COUNTERPART OTHER THAN COUNTERPART NO. 1. MARKED ORIGINAL.

EQUIPMENT SCHEDULE NO. 02
Dated November 21, 2011
TO MASTER LEASE AGREEMENT NO. 061511-JR
Dated June 15, 2011

Lessor: First Financial Corporate Leasing, LLC
dba First Financial Healthcare Solutions
711 Kimberly Avenue, Suite 160
Placentia, CA 92870

Otero County Hospital Association
dba Gerald Champion Regional Medical Center
2669 North Scenic Drive
Alamogordo NM 88310

Corp #: 246918

Federal Tax ID #: 85-0138775

- A. Equipment: MIT Q Rad Digital DRX Series \$182,868.00
and T/I Build out estimated for \$ 70,000.00
- B. Total Cost: \$252,868.00
- C. Monthly Lease Rate Factors ("LRF") .01863
- D. Equipment Location: 2539 Medical Drive, Alamogordo NM 88310
- E. Initial Term Date: The first day of the month following the final Acceptance Date
- F. Lease Term: 60 Months

This Equipment Schedule ("Schedule") is effective from the date hereof and shall remain in force until terminated pursuant to the terms set forth herein. The Initial Term extends for ninety (90) days (the "Extended Term") at the rental rate stated in this Schedule unless Lessee provides Lessor with written notice of Lessee's election not to extend the Initial Term at least ninety (90) days, but not more than one hundred eighty (180) days, prior to the expiration of the Initial Term.

- G. Monthly Rent: \$4,710.93

The Monthly Rent is due and payable in advance. The first Monthly Rent payment is due on the Initial Term Date and on the first day of each calendar month thereafter for the duration of this Schedule. The Schedule commences and Lessee's rental obligations for each item of Equipment begin on the Acceptance Date, which is the date on which Lessee has certified in writing to Lessor that all of the Equipment has been received and accepted by Lessee as installed, tested and ready for use. Lessee shall pay Pro Rata Rent equal to 1/30th of the Monthly Rent multiplied by the number of days which have elapsed from the Acceptance Date up to, but not including, the Initial Term Date set forth herein. Interim Rent shall be paid by Lessee with the first Monthly Rent payment.

Since the Monthly Rent is based on the amount paid by Lessor to purchase or otherwise acquire the Equipment (the "Acquisition Cost"), any changes in the Acquisition Cost following execution of this Schedule will result in a change in the Monthly Rent and will be reflected in a Rent Adjustment Addendum to this Schedule. The Monthly Rent is calculated by multiplying the Acquisition Cost for each item of Equipment by the applicable Monthly Lease Rate Factor.

- H. Use: Lessee warrants that the Equipment will be kept by Lessee in its sole possession and control, will be used only by qualified personnel who are covered by professional liability insurance in amounts and against risks customarily insured against in the medical field, and will be in compliance with: (A) all applicable laws, statutes, regulations, and orders of any governmental body having the power to regulate the Equipment or its use, and (B) the Manufacturer's express warranties, specifications, established operating procedures, and anticipated use of the Equipment. Lessee will obtain such licensing and registration of the Equipment as required by federal, state or local law or regulation. Any costs of such compliance, licensing and registration will be borne by Lessee.
- I. Maintenance: Lessee's obligation regarding the maintenance of the Equipment will include, without limitation, all maintenance and repair recommended or advised either by the manufacturer, government agencies, or regulatory bodies and those commonly performed by prudent business and/or professional practice.
- J. Liability Insurance: Effective upon delivery of the Equipment, Lessee will, at its own expense, carry and maintain comprehensive general liability insurance including products/completed operations liability insurance with regard to each item of Equipment against risks customarily insured against in the medical field. Such risks will include, without limitation, the risks of death, bodily injury and property damage associated with the Equipment. The amount of such general liability insurance will not be less than \$3,000,000 per occurrence. Such insurance obligations of Lessee will survive the expiration or other termination of the Schedule with regard to claims which relate back to events occurring during the lease term of the Schedule. All policies for such insurance will name the Lessor and Lessor's Assignee as additional insureds as their interests may appear, and will provide Lessor with not less than thirty (30) days prior written notice of cancellation or material alteration.
- K. Records: Lessee and Lessor agree that all instruction manuals, published statements of capabilities and technical specifications, service, maintenance and repair records, installation, qualification, certification and calibration reports and other printed material supplied by the manufacturer and related to the installation and operation of the Equipment will be deemed a part of the Equipment and Lessee agrees to provide such to Lessor upon request.
- L. End of Term: At the expiration of the Initial Term, or if extended, at the expiration of the Extended Term, Lessee shall: (a) return all but not less than all of the Equipment pursuant to the terms of the Master Lease Agreement and the Schedule at which time the Lease will be terminated ("Return Option"); or (b) purchase all but not less than all of the Equipment from Lessor for its Fair Market Value at which time the Lease will be terminated ("Purchase Option"); or (c) continue leasing all but not less than all of the Equipment on a month-to-month basis at the rental rate set forth in this Schedule ("Month-To-Month Option"). If Lessee has not elected the Return Option or Purchase Option by the expiration date of the Initial Term, or if extended, at the expiration of the Extended Term, the Month-To-Month Option shall prevail. Thereafter, the term of the Lease will continue on a month-to-month basis subject to termination by either Lessor or Lessee at the end of any month, provided at least ninety (90) days prior written notice is delivered to the other party. Notwithstanding delivery of proper notice of termination or timely election of the Return Option, rent shall continue to accrue and be payable at the rate set forth in this Schedule on a month-to-month basis until all of the Equipment has been properly returned by Lessee in accordance with the terms of the Master Lease Agreement.
- M. Adverse Change: If there is an adverse change in Lessee's financial or credit worthiness, as determined solely by Lessor, upon Lessor's written notice to Lessee of such determination, Lessor shall have no obligation to pay Suppliers for any Equipment even if Lessor has previously received invoices.
- N. This Schedule constitutes a separate lease agreement and all of the terms and conditions of the Master Lease Agreement are hereby incorporated in this Schedule as if such terms and conditions were fully set forth herein. All capitalized terms in this Schedule that are not separately defined herein shall have the meanings given to them in the Master Lease Agreement. If this Schedule is deemed to be a lease intended as security, (i) Lessee grants Lessor a security interest in the Equipment to secure its obligations under this Schedule; and (ii) this Schedule shall be construed so that any interest hereunder shall not exceed the maximum time price differential, rate, interest or amount allowed by applicable law and any excess payment will be applied first to prepay principal hereunder and then as a refund to Lessee. In the event any terms or conditions set forth in this Schedule conflict with those set forth in the Master Lease Agreement, then the terms and conditions of this Scheduled shall control.

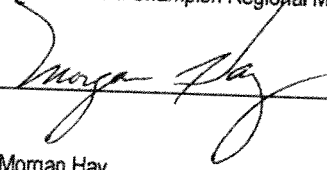
THE INDIVIDUAL SIGNING BELOW CERTIFIES THAT HE OR SHE HAS READ THIS SCHEDULE AND THE MASTER LEASE AGREEMENT, AND IS AUTHORIZED TO SIGN THIS SCHEDULE ON BEHALF OF LESSEE.

THIS SCHEDULE ALONG WITH THE MASTER LEASE AGREEMENT CONTAIN THE ENTIRE AGREEMENT BETWEEN LESSOR AND LESSEE WITH RESPECT TO THE SUBJECT MATTER HEREOF. THIS LEASE CAN BE MODIFIED ONLY IN A WRITING SIGNED BY A PERSON AUTHORIZED TO SIGN LEASE AGREEMENTS ON BEHALF OF LESSOR AND LESSEE. NO ORAL OR OTHER WRITTEN AGREEMENTS, REPRESENTATIONS OR PROMISES SHALL BE RELIED UPON BY, OR BE BINDING ON, THE PARTIES UNLESS MADE A PART OF THIS LEASE BY A WRITTEN MODIFICATION SIGNED BY AN AUTHORIZED SIGNER OF LESSOR AND LESSEE.

LESSOR: First Financial Corporate Leasing, LLC
dba First Financial Healthcare Solutions,
a California limited liability company

LESSEE: Otero County Hospital Association
dba Gerald Champion Regional Medical Center

By:  _____

By:  _____

Name Todd S. Leavey _____

Name: Morgan Hay _____

Title: Vice President _____

Title: Chief Financial Officer _____

THIS IS COUNTERPART NO. ONE (1) MARKED ORIGINAL OF TWO (2) MARKED DUPLICATE. NUMBERED, MANUALLY EXECUTED COUNTERPARTS OF THIS SCHEDULE. NO SECURITY INTEREST IN THIS SCHEDULE MAY BE CREATED THROUGH THE TRANSFER AND POSSESSION OF ANY COUNTERPART OTHER THAN COUNTERPART NO. 1. MARKED ORIGINAL.

EQUIPMENT SCHEDULE NO. 01
Dated November 21, 2011
TO MASTER LEASE AGREEMENT NO. 061511-JR
Dated June 15, 2011

Lessor: First Financial Corporate Leasing, LLC
dba First Financial Healthcare Solutions
711 Kimberly Avenue, Suite 160
Placentia, CA 92870

Otero County Hospital Association
dba Gerald Champion Regional Medical Center
2669 North Scenic Drive
Alamogordo NM 88310

Corp #: 246918

Federal Tax ID #: 85-0138775

- A. Equipment: Siemens Somatom Definition, RS Proven Excellence System \$850,000.00 and T/I Build out estimated for \$445,794.00
- B. Total Cost: \$1,295,194.00
- C. Monthly Lease Rate Factors ("LRF"): .018836
- D. Equipment Location: 2669 North Scenic Dr., Alamogordo NM 88310
- E. Initial Term Date: The first day of the month following the final Acceptance Date
- F. Lease Term: 60 Months

This Equipment Schedule ("Schedule") is effective from the date hereof and shall remain in force until terminated pursuant to the terms set forth herein. The Initial Term extends for ninety (90) days (the "Extended Term") at the rental rate stated in this Schedule unless Lessee provides Lessor with written notice of Lessee's election not to extend the Initial Term at least ninety (90) days, but not more than one hundred eighty (180) days, prior to the expiration of the Initial Term.

- G. Monthly Rent: \$24,397.37

The Monthly Rent is due and payable in advance. The first Monthly Rent payment is due on the Initial Term Date and on the first day of each calendar month thereafter for the duration of this Schedule. The Schedule commences and Lessee's rental obligations for each item of Equipment begin on the Acceptance Date, which is the date on which Lessee has certified in writing to Lessor that all of the Equipment has been received and accepted by Lessee as installed, tested and ready for use. Lessee shall pay Pro Rata Rent equal to 1/30th of the Monthly Rent multiplied by the number of days which have elapsed from the Acceptance Date up to, but not including, the Initial Term Date set forth herein. Interim Rent shall be paid by Lessee with the first Monthly Rent payment.

Since the Monthly Rent is based on the amount paid by Lessor to purchase or otherwise acquire the Equipment (the "Acquisition Cost"), any changes in the Acquisition Cost following execution of this Schedule will result in a change in the Monthly Rent and will be reflected in a Rent Adjustment Addendum to this Schedule. The Monthly Rent is calculated by multiplying the Acquisition Cost for each item of Equipment by the applicable Monthly Lease Rate Factor.

- H. Use: Lessee warrants that the Equipment will be kept by Lessee in its sole possession and control, will be used only by qualified personnel who are covered by professional liability insurance in amounts and against risks customarily insured against in the medical field, and will be in compliance with: (A) all applicable laws, statutes, regulations, and orders of any governmental body having the power to regulate the Equipment or its use, and (B) the Manufacturer's express warranties, specifications, established operating procedures, and anticipated use of the Equipment. Lessee will obtain such licensing and registration of the Equipment as required by federal, state or local law or regulation. Any costs of such compliance, licensing and registration will be borne by Lessee.
- I. Maintenance: Lessee's obligation regarding the maintenance of the Equipment will include, without limitation, all maintenance and repair recommended or advised either by the manufacturer, government agencies, or regulatory bodies and those commonly performed by prudent business and/or professional practice.
- J. Liability Insurance: Effective upon delivery of the Equipment, Lessee will, at its own expense, carry and maintain comprehensive general liability insurance including products/completed operations liability insurance with regard to each item of Equipment against risks customarily insured against in the medical field. Such risks will include, without limitation, the risks of death, bodily injury and property damage associated with the Equipment. The amount of such general liability insurance will not be less than \$3,000,000 per occurrence. Such insurance obligations of Lessee will survive the expiration or other termination of the Schedule with regard to claims which relate back to events occurring during the lease term of the Schedule. All policies for such insurance will name the Lessor and Lessor's Assignee as additional insureds as their interests may appear, and will provide Lessor with not less than thirty (30) days prior written notice of cancellation or material alteration.
- K. Records: Lessee and Lessor agree that all instruction manuals, published statements of capabilities and technical specifications, service, maintenance and repair records, installation, qualification, certification and calibration reports and other printed material supplied by the manufacturer and related to the installation and operation of the Equipment will be deemed a part of the Equipment and Lessee agrees to provide such to Lessor upon request.
- L. End of Term: At the expiration of the Initial Term, or if extended, at the expiration of the Extended Term, Lessee shall: (a) return all but not less than all of the Equipment pursuant to the terms of the Master Lease Agreement and the Schedule at which time the Lease will be terminated ("Return Option"); or (b) purchase all but not less than all of the Equipment from Lessor for its Fair Market Value at which time the Lease will be terminated ("Purchase Option"); or (c) continue leasing all but not less than all of the Equipment on a month-to-month basis at the rental rate set forth in this Schedule ("Month-To-Month Option"). If Lessee has not elected the Return Option or Purchase Option by the expiration date of the Initial Term, or if extended, at the expiration of the Extended Term, the Month-To-Month Option shall prevail. Thereafter, the term of the Lease will continue on a month-to-month basis subject to termination by either Lessor or Lessee at the end of any month, provided at least ninety (90) days prior written notice is delivered to the other party. Notwithstanding delivery of proper notice of termination or timely election of the Return Option, rent shall continue to accrue and be payable at the rate set forth in this Schedule on a month-to-month basis until all of the Equipment has been properly returned by Lessee in accordance with the terms of the Master Lease Agreement.
- M. Adverse Change: If there is an adverse change in Lessee's financial or credit worthiness, as determined solely by Lessor, upon Lessor's written notice to Lessee of such determination, Lessor shall have no obligation to pay Suppliers for any Equipment even if Lessor has previously received invoices.
- N. This Schedule constitutes a separate lease agreement and all of the terms and conditions of the Master Lease Agreement are hereby incorporated in this Schedule as if such terms and conditions were fully set forth herein. All capitalized terms in this Schedule that are not separately defined herein shall have the meanings given to them in the Master Lease Agreement. If this Schedule is deemed to be a lease intended as security, (i) Lessee grants Lessor a security interest in the Equipment to secure its obligations under this Schedule; and (ii) this Schedule shall be construed so that any interest hereunder shall not exceed the maximum time price differential, rate, interest or amount allowed by applicable law and any excess payment will be applied first to prepay principal hereunder and then as a refund to Lessee. In the event any terms or conditions set forth in this Schedule conflict with those set forth in the Master Lease Agreement, then the terms and conditions of this Scheduled shall control.

THE INDIVIDUAL SIGNING BELOW CERTIFIES THAT HE OR SHE HAS READ THIS SCHEDULE AND THE MASTER LEASE AGREEMENT, AND IS AUTHORIZED TO SIGN THIS SCHEDULE ON BEHALF OF LESSEE.

THIS SCHEDULE ALONG WITH THE MASTER LEASE AGREEMENT CONTAIN THE ENTIRE AGREEMENT BETWEEN LESSOR AND LESSEE WITH RESPECT TO THE SUBJECT MATTER HEREOF. THIS LEASE CAN BE MODIFIED ONLY IN A WRITING SIGNED BY A PERSON AUTHORIZED TO SIGN LEASE AGREEMENTS ON BEHALF OF LESSOR AND LESSEE. NO ORAL OR OTHER WRITTEN AGREEMENTS, REPRESENTATIONS OR PROMISES SHALL BE RELIED UPON BY, OR BE BINDING ON, THE PARTIES UNLESS MADE A PART OF THIS LEASE BY A WRITTEN MODIFICATION SIGNED BY AN AUTHORIZED SIGNER OF LESSOR AND LESSEE.

LESSOR: First Financial Corporate Leasing, LLC
dba First Financial Healthcare Solutions,
a California limited liability company

By: 

Name Todd S. Leavey

Title: Vice President

LESSEE: Otero County Hospital Association
dba Gerald Champion Regional Medical Center

By: 

Name: Morgan Hay
(Type or print)

Title: Chief Financial Officer

NOTICE AND ACKNOWLEDGMENT OF ASSIGNMENT
Dated: November 21, 2011

Reference is hereby made to Master Lease Agreement No. 061511-JR dated June 15, 2011, (the "Lease Agreement" between First Financial Corporate Leasing, LLC dba First Financial Healthcare Solutions as lessor (the "Lessor"), and Otero County Hospital Association dba Gerald Champion Regional Medical Center, as lessee and Equipment Schedule No. 01 thereto (the "Schedule") between Lessor and Otero County Hospital Association dba Gerald Champion Regional Medical Center, as the Lessee (the "Lessee") the Schedule, together with the Lease Agreement, to the extent that it relates thereto, is referred to herein as the "Lease".

Lessor hereby gives Lessee notice and Lessee hereby acknowledges receipt of notice that Lessor has collaterally assigned to First Financial Corporate Leasing, LLC (the "Lender"), all of its rights in the Lease and the Equipment (as defined in the Lease) as security for a loan made or about to be made by Lender to Lessor. From and after the date of this notice Lessee agrees to make payment of any and all monies due or to become due under the Lease to Paying Agent at:

Wells Fargo Bank, N.A.
Attn: FFCSI # 40310
299 South Main - 12th Floor
MAC U1228-120
Salt Lake City, UT 84111-1901
Reference: Otero / Schedule No. 01

In recognition of Lender's reliance upon this Notice and Acknowledgment of Assignment by agreeing to lend to Lessor the substantial portion of the purchase price of the Equipment, and in consideration of Lender's and Lessor's agreement not to interfere with Lessee's quiet possession of the Equipment subject to the terms of the Lease, Lessee certifies, confirms and agrees as follows:

1. Lessee will not assert against Lender any defense, claim, counterclaim, recoupment, setoff or right to cancel or terminate the Lease which Lessee may have against Lessor, whether arising out of the Lease or otherwise. Lessee agrees that it will pay to Lender all monies due or to become due under the Lease without regard to any such defense, claim, counterclaim, recoupment, setoff or right and will not seek to recover any part of this sum from Lender, provided that Lessee retains the right to assert in good faith any claim, including a claim of defense against, or for setoff, counterclaim, or recoupment, against Lender if, when no Event of Default shall have occurred and be continuing, Lender interferes with Lessee's right to quiet enjoyment of the Equipment. Notwithstanding the foregoing, nothing herein shall be deemed to relieve Lessor of any of its obligations to Lessee under the Lease.

2. The Equipment is in Lessee's possession at each address specified in the Lease, that the Equipment has been inspected by duly authorized representatives of Lessee as Equipment under the Lease and found to be in good working order and suitable for the Lessee's purposes in all respects.

3. The Lease is in full force and effect and, no modification, amendment or supplement to the Lease has been made, and all of Lessee's representations and warranties made in the Lease are true and correct and shall have the effect as if made on the date hereof. Any future modification, termination, amendment or supplement to the Lease or settlement of amounts due thereunder shall be ineffective without Lender's prior written consent, which will not be unreasonably withheld or delayed. Lessor reserves the right to further assign this lease to a Lender and Lessee hereby authorizes Lessor to replace this page one and two of the Notice and Acknowledgment of Assignment and provide a copy to Lessee. The remit to address will remain the same unless changed by Lessor.

4. Neither Lessee nor, to the Lessee's knowledge, Lessor has breached the Lease in any respect and that payments of any and all monies due under the Lease have been and will continue to be paid in strict accordance with the terms of the Lease. Commencing with the rentals due on the Initial Term Date, there remain an 60 monthly payments, each in the amount of \$24,397.37 due, under said Lease with the last monthly payment due on the 1st day of the 60th month

5. Lessee acknowledges that Lender has not assumed any of the obligations of Lessor, other than the obligation of quiet and peaceful possession, under the terms of the Lease, and Lender shall not be responsible in any way for the performance by Lessor or any other party of the terms and conditions of the Lease. Further, Lessor hereby notifies Lessee and Lessee acknowledges that Lender is entitled to the benefits of each and every right accorded Lessor in the Lease, including but not limited to remedies, inspection rights, indemnity rights, right to give consent, right to receive payment of costs and expenses incurred in exercising rights and remedies and right to receive notices and other documents required to be furnished by Lessee under the Lease.

6. The Lease represents the sole agreement between Lessor and Lessee respecting the Equipment, the monthly rentals and all other payments due under the Lease and Lessee has received no notice of a prior sale, transfer, assignment, hypothecation or pledge of the Lease, the rents reserved thereunder or the Equipment.

7. Lessee is aware of no claim of any kind or nature in or to the Equipment, or of any lien thereon other than Lender's security interest and Lessee's rights thereto under the Lease and that Lessee will keep the Lease and Equipment free and clear of all liens and encumbrances.

8. All representations and duties of Lessor intended to induce Lessee to enter into the Lease whether required by the Lease or otherwise and which were to have been performed by the date hereof have been so performed or fulfilled.

9. Notwithstanding any provision to the contrary contained in Section 13 of the Master Lease Agreement the parties hereto agree that if the Equipment becomes available to Lender as a result of the cancellation or termination of the Lease due to the occurrence of an Event of Default there under, Lender shall have the right to sell lease or otherwise dispose of the same.

10. Notwithstanding any contrary provision of Section 13.2(c) of the Master Lease Agreement, Lessee agrees that both (i) any obligation of the Lessee to indemnify Lender, and (ii) Lender's right to collect from Lessee any and all reasonable costs, fees or expenses incurred by Lender in connection with the enforcement of remedies, shall survive the payment by Lessee of liquidated damages as described in that Section.

11. Lessee agrees that Lessor shall have marketable title to any Like Part or Like Equipment, in addition to any other requirements there of.

12. As between Lessee and Lender, the Lease and this Notice and Acknowledgement of Assignment constitute their entire agreement.

ACCEPTED AND AGREED TO ON THE DATE FIRST WRITTEN ABOVE.

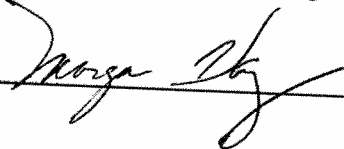
LESSOR: First Financial Corporate Leasing, LLC
dba First Financial Healthcare Solutions,
a California limited liability company

By:  _____

Name Todd S. Leavey

Title: Vice President

LESSEE: Otero County Hospital Association
dba Gerald Champion Regional Medical Center

By:  _____

Name: Morgan Hay

Title: Chief Financial Officer

**ORIGINAL
COPY**

LANDLORD/MORTGAGEE WAIVER

This Agreement between the undersigned and **FIRST FINANCIAL CORPORATE LEASING, LLC, 711 Kimberly Avenue, Suite 160, Placentia, CA 92870** ("FFCL"), is entered into in connection with a lease or other financing transaction between FFCL and its customer, **Otero County Hospital Association dba Gerald Champion Regional Medical Center**, and relates to (a) the following "Premises" where such customer is a tenant: 2669 North Scenic Drive, Alamogordo NM 88310 ("Customer"); and (b) the "Leased Property" listed or described on Exhibit A hereto, which Customer intends to install, place, maintain or keep on the Premises.

The undersigned Gerald Champion Regional Med Ctr (the "Landlord"), holding an interest in the Premises as owner, lessor, sublessor, mortgagee, beneficiary of a deed of trust or otherwise, hereby agrees that: (a) the Leased Property may be located at the Premises and, at all times, shall be deemed to be personal property and shall not constitute fixtures or become a part of the Premises; (b) the Leased Property may be removed from the Premises by FFCL, its designated agents or assignees in the exercise of its lessor's or other rights; (c) the Landlord will not assert any claim or statutory or possessory lien (including without limitation a landlord's or lessor's lien, which Landlord hereby waives) against or rights or interests in the Leased Property; (d) Landlord hereby grants to FFCL, its designated agents or assignees permission and license to enter upon the Premises at all reasonable times to deal with, inspect and/or remove the Leased Property in whole or in part; and (d) this Agreement shall be binding on the successors and assigns of Landlord and shall benefit and be enforceable by FFCL and its successors and assigns.

The agreements contained herein shall continue in force until the earlier of (i) the expiration of the lease or other financing transaction between FFCL and its Customer (or any renewal or extension thereof) or (ii) the date on which all of Customer's obligations and liabilities to FFCL are paid and satisfied in full.

This waiver may not be modified or terminated orally and shall be binding upon the successors, assigns and personal representatives of Landlord, upon any successor owner or transferee of the Premises, and upon any purchasers, including any mortgagee, from Landlord.

This Agreement shall be assignable by FFCL and shall be binding upon the successors or assigns of FFCL and shall insure to the benefit of the successors and assigns of FFCL.

FFCL agrees to pay for any actual damage to the Premises directly caused by removal of Leased Property from the Premises by FFCL or its designated agent.

Dated: December 1, 2011

LANDLORD:

FIRST FINANCIAL CORPORATE
LEASING, LLC,
a California limited liability company

BY: Morgan Hay
NAME: MORGAN HAY
TITLE: CFO

BY: Todd S. Leavey
NAME: Todd S. Leavey
TITLE: Vice President

THIS IS COUNTERPART NO. ONE (1) MARKED ORIGINAL OF TWO (2) MARKED DUPLICATE. NUMBERED, MANUALLY EXECUTED COUNTERPARTS OF THIS SCHEDULE. NO SECURITY INTEREST IN THIS SCHEDULE MAY BE CREATED THROUGH THE TRANSFER AND POSSESSION OF ANY COUNTERPART OTHER THAN COUNTERPART NO. 1. MARKED ORIGINAL.

AMENDMENT ("Amendment") TO EQUIPMENT SCHEDULE No. 01 and No. 02
Dated November 21, 2011
TO MASTER LEASE AGREEMENT NO. 061511-JR
Dated June 15, 2011

Lessor: First Financial Corporate Leasing, LLC
dba First Financial Healthcare Solutions
711 Kimberly Avenue, Suite 160
Placentia, CA 92870

Otero County Hospital Association
dba Gerald Champion Regional Medical Center
2669 North Scenic Drive
Alamogordo NM 88310

The Lessor and Lessee agree and acknowledge that the Master Lease and Equipment Schedule No. 01 and No. 02 to the Master Lease (jointly referred to herein along with this Amendment as "Lease") are being executed while the Lessee has a pending Chapter 11 bankruptcy case in the United States Bankruptcy Court for New Mexico (Albuquerque) (the "Bankruptcy Court") case number 11- 13685 (the "Bankruptcy Case"). The Lease shall not be effective unless and until it is approved by the Bankruptcy Court in a final order which 1) provides that Lessor and any assignee of Lessor, has relief from the automatic stay to a) file any financing statements and take any other action it deems necessary or beneficial to protect its interest in the Equipment (as defined in the Equipment Schedule), 2) make demand for and accept payments from the Lessee and 3) terminate the Lease and/or immediately take possession of the Equipment in an Event of Default under the Lease and sell, lease or otherwise dispose of the Equipment in accordance with its contractual and statutory rights.

If the court denies approval of the Lease the Lessee shall at the request of Lessor either 1) surrender possession of the Equipment or any part thereof in possession of Lessee to Lessor or return the Equipment to the vendor who supplied the Equipment.

The parties agree that notwithstanding the terms of the Master Agreement that the filing of the Bankruptcy Case is not an Event of Default under the Lease.

In addition to the Events of Default provided in the Lease, occurrence of any one of the following constitutes an Event of Default under the Lease:

1. Dismissal or conversion of the Bankruptcy Case to Chapter 7 or appointment of a trustee or examiner with enlarged powers in the Bankruptcy Case.

2. Lessee shall cease business operations for any period of time.
3. Vacation, reversal, modification of the Bankruptcy Court Order approving the Lease, unless a modification is done with the consent of Lessor.
4. Lessee makes any material misrepresentation of material fact concerning the financial condition of the Lessee, or the location, condition or disposition of the Equipment.
5. Lessee sells, assigns, subleases or otherwise conveys its interest in the Equipment or the Lease without the written consent of Lessor, in its sole discretion.
6. The entry of an order by the Bankruptcy Court granting relief from the automatic stay of 11 U.S.C. §362 to allow a creditor of Lessee to foreclose, repossess or otherwise dispose of the real property where the Equipment is installed.
7. Failure by the Lessee to perform, in any respect, any material terms provisions or covenants or obligations under the Lease or the Bankruptcy Court Order approving the Lease.

The Lessor and Lessee acknowledge and agree that the Lease is a "true lease" and not a lease intended as security and that Lessor is the owner of the Equipment.

THE INDIVIDUAL SIGNING BELOW CERTIFIES THAT HE OR SHE HAS READ THIS AMENDMENT, AND IS AUTHORIZED TO SIGN THIS SCHEDULE ON BEHALF OF LESSEE.

THIS AMENDMENT ALONG WITH THE MASTER LEASE AGREEMENT AND EQUIPMENT SCHEDULE CONTAIN THE ENTIRE AGREEMENT BETWEEN LESSOR AND LESSEE WITH RESPECT TO THE SUBJECT MATTER HEREOF. THIS LEASE CAN BE MODIFIED ONLY IN A WRITING SIGNED BY A PERSON AUTHORIZED TO SIGN LEASE AGREEMENTS ON BEHALF OF LESSOR AND LESSEE. NO ORAL OR OTHER WRITTEN AGREEMENTS, REPRESENTATIONS OR PROMISES SHALL BE RELIED UPON BY, OR BE BINDING ON, THE PARTIES UNLESS MADE A PART OF THIS LEASE BY A WRITTEN MODIFICATION SIGNED BY AN AUTHORIZED SIGNER OF LESSOR AND LESSEE.

LESSOR: First Financial Corporate Leasing, LLC
 dba First Financial Healthcare Solutions,
 a California limited liability company

LESSEE: Otero County Hospital Association, Inc
 dba Gerald Champion Regional Medical Center

By:  _____

By:  _____

Name Todd S. Leavey _____

Name: Morgan Hay
 (Type or print)

Title: Vice President _____

Title: Chief Financial Officer _____

VENDOR PREFUNDING PAYMENT AGREEMENT & AUTHORIZATION

Reference is made to the Master Lease Agreement Number 061511-JR and Equipment Schedule No. 02 ("the Lease") between First Financial Corporate Leasing, LLC dba First Financial Healthcare Solutions, LLC ("Lessor") and Otero County Hospital Association dba Gerald Champion Regional Medical Center ("Lessee"). Lessor's general practice is that a Vendor will not be paid until and unless all of the Equipment is installed and accepted by Lessee and Lessee provides Lessor with a Commencement Certificate. As an accommodation to Lessee, Lessor agrees to prefund the Vendor(s) as provided herein:

The undersigned Lessee hereby authorizes and requests Lessor and/or its Assignee to make payments to the Vendor or reimbursement to Lessee for payments already paid to Vendor in the amount indicated below opposite its name and hereby certifies that in accordance with the terms of the Sales Quote and/or Invoice covering the Equipment described in the Lease such Vendor or Lessee is entitled to such payment. Lessee assumes the risk of non-conforming, defective or undelivered Equipment. Lessee assumes the responsibility unconditionally to rectify with the Vendor/Supplier any non-conforming, defective or un-delivered Equipment. Lessee by the execution of this Agreement hereby waives the provisions in the Master Lease Agreement referenced above, Sections 1.1(b) "Equipment Procurement" and Section 2 "Term" as they refer to the requirement for Lessee to provide an Acceptance Certificate. Lessee further waives its rights to inspect the Equipment and further acknowledges that the Lessor will rely on this Agreement to provide advance or deposit funds to the Vendor/Supplier. Lessee agrees to pay Lessor pro rata rent based on 1/30th of the lease rate factor times the amount of each payment by Lessor to each Vendor times the number of days from the payment(s) up to the Commencement Date. Said payment shall be due and payable on the Commencement Date or on the Funding Cut-Off Date as provided below.

Lessor and Lessee agree that if Equipment representing the total Acquisition Cost set forth in the Schedule is not certified in writing to Lessor to be installed, tested and ready for use by Lessee on or before January 30, 2012 (the "Funding Cut-Off Date"), or if Lessee is in breach of any terms of the Lease, or if, in the sole opinion of Lessor, there has been an adverse change in the credit worthiness of Lessee, Lessor may, at its sole option, pursue one of the following alternatives: (a) Lessor may commence the Lease (using as the Commencement Date either the Funding Cut-Off Date or the date Lessor determines that there is an adverse change in the credit worthiness of Lessee) based on the portion of the Equipment which has been certified by Lessee to be installed, tested and ready for use and paid for by Lessor and, upon Lessor's demand, Lessee shall pay to Lessor an amount equal to that which Lessor has paid to Vendor/Supplier(s) on behalf of Lessee for items of Equipment not yet installed, tested and ready for use, plus a carrying charge of 10% of all amounts paid by Lessor to Vendor/Supplier(s), as well as taxes, interest on late payments, and other charges which are due and owing under the terms of the Lease; (b) Lessor may, at its sole and absolute discretion, extend the allowed installation period and establish a new Funding Cut-Off Date; or (c) Lessor may demand that Lessee pay to Lessor a total amount equal to that which Lessor has paid to Vendor/Supplier(s) on behalf of Lessee, plus a carrying charge of 10% of such amount paid by Lessor to Vendor/Supplier(s), as well as taxes, interest on late payments, and other charges which are due and owing under the terms of the Lease. In the event Lessor makes such a demand, Lessee hereby unconditionally agrees to reimburse said funds to Lessor in full within ten (10) business days of the demand, and Lessor, upon receipt of such payment in full, shall release Lessee from further payment obligations under the Lease. If Lessee fails to fully reimburse such funds to Lessor within ten days of the demand, in addition to any other amounts that are due and owing, or become due and owing, to Lessor pursuant to the terms of the Lease, interest on late payments as provided in the Lease shall continue to accrue and be due and owing to Lessor up to the date upon which Lessor receives full reimbursement of the amount required by (a) or (c) above. Lessee shall provide Lessor with updated financial information, as periodically requested by Lessor. Upon such payment Lessor shall remit a Bill of Sale to the Lessee evidencing that Lessor shall transfer to Lessee whatever title it has to the Equipment "as is" absent any representations or warranties and without recourse.

<u>Vendor</u>	<u>Payment Amount</u>	<u>Invoice No.</u>
Medical Imaging Technologies	\$991,434.00	KW6222011

The certification, in writing, to Lessor, that all items of Equipment have been received and accepted by Lessee as installed, tested and ready for use is not a pre-condition to Lessee's performance of any of its obligations under the Lease, including payment or other obligations. The payments required under this Letter Agreement shall constitute Rent as that term is used and defined in the Lease. Notwithstanding anything to the contrary herein, including the date upon which the Lease Term commences, any security interest granted by Lessee to Lessor hereunder shall become effective between the parties with respect to any item of Equipment as soon as Lessee receives possession thereof.

This Agreement may be assigned by the Lessor but not by the Lessee, provided however, that an assignment by the Lessor shall in no way relieve the Lessor of its obligations hereunder. Upon notification from the Lessor to the Lessee of an assignment, the Lessee agrees to acknowledge said assignment and make any payments required hereunder to said assignee without offset, counterclaim or abatement.

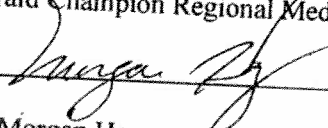
Lessee understands that Lessee bears the risks and expenses if for any reason the Lease does not commence and Lessee agrees to indemnify Lessor and hold Lessor harmless from any costs, losses, expenses and/or liabilities, including without limitation, reasonable attorneys' fees.

This Vendor Prefunding Payment Agreement & Authorization shall be governed in all respects by the laws of the State of California. Lessor and Lessee agree that any dispute between them arising under or related to the Lease, including this Agreement, or any Lease Order shall be resolved in the state or federal courts in the State of California. Lessee hereby knowingly and irrevocably waives any objections to an action in such courts in the State of California on the grounds of lack of personal jurisdiction or improper venue and agrees that effective service of process may be made upon Lessee by mail.

The foregoing has been negotiated and jointly drafted by Lessor and Lessee and, therefore, the language shall not be construed in favor of or against either party. The undersigned represent that they have the authority to enter into this Letter Agreement, and that the same shall be legally binding and enforceable.

IN WITNESS WHEREOF, the undersigned has executed this Vendor Prefunding Payment Agreement & Authorization as of December 1, 2011.

Lessee:
 Otero County Hospital Association
 dba Gerald Champion Regional Medical Center

By: 

Name: Morgan Hay
 Title: Chief Financial Officer



COMMENCEMENT CERTIFICATE

Pursuant to Schedule No. 01, (the "Schedule"), to Master Lease Agreement Number 090611-JR dated June 15, 2011 (the "Lease"), between First Financial Corporate Leasing, LLC dba First Financial Healthcare Solutions ("Lessor") and the undersigned ("Lessee"), Lessee hereby certifies (i) that the Items of Equipment described below have been delivered to the location of Lessee described in the Schedule, have been inspected by authorized representatives of Lessee, have been duly and finally accepted by Lessee under the Lease, have been found to be in good repair, condition and working order and to be the Equipment described in the Schedule and (ii) that the Acceptance Date for the Equipment listed hereon is:

November 5, 2011

Equipment: Siemens Somatom Definition, RS Proven Excellence System and T/I Build-out
- description more fully described on vendor invoice(s)

Equipment Location: 2669 North Scenic Dr., Alamogordo NM 88310

"LESSEE"

Otero County Hospital Association
dba Gerald Champion Regional Medical Center

By: 

Name: Morgan Hay

Title: Chief Financial Officer

* Corporate Office *
711 Kimberly Avenue, Suite 160, Placentia, CA 92870
714-646-1600