

Fill in this information to identify the case:

United States Bankruptcy Court for the:
SOUTHERN DISTRICT OF TEXAS

Case number (if known): _____ Chapter 11

Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/16

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

1. Debtor's name Halo Home Health, LLC

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN) 20 - 0887610

4. Debtor's address

Principal place of business	Mailing address, if different from principal place of business
------------------------------------	---

856 West Price Road
 Number Street

 Number Street

 P.O. Box

Brownsville TX 78520
 City State ZIP Code

 City State ZIP Code

Cameron
 County

Location of principal assets, if different from principal place of business

 Number Street

 City State ZIP Code

5. Debtor's website (URL) _____

6. Type of debtor

Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

Partnership (excluding LLP)

Other. Specify: _____

Debtor **Halo Home Health, LLC**

Case number (if known) _____

7. Describe debtor's business

A. Check one:

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

B. Check all that apply:

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

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

6 2 1 6

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

Check one:

- Chapter 7
- Chapter 9
- Chapter 11. Check all that apply:
 - Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
 - The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
 - A plan is being filed with this petition.
 - Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
 - The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy Under Chapter 11 (Official Form 201A) with this form.
 - The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.
- Chapter 12

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

- No
- Yes. District _____ When _____ Case number _____
MM / DD / YYYY
- District _____ When _____ Case number _____
MM / DD / YYYY
- District _____ When _____ Case number _____
MM / DD / YYYY

If more than 2 cases, attach a separate list.

Debtor Halo Home Health, LLC Case number (if known) _____

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

No

Yes. Debtor _____ Relationship _____
 District _____ When _____
 Case number, if known _____ MM / DD / YYYY

Debtor _____ Relationship _____
 District _____ When _____
 Case number, if known _____ MM / DD / YYYY

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

11. Why is the case filed in this district?

Check all that apply:

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

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

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

No

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

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

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

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

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

Other _____

Where is the property?

Number _____ Street _____

City _____ State _____ ZIP Code _____

Is the property insured?

No

Yes. Insurance agency _____
 Contact name _____
 Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

Funds will be available for distribution to unsecured creditors.

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

Debtor Halo Home Health, LLC Case number (if known) _____

- | | | | |
|--|---|--|--|
| 14. Estimated number of creditors | <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| | <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| | <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| | <input type="checkbox"/> 200-999 | | |
| 15. Estimated assets | <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| | <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| | <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| | <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |
| 16. Estimated liabilities | <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| | <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| | <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| | <input checked="" type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Request for Relief, Declaration, and Signatures

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

- 17. Declaration and signature of authorized representative of debtor**
- The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
 - I have been authorized to file this petition on behalf of the debtor.
 - I have examined the information in this petition and have a reasonable belief that the information is true and correct.

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

Executed on 06/01/2017
MM / DD / YYYY

X /s/ Dora Garcia _____ **Dora Garcia** _____
Signature of authorized representative of debtor Printed name
Title Member & Debtor Representative

18. Signature of attorney **X /s/ Marcos D. Oliva** _____ Date 06/01/2017
Signature of attorney for debtor MM / DD / YYYY

Marcos D. Oliva _____
Printed name
Marcos D. Oliva, PC _____
Firm name
223 W. Nolana _____
Number Street

McAllen _____ **TX** _____ **78504** _____
City State ZIP Code

(956) 683-7800 _____ **marcos@olivalawfirm.com** _____
Contact phone Email address
24056068 _____ **TX** _____
Bar number State

Fill in this information to identify the case

Debtor name Halo Home Health, LLC
 United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS
 Case number (if known) _____

Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets -- Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- No. Go to Part 2.
- Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand _____

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
3.1. <u>Checking account - Lone Star National Bank</u>	<u>Checking account</u>	<u>5 3 9 6</u>	<u>\$7,000.00</u>
3.2. <u>Operating Checking account - Capital One Bank (in the process of closing)</u>	<u>Checking account</u>	<u>1 1 4 3</u>	<u>\$300.00</u>
3.3. <u>Medicare Checking account - Capital One Bank (in the process of closing)</u>	<u>Checking account</u>	<u>1 1 2 7</u>	<u>\$7,000.00</u>
3.4. <u>Payroll Checking account - Capital One Bank (in process of closing)</u>	<u>Checking account</u>	<u>1 1 3 5</u>	<u>\$571.00</u>

4. Other cash equivalents (Identify all)

Name of institution (bank or brokerage firm)

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$14,871.00

Debtor Halo Home Health, LLC Case number (if known) _____
 Name

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

- No. Go to Part 3.
- Yes. Fill in the information below.

Current value of debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. Security Deposit for Office Lease \$1,200.00

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

9. Total of Part 2. \$1,200.00
 Add lines 7 through 8. Copy the total to line 81.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- No. Go to Part 4.
- Yes. Fill in the information below.

Current value of debtor's interest

11. Accounts receivable

11a. 90 days old or less: \$98,000.00 — \$5,000.00 = → \$93,000.00
 face amount doubtful or uncollectible accounts

11b. Over 90 days old: \$0.00 — \$0.00 = → \$0.00
 face amount doubtful or uncollectible accounts

12. Total of Part 3 \$93,000.00
 Current value on lines 11a + 11b = line 12. Copy the total to line 82.

Part 4: Investments

13. Does the debtor own any investments?

- No. Go to Part 5.
- Yes. Fill in the information below.

Valuation method used for current value

Current value of debtor's interest

14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock:

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

Debtor Halo Home Health, LLC Case number (if known) _____
 Name

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$0.00

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- No. Go to Part 6.
- Yes. Fill in the information below.

General description	Date of the last physical inventory MM/DD/YYYY	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
20. Work in progress				
21. Finished goods, including goods held for resale				
22. Other inventory or supplies				
Wound care supplies, catheters, diabetic supplies, normal saline, personal protective equipment (gloves, masks, etc.), syringes, PTinr (blood clotting test strip), general medical supplies.	04/27/2017	\$300.00	re-sale estimate to compete	\$300.00

23. Total of Part 5

Add lines 19 through 22. Copy the total to line 84.

\$300.00

24. Is any of the property listed in Part 5 perishable?

- No
- Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- No
- Yes. Book value \$300.00 Valuation method re-sale estimate to competitor Current value \$300.00

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- No
- Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming or fishing-related assets (other than titled motor vehicles and land)?

- No. Go to Part 7.
- Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops--either planted or harvested			
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			

Debtor Halo Home Health, LLC Case number (if known) _____
 Name

- 30. Farm machinery and equipment (Other than titled motor vehicles)
- 31. Farm and fishing supplies, chemicals, and feed
- 32. Other farming and fishing-related property not already listed in Part 6
- 33. Total of Part 6.

\$0.00

Add lines 28 through 32. Copy the total to line 85.

- 34. Is the debtor a member of an agricultural cooperative?
 - No
 - Yes. Is any of the debtor's property stored at the cooperative?
 - No
 - Yes

- 35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?
 - No
 - Yes. Book value _____ Valuation method _____ Current value _____

- 36. Is a depreciation schedule available for any of the property listed in Part 6?
 - No
 - Yes

- 37. Has any of the property listed in Part 6 been appraised by a professional within the last year?
 - No
 - Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles

- 38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?
 - No. Go to Part 8.
 - Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture 6 desks and chairs, 4 folding tables and chairs, 12 filing cabinets, 4 bookshelves, microwave, small refrigerator, coffee maker,	\$500.00	estimate	\$500.00
40. Office fixtures			
41. Office equipment, including all computer equipment and communication systems equipment and software 8 computers, software, telephone system, 4 printers/scanners, fax machine, copier,	\$800.00	estimate	\$800.00

- 42. Collectibles *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

- 43. Total of Part 7.
Add lines 39 through 42. Copy the total to line 86.

\$1,300.00

- 44. Is a depreciation schedule available for any of the property listed in Part 7?
 - No
 - Yes
- 45. Has any of the property listed in Part 7 been appraised by a professional within the last year?
 - No
 - Yes

Debtor Halo Home Health, LLC Case number (if known) _____
 Name

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- No. Go to Part 9.
- Yes. Fill in the information below.

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	(Where available)		

47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

48. Watercraft, trailers, motors, and related accessories Examples: Boats trailers, motors, floating homes, personal watercraft, and fishing vessels

49. Aircraft and accessories

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$0.00

52. Is a depreciation schedule available for any of the property listed in Part 8?

- No
- Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- No
- Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

- No. Go to Part 10.
- Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property	Nature and extent of debtor's interest in property	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.		(Where available)		

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$0.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

- No
- Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- No
- Yes

Debtor Halo Home Health, LLC Case number (if known) _____
 Name

Part 10: Intangibles and Intellectual Property

59. Does the debtor have any interests in intangibles or intellectual property?

- No. Go to Part 11.
- Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites			
62. Licenses, franchises, and royalties			
Home Health Care License - issued by Texas Department of Aging and Disability	Unknown		Unknown

63. Customer lists, mailing lists, or other compilations

64. Other intangibles, or intellectual property

65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- No
- Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- No
- Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- No
- Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- No. Go to Part 12.
- Yes. Fill in the information below.

Current value of debtor's interest

71. Notes receivable

Description (include name of obligor)

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

73. Interests in insurance policies or annuities

Debtor Halo Home Health, LLC Case number (if known) _____
 Name

- 74. Causes of action against third parties (whether or not a lawsuit has been filed)
- 75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims
- 76. Trusts, equitable or future interests in property
- 77. Other property of any kind not already listed *Examples: Season tickets, country club membership*
- 78. Total of Part 11.
Add lines 71 through 77. Copy the total to line 90.
- 79. Has any of the property listed in Part 11 been appraised by a professional within the last year?
 No
 Yes

\$0.00

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property		
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	<u>\$14,871.00</u>			
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$1,200.00</u>			
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$93,000.00</u>			
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>			
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$300.00</u>			
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>			
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$1,300.00</u>			
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>			
88. Real property. <i>Copy line 56, Part 9.....</i> →		<table border="1"><tr><td style="text-align: right;">\$0.00</td></tr></table>	\$0.00	
\$0.00				
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>			
90. All other assets. <i>Copy line 78, Part 11.</i>	<u>\$0.00</u>			
91. Total. Add lines 80 through 90 for each column. 91a.	<table border="1"><tr><td style="text-align: right;">\$110,671.00</td></tr></table> +	\$110,671.00	91b. <table border="1"><tr><td style="text-align: right;">\$0.00</td></tr></table>	\$0.00
\$110,671.00				
\$0.00				
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.....		<table border="1"><tr><td style="text-align: right;">\$110,671.00</td></tr></table>	\$110,671.00	
\$110,671.00				

Fill in this information to identify the case:

Debtor name Halo Home Health, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

Case number (if known) _____

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
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<p>2.1 Creditor's name <u>Cameron County Tax Office</u></p> <p>Creditor's mailing address <u>Diane W. Sanders</u></p> <p><u>P.O. Box 17428</u></p> <p><u>Austin, TX 785760</u></p> <p>Creditor's email address, if known <u>austin.bankruptcy@publicans.com</u></p> <p>Date debt was incurred <u>2012-2015</u></p> <p>Last 4 digits of account number _____</p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.</p>	<p>Describe debtor's property that is subject to a lien <u>Office Furniture, Equipment and Inventory</u></p> <p>Describe the lien <u>Statutory Tax Lien / Statutory Lien</u></p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p><u>\$7,862.41</u></p>	<p><u>\$1,600.00</u></p>
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3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$360,855.49

Debtor Halo Home Health, LLC

Case number (if known) _____

Part 1: Additional Page

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
--	--

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

<p>2.2 Creditor's name <u>Corporation Service Company</u></p> <p>Creditor's mailing address <u>801 Adlai Stevenson Drive</u></p> <p><u>Springfield IL 62703</u></p> <p>Creditor's email address, if known <u>uccsprep@cscinfo.com</u></p> <p>Date debt was incurred <u>12/2015</u></p> <p>Last 4 digits of account number _____</p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____</p>	<p>Describe debtor's property that is subject to a lien <u>Accounts Receivables</u></p> <p>Describe the lien <u>Loan / Agreement</u></p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p><u>\$6,000.00</u></p>	<p><u>\$93,000.00</u></p>
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Debtor Halo Home Health, LLC Case number (if known) _____

Part 1: Additional Page

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
--	--

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.3	Creditor's name <u>Internal Revenue Service</u>	Describe debtor's property that is subject to a lien <u>All Assets</u>	\$346,993.08	\$0.00
	Creditor's mailing address <u>300 E 8th St STOP 5026 AUS</u>	Describe the lien <u>941 Taxes / Statutory Lien</u>		
	<u>Austin TX 78701</u>	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Creditor's email address, if known _____	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Date debt was incurred <u>2014 - 2016</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Last 4 digits of account number _____	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____		
	Form 941 09/30/2014 \$86,954.83 Form 941 12/31/2014 \$71,292.48 Form 941 03/31/2015 \$13,605.32 Form 941 06/30/2015 \$55,815.18 Form 941 09/30/2015 \$73,446.06 Form 941 12/31/2015 \$23,651.29 Form 941 03/31/2016 \$22,227.92			

Debtor Halo Home Health, LLC Case number (if known) _____

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
<u>Internal Revenue Service</u> <u>Centralized Insolvency Operation</u> <u>P.O. Box 7346</u> <hr/> <u>Philadelphia</u> <u>PA</u> <u>19101-7346</u>	Line <u>2.3</u>	_____
<u>Nancy L. Masso</u> <u>Assistant U.S. Attorney</u> <u>United States Attorney's Office</u> <u>600 East Harrison Street, Room 201</u> <u>Brownsville</u> <u>TX</u> <u>78520</u>	Line <u>2.3</u>	_____

Fill in this information to identify the case:

Debtor Halo Home Health, LLC
 United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS
 Case number _____
 (if known)

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- No. Go to Part 2.
- Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or part.

If more space is needed for priority unsecured claims, fill out and attach the Additional Page of Part 1.

Total claim Priority amount

2.1 Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$22,000.00</u>	<u>\$22,000.00</u>
<u>Marcos D. Oliva, PC</u>	<input type="checkbox"/> Contingent		
<u>223 W. Nolana</u>	<input type="checkbox"/> Unliquidated		
_____	<input type="checkbox"/> Disputed		
_____	Basis for the claim:		
<u>McAllen TX 78504</u>	<u>Attorney Fees</u>		
Date or dates debt was incurred	Is the claim subject to offset?		
<u>06/01/2017</u>	<input checked="" type="checkbox"/> No		
Last 4 digits of account number _____	<input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(_____) <u>Attorney Fees</u>			

2.2 Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$3,493.54</u>	<u>\$0.00</u>
<u>Texas Workforce Commission</u>	<input type="checkbox"/> Contingent		
<u>Tax Department</u>	<input type="checkbox"/> Unliquidated		
<u>PO Box 1298</u>	<input type="checkbox"/> Disputed		
_____	Basis for the claim:		
<u>McAllen TX 78505-1298</u>	<u>Taxes</u>		
Date or dates debt was incurred	Is the claim subject to offset?		
<u>2017</u>	<input checked="" type="checkbox"/> No		
Last 4 digits of account number _____	<input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>8</u>)			

Debtor Halo Home Health, LLC Case number (if known) _____

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If more space is needed for nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

3.1 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	<u>\$810.79</u>
CyberLink ASP	<i>Check all that apply.</i>	
P.O. Box 415000-0739	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Nashville TN 37241-0739	Basis for the claim:	
	<u>Software System Service Provider</u>	
Date or dates debt was incurred <u>04/2017</u>	Is the claim subject to offset?	
Last 4 digits of account number <u>1 7 0 5</u>	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

3.2 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	<u>\$4,579.00</u>
Dell Financial Services, LLC	<i>Check all that apply.</i>	
C/O Valentine & Kebartas, Inc.	<input type="checkbox"/> Contingent	
P.O. Box 325	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Lawrence MA 01842	Basis for the claim:	
	<u>Services Rendered</u>	
Date or dates debt was incurred <u>01/2014</u>	Is the claim subject to offset?	
Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

3.3 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	<u>\$66,000.00</u>
Gee Dellata	<i>Check all that apply.</i>	
Manna Therapy Services. LLC	<input type="checkbox"/> Contingent	
35 Business Drive, Unit D	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
Brownsville TX 78521	Basis for the claim:	
	<u>Therapy Services Provided</u>	
Date or dates debt was incurred <u>2012-2014</u>	Is the claim subject to offset?	
Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

3.4 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	<u>\$3,900.00</u>
HealthCare First	<i>Check all that apply.</i>	
Attn: Terri Shinn	<input type="checkbox"/> Contingent	
1343 E. Kingsley Street	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Springfield MO 65804	Basis for the claim:	
	<u>Software Servicer and Provider</u>	
Date or dates debt was incurred <u>02/2016</u>	Is the claim subject to offset?	
Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor Halo Home Health, LLC Case number (if known) _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.5	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$3,000.00</u>
<u>Homeline Medical</u>		<input type="checkbox"/> Contingent	
<u>c/o J. Robert Morgan</u>		<input type="checkbox"/> Unliquidated	
<u>Johnson, Morgan & White</u>		<input checked="" type="checkbox"/> Disputed	
<u>P.O. Box 5000</u>		Basis for the claim:	
<u>Boca Raton FL 33431</u>		<u>Medical Supplies</u>	
Date or dates debt was incurred	<u>10/2015</u>	Is the claim subject to offset?	
Last 4 digits of account number	<u>5 2 9 6</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.6	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$322.24</u>
<u>Medline Industries Inc.</u>		<input type="checkbox"/> Contingent	
<u>c/o Allen Maxwell & Silver</u>		<input type="checkbox"/> Unliquidated	
<u>190 Sylvan Avenue</u>		<input type="checkbox"/> Disputed	
<u>Englewood Cliffs NJ 07632</u>		Basis for the claim:	
		<u>Medical Supplies</u>	
Date or dates debt was incurred	<u>02/2014</u>	Is the claim subject to offset?	
Last 4 digits of account number	<u>5 0 5 2</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.7	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$600.00</u>
<u>Personal Concepts</u>		<input type="checkbox"/> Contingent	
<u>c/o Slater, Tenaglia, Fritz & Hunt, P.A.</u>		<input type="checkbox"/> Unliquidated	
<u>P.O. Box 8500</u>		<input checked="" type="checkbox"/> Disputed	
<u>Philadelphia PA 19178-2431</u>		Basis for the claim:	
		<u>Medical Supplies</u>	
Date or dates debt was incurred	<u>11/2014</u>	Is the claim subject to offset?	
Last 4 digits of account number	<u>4 6 4 6</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.8	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$200,000.00</u>
<u>PlainsCapital Bank</u>		<input checked="" type="checkbox"/> Contingent	
<u>Attn: Bankruptcy Dept</u>		<input type="checkbox"/> Unliquidated	
<u>PO Box 93600</u>		<input checked="" type="checkbox"/> Disputed	
<u>Lubbock TX 79493-3600</u>		Basis for the claim:	
		<u>Deficiency</u>	
Date or dates debt was incurred	<u>06/08/2016</u>	Is the claim subject to offset?	
Last 4 digits of account number	<u> </u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor Halo Home Health, LLC Case number (if known) _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.9	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	<u>\$367.32</u>
	<u>PlainsCapital Bank</u>	<i>Check all that apply.</i>	
	<u>Attn: Bankruptcy Dept</u>	<input type="checkbox"/> Contingent	
	<u>PO Box 93600</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
	<u>Lubbock TX 79493-3600</u>	<u>Line of Credit - Promissory Note</u>	
	Date or dates debt was incurred <u>2008</u>	Is the claim subject to offset?	
	Last 4 digits of account number <u>0 0 0 1</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.10	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	<u>\$10,000.00</u>
	<u>PlainsCapital Bank</u>	<i>Check all that apply.</i>	
	<u>Attn: Bankruptcy Dept</u>	<input type="checkbox"/> Contingent	
	<u>PO Box 93600</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
	<u>Lubbock TX 79493-3600</u>	<u>Credit Card</u>	
	Date or dates debt was incurred <u>2008</u>	Is the claim subject to offset?	
	Last 4 digits of account number <u>7 0 8 9</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.11	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	<u>\$6,000.00</u>
	<u>PlainsCapital Bank</u>	<i>Check all that apply.</i>	
	<u>Attn: Bankruptcy Dept</u>	<input type="checkbox"/> Contingent	
	<u>PO Box 93600</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
	<u>Lubbock TX 79493-3600</u>	<u>Credit Card</u>	
	Date or dates debt was incurred <u>2008</u>	Is the claim subject to offset?	
	Last 4 digits of account number <u>5 8 3 6</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.12	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	<u>\$8,000.00</u>
	<u>PlainsCapital Bank</u>	<i>Check all that apply.</i>	
	<u>Attn: Bankruptcy Dept</u>	<input type="checkbox"/> Contingent	
	<u>PO Box 93600</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
	<u>Lubbock TX 79493-3600</u>	<u>Credit Card</u>	
	Date or dates debt was incurred <u>2008</u>	Is the claim subject to offset?	
	Last 4 digits of account number <u>6 6 1 0</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor Halo Home Health, LLC Case number (if known) _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.13	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$5,266.45</u>
	<u>Regional Finance Corporation</u>	<input type="checkbox"/> Contingent	
	<u>7097 N. Expressway 77</u>	<input type="checkbox"/> Unliquidated	
	_____	<input type="checkbox"/> Disputed	
	_____	Basis for the claim:	
	<u>Olmito TX 78575</u>	<u>Operating Funds</u>	
	Date or dates debt was incurred <u>06/2015</u>	Is the claim subject to offset?	
	Last 4 digits of account number <u>1 8 7 8</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.14	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$6,657.18</u>
	<u>Regional Finance Corporation</u>	<input type="checkbox"/> Contingent	
	<u>7097 N. Expressway 77, Suite 4</u>	<input type="checkbox"/> Unliquidated	
	_____	<input type="checkbox"/> Disputed	
	_____	Basis for the claim:	
	<u>Olmito TX 78575</u>	<u>Operating Funds</u>	
	Date or dates debt was incurred <u>06/2015</u>	Is the claim subject to offset?	
	Last 4 digits of account number <u>1 8 7 6</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.15	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$14,671.06</u>
	<u>Regional Finance Corporation</u>	<input type="checkbox"/> Contingent	
	<u>7097 N. Expressway 77, Suite 4</u>	<input type="checkbox"/> Unliquidated	
	_____	<input type="checkbox"/> Disputed	
	_____	Basis for the claim:	
	<u>Olmito TX 78575</u>	<u>Operating Funds</u>	
	Date or dates debt was incurred <u>06/2015</u>	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor Halo Home Health, LLC Case number (if known) _____

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1 <u>Jeana Long</u> <u>Dykema Cox Smith</u> <u>1400 N. McColl Road, Suite 204</u> <u>McAllen TX 78501</u>	Line <u>3.8</u> <input type="checkbox"/> Not listed. Explain:	_____
4.2 <u>Roman "Dino" Esparza</u> <u>Esparza & Garza, L.L.P.</u> <u>964 E. Los Ebanos</u> <u>Brownsville TX 78520</u>	Line <u>3.3</u> <input type="checkbox"/> Not listed. Explain:	_____

Debtor Halo Home Health, LLC Case number (if known) _____

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1 5a. \$25,493.54

5b. Total claims from Part 2 5b. + \$330,174.04

5c. Total of Parts 1 and 2 5c. \$355,667.58
 Lines 5a + 5b = 5c.

Fill in this information to identify the case:

Debtor name Halo Home Health, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

Case number _____ Chapter 11
(if known)

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest State the term remaining _____ List the contract number of any government contract _____	Software provider for operating system and medical records. Contract to be ASSUMED	AXXess Technology Solutions, Inc. Attn: Teo Rodriguez 16000 Dallas Parkway, Suite 700 Dallas TX 75248
2.2	State what the contract or lease is for and the nature of the debtor's interest State the term remaining _____ List the contract number of any government contract _____	Professional Services Contract - for medical director Contract to be ASSUMED	Carlos Rosas, M.D. 704 Paredes Line Road Brownsville TX 78521
2.3	State what the contract or lease is for and the nature of the debtor's interest State the term remaining _____ List the contract number of any government contract _____	Therapy services - contract expired 2014 Contract to be REJECTED	Manna Therapy Services, LLC 35 Business Drive, Suite D Brownsville TX 78521
2.4	State what the contract or lease is for and the nature of the debtor's interest State the term remaining _____ List the contract number of any government contract _____	Climate-Controller Storage Facility Lease Contract to be ASSUMED	Rio Storage 4455 Paredes Line Road Brownsville TX 78521

Debtor Halo Home Health, LLC Case number (if known) _____

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Professional Service Contract - medical advisory Contract to be ASSUMED	Roberto Robles, M.D. 213 Heart Street _____ _____ Brownsville TX 78520
2.6	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Therapy services for clients. Contract to be ASSUMED	Valley Healing Hands, LLC 3475 W. Alton Gloor Boulevard _____ _____ Brownsville TX 78520
2.7	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Commercial Lease Agreement for the lease of Debtor's office. Contract to be ASSUMED	Wellington Office Plaza Sylvia Martha Villarreal 185 Ruben Torres Boulevard _____ _____ Brownsville TX 78520

Fill in this information to identify the case:

Debtor name Halo Home Health, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

Case number _____
(if known)

Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, *Schedules D-G*. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name	Mailing address	Name	Check all schedules that apply:
2.1 Dora Garcia	342 Boise Court Number Street Brownsville TX 78526 City State ZIP Code	PlainsCapital Bank	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.2 Dora Garcia	342 Boise Court Number Street Brownsville TX 78526 City State ZIP Code	Regional Finance Corporation	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.3 Elizabeth Callais	1632 Zamora Drive Number Street Brownsville TX 78526 City State ZIP Code	PlainsCapital Bank	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.4 Elizabeth Callais	1632 Zamora Drive Number Street Brownsville TX 78526 City State ZIP Code	Regional Finance Corporation	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

Debtor Halo Home Health, LLC Case number (if known) _____

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

Check all schedules that apply:

Name	Mailing address	Name	
2.5 Tammy Rangel	34793 California Road, Unit 3 <small>Number Street</small>	PlainsCapital Bank	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	Los Fresnos TX 78566 <small>City State ZIP Code</small>		
2.6 Tammy Rangel	34793 California Road, Unit 3 <small>Number Street</small>	Regional Finance Corporation	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	Los Fresnos TX 78566 <small>City State ZIP Code</small>		

Fill in this information to identify the case:

Debtor Name Halo Home Health, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

Case number (if known): _____

Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets--Real and Personal Property (Official Form 206A/B)

1a. Real property: Copy line 88 from Schedule A/B.....	<u>\$0.00</u>
1b. Total personal property: Copy line 91A from Schedule A/B.....	<u>\$110,671.00</u>
1c. Total of all property Copy line 92 from Schedule A/B.....	<u>\$110,671.00</u>

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)

Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D..... \$360,855.49

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of Schedule E/F.....	<u>\$25,493.54</u>
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F.....	+ <u>\$330,174.04</u>

4. Total liabilities

Lines 2 + 3a + 3b..... \$716,523.07

Fill in this information to identify the case and this filing:

Debtor Name Halo Home Health, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

Case number _____
(if known)

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

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

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

Declaration and signature

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

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

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

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

Executed on 06/01/2017
MM / DD / YYYY

X /s/ Dora Garcia _____
Signature of individual signing on behalf of debtor

Dora Garcia _____
Printed name

Member & Debtor Representative _____
Position or relationship to debtor

B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF TEXAS
BROWNSVILLE DIVISION

In re **Halo Home Health, LLC**

Case No. _____

Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

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

For legal services, I have agreed to accept.....Hourly: Estimated Total	<u>\$30,000.00</u>
Prior to the filing of this statement I have received.....	<u>\$8,000.00</u>
Balance Due.....Hourly: Approximately	<u>\$22,000.00</u>

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

- Debtor
- Other (specify)

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

- Debtor
- Other (specify)

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

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

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

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

B2030 (Form 2030) (12/15)

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

CERTIFICATION

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

06/01/2017

Date

/s/ Marcos D. Oliva

Marcos D. Oliva
Marcos D. Oliva, PC
223 W. Nolana
McAllen, TX 78504
Phone: (956) 683-7800 / Fax: (866) 868-4224

Bar No. 24056068

/s/ Dora Garcia

Dora Garcia

Member & Debtor Representative

Fill in this information to identify the case:

Debtor name Halo Home Health, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

Case number _____
(if known)

Check if this is an amended filing

Official Form 204

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

12/15

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

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim		
					If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	Internal Revenue Service 300 E 8th St STOP 5026 AUS Austin, Texas 78701		941 Taxes		\$346,993.08	\$0.00	\$346,993.08
2	PlainsCapital Bank Attn: Bankruptcy Dept PO Box 93600 Lubbock, TX 79493-3600		Deficiency	Contingent Disputed			\$200,000.00
3	Gee Dellata Manna Therapy Services. LLC 35 Business Drive, Unit D Brownsville, TX 78521		Therapy Services Provided	Unliquidated Disputed			\$66,000.00
4	Marcos D. Oliva, PC 223 W. Nolana McAllen, TX 78504		Attorney Fees				\$22,000.00
5	Regional Finance Corporation 7097 N. Expressway 77, Suite 4 Olmiteo, Texas 78575		Operating Funds				\$14,671.06

Debtor Halo Home Health, LLC
Name

Case number (if known) _____

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
6	PlainsCapital Bank Attn: Bankruptcy Dept PO Box 93600 Lubbock, TX 79493-3600		Credit Card				\$10,000.00
7	PlainsCapital Bank Attn: Bankruptcy Dept PO Box 93600 Lubbock, TX 79493-3600		Credit Card				\$8,000.00
8	Regional Finance Corporation 7097 N. Expressway 77, Suite 4 Olmito, Texas 78575		Operating Funds				\$6,657.18
9	Cameron County Tax Office Diane W. Sanders P.O. Box 17428 Austin, TX 785760		Statutory Tax Lien		\$7,862.41	\$1,600.00	\$6,262.41
10	PlainsCapital Bank Attn: Bankruptcy Dept PO Box 93600 Lubbock, TX 79493-3600		Credit Card				\$6,000.00
11	Regional Finance Corporation 7097 N. Expressway 77 Olmito, TX 78575		Operating Funds				\$5,266.45
12	Dell Financial Services, LLC C/O Valentine & Kebartas, Inc. P.O. Box 325 Lawrence, MA 01842		Services Rendered				\$4,579.00
13	HealthCare First Attn: Terri Shinn 1343 E. Kingsley Street Springfield, MO 65804		Software Servicer and Provider				\$3,900.00

Debtor Halo Home Health, LLC
Name

Case number (if known) _____

Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
14 Texas Workforce Commission Tax Department PO Box 1298 McAllen, TX 78505-1298		Taxes				\$3,493.54
15 Homeline Medical c/o J. Robert Morgan Johnson, Morgan & White P.O. Box 5000 Boca Raton, FL 33431		Medical Supplies	Disputed			\$3,000.00
16 CyberLink ASP P.O. Box 415000-0739 Nashville, TN 37241-0739		Software System Service Provider				\$810.79
17 Personal Concepts c/o Slater, Tenaglia, Fritz & Hunt, P.A. P.O. Box 8500 Philadelphia, PA 19178-2431		Medical Supplies	Disputed			\$600.00
18 PlainsCapital Bank Attn: Bankruptcy Dept PO Box 93600 Lubbock, TX 79493-3600		Line of Credit - Promissory Note				\$367.32
19 Medline Industries Inc. c/o Allen Maxwell & Silver 190 Sylvan Avenue Englewood Cliffs, NJ 07632		Medical Supplies				\$322.24

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF TEXAS
BROWNSVILLE DIVISION**

IN RE: **Halo Home Health, LLC**

CASE NO

CHAPTER **11**

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 6/1/2017

Signature */s/ Dora Garcia*
Dora Garcia
Member & Debtor Representative

Date _____

Signature _____

AXXess Technology Solutions, Inc.
Attn: Teo Rodriguez
16000 Dallas Parkway, Suite 700
Dallas, Texas 75248

Cameron County Tax Office
Diane W. Sanders
P.O. Box 17428
Austin, TX 785760

Carlos Rosas, M.D.
704 Paredes Line Road
Brownsville, Texas 78521

Corporation Service Company
801 Adlai Stevenson Drive
Springfield, IL 62703

CyberLink ASP
P.O. Box 415000-0739
Nashville, TN 37241-0739

Dell Financial Services, LLC
C/O Valentine & Kebartas, Inc.
P.O. Box 325
Lawrence, MA 01842

Dora Garcia
342 Boise Court
Brownsville, Texas 78526

Dora Garcia
342 Boise Court
Brownsville, TX 78526

Elizabeth Callais
1632 Zamora Drive
Brownsville, Texas 78526

Elizabeth Callais
1632 Zamora Drive
Brownsville, TX 78526

Gee Dellata
Manna Therapy Services. LLC
35 Business Drive, Unit D
Brownsville, TX 78521

HealthCare First
Attn: Terri Shinn
1343 E. Kingsley Street
Springfield, MO 65804

Homeline Medical
c/o J. Robert Morgan
Johnson, Morgan & White
P.O. Box 5000
Boca Raton, FL 33431

Internal Revenue Service
300 E 8th St STOP 5026 AUS
Austin, Texas 78701

Internal Revenue Service
Centralized Insolvency Operation
P.O. Box 7346
Philadelphia, PA 19101-7346

Jeana Long
Dykema Cox Smith
1400 N. McColl Road, Suite 204
McAllen, Texas 78501

Manna Therapy Services, LLC
35 Business Drive, Suite D
Brownsville, Texas 78521

Marcos D. Oliva, PC
223 W. Nolana
McAllen, TX 78504

Medline Industries Inc.
c/o Allen Maxwell & Silver
190 Sylvan Avenue
Englewood Cliffs, NJ 07632

Nancy L. Masso
Assistant U.S. Attorney
United States Attorney's Office
600 East Harrison Street, Room 201
Brownsville, Texas 78520

Personal Concepts
c/o Slater, Tenaglia, Fritz & Hunt, P.A.
P.O. Box 8500
Philadelphia, PA 19178-2431

PlainsCapital Bank
Attn: Bankruptcy Dept
PO Box 93600
Lubbock, TX 79493-3600

Regional Finance Corporation
7097 N. Expressway 77
Olmito, TX 78575

Regional Finance Corporation
7097 N. Expressway 77, Suite 4
Olmito, Texas 78575

Rio Storage
4455 Paredes Line Road
Brownsville, Texas 78521

Roberto Robles, M.D.
213 Heart Street
Brownsville, Texas 78520

Roman "Dino" Esparza
Esparza & Garza, L.L.P.
964 E. Los Ebanos
Brownsville, Texas 78520

Tammy Rangel
34793 California Road, Unit 3
Los Fresnos, Texas 78566

Tammy Rangel
34793 California Road, Unit 3
Los Fresnos, TX 78566

Texas Workforce Commission
Tax Department
PO Box 1298
McAllen, TX 78505-1298

Valley Healing Hands, LLC
3475 W. Alton Gloor Boulevard
Brownsville, Texas 78520

Wellington Office Plaza
Sylvia Martha Villarreal
185 Ruben Torres Boulevard
Brownsville, Texas 78520

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF TEXAS
BROWNSVILLE DIVISION**

IN RE:
Halo Home Health, LLC

CHAPTER 11

DEBTOR(S)

CASE NO

LIST OF EQUITY SECURITY HOLDERS

Registered Name of Holder of Security Last Known Address or Place of Business	Class of Security	Number Registered	Kind of Interest Registered
Dora Garcia 342 Boise Court Brownsville, Texas 78526	33.33% Member/Owner		
Elizabeth Callais 1632 Zamora Drive Brownsville, Texas 78526	33.33% Member/Owner		
Tammy Rangel 34793 California Road Los Fresnos, TX 78566	33.33% Member/Owner		

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

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

Date: 6/1/2017

Signature: /s/ Dora Garcia
Dora Garcia
Member & Debtor Representative