

BI (Official Form 1) (4-10)

UNITED STATES BANKRUPTCY COURT District of South Carolina				VOLUNTARY PETITION	
Name of Debtor (if individual, enter Last, First, Middle): <b>Bamberg County Memorial Hospital</b>			Name of Joint Debtor (Spouse) (Last, First, Middle):		
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):			All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):		
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) Complete EIN (if more than one, state all): <b>57-6001598</b>			Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) Complete EIN (if more than one, state all):		
Street Address of Debtor (No. and Street, City, and State): <b>509 North Street Bamberg, South Carolina</b> <div style="text-align: right;">ZIP CODE <b>29003</b></div>			Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right;">ZIP CODE</div>		
County of Residence or of the Principal Place of Business: <b>Bamberg County</b>			County of Residence or of the Principal Place of Business:		
Mailing Address of Debtor (if different from street address): <div style="text-align: right;">ZIP CODE</div>			Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right;">ZIP CODE</div>		
Location of Principal Assets of Business Debtor (if different from street address above): <div style="text-align: right;">ZIP CODE</div>					
<b>Type of Debtor</b> (Form of Organization) (Check one box.)  <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and L.L.P.) <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)  <u>municipality</u>		<b>Nature of Business</b> (Check one box.)  <input checked="" type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other  <b>Tax-Exempt Entity</b> (Check box, if applicable.)  <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		<b>Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.)</b>  <input type="checkbox"/> Chapter 7 <input checked="" type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13  <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding  <b>Nature of Debts</b> (Check one box.)  <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.	
<b>Filing Fee (Check one box.)</b>  <input checked="" type="checkbox"/> Full Filing Fee attached.  <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.  <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.			<b>Chapter 11 Debtors</b>  Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).  Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 (amount subject to adjustment on 4/01/13 and every three years thereafter).  Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).		
<b>Statistical/Administrative Information</b>  <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.					THIS SPACE IS FOR COURT USE ONLY
<b>Estimated Number of Creditors</b> <input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input checked="" type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000					
<b>Estimated Assets</b> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					
<b>Estimated Liabilities</b> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					

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<b>Voluntary Petition</b> (This page must be completed and filed in every case.)		<b>Name of Debtor(s):</b> Bamberg County Memorial Hospital	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet.)			
Location Where Filed: n/a		Case Number:	Date Filed:
Location Where Filed: n/a		Case Number:	Date Filed:
Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet.)			
Name of Debtor: n/a		Case Number:	Date Filed:
District: District of South Carolina		Relationship:	Judge:
<b>Exhibit A</b>  (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		<b>Exhibit B</b>  (To be completed if debtor is an individual whose debts are primarily consumer debts.)  I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b).  X _____ Signature of Attorney for Debtor(s) (Date)	
<b>Exhibit C</b>  Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?  <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No.			
<b>Exhibit D</b>  (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)  <input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.  If this is a joint petition:  <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box.)  <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.  <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.  <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes.)  <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)  _____ (Name of landlord that obtained judgment)  _____ (Address of landlord)  <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and  <input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.  <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

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Voluntary Petition (This page must be completed and filed in every case.)		Name of Debtor(s): Bamberg County Memorial Hospital
<b>Signatures</b>		
<b>Signature(s) of Debtor(s) (Individual/Joint)</b>  I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  X _____ Signature of Debtor  X _____ Signature of Joint Debtor  _____ Telephone Number (if not represented by attorney)  _____ Date	<b>Signature of a Foreign Representative</b>  I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.  (Check only one box.)  <input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.  <input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.  X _____ (Signature of Foreign Representative)  _____ (Printed Name of Foreign Representative)  _____ Date	
<b>Signature of Attorney</b>  X <u>Stanley H. McGuffin</u> Signature of Attorney for Debtor(s) Stanley H. McGuffin, Fed Id. No. 2833 Printed Name of Attorney for Debtor(s) Haynsworth Sinkler Boyd, P.A. Firm Name 1201 Main Street, 2nd Floor (29201) PO Box 11889, Columbia, SC 29211-1889 Address 803-779-3080 Telephone Number 6/17/2011 Date  *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.	<b>Signature of Non-Attorney Bankruptcy Petition Preparer</b>  I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.  _____ Printed Name and title, if any, of Bankruptcy Petition Preparer  Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)  _____ Address  X _____ Date  Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.  Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.  If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.  A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.	
<b>Signature of Debtor (Corporation/Partnership)</b>  I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.  The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.  X <u>Danette E. McAlhane</u> Signature of Authorized Individual Danette E. McAlhane, ms Printed Name of Authorized Individual C. McAlhane Title of Authorized Individual 6/17/2011 Date		

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF SOUTH CAROLINA**

**In re: Bamberg County Memorial Hospital, Case No. \_\_\_\_\_**  
**Debtor. Chapter 9**

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

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

-1	-2	-3	-4	-5
<i>Name of creditor and complete mailing address, including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, state value of dispute or subject to setoff</i>	<i>Amount of claim [if secured also state value of security]</i>
S.C. DEPT. OF REVENUE, 301 GERVAIS ST. PO BOX 125, COLUMBIA, SC 29214	, 803-898-5743	TRADE	Value of dispute	736,173
PALMETTO HEALTH ALLIANCE, ATTN: DAVID LEE, DIR OF FIN., COLUMBIA, SC 292108004	David Lee, 803-296-3632	TRADE	Value of dispute	462,418
OWENS & MINOR INC, VHA SUPPLY COMPANY, CHARLOTTE, NC 28260	Dawn Ellithorpe, 919-212-8555	TRADE	Value of dispute	199,750
W L GORE & ASSOC INC, MEDICAL PRODUCTS DIV, CHARLOTTE, NC 28275	MIKE, 800-528-8763	TRADE	Value of dispute	156,970

C.R. BARD INC, PERIPHERAL,PO BOX 75767, CHARLOTTE, NC 28275	Anne Narkunas, 800-313- 8724 ex 2378	TRADE	Value of dispute	94,105
UPS LEXINGTON, INC.,377 NORTH POND STREET, TOCCOA, GA 30577	, 800-224-4088	TRADE	Value of dispute	92,260
SC Department of Health & Human Services,1813 Main Street, K-116, Columbia, SC 29201	Ms. Sheryl Weathers, 803- 898-1026, <a href="mailto:Weathers@scdhhs.gov">Weathers@scdhhs.gov</a>	Government	Value of dispute	91,929
PALMETTO HEALTH RICHLAND,PO BOX 405476, ATLANTA, GA 30384	, 803-434-2315	TRADE	Value of dispute	85,761
BAMBERG EMERGENCY GROUP, PC,P.O. BOX 82368, LAFAYETTE, LA 705982368	Chereka Chapman, 337-354- 1301	TRADE	Value of dispute	84,855
COOK MEDICAL INC.,22988 NETWORK PLACE, CHICAGO, IL 606731229	, 800-346-2686	TRADE	Value of dispute	77,154
BECKMAN COULTER, INC,DEPT. CH10164, PALATINE, IL 60055	Aaron Morales, 714-792- 1415 <a href="mailto:aamorales@backman.com">aamorales@backman.com</a>	TRADE	Value of dispute	64,667
PROFESSIONAL PATHOLOGY SERVS.,P.O. BOX 865, COLUMBIA, SC 29202	, 803-434-6405	TRADE	Value of dispute	58,500
CPSI,PO BOX 850309, MOBILE, AL 366850309	Rebecca Stewart, 251-639- 8100	TRADE	Value of dispute	58,264
UNIHEALTH P.A.C. OF BAMBERG,1626 JEURGENS COURT, NORCROSS, GA 30093	Bernard, 678-294-4241	TRADE	Value of dispute	46,640
SOUTH CAROLINA MFG EXT PARTNER,817 CALHOUN ST, COLUMBIA, SC 29201	, 803-252-6976	TRADE	Value of dispute	31,159

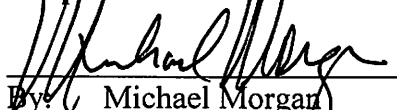
CARDINAL HEALTH MEDICAL PRODUCTS,PO BOX 905867, CHARLOTTE, NC 28290- 5867	BARBARA KELLY, 877- 254-2738 ex4168 barbara.kelly@cardinal.com	TRADE	Value of dispute	42,746
STATE OF SOUTH CAROLINA,1201 MAIN ST, SUITE 500, COLUMBIA, SC 29201	, 803-737-0020	TRADE	Value of dispute	36,618
MEDRAD,PO BOX 360172, PITTSBURGH, PA 152516172	Loraine Adams, 574-262- 6378	TRADE	Value of dispute	34,496
MEDLINE INDUSTRIES INC,DEPT CH 14400, PALATINE, IL 60055-4400	SHANE, 847-643-4103	TRADE	Value of dispute	32,370
KENDALL HEALTHCARE PRODUCTS CO,PO BOX 120823, DALLAS, TX 753120823	Judy Pietrella, 508-261-8172 www.covidien.com	TRADE	Value of dispute	31,930

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF  
CONNECTOR 2000 ASSOCIATION, INC.**

I, Michael Morgan, the Chief Executive Officer and Chief Restructuring Officer of the Bamberg County Memorial Hospital, am the officer or agent of the municipality named as a debtor in this case. I declare under penalty of perjury that I have read the foregoing List of Creditors Holding 20 Largest Unsecured Claims, and that it is true and correct to the best of my information and belief.

Dated: 6/20/, 2011

**Bamberg County Memorial  
Hospital**

  
By: Michael Morgan  
Its: Chief Executive Officer and