

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION

IN RE: §  
HEALTH CARE TEMPORARIES, INC. § CASE NO. 17-30919-H5  
DEBTOR. § (SMALL BUSINESS CHAPTER 11)

CHAPTER 11 SMALL BUSINESS DISCLOSURE STATEMENT  
BY HEALTH CARE TEMPORARIES, INC.

THIS DISCLOSURE STATEMENT IS SUBMITTED TO ALL CREDITORS AND INTEREST HOLDERS OF THE DEBTOR ENTITLED TO VOTE ON THE CHAPTER 11 PLAN OF REORGANIZATION SUBMITTED BY HEALTH CARE TEMPORARIES, INC. AND CONTAINS INFORMATION THAT MAY AFFECT YOUR DECISION TO VOTE TO ACCEPT OR REJECT THE PLAN. THE PURPOSE OF THIS DISCLOSURE STATEMENT IS TO PROVIDE ADEQUATE INFORMATION AS REQUIRED BY THE BANKRUPTCY CODE CONCERNING THE PLAN. ALL CREDITORS AND INTEREST HOLDERS ARE URGED TO READ THE ENTIRE DISCLOSURE STATEMENT AND PLAN CAREFULLY.

ON THE \_\_\_\_\_TH OF \_\_\_\_\_, 2017, THE BANKRUPTCY COURT CONDITIONALLY APPROVED THIS DISCLOSURE STATEMENT AS CONTAINING ADEQUATE INFORMATION UNDER 1125(b) OF THE BANKRUPTCY CODE. SOLICITATION OF ACCEPTANCES OR REJECTIONS OF THE PLAN DESCRIBED HEREIN IS BEING SOUGHT FROM CREDITORS AND INTEREST HOLDERS WHOSE CLAIMS AGAINST, AND INTERESTS IN, THE DEBTOR ARE IMPAIRED UNDER THE PLAN.

CREDITORS AND INTEREST HOLDERS ENTITLED TO VOTE ON THE PLAN ARE URGED TO VOTE IN FAVOR OF THE PLAN AND TO RETURN THE COMPLETED BALLOT INCLUDED WITH THIS DISCLOSURE STATEMENT IN THE ACCOMPANYING ENVELOPE ADDRESSED TO CORRAL TRAN SINGH, LLP ATTN: SUSAN TRAN, 1010 LAMAR STREET, SUITE 1160, HOUSTON, TEXAS, 77002, NOT LATER THAN \_\_\_\_\_, 2017.

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## I. INTRODUCTION

### 1.1. General Information

This is the disclosure statement (the "Disclosure Statement") under section 1125 of the Bankruptcy Code in the small business chapter 11 case of Health Care Temporaries, Inc. (hereinafter "HCT"), Debtor and Debtor-in-Possession (the "Debtor"). This Disclosure Statement contains information about the Debtor and describes the Small Business Chapter 11 Plan of Reorganization (the "Plan") filed by HCT on August 11, 2017. A full copy of the Plan is attached to this Disclosure Statement as **Exhibit A**. *Your rights may be affected. You should read the Plan and this Disclosure Statement carefully and discuss them with your attorney. If you do not have an attorney, you may wish to consult one.*

This Disclosure Statement describes:

- The Debtor and significant events during the bankruptcy case;
- How the Plan proposes to treat claims or equity interests of the type you hold (i.e., what you will receive on your claim or equity interest if the plan is confirmed);
- Who can vote on or object to the Plan;
- What factors the Bankruptcy Court (the "Court") will consider when deciding whether to confirm the Plan;
- Why HCT believes the Plan is feasible, and how the treatment of your claim or equity interest under the Plan compares to what you would receive on your claim or equity interest in liquidation; and
- The effect of confirmation of the Plan.

Be sure to read the Plan as well as the Disclosure Statement. This Disclosure Statement describes the Plan, but it is the Plan itself that will, if confirmed, establish your rights. This Disclosure Statement is not intended to replace a careful review and analysis of the Plan, including the specific treatment of Claims and Equity Interests under the Plan. It is submitted as an aid and supplement to your review of the Plan and to explain the terms of the Plan. If any questions arise you are urged to contact counsel for the Debtor.

### 1.2. Frequently Asked Questions

#### 1.2.1. What is Health Care Temporaries, Inc.?

Health Care Temporaries, Inc. is a for-profit Texas corporation located at 8926 Sherbourne, Suite D, Houston, Texas 77016, incorporated on or about July 28, 1982. HCT is a provider of home health care services and other personal assistance services. HCT's day to day operations are overseen by its Secretary and Vice President of Operations, D. Anne Woods. HCT currently employs about 420 individuals who provide varying levels of medical and patient care and/or administrative support for HCT.

### **1.2.2. What is Chapter 11 Bankruptcy?**

Financially distressed businesses reorganize their debts or liquidate their assets under Chapter 11 of the United States Bankruptcy Code. Commencement of a case under Chapter 11 creates an "estate" which contains all legal and equitable interest of the debtor as of the date of filing. During a Chapter 11 bankruptcy case, the debtor remains in possession of its assets unless the Court orders appointment of a trustee; in this case, no trustee has been appointed.

The Court has not yet confirmed the Plan described in this Disclosure Statement. This section describes the procedures pursuant to which the Plan will or will not be confirmed.

### **1.2.3 Has the Bankruptcy Court approved this Disclosure Statement?**

No. On the \_\_\_th of \_\_\_\_\_, 2017, the Bankruptcy Court conditionally approved the Disclosure Statement containing adequate information. "Adequate information" means information of a kind, and in sufficient detail, as far as practicable, considering the nature and history of the Debtor and the condition of the Debtor's books and records, to enable a hypothetical investor of holders of claims or interests to make an informed decision of whether to vote to accept or reject the Plan. The Bankruptcy Court's approval of this Disclosure Statement is not an endorsement of any of the representations contained in either the Disclosure Statement or the Plan.

### **1.2.4. How do I know how my Claim or Interest is classified?**

In order to determine the classification of your Claim or Interest, you must determine the nature of your Claim or Interest. Under the Plan, Claims and Interests are classified into a series of classes and the relevant articles and sections of the Disclosure Statement and Plan disclose the treatment that each class of Claims or Interests will receive if the Plan is confirmed.

### **1.2.5. How does the Plan get confirmed?**

Under the Bankruptcy Code, confirmation of the Plan requires at least one class of impaired Claims or Interests vote to accept the Plan. Acceptance by a Class of claims or interests mean that at least two-thirds in the total dollar amount and more than one-half in number of the allowed Claims or Interests actually voting in the class vote in favor of the Plan. Because only those claims or interests who vote on a plan will be counted for purposes of determining acceptance or rejection of a plan by an impaired class, a plan can be approved with the affirmative vote of members of an impaired class who own less than two-thirds in amount and one-half in number of the claims/interests. Besides acceptance of the Plan by each class of impaired creditors or interests, a bankruptcy court must also find that the Plan meets a number of statutory requirements provided by the Bankruptcy Code before the plan is confirmed. These requirements and statutory tests are designed to protect the interests of the holders of the impaired claims or interests who do not vote to accept the plan but who will be bound by the Plan's provisions if the Plan is confirmed by the Bankruptcy Court. If one or more classes vote to reject the Plan, the Debtor may still request that the Bankruptcy Court confirm the Plan pursuant to section 1129(b) of the Bankruptcy Code. In order to confirm a plan not accepted by

all classes, the plan proponent must demonstrate that the plan does not discriminate unfairly, is fair and equitable with respect to each class of claims or interests that is impaired under and that has not accepted the plan.

**1.2.6. When is the deadline to return my ballot?**

The Bankruptcy Court has directed that your ballot must be received by 5:00 p.m. CST on \_\_\_\_\_, 2017 and returned in the enclosed envelope to Corral Tran Singh, LLP, ATTN: Susan Tran, 1010 Lamar Street, Suite 1160, Houston, Texas 77002.

**1.2.7. When and where is the hearing to confirm the Plan?**

The hearing at which the Court will determine whether to confirm the Plan will take place on \_\_\_\_\_, 2017 at \_\_:\_\_\_ .m, in courtroom 403, at 515 Rusk, Houston, Texas, 77002 in front of the Honorable Judge Karen K. Brown.

**1.2.8. When is the deadline to file an objection to confirmation of the Plan?**

Objections to confirmation of the Plan must be filed with the Court and served upon Corral Tran Singh, LLP, ATTN: Susan Tran, 1010 Lamar Street, Suite 1160, Houston, Texas 77002 by 5:00 p.m. CST on \_\_\_\_\_, 2017.

**II. BACKGROUND**

**2.1. Description and History of the Debtor's Business.**

Since 1982, HCT has been engaged in the business providing home health care to individuals whose needs range from assistance with day to day activities such as cooking and cleaning to moderate medical needs, such as insulin injections.

**2.2. Insiders of the Debtor.**

Bonita Woods and Arthur Woods were the sole equity shareholders of the Debtor.

**2.3. Management of the Debtor Before and During the Bankruptcy.**

When HCT originally began operations in 1982, HCT was managed by Bonita Woods. Bonita Woods was later diagnosed with cancer in the years previous to the filing of this bankruptcy and operations of HCT were left unattended causing HCT fell behind on its financial obligations. In the few months preceding this bankruptcy filing, HCT underwent new management under the control of D'Anne Woods who has been employed by HCT since its inception.

## **2.4. Events Leading to Chapter 11 Filing and Significant Events During the Bankruptcy Case.**

Due to the disruption in management of HCT, many employees left leading to reduced patient retention and intake. In addition, HCT's previous comptroller failed to timely file required state and federal tax returns and to pay those obligations. Because of ineptitude of HCT's comptroller, and despite the change in management of HCT, the financial obligations to the Texas Workforce Commission and the Internal Revenue Service were insurmountable and HCT was unable to become current on those obligations.

Debtor sought emergency relief under Chapter 11 on February 12, 2017 (the "Petition Date"), due to imminent levy by the Internal Revenue Service on its operating accounts.

### **2.4.1. Significant Events During the Chapter 11**

#### **2.4.1.1. First-Day Pleadings**

On the Petition Date, HCT filed its Application to Employ Corral Tran Singh, LLP as Counsel for the Debtor pursuant to 11 U.S.C. § 327(a) and employment of Corral Tran Singh, LLP was authorized on February 14, 2017. HCT also filed an (i) Emergency Motion for Order Authorizing Payment of Pre-petition Employee Wages and Withholding Taxes; (ii) Emergency Motion for Order Authorizing the Continued Use of Existing (I) Cash Management System and (II) Accounts; and (iii) Emergency Motion for Order (I) Prohibiting Utility Providers from Altering, Refusing or Discontinuing Services and (III) Establishing Procedures for Determining Requests for Additional Adequate Protection, where the requested relief for those motions were granted on February 14, 2017.

#### **2.4.1.2 Use of Cash Collateral**

On February 13, HCT filed an Emergency Motion for Interim and Final Orders (I) Authorizing Use of Cash Collateral Pursuant to 363(c); (II) Granting Adequate Protection for the Use of Cash Collateral; and (III) Scheduling a Final Hearing Pursuant to Bankruptcy Rule 4001 as to Use of Cash Collateral. Interim use of Cash Collateral was authorized through March 16 2017. The Court entered its Final Order authorizing the use of Cash Collateral on March 16, 2017.

## **2.5. The Absolute Priority Rule.**

The "absolute priority rule" is the rule that states that the holder of any claim or interest that is junior to the claims of an impaired unsecured class of creditors will not receive or retain under the plan on account of their junior claim or interest any property (in this case, the ownership of the Debtor) if the unsecured class of creditors oppose the Plan. Pursuant to the liquidation analysis, the unsecured creditors would receive very little if this bankruptcy proceeding was converted to a Chapter 7 proceeding, but in this Chapter 11 proceeding, they will be receiving 100% of their claims. Since the Plan of Reorganization satisfies the absolute priority rule, if the general unsecured creditors do not support the Plan of Reorganization by voting "yes" for the Plan, the Plan of Reorganization may still be approved by the Court.



## 2.6. HCT's Assets.

On the Petition Date, the Debtor's most valuable tangible assets consisted of a vehicle, office equipment, and certain electronics. The Debtor also had several receivables that it scheduled. On March 29, 2017, the Debtor filed with the Bankruptcy Court its Schedule of Assets and Liabilities and Statement of Financial Affairs (collectively, the "Schedules"). The Schedules contain a detailed listing of the Debtor's assets and liabilities based on its books and records. A copy of the Schedules is available from the Clerk's office or from the Debtor upon written request.

## 2.7. Liabilities and Claims against HCT.

The following table sets forth the potential secured claims in HCT's case:

### 2.7.1. Secured Claims.

Allowed Secured Claims are claims secured by property of the Debtor's bankruptcy estate (or that are subject to setoff) to the extent allowed as secured claims under 11 U.S.C. § 506. If the value of the collateral or setoffs securing the creditor's claim is less than the amount of the creditor's allowed claim the deficiency will be classified as a general unsecured claim. The following chart lists all classes containing Debtor's secured pre-petition claims and their proposed treatment under the Plan:

Allowed Secured Claims are claims secured by property of the Debtor's bankruptcy estate (or that are subject to setoff) to the extent allowed as secured claims under § 506 of the Code. If the value of the collateral or setoffs securing the creditor's claim is less than the amount of the creditor's allowed claim, the deficiency will [be classified as a general unsecured claim].

The following table sets forth the potential secured claims in HCT's case:

<b>Claimant</b>	<b>Scheduled Claim</b>	<b>Filed Claim</b>
Harris County et al	\$463.57	\$6,967.67
Internal Revenue Service		\$51,550.68
Lincoln Automotive Fin.		\$13,469.30
Wells Fargo Bank, N.A.		\$247,919.66

### 2.7.3. Priority Claims.

The following table sets forth the potential priority claims in HCT's case:

<b>Claimant</b>	<b>Scheduled Claim</b>	<b>Filed Claim</b>
HCTRA	\$262.64	
Internal Revenue Service	\$804,579.00	\$1,431,450.72
Texas Workforce Commission#20	\$16,000.00	\$20,920.70
Texas Workforce Commission#1		\$58,477.43

### 2.7.2. General Unsecured Claims.

The following table sets forth the potential general unsecured claims in HCT's case:

<b>Claimant</b>	<b>Scheduled Claim</b>	<b>Filed Claim</b>
Pitney Bowes	\$975.28	\$3,992.48
United Healthcare		\$2,883.17
American Express	\$42,853.38	\$47,601.17
Synchrony Bank		\$4,155.28
Wells Fargo	\$396.48	\$396.48
Internal Revenue Service	\$94.40	
AIT	\$1688.04	\$1,789.22
Bank of America	\$750.00	
Birch Telecomm	\$515.00	
Central Security Group	\$195.77	
Chase Bank	\$97,161.16	
Citibank Advantage	\$10,000.00	
Colonial Life	\$818.10	
Comcast	\$865.62	
Gilbert Guerra	\$45,000.00	
Grasshopper	\$50.32	
Great American Fin.	\$777.87	
Jose Mastriano P.C.	\$1,000.00	
Office Depot	\$1,655.77	
Republic waste	\$2,973.59	
Sam's Club Credit	\$4,455.28	
The Hartford Personal	\$12,054.48	

Debtor may file objections to several proofs of claims and should any additional or amended proofs of claims be filed, the Debtor will review such claims and may file additional objections.

### 2.8. Projected Recovery of Avoidable Transfers.

The Debtor does not know of any preferences, fraudulent transfers, or other avoidable actions that need to be pursued.

### 2.9. Claim Objections.

Except to the extent that a claim is already allowed pursuant to a final non-appealable order, the Debtor reserves the right to object to claims. Therefore, even if your claim is allowed for voting purposes, you may not be entitled to a distribution if an objection to your claim is later upheld.

### III. SUMMARY OF PLAN OF REORGANIZATION AND TREATMENT OF CLAIMS AND EQUITY INTERESTS

#### 3.1. What is the Purpose of the Plan of Reorganization?

As required by the United States Bankruptcy Code (“Code”), the Plan places claims and equity interests in various classes and describes the treatment each class will receive. The Plan also states whether each class of claims or equity interest is impaired or unimpaired. If the Plan is confirmed, your recovery will be limited to the amount provided by the Plan.

#### 3.2. Unclassified Claims.

Certain types of claims automatically entitled to specific treatment under the Code. They are not considered impaired, and holders of such claims do not vote on the Plan. They may, however, object if in their view their treatment under the Plan does not comply with that required by the Code.

##### 3.2.1 Administrative Claims.

Administrative expenses are costs or expenses of administering the Debtor’s Chapter 11 case which are allowed under 11 U.S.C. 507(a)(2). Administrative expenses also include the value of any goods sold to the Debtor in the ordinary course of business and received within 20 days before the date of the bankruptcy petition. The Code requires that all administrative expenses be paid on the effective date of the Plan, unless a particular claimant agrees to a different treatment. Pursuant to section 1123(a)(1) of the Bankruptcy Code, certain Administrative Claims and Priority Tax Claims have not been classified and thus are excluded from the Classes of Claims and Interests set forth in this Article. These unclassified Claims are treated as follows:

The United States Trustee fees will continue to be paid through the date this case is closed. Further, the Debtor shall file monthly operating reports through the date this case is closed.

The following chart lists the Debtor's estimated administrative expenses, and their proposed treatment under the Plan:

<u>Type</u>	<u>Estimated Amount Owed</u>	<u>Proposed Treatment</u>
Professional Fees for Debtor’s Counsel	\$18,00.00 <sup>1</sup>	Debtor proposes to pay the remaining Professional Fees with monthly payments of \$3,500.00 until the Professional Fees for Debtor's counsel is paid.

<sup>1</sup> Counsel for Debtor has not yet submitted a Fee Application but will file one shortly thereafter.

### **3.2.2. Classes of Claims and Equity Interests.**

The following are the classes set forth in the Plan, and the proposed treatment that they will receive under the Plan:

**3.2.2.1 Class 1 - Priority Non-Tax Claims.** Class 1 is comprised of the Allowed Priority Claims against HCT which include the claims of the Texas Workforce Commission.

**3.2.2.2. Class 2 - Priority Tax Claims.** Class 2 is comprised of Allowed Priority Tax Claims which includes the claim of the Internal Revenue Service.

**3.2.2.3. Class 3 - Secured Tax Claims.** Class 3 is comprised of the Allowed Secured Tax Claims against HCT which includes the claims of the Internal Revenue Service.

**3.2.2.4. Class 4 - Secured Ad Valorem Tax Claims.** Class 4 is comprised of the Allowed Secured Ad Valorem Tax Claims against HCT which include the claims of Harris County *et al.*

**3.2.3.5. Class 5 - Miscellaneous Secured Claims.** Classes 5A and 5B is comprised of all remaining Allowed Secured Claims against HCT which include Lincoln Automotive Financial Services and Wells Fargo.

**3.2.3.6. Class 6 - General Unsecured Claims.** Class 6 is comprised of all Allowed General Unsecured Claims against HCT.

**3.2.3.7. Class 7 - Subordinated Claims.** Class 7 is comprised of all Allowed Subordinated Claims against HCT.

**3.2.3.8. Class 8 - Equity Interest Holders.** Class 8 is comprised of all Allowed Interests in HCT.

## **IV. IMPAIRMENT OF CLASSES & RESOLUTION OF CLAIM CONTROVERSIES**

### **4.1. Impaired Classes entitled to vote.**

Only holders of Claims which are in impaired Classes may vote on the Plan. The following Classes of Claims and Interests are impaired under the Plan:

- 4.1.1 Class 1 - Priority Non-Tax Claims.**
- 4.1.2. Class 2 - Priority Tax Claims.**
- 4.1.3. Class 3 - Secured Tax Claims.**
- 4.1.4. Class 4 - Secured Ad Valorem Tax Claims.**
- 4.1.5. Class 5 - Miscellaneous Secured Claims.**
- 4.1.6. Class 6 - General Unsecured Claims.**
- 4.1.7. Class 7 - Subordinated Claims.**
- 4.1.8. Class 8 - Equity Interest Holders.**

**4.2. Unimpaired Classes & Classes not entitled to vote.**

Holders of the Claims that are unimpaired are deemed to have accepted the proposed Plan and are not entitled to Vote on the Plan. The following not entitled to vote on the plan either because such classes are not impaired or not entitled to vote pursuant to the Bankruptcy Code.

- 4.2.1. Class 8- Equity Interest Holders of HCT.

**4.3. Claim Controversies.**

Should a controversy or dispute arise relating to the classification, impairment, or voting rights of any Creditor or Interest Holder under the Plan, prior to confirmation, the Bankruptcy Court may, after notice and a hearing, determine such controversy. The Bankruptcy Court may estimate, for voting purposes, the amount of any contingent or unliquidated claim, or fixing or liquidation of which, as the case may be, would unduly delay the administration of the Chapter 11 bankruptcy. The Bankruptcy court may conduct a valuation hearing pursuant to section 506(b) of the Bankruptcy Code to determine the Allowed Amount of any Secured Claim.

**V. TREATMENT OF CLAIMS AND EXECUTORY CONTRACTS**

**5.1. Treatment of Impaired Classes.**

**5.1.1. Treatment of Priority Non-Tax Claims.**

Holders of Priority Non-Tax Claims in Class 1 against the Debtor shall be paid Pro Rata their respective claim amounts in Cash with 60 monthly equal installments commencing 30 days from the Effective Date.

<b>Claimant</b>	<b>Scheduled Claim</b>	<b>Filed Claim</b>
HCTRA	\$262.64	
Texas Workforce Commission#20	\$16,000.00	\$20,920.70
Texas Workforce Commission#1		\$58,477.43

### 5.1.2. Treatment of Priority Tax Claims.

Holders of Priority Tax Claims in Class 2 against the Debtor shall be paid in Cash with installment payments commencing 30 days from the Effective Date. Holders of Claims in Class 2 shall be paid with (i) monthly installments of \$10,000.00 for months one through twelve, (ii) monthly installment payments of \$13,000.00 for months thirteen through twenty-four, (iii) monthly installment payments of \$15,000.00 for months twenty-five through thirty-six, (iv) monthly installment payments of \$17,000.00 for months thirty-six through forty-eight, (v) monthly installment payments of \$18,000.00 for months forty-nine through sixty, and (vi) monthly installment payments of \$19,000.00 for months sixty-one through eighty-four (the "Class 2 Payment Schedule"). Debtor reserves the right to prepay its monthly installment payments under the Class 2 Payment Schedule to the Holders of Claims in Class 2 and to apply the prepayment credit to any subsequent delinquent amounts under the Class 2 Payment Schedule (the "Prepayment Offset").

In the event of any failure of the Reorganized Debtor to timely make its required plan payments, to the Holders of Allowed Claims in this Class, which shall constitute an event of default<sup>2</sup> under the Plan as to these Claimants, they shall send Notice of Default to the Reorganized Debtor. If the default is not cured within thirty (30) days of the date of such notice, the Holders of Allowed Claims may proceed to collect all amounts owed pursuant to state law without further recourse to the Bankruptcy Court. The holders of Claims in Class 2 only required to send two (2) Notices of Default, and upon the third event of default, Claimants may proceed to collect all amounts owed under state law without recourse to the Bankruptcy Court and without further notice.

<b>Claimant</b>	<b>Scheduled Claim</b>	<b>Filed Claim</b>
Internal Revenue Service	\$804,579.00	\$1,431,450.72

### 5.1.3. Treatment of Secured Tax Claims.

In full and complete satisfaction, commencing thirty (30) days from the Effective Date, Holders of Secured Claims in Class 3 against the Debtor shall be paid their respective claims in Cash with 60 equal monthly installment payments with interest bearing at the Plan Rate. In the event of any failure of the Reorganized Debtor to timely make its required plan payments to the Holders of Allowed Claims in this Class, which shall constitute an event of default under the Plan as to these Claimants, they shall send Notice of Default to the Reorganized Debtor. If the default is not cured within thirty (30) days of the date of such notice, the Holders of Allowed Claims may proceed to collect all amounts owed pursuant to state law without further recourse to the Bankruptcy Court. The holders of Claims in Class 3 only required to send two (2) Notices of Default, and upon the third event of default, Claimants may proceed to collect all amounts owed under state law without recourse to the Bankruptcy Court and without further notice. Upon payment of the Claims in Class 3, Holders of Allowed Claims in Class 3 will immediately file and record a release of its respective lien with the Texas Secretary of State, or appropriate entity, within ten (10) business days with Claimant with costs bearing on the Claimant.

<sup>2</sup> The application of the Prepayment Offset as described in Paragraph 5.2 will not be considered an event of Default under this Plan.

<b>Claimant</b>	<b>Scheduled Claim</b>	<b>Filed Claim</b>
<b>Internal Revenue</b>		<b>\$51,550.68</b>

#### **5.1.4. Treatment of Secured Ad Valorem Tax Claims.**

Holders of Allowed Claims in Class 4 shall be paid in Cash in 60 monthly equal installments commencing 30 days from the Petition Date with interest bearing per the applicable non-bankruptcy statutory law. Holders of Allowed Claims in Class 4 shall retain all liens it currently holds, whether for pre-petition tax years or for the current tax year, on any property of the Debtor until it receives payment in full of all taxes, and interest owed to them under the provisions of this Plan, and their lien position shall not be diminished or primed by any Exit Financing, if any, approved by the Court in conjunction with the confirmation of this Plan. In the event of any failure of the Reorganized Debtor to timely make its required plan payments, or subsequent ad valorem taxes in the ordinary course to the Holders of Allowed Claims in this Class, which shall constitute an event of default under the Plan as to these Claimants, they shall send Notice of Default to the Reorganized Debtor. If the default is not cured within thirty (30) days of the date of such notice, the Holders of Allowed Claims may proceed to collect all amounts owed pursuant to state law without further recourse to the Bankruptcy Court. The taxing authorities are only required to send two (2) notices of default, and upon the third event of default, the taxing authorities may proceed to collect all amounts owed under state law without recourse to the Bankruptcy Court and without further notice.

<b>Claimant</b>	<b>Scheduled Claim</b>	<b>Filed Claim</b>
Harris County <i>et al</i>		\$6,967.67

#### **5.1.5. Treatment of Miscellaneous Secured Claims.**

Holders of Allowed Claims in Class 5A shall be paid Pro Rata 72 monthly equal installments of Cash regarding their respective Claim amounts commencing 30 days from the Effective Date with interest bearing on the respective Allowed Claims at the Plan Rate. Holders of Allowed Claims in Class 5B shall be paid its claim in Cash within 120 days of the Effective Date. The holders of Claims in Class 5A and 5B are only required to send two (2) Notices of Default, and upon the third event of default, the taxing authorities may proceed to collect all amounts owed under state law without recourse to the Bankruptcy Court and without further notice.

<b>Claimant</b>	<b>Scheduled Claim</b>	<b>Filed Claim</b>
Lincoln Automotive Fin.		\$13,469.30
Wells Fargo Bank, N.A.		\$247,919.66

#### **5.1.6. Treatment of General Unsecured Claims.**

Holders of Allowed General Unsecured Claims shall be paid Pro Rata in Cash from yearly payments of \$2,500.00 commencing January 2, 2017 and with yearly payments reoccurring every 2nd of January for a term of five (5) years. Holders of Allowed General Unsecured Claims will be governed by the terms of Section 8.4 and Section 11.2 of the Plan.

<b>Claimant</b>	<b>Scheduled Claim</b>	<b>Filed Claim</b>
Pitney Bowes	\$975.28	\$3,992.48
United Healthcare		\$2,883.17
American Express	\$42,853.38	\$47,601.17
Synchrony Bank		\$4,155.28
Wells Fargo	\$396.48	\$396.48
Internal Revenue Service	\$94.40	
AIT	\$1688.04	\$1,789.22
Bank of America	\$750.00	
Birch Telecomm	\$515.00	
Central Security Group	\$195.77	
Chase Bank	\$97,161.16	
Citibank Advantage	\$10,000.00	
Colonial Life	\$818.10	
Comcast	\$865.62	
Gilbert Guerra	\$45,000.00	
Grasshopper	\$50.32	
Great American Fin.	\$777.87	
Jose Mastriano P.C.	\$1,000.00	
Office Depot	\$1,655.77	
Republic waste	\$2,973.59	
Sam's Club Credit	\$4,455.28	
The Hartford Personal	\$12,054.48	

## **5.2. Treatment of unimpaired Classes.**

Equity Interest Holders of HCT will not retain their stock interest in the Debtor and their interests will be purchased by D.Anne Woods by a cash injection of \$250,000.00. A stock purchase agreement will be executed by D.Anne Woods and the existing Equity Interest Holders and will be provided upon written request to counsel for the Debtor.

## **VI. MEANS OF IMPLEMENTATION & RISKS ASSOCIATED WITH PLAN**

### **6.1. Source of Payments.**

Payments and distributions under the Plan will be funded by HCT's existing Cash on hand, future income from ongoing operations, and cash injection from D.Anne Woods.

### **6.2. Post-confirmation Management.**

The Post-Confirmation Management of the Debtor will remain with D.Anne Woods.



### **6.3. Risk Factors.**

The proposed Plan has the following risks: the field of home health care is an emerging one and Debtor's face competition from other home health care providers which may impact Debtor's projected income stream.

The Debtor has conservatively estimated its financial projections based on its historical numbers and believes it will be successful in completing the payments under the Plan and based projections utilizing its existing patient base and guaranteed patient contracts.

### **6.4. Tax Consequences of Plan.**

**Creditors and Equity Interest Holders concerned with how the Plan may affect their tax liability should consult with their own accountants, attorneys, and/or advisors.**

#### **6.4.1. Taxation Generally.**

This discussion is for informational purposes and does not constitute tax advice. The federal income tax consequence of implementation of the Plan to a holder of a Claim will depend on (i) whether the Claim constitutes a debt or security for federal income tax purposes, (ii) whether the holder of the Claim receives consideration in more than one tax year, (iii) whether the holder of the Claim is a resident of the United States, (iv) whether the consideration received by the holder of the Claim is part of an integrated transaction, (v) whether the holder of the Claim utilizes an accrual or cash method of accounting, and (vi) whether the holder has previously taken a bad debt deduction or worthless security deduction with respect to the Claim.

The federal, state, and foreign tax consequences of the Plan are complex and in many areas, uncertain, therefore you are urged to consult a Tax Professional. The Estate of the Debtor will incur neither a capital gain nor loss due to the implementation of the Plan. The Debtor will not recognize any income to the extent of forgiveness of debt under this Plan.

## **VII. EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

The Plan lists all executory contracts and unexpired leases that the Debtor will assume under the Plan. Assumption means that Debtor has elected to continue to perform the obligations under such contracts and unexpired leases, and to cure defaults of the type that must be cured under the Code, if any.

If you object to the assumption of your unexpired lease or executory contract, the proposed cure of any defaults, or the adequacy of assurance of performance, you must file and serve your objection to the Plan within the deadline for objecting to confirmation of the Plan, unless the Court has set an earlier time.

All executory contracts and unexpired leases that are not listed will be rejected under the Plan. Consult your adviser or attorney for more specific information about particular contracts or leases.

If you object to the rejection of your contract or lease, you must file and serve your objection to the Plan within the deadline for objecting to the confirmation of the Plan.

## **VIII. CAUSES OF ACTION**

### **8.1. Preferences.**

Pursuant to the Bankruptcy Code, the Debtor may recover certain preferential transfers of property, including cash, made while insolvent during the 90 days immediately prior to the filing of the petition with respect to pre-existing debts, to the extent the transferee received more than it would have in respect to the pre-existing debt had the Debtor been liquidated under Chapter 7 of the Bankruptcy Code. In the case of "insiders," the Bankruptcy Code provides for a one-year look back preference period. There are certain defenses these actions such as transfers made in the ordinary course of the Debtor's business. Additionally, a defense may exist if the transferee extended credit after the transfer.

### **8.2. Fraudulent Transfers.**

Under the Bankruptcy Code and state law, HCT may recover certain transfers of property, including the grant of a security interest in property, made while insolvent or which rendered it insolvent. HCT has conducted a limited analysis of potential recoveries under Chapter 5 of the Bankruptcy Code and concluded that potential claims may exist. All avoidance actions and rights pursuant to sections 506(c), 510, 542, 544, 545, 549 of the Bankruptcy Code.

## **IX. CONFIRMATION REQUIREMENTS AND PROCEDURES**

To be confirmable, the Plan must meet the requirements listed in § 1129(a) or (b) of the Code. These include the requirements that: the Plan must be proposed in good faith; at least one impaired class of claims must accept the plan, without counting votes of insiders; the Plan must distribute to each creditor and equity interest holder at least as much as the creditor or equity interest holder would receive in a Chapter 7 liquidation case, unless the creditor or equity interest holder votes to accept the Plan; and the Plan must be feasible. These requires are not the only requirements listed in § 1129, and they are not only the requirements of confirmation.

### **A. Who May Vote or Object.**

Any party in interest may object to the confirmation of the Plan if the party believes that the requirements of confirmation are not met. Any insider's vote will not be counted.

Many parties in interest, however, are not entitled to vote or accept or reject the Plan. A creditor or equity interest holder has a right to vote for or against the Plan only if the creditor or equity interest holder has a claim or equity interest that is both (1) allowed or allowed for voting purposes and (2) impaired.

1. *What is an Allowed Claim or an Allowed Equity Interest?*

Only a creditor or equity interest holder with an allowed claim or an allowed equity interest has the right to vote on the Plan. Generally, a claim or equity interest is allowed if either (1) the Debtor has scheduled the claim on the Debtor's schedules, unless the claim has been scheduled as disputed, contingent, or unliquidated, or (2) the creditor has filed a proof of claim or equity interest, unless an objection has been filed to such proof of claim or equity interest. When a claim or equity interest is not allowed, the creditor or equity interest holder holding the claim or equity interest cannot vote unless the Court, after notice and hearing, either overrules the objection or allows the claim or equity interest for voting purposes pursuant to Rule 3018(a) of the Federal Rules of Bankruptcy Procedure.

2. *What is an Impaired Claim or Impaired Equity Interest?*

As noted above, the holder of an allowed claim or equity interest has the right to vote only if it is in a class that is *impaired* under the Plan. As provided in § 1124 of the Code, a class is considered impaired if the Plan alters the legal, equitable, or contractual rights of the members of that class.

3. *Who is NOT Entitled to Vote.*

The holders of the following five types of claims and equity interests are *not* entitled to vote:

- Holders of claims and equity interests that have been disallowed by an order of the court;
- Holders of other claims or equity interests that are not “allowed claims” or “allowed equity interests” (as discussed above), unless they have been “allowed” for voting purposes;
- Holders of claims or equity interests of unimpaired classes;
- Holders of claims entitled to priority pursuant to § 507(a)(2)( and (a)(8) of the Code;
- Holders of claims or equity interests in classes that do not receive or retain any value under the Plan; and
- Administrative expenses.

***Even if you are not entitled to vote on the Plan, you have the right to object to confirmation of the Plan and to the adequacy of the Disclosure Statement.***

4. *Who can vote in more than one class.*

A creditor whose claim has been allowed in part as a secured claim and in part as an unsecured claim, or who otherwise holds claims in multiple classes, is entitled to accept or reject a Plan in each capacity, and should cast one ballot for each claim.

B. Votes Necessary to Confirm the Plan.

If impaired classes exist, the Court cannot confirm the Plan unless (1) at least one impaired class of creditors has accepted the Plan without counting the votes of any insiders

within that class, and (2) all impaired classes have voted to accept the Plan, unless the Plan is eligible to be confirmed by a cram down on non-accepting classes, as discussed later in Section XIII of the Disclosure Statement.

Even if one or more impaired classes reject the Plan, the Court may nonetheless confirm the Plan if the non-accepting classes are treated in the manner prescribed by § 1129(b) of the Code. A plan that binds non-accepting classes is commonly referred to as a cram down plan. The Code allows the Plan to bind non-accepting classes of claims or equity interests if it meets all the requirements of consensual confirmation except the voting requirements of § 1129(a)(8) of the Code, does not discriminate unfairly, and is fair and equitable toward each impaired class that has not voted to accept the Plan.

*You should consult your own attorney if a cram down confirmation will affect your claim or equity interest, as the variations on this general rule are numerous and complex.*

C. Liquidation Analysis

To confirm the Plan, the Court must find that all creditors and equity interest holders who do not accept the Plan will receive at least as much under the Plan as such claim and equity interest holders would receive in a Chapter 7 liquidation. The liquidation analysis is attached **Exhibit B**.

D. Feasibility.

The Court must find that confirmation of the Plan is not likely to be followed by liquidation, or the need for further financial reorganization, of the Debtor or any successor to the Debtor, unless such liquidation or reorganization is proposed in the Plan.

*1. Availability to initially fund Plan.*

The Plan Proponent believes that the Debtor will have enough cash on hand on the effective date of the Plan to pay all the claims and expenses that are entitled to be paid on that date. If not, Debtor intends to enter into an agreement with the administrative claimants for deferred payments.

*2. Ability to make future plan payments and operate without further reorganization.*

The Plan Proponent must also show that it will have enough cash over the life of the Plan to make the required Plan payments.

Debtor's means for implementation of its Plan is derived from its existing Cash, Exit Financing, and Capital Injection, which will be sufficient to pay all Allowed Claims of the Debtor. **Exhibit C** is the schedules listing the assets of the Debtor, and **Exhibit D** is the schedules showing the liabilities of the Debtor.

*You should consult with your accountant or other financial advisors if you have any questions pertaining to these projections.*

## **X. VOTING PROCEDURES**

### **10.1 Ballots and Deadline to Vote.**

A ballot to be used to vote to accept or reject the Plan is enclosed with this Disclosure Statement and a creditor entitled to vote must (i) carefully review the ballot and instructions, (ii) complete and execute the ballot, (iii) return the executed ballot to the address indicated by the deadline specified by the Bankruptcy Court.

The Bankruptcy Court has ordered that in order to be counted for voting purposes, ballots for the acceptance or rejection of the Plan must be received by the Debtor no later than \_\_\_\_\_, 2017 at 5:00 p.m.

### **10.2. Creditors Entitled to Vote.**

Any Creditor whose Claim is impaired under the Plan is entitled to vote if the claim is (i) not scheduled as disputed, contingent or unliquidated, or (ii) the proof of claim was filed before the last date set by the Bankruptcy Court for filing Proofs of Claims and no objection has been filed to the Claim.

Holders of Disputed Claims are not entitled to vote on the Plan. Any Claim to which an objection has been filed and remains pending, is not entitled to vote unless the Bankruptcy Court, upon motion by the Creditor holding the Disputed Claim, temporarily allows the Claim in an amount that it deems proper for accepting or rejecting the Plan.

Classes of Claims that are not impaired are deemed to have accepted the Plan per section 1126(f) of the Bankruptcy Code and are not entitled to vote. Only classes of claims or interests that are "impaired" are entitled to vote on a plan; generally, a claim is impaired under a plan of reorganization if the plan alters the legal, equitable, or contractual rights to which the holder of such claim is entitled.

### **10.3. Vote Required for Accepting Classes.**

A class of claims accepts the Plan if both of the following occur: (1) the holders of more than one-half (1/2) of the allowed claims in the class, who vote, cast their votes to accept the Plan, and (2) the holders of at least two-thirds (2/3) in dollar amount of the allowed claims in the class, who vote, cast their votes to accept the Plan.

A class of equity interests accepts the Plan if the holders of at least two-thirds (2/3) in amount of the allowed equity interests of the class, who vote, casts their votes to accept the Plan.

#### **10.4. Cramdown and Withdrawal of the Plan.**

The Debtor reserves the right to withdraw the Plan if the Plan is not accepted by all classes of impaired Creditors. If the Plan is accepted by one or more Classes of impaired Creditors, the Debtor reserves the right to request the Bankruptcy Court to approve the Plan per section 1129(b) of the Bankruptcy Code.

### **XI. EFFECT OF CONFIRMATION OF THE PLAN**

#### **11.1. Limited Discharge of Debtor and Injunction.**

On the effective date of the Plan, the Debtor shall be discharged from any debt that arose before confirmation of the Plan, subject to the occurrence of the effective date, to the extent specified in § 1141(d)(1)(A) of the Code. However, the Debtor shall not be discharged from any debt imposed by the Plan. After the effective date of the Plan your claims against the Debtor will be limited to the debts imposed by the Plan.

Except as expressly provided in the Plan or Confirmation Order, all persons who have held, hold, or may hold Claims against the Debtor are permanently enjoined on or after the Effective Date from (i) commencing or continuing in any matter any action or other proceeding of any kind against the Debtor, or its property, with respect to any such Claim, (ii) the enforcement, attachment, collection or recovery by any manner or means of any judgment, award, decree or order with respect to any such Claim against the Debtor or its property, (iii) creating, perfecting, or enforcing any encumbrance of any kind against the Debtor or its property with respect to such claim, (iv) asserting any right of subrogation of any kind against any objection due to the Debtor or its property with respect to any such claim, and (v) asserting any right of setoff or recoupment against the Debtor kind against the Debtor. Unless otherwise provided in the Plan or by order of the Bankruptcy Court, all injunctions or automatic stays provided for in these cases pursuant to section 106, if any, or section 362 of the Bankruptcy Code, or otherwise, and in existence on the Confirmation Date will remain in full force and effect until the Effective Date.

#### **11.2. Modification of Plan.**

The Plan Proponent may modify the Plan at any time before confirmation of the Plan. However, the Court may require a new disclosure statement and/or re-voting on the Plan. The Plan Proponent may also seek to modify the Plan at any time after confirmation only if (1) the Plan has not been substantially consummated *and* (2) the Court authorizes the proposed modifications after notice and a hearing.

#### **11.3. Final Decree.**

Once the estate has been fully administered, as provided in Rule 3022 of the Federal Rules of Bankruptcy Procedure, the Plan Proponent, or such other party as the Court shall designate in the Plan Confirmation Order, shall file a motion with the Court to obtain a final decree to close the case. Alternatively, the Court may enter such a final decree on its own motion.

#### **11.4. Legally Binding Effect.**

The provisions of this Plan shall bind all Creditors and Interest Holders, whether or not they accept the Plan. On or after the Effective Date, all holders of Claims shall be precluded and enjoined from asserting any Claim (i) against the Debtor based on any transaction or other activity of any kind that occurred prior to the Confirmation Date except as permitted under the Plan and (ii) any derivative claims, including against third parties asserting alter ego claims, fraudulent transfer claims or any other type of successor liability.

#### **11.5. Limited Protection of Certain Parties.**

Neither (a) the Debtor or any of its employees, officers, directors, agents, representatives, affiliates, attorneys, financial advisors, or any other professional persons employed by the Debtor or (b) each Professional of the Debtor or any of its employees, officers, directors, agents, representatives, affiliates, attorneys, financial advisors, or any other professional persons employed by any of them (hereinafter, collectively the "Protected Parties"), shall have or incur any liability to any person or entity under any theory of liability for any act or omission occurring on or before the Petition Date in connection or related to the Debtor, or the Debtor's estate, including but not limited to (i) formulating, preparing, disseminating, implementing, confirming, consummating or administering the Plan (including solicitation of acceptances or rejections thereof); or (ii) the Disclosure Statement or any contract, instrument, release, or other agreement or document entered into or any action taken or omitted to be taken in connection with the Plan, except for acts constituting willful misconduct, gross negligence, or *ultra vires* activity and in all respects such Protected Parties shall be entitled to rely on good faith upon the advice of counsel. In any action, suit or proceeding by any person contesting any action or non-action by any Protected Party as constituting willful misconduct, gross negligence or *ultra vires* activity, or not being in good faith, the reasonable attorneys' fees and costs of the prevailing party will be paid by the losing party and as a condition to going forward with such action, suit, or proceeding at the outset thereof, all parties will be required to provide appropriate proof and assurances of their capacity to make such payments of reasonable attorneys' fees and costs in the event they fail to prevail.

#### **11.6. Anti-Discrimination Provisions of Bankruptcy Code.**

A Governmental Unit may not deny, revoke, suspend, or refuse to renew a license, permit, charter, franchise, or other similar grant to, condition such a grant to, or discriminate with respect to such a grant against the Debtor or another person with whom the Debtor has been or are associated or affiliated solely because of the commencement, continuation, or termination of the case or because of any provision of the Plan or the legal effect of the Plan, and the Confirmation Order will constitute an express injunction against any such discriminatory treatment by a Governmental Unit. A Governmental Unit may not deny, revoke, suspend, or refuse to renew a license, permit, charter, franchise, or other similar grant to the Debtor based upon any requirement that the Debtor place a bond or other surety obligation with such governmental unit as a condition of receipt of such a license, permit, charter, franchise, or other similar grant to the Debtor.

### **11.7. Preservation of Claims and Rights.**

Confirmation of the Plan effects no settlement, compromise, waiver or release of any Claim, Cause of Action, Right of Action or claim for relief unless the Plan or the Confirmation specifically and unambiguously provide so. The non-disclosure or non-discussion of any particular Claim, Cause of Action, Right of Action or claim for relief is not and shall not be construed as a settlement, compromise, waiver, or release of any such Claim, Cause of Action, Right of Action or claim for relief.

### **11.8. Retention of Jurisdiction by Bankruptcy Court.**

The Court shall retain and have exclusive jurisdiction over this Chapter 11 Case to the maximum extent as provided by law for the following purposes subsequent to Confirmation of the Debtor's Plan: (i) to determine any and all objections to the allowance and classification of Claims or Interests; (ii) to determine the validity and priority of any Lien; (iii) to determine the Allowed Amount of any Claim, whether secured or unsecured; (iv) to allow any and all applications for allowances of compensation and reimbursement of expenses payable from the estate; (v) to determine any and all applications or motions pending before the Court on the Effective Date, including but not limited to, any motions for the rejection, assumption and or assignment of any executory contract or unexpired lease; (vi) to consider and approve any modification of the Plan, remedy any defect or omission or reconcile any inconsistency in the Plan, or any order of the Court, including the Confirmation Order or any transactions or payments contemplated in the Plan; (vii) to consider and act on the compromise or settlement of any claim or cause of action by or against the Debtor; (viii) to issue orders in aid of the execution and implementation of the Plan and Confirmation Order; and (ix) to hear and determine matters concerning federal or local taxes.

## **XII. CONFIRMATION OF THE PLAN**

### **12.1 Confirmation Hearing.**

11 U.S.C. § 1129(a) requires the Bankruptcy Court to hold a hearing on confirmation of the Plan (the "Confirmation Hearing"). The Confirmation Hearing has been scheduled for \_\_\_\_\_, 2017 at \_\_:\_\_\_ \_\_.m. before the Honorable Karen K. Brown in courtroom 403, 515 Rusk, Houston, Texas, 77002. Section 1128(b) of the Bankruptcy Code provides that any party in interest may object to confirmation of the Plan; however, an impaired Creditor, who votes to accept the plan, may not have standing to object to the Plan. Objections to confirmation of the Plan are governed by Bankruptcy Rule 9014 and the Local Rules of the Bankruptcy Court. The deadline for filing objections to confirmation of the Plan is 5:00 p.m. on September 20, 2017. Objections to confirmation must be filed with the Clerk of the Court.

**UNLESS AN OBJECTION TO CONFIRMATION IS TIMELY FILED AND SERVED, IT WILL NOT BE CONSIDERED BY THE BANKRUPTCY COURT.**



## 12.2. Statutory Requirements for Confirmation of the Plan.

At the Confirmation Hearing, the Bankruptcy Court will determine whether the Bankruptcy Code's requirements for confirmation of the Plan have been satisfied, in which event, the Bankruptcy Court will enter an order confirming the Plan. As provided in section 1129 of the Bankruptcy Code, the statutory requirements are as follows:

1. The Plan complies with the applicable provisions of the Bankruptcy Code.
2. The Plan proponent complies with the applicable provisions of the Bankruptcy Code.
3. The Plan has been proposed in good faith and not by any means forbidden by law.
4. Any payment made or to be made by the Plan proponent, or by any person issuing securities or property under the Plan, for services or for costs and expenses in, or in connection with the cases, or in connection with the Plan and incident to the cases, has been approved by, or is subject to the approval of, the Court as reasonable.
5. The Plan proponent has disclosed the identity and affiliations of any individual proposed to serve, after confirmation of the Plan, as director, officer, or voting trustee of the Debtor.
6. Any governmental regulatory commission with jurisdiction, after confirmation of the Plan, over the rates of the Debtor, has approved any rate change provided for in the Plan, or such rate change is expressly conditioned on such approval.
7. With respect to each class of impaired claims or equity interests:
  - a. Each holder of a claim or interest of such class:
    - i. has accepted the Plan; or
    - ii. will receive or retain under the Plan on account of such claim or interest property of a value, as of the Effective Date, that is not less than the amount that such holder would so receive or retain if the Plan Proponent were liquidated under Chapter 7 of the Bankruptcy Code on such date; or
  - b. if section 1111(b)(2) of the Bankruptcy Code applies to the claims of such class, the holder of a claim of such class will receive or retain under the Plan on account of such claim property of a value, as of the Effective Date, that is not less than the value of such holder's interest in the estate's interest in the property that secures that claim.
8. With respect to each class of class of claims or interests:
  - a. Such class has accepted the Plan; or
  - b. Such class is not impaired under the Plan
9. Except to the extent that the holder of a particular claim has agreed to a different treatment of such claim, the Plan provides that:
  - a. With respect to a claim of a kind specified in section 507(a)(1) or section 507(a)(2) of the Bankruptcy Code, on the Effective Date, the holder of such claim will receive on account of such claim cash equal to the allowed amount of such claim;

- b. With respect to a class of claims of a kind specified in sections 507(a)(3), 507(a)(4), 507(a)(6) of the Bankruptcy Code, each holder of a claim of such class will receive:
    - i. If such class has accepted the Plan, deferred cash payments of a value, as of the Effective Date of the Plan, equal to the allowed amount of such claim; or
    - ii. If such class has not accepted the Plan, cash on the Effective Date equal to the allowed amount of such claim; and
  - c. With respect to a claim of a kind specified in section 507(a)(8) of the Bankruptcy Code, the holder of a claim will receive on account of such claim deferred cash payments, over a period not exceeding six years after the date of assessment of such claim, of a value, as of the Effective Date, equal to the allowed amount of such claim.
10. If a class is impaired under the Plan, at least one class of claims that is impaired has accepted the Plan, determined without including any acceptances of the Plan by any insider.
  11. Confirmation of the Plan is not likely to be followed by the liquidation, or the need for further financial reorganization, of the plan proponent or any successor to the plan proponent under the Plan, unless such liquidation or reorganization is proposed in the Plan.

HCT believes that the Plan satisfies all the statutory requirements of Chapter 11 of the Bankruptcy Code, that the Debtor has complied or will have complied with all of the requirements of Chapter 11, and that the proposal of the Plan is made in good faith.

Additionally, HCT believes that the holders of Impaired Claims under the Plan will receive payments or distributions under the Plan having a present value as of the Effective Date in the amounts not less than what would be received if HCT were to be liquidated under Chapter 7 of the Bankruptcy Code.

### **XIII. CRAM DOWN.**

In the event that any impaired class of Claims does not accept the Plan, the Bankruptcy Court may still confirm the Plan if, as to each impaired class which has not accepted the Plan, the Plan does not discriminate unfairly and is "fair and equitable." A plan of reorganization does not discriminate unfairly within the meaning of the Bankruptcy Code if no class receives more than it is legally entitled to receive for its claims or equity interests. Per section 1129(b)(2) of the Bankruptcy Code, "fair and equitable" can be demonstrated by the following treatment:

1. With respect to a class of secured claims, the Plan provides:
  - a. (i) that the holders of such claims retain the liens securing such claims, whether the property subject to such liens is retained by the Plan Proponent or transferred to another entity, to the extent of the allowed amount of such claims; and
  - (ii) that each holder of a claim of such class receive on account of such claim deferred cash payments totaling at least the allowed amount of such claim, of a

- value, as of the effective date of the Plan, of at least the value of such holder's interest in the estate's interest in the property;
- b. For the sale, subject to § 363(k) of the Bankruptcy Code, of any property that is subject to the Liens securing such claims, free and clear of such liens, with such liens to attach to the proceeds of such sale, and the treatment of such liens on proceeds under clause (a) and (b) of this subparagraph; or
  - c. For the realization by such holders of the indubitable equivalent of such claims.
2. With respect to a class of unsecured claims, the Plan provides
    - a. That each holder of a claim of such class receive or retain on account of such claim property of a value, as of the effective date of the Plan, equal to the allowed amount of such claim; or
    - b. The holder of any claim or interest that is junior to the claims of such class will not receive or retain under the Plan on account of such junior claim or interest in any property.
  3. With respect to a class of interests, the Plan provides:
    - a. That each holder of an interest of such class receive or retain on account of such interest property of a value, as of the effective date of the Plan, equal to the greatest of the allowed amount of any fixed liquidation preference to which such holder is entitled, any fixed redemption price to which such holder is entitled, or the value of such interest; or
    - b. The holder of any interest that is junior to the interests of such class will not receive or retain under the Plan on account of such junior interest any property.

The Debtor believes that the Bankruptcy Court will find at the Confirmation Hearing that the Plan is fair and equitable with respect to, and does not discriminate unfairly against, any rejecting impaired class of Claims.

#### **XIV. GENERAL PROVISIONS**

##### **14.1. Bar Date and Objections to Administrative Claims.**

No Administrative Claim, other than Professional Fees and United States Trustee fees, will be paid unless the holder of such Administrative Claim has filed an application for payment of such Administrative Claim on or before the Administrative Claim Bar Date. Upon the filing of any application for payment, the entity seeking payment of an Administrative Claim shall provide notice by United States Mail. Any Administrative Claim, other than Professional Fees and United States Trustee fees, not filed in accordance with this section shall be barred and the Debtor shall have no liability for payment of any such Administrative Claim.

Objections to Applications for payment of Administrative Claims may be filed by any party in interest. In order to be considered, such objections must be filed on or before the twenty-first (21st) day following the date on which the application was filed. Any objections will be considered by the Bankruptcy Court.

**14.2. Professional Claims.**

Each holder of a Professional Fee Claim shall be paid in respect of such Professional Fee Claim in Cash, in full, on the Effective Date, unless otherwise provided for in the Plan, or if such Claim has not been approved by the Bankruptcy Court on or before the Effective Date, within sixty (60) days after Bankruptcy Court approval of the Professional Fee. Final fee applications for any Professional Fee Claim that has not been approved as of the Effective Date shall be filed within sixty (60) days of the Effective Date and such applications and objections thereto shall be filed in accordance with and comply with the Bankruptcy Code, Bankruptcy Rules, Local Bankruptcy Rules.

**14.3. United States Trustee Fees.**

Within thirty (30) days of the date that such payments are due, the Debtor shall pay all amounts owed to the United States Trustee as fees and costs imposed in connection with this Chapter 11 case.

**14.4. Amendment of the Plan.**

The Plan may be amended or modified by the Debtor after the Effective Date as provided in section 1127 of the Bankruptcy Code.

**14.5. Reservation of Claims.**

The Debtor reserves any and all claims and rights against any and all third parties, whether such claims and rights arose before, on or after the Petition Date, the Confirmation Date, the Effective Date, to any and all Claims and Causes of Action for relief that the Debtor may have against any director, officer, any insurer under any insurance policy, or any other person or entity. Entry of the Confirmation Order shall not constitute *res judicata* or any bar, estoppel, or inhibit any actions by the Debtor relating to any Claims or Causes of Action.

**14.6. Calculation of Dates.**

The provisions of Bankruptcy Rule 9006 shall govern the calculation of any dates or deadlines referred to in the Plan.

**14.7. Governing Law.**

Except to the extent that the Bankruptcy Code or Bankruptcy Rules are applicable, the rights and obligations arising under the Plan shall be governed by, and construed and enforced in accordance with, the laws of the State of Texas, without giving effect to any conflicts of law.

**14.8. Conflict.**

Except as provided for in the Plan, to the extent there are any inconsistencies between the Confirmation Order and the Plan and Disclosure Statement, any other agreement entered into by the Debtor and any third parties, the Plan controls the Disclosure Statement and any such

agreements and the Confirmation Order (and any other orders of the Bankruptcy Court) controls the Plan.

**14.9. Setoffs.**

The Debtor may but shall not be required to set off against any Claims and payments to be made pursuant to the Plan in respect of such Claims, any and all debts, liabilities and claims of every type and nature that the Estate may have against the Holder of any Claim, but neither the failure to do so nor the Allowance of any such Claims, whether pursuant to the Plan or otherwise, shall constitute a waiver or release by the Debtor of any such claims it may have against such Holder of any Claim, and all such claims shall be reserved for and retained by the Debtor.

**14.10. Alternative Means to Confirmation.**

The proposed Plan affords the holders of Claims the maximum potential for realization of the Debtor's assets and is in the best interest of the holders. If the Plan is not confirmed, theoretical alternatives include (i) continuation of the Chapter 11 case; (ii) alternative plans of reorganization; (iii) liquidation of the Debtor under Chapter 7; and (iv) dismissal of the Chapter 11.

**14.11. Alternative Plans of Reorganization.**

If the Plan is not confirmed, other parties in interest could attempt to propose a different plan or plans. However, such plans, might involve other forms of reorganization or liquidation of the Debtor's operations and assets. Any other alternative plans, however, would likely result in additional administrative expenses to the Estate and would provide little to no benefit.

**14.12. Liquidation under Chapter 7.**

The Debtor does not believe that liquidation under Chapter 7 would be in the best interest of the creditors and the conversion of the case to case under Chapter 7 would result in the loss of the going concern value of the Debtor as well as the additional administrative expenses attributable to the statutory trustee fees and professional fees for the trustee's professionals. In a Chapter 7 liquidation, the Debtor believe that all of the proceeds would go to Allegiance Bank and the Internal Revenue Service and no payment would be made to other creditors.

**[Signature Page Follows]**

Dated: August 11, 2017

**HEALTH CARE TEMPORARIES, INC.**

By: /s/D.Anne Woods  
D.Anne Woods  
Vice President

**CORRAL TRAN SINGH, LLP**

By: /s/Susan Tran  
Adam Corral | TBN: 24080404  
Susan Tran | TBN: 24075648  
Brendon Singh | TBN: 24075646  
1010 Lamar, Suite 1160  
Houston TX 77002  
Ph: (832) 975-7300  
Fax: (832) 975-7301  
Susan.Tran@ctsattorneys.com

**ATTORNEYS FOR THE DEBTOR AND  
DEBTOR IN POSSESSION  
HEALTH CARE TEMPORARIES, INC.**

# **EXHIBIT A**

# **EXHIBIT B**



**HEALTH CARE TEMPORARIES, INC. LIQUIDATION ANALYSIS*****Plan Proponent's Estimated Liquidation Value of Assets*****Assets**

Cash on hand	\$39,000.00
Accounts receivable	\$10,000.00
Building & Land	\$0.00
Equipment	\$4,000.00
Vehicles	\$3,000.00

***Total Assets at Liquidation Value*** **\$56,000.00**

**Less:**

Secured creditors' recoveries

Harris County et al	\$6,967.67
Internal Revenue Service	\$51,550.68
Lincoln Automotive	\$13,469.30
Wells Fargo Bank	\$247,919.66

\$319,907.31

\$25,000.00

**Less:**

Chapter 7 trustee fees and expenses

**Less:** \$18,000.00

Chapter 11 administrative expenses

**Less:** \$1,510,847.00

Priority claims, excluding administrative expense claims

**(1) Balance for unsecured claims** **\$85,550.00**

**(2) Total dollar amount available for unsecured claims** **(\$1,817,754.31)**

***Percentage of Claims Which Unsecured Creditors Would Receive or Retain in a Chapter 7 Liquidation:*** **0.00%**

# **EXHIBIT C**

**Fill in this information to identify the case**

Debtor name HEALTH CARE TEMPORARIES, INC.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

Case number (if known) 17-30919

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

<b>2.</b>	Cash on hand		_____
<b>3.</b>	Checking, savings, money market, or financial brokerage accounts <i>(Identify all)</i>		
	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number
3.1.	<u>Wells Fargo Checking account</u>	<u>Checking account</u>	<u>5 9 3 5</u> <span style="float: right;">\$0.00</span>
3.2.	<u>Chase Checking account</u>	<u>Checking account</u>	<u>3 0 0 7</u> <span style="float: right;">\$0.00</span>
<b>4.</b>	Other cash equivalents <i>(Identify all)</i>		
	Name of institution (bank or brokerage firm)		
<b>5.</b>	<b>Total of Part 1</b>		<b>\$0.00</b>
	Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.		

**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.

Debtor HEALTH CARE TEMPORARIES, INC. Case number (if known) 17-30919  
Name

Current value of  
debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

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

Description, including name of holder of prepayment

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$0.00

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: \$39,342.14 — \$0.00 = ..... → \$39,342.14  
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

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$39,342.14

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:

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.

Debtor HEALTH CARE TEMPORARIES, INC. Case number (if known) 17-30919  
 Name

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				
23. Total of Part 5 Add lines 19 through 22. Copy the total to line 84.				\$0.00
24. Is any of the property listed in Part 5 perishable? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Book value _____ Valuation method _____ Current value _____				
26. Has any of the property listed in Part 5 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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			
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. Add lines 28 through 32. Copy the total to line 85.			\$0.00
34. Is the debtor a member of an agricultural cooperative? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Is any of the debtor's property stored at the cooperative? <input type="checkbox"/> No <input type="checkbox"/> Yes			
35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Book value _____ Valuation method _____ Current value _____			
36. Is a depreciation schedule available for any of the property listed in Part 6? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
37. Has any of the property listed in Part 6 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor HEALTH CARE TEMPORARIES, INC. Case number (if known) 17-30919  
 Name

**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			
Desks, credenzas, computer stations, office chairs, & book shelves (purchased in 1980s)	\$1,518.63	Book- Standard Conven	\$800.00
40. Office fixtures			
41. Office equipment, including all computer equipment and communication systems equipment and software			
Digital camera, projector, printer, and communications equipment	Unknown		\$8,408.54
42. Collectibles <i>Examples:</i> 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. \$9,208.54

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

**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 (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1. 2002 Lexus LS430			\$3,000.00
48. Watercraft, trailers, motors, and related accessories <i>Examples:</i> 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. \$3,000.00

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

- No
- Yes

Debtor HEALTH CARE TEMPORARIES, INC. Case number (if known) 17-30919  
 Name

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 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.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
--	--	---	---	---------------------------------------

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

**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

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

Debtor **HEALTH CARE TEMPORARIES, INC.** Case number (if known) **17-30919**  
Name

**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**

**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.

**\$0.00**

**79. Has any of the property listed in Part 11 been appraised by a professional within the last year?**

- No
- Yes



Debtor **HEALTH CARE TEMPORARIES, INC.**  
Name

Case number (if known) **17-30919**

**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>\$0.00</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$39,342.14</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</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>\$9,208.54</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$3,000.00</u>	
88. Real property. <i>Copy line 56, Part 9</i> ..... →		<u>\$0.00</u>
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>+</u> <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column. 91a.	<u>\$51,550.68</u>	<u>+</u> 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.....		<u>\$51,550.68</u>

# **EXHIBIT D**

**Fill in this information to identify the case:**

Debtor name HEALTH CARE TEMPORARIES, INC.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

Case number (if known) 17-30919

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
---	--

2.1	Creditor's name	Describe debtor's property that is subject to a lien	Amount of claim	Value of collateral that supports this claim
	City of Houston	water	\$142.10	\$0.00
	Creditor's mailing address P.O. Box 1560	Describe the lien Assessments		
	Houston TX 77251	Is the creditor an insider or related party?		
	Creditor's email address, if known	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Date debt was incurred	Is anyone else liable on this claim?		
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is: Check all that apply.		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		

**3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.**

\$326,374.74

Debtor **HEALTH CARE TEMPORARIES, INC.**

Case number (if known) **17-30919**

**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.

**2.2** Creditor's name  
**Harris County Tax Assessor**

Creditor's mailing address  
**P.O. Box 4662**

Houston TX 77210

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

**Do multiple creditors have an interest in the same property?**  
 No  
 Yes. Have you already specified the relative priority?  
 No. Specify each creditor, including this creditor, and its relative priority.  
 Yes. The relative priority of creditors is specified on lines \_\_\_\_\_

Describe debtor's property that is subject to a lien  
**business property**

Describe the lien  
**property tax lien**

**Is the creditor an insider or related party?**  
 No  
 Yes

**Is anyone else liable on this claim?**  
 No  
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**  
Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

\$321.47      \$0.00

**2.3** Creditor's name  
**Wells Fargo Bank, N.A.**

Creditor's mailing address  
**P.O. Box 45038**

Jacksonville FL 32232

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

**Do multiple creditors have an interest in the same property?**  
 No  
 Yes. Have you already specified the relative priority?  
 No. Specify each creditor, including this creditor, and its relative priority.  
 Yes. The relative priority of creditors is specified on lines \_\_\_\_\_

Describe debtor's property that is subject to a lien  
**CD-owned by Bonita Woods**

Describe the lien  
**Secured line of credit**

**Is the creditor an insider or related party?**  
 No  
 Yes

**Is anyone else liable on this claim?**  
 No  
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**  
Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

\$98,911.17      \$100,000.00

Debtor HEALTH CARE TEMPORARIES, INC.

Case number (if known) 17-30919

**Part 1: Additional Page**

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

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

2.4	Creditor's name <u>Wells Fargo Bank, N.A.</u> <hr/> Creditor's mailing address <u>P.O. Box 45038</u> <hr/> <u>Jacksonville FL 32232</u> <hr/> Creditor's email address, if known <hr/> Date debt was incurred _____ 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 _____	Describe debtor's property that is subject to a lien <u>CD-owned by Bonita Woods</u> <hr/> Describe the lien <u>Secured line of credit</u> <hr/> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 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) 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	<u>\$150,000.00</u>	<u>\$150,000.00</u>
-----	--	--	---------------------	---------------------

2.5	Creditor's name <u>Wells Fargo Bank, N.A.</u> <hr/> Creditor's mailing address <u>P.O. Box 45038</u> <hr/> <u>Jacksonville FL 32232</u> <hr/> Creditor's email address, if known <hr/> Date debt was incurred _____ 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 _____	Describe debtor's property that is subject to a lien <u>CD-owned by Bonita Woods</u> <hr/> Describe the lien <u>Secured line of credit</u> <hr/> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 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) 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	<u>\$77,000.00</u>	<u>\$100,000.00</u>
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Debtor HEALTH CARE TEMPORARIES, INC.

Case number (if known) 17-30919

**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

Linebarger Goggan Blair &Sampson LLP  
P.O. Box 3064

Line 2.1

\_\_\_\_\_

Houston TX 77253

**Fill in this information to identify the case:**

Debtor HEALTH CARE TEMPORARIES, INC.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

Case number 17-30919  
(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
<p><b>2.1</b> Priority creditor's name and mailing address</p> <p><u>HCTRA-Violations</u></p> <p><u>Dept 1</u></p> <p><u>P.O. Box 440</u></p> <p><u>Houston TX 77210</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)( <u>8</u> )</p>	<p><u>\$242.64</u></p>	<p><u>\$242.64</u></p>
<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Contingent</li> <li><input type="checkbox"/> Unliquidated</li> <li><input type="checkbox"/> Disputed</li> </ul> <p>Basis for the claim: <u>Tolls</u></p> <p>Is the claim subject to offset?</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> No</li> <li><input type="checkbox"/> Yes</li> </ul>		

<p><b>2.2</b> Priority creditor's name and mailing address</p> <p><u>Internal Revenue Service</u></p> <p><u>P.O. Box 7317</u></p> <p><u>Philadelphia PA 19101</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)( <u>8</u> )</p>	<p><u>\$804,579.00</u></p>	<p><u>\$804,579.00</u></p>
<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Contingent</li> <li><input type="checkbox"/> Unliquidated</li> <li><input type="checkbox"/> Disputed</li> </ul> <p>Basis for the claim: <u>1040 Taxes</u></p> <p>Is the claim subject to offset?</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> No</li> <li><input type="checkbox"/> Yes</li> </ul>		

Debtor HEALTH CARE TEMPORARIES, INC. Case number (if known) 17-30919

**Part 1: Additional Page**

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

		Total claim	Priority amount
<b>2.3</b>	Priority creditor's name and mailing address		
	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$16,000.00</u>	<u>\$16,000.00</u>
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	Basis for the claim:		
	<u>TWC claim</u>		
	Date or dates debt was incurred		
	<u>Austin TX 78711</u>		
	Is the claim subject to offset?		
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
	Last 4 digits of account number		
	<u>          </u>		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)( <u>8</u> )		



Debtor HEALTH CARE TEMPORARIES, INC. Case number (if known) 17-30919

**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.

<p><b>3.1</b> Nonpriority creditor's name and mailing address</p> <p><u>AIT</u></p> <p><u>3723 Birch St., Suite 23</u></p> <p><u>Newport Beach CA 92660</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>unpaid bills</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p><u>\$94.40</u></p>
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<p><b>3.2</b> Nonpriority creditor's name and mailing address</p> <p><u>American Express</u></p> <p><u>P.O. Box 981537</u></p> <p><u>El Paso TX 79998</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Credit Card</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p><u>\$42,853.38</u></p>
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<p><b>3.3</b> Nonpriority creditor's name and mailing address</p> <p><u>Bank of America</u></p> <p><u>P.O. Box 982238</u></p> <p><u>El Paso TX 79998</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Credit Card</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p><u>\$750.00</u></p>
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<p><b>3.4</b> Nonpriority creditor's name and mailing address</p> <p><u>Birch Telecomm</u></p> <p><u>320 Interstate North Parkway, SE</u></p> <p><u>Atlanta GA 30339</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>unpaid bills</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p><u>\$515.00</u></p>
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**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

<b>3.5</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$195.77</u>
	<u>Central Security Group</u>	<input type="checkbox"/> Contingent	
	<u>600 Kenrick Dr</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
	<u>Houston TX 77060</u>	<u>unpaid bills</u>	
	Date or dates debt was incurred _____	<b>Is the claim subject to offset?</b>	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

<b>3.6</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$97,161.16</u>
	<u>Chase Bank</u>	<input type="checkbox"/> Contingent	
	<u>P.O. Box 78420</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
	<u>Phoenix AZ 85062</u>	<u>line of credit</u>	
	Date or dates debt was incurred _____	<b>Is the claim subject to offset?</b>	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

<b>3.7</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$10,000.00</u>
	<u>Citibank Advantage</u>	<input type="checkbox"/> Contingent	
	<u>15851 N. Dallas Fwy Suite 245</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
	<u>Addison TX 75001</u>	<u>Credit Card</u>	
	Date or dates debt was incurred _____	<b>Is the claim subject to offset?</b>	
	Last 4 digits of account number <u>1 8 8 9</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

<b>3.8</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$818.10</u>
	<u>Colonial Life &amp; Accident Insurance Compa</u>	<input type="checkbox"/> Contingent	
	<u>P.O. Box 1365</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
	<u>Columbia SC 29202</u>	<u>unpaid premium</u>	
	Date or dates debt was incurred _____	<b>Is the claim subject to offset?</b>	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

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**Part 2: Additional Page**

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Amount of claim

<b>3.9</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$865.62</u>
	<u>Comcast</u>	<input type="checkbox"/> Contingent	
	<u>P.O. Box 660618</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
	<u>Dallas TX 75266</u>	<u>unpaid bills</u>	
	Date or dates debt was incurred _____	<b>Is the claim subject to offset?</b>	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

<b>3.10</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$45,000.00</u>
	<u>Gilbert Guerra</u>	<input type="checkbox"/> Contingent	
	<u>P.O. Box 2258</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
	<u>Channelview TX 77530</u>	<u>unsecured loan</u>	
	Date or dates debt was incurred _____	<b>Is the claim subject to offset?</b>	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

<b>3.11</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$50.32</u>
	<u>Grasshopper</u>	<input type="checkbox"/> Contingent	
	<u>197 1st Avenue, Suite 200</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
	<u>Needham Heights MA 02494</u>	<u>unpaid bills</u>	
	Date or dates debt was incurred _____	<b>Is the claim subject to offset?</b>	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

<b>3.12</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$777.87</u>
	<u>Great American Financial Services</u>	<input type="checkbox"/> Contingent	
	<u>625 1st St SE Ste 800</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
	<u>Cedar Rapids IA 52401</u>	<u>unpaid bills</u>	
	Date or dates debt was incurred _____	<b>Is the claim subject to offset?</b>	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor HEALTH CARE TEMPORARIES, INC. Case number (if known) 17-30919

**Part 2: Additional Page**

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Amount of claim

<b>3.13</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,000.00
	Joe Mastriano P.C.	<input type="checkbox"/> Contingent	
	8323 Southwest Fwy	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
	Houston TX 77074	<b>Services</b>	
	Date or dates debt was incurred	<b>Is the claim subject to offset?</b>	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

<b>3.14</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,655.77
	Office Depot	<input type="checkbox"/> Contingent	
	P.O Box 689020	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
	Des Moines IA 50368	<b>Account</b>	
	Date or dates debt was incurred	<b>Is the claim subject to offset?</b>	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

<b>3.15</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$975.28
	PITNEY BOWES GLOBAL FINANCIAL SERVICES L	<input type="checkbox"/> Contingent	
	PO BOX 371887	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
	PITTSBURGH PA 15250-7887	<b>unpaid bills</b>	
	Date or dates debt was incurred	<b>Is the claim subject to offset?</b>	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

<b>3.16</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2,973.59
	Republic Waste	<input type="checkbox"/> Contingent	
	P.O. Box 78829	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
	Phoenix AZ 85062	<b>unpaid bills</b>	
	Date or dates debt was incurred	<b>Is the claim subject to offset?</b>	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor **HEALTH CARE TEMPORARIES, INC.**

Case number (if known) **17-30919**

**Part 2: Additional Page**

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Amount of claim

<b>3.17</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$4,455.28</u>
	<u>Sam's Club Credit</u>	<input type="checkbox"/> Contingent	
	<u>PO BOX 530981</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
	<u>Atlanta</u> <u>GA</u> <u>30353</u>	<u>Credit Card</u>	
	Date or dates debt was incurred _____	<b>Is the claim subject to offset?</b>	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

<b>3.18</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$0.00</u>
	<u>Sprint</u>	<input type="checkbox"/> Contingent	
	<u>P.O. Box 8077</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
	<u>London</u> <u>KY</u> <u>40742</u>	<u>unpaid bills</u>	
	Date or dates debt was incurred _____	<b>Is the claim subject to offset?</b>	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

<b>3.19</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$12,054.48</u>
	<u>The Hartford Personal Lines</u>	<input type="checkbox"/> Contingent	
	<u>P.O. Box 14219</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
	<u>Lexington</u> <u>KY</u> <u>40512</u>	<u>unpaid premium</u>	
	Date or dates debt was incurred _____	<b>Is the claim subject to offset?</b>	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

<b>3.20</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$200.26</u>
	<u>TLC Office Systems</u>	<input type="checkbox"/> Contingent	
	<u>8711 Fallbrook Dr</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
	<u>Houston</u> <u>TX</u> <u>77064</u>	<u>unpaid bills</u>	
	Date or dates debt was incurred _____	<b>Is the claim subject to offset?</b>	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

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**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

<b>3.21</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$161.00</u>
	<u>U.S. Bank</u>	<input type="checkbox"/> Contingent	
	<u>800 Nicollet Mall</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
	<u>Minneapolis MN 55402</u>	<u>Credit Card</u>	
	Date or dates debt was incurred _____	<b>Is the claim subject to offset?</b>	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

<b>3.22</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,082.00</u>
	<u>Valware Medius</u>	<input type="checkbox"/> Contingent	
	<u>500 W. Canton</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
	<u>Edinburg TX 78539</u>	<u>lease</u>	
	Date or dates debt was incurred _____	<b>Is the claim subject to offset?</b>	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

<b>3.23</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$396.48</u>
	<u>Wells Fargo</u>	<input type="checkbox"/> Contingent	
	<u>P.O. Box 14517</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
	<u>Des Moines IA 50306</u>	<u>lease</u>	
	Date or dates debt was incurred _____	<b>Is the claim subject to offset?</b>	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor HEALTH CARE TEMPORARIES, INC. Case number (if known) 17-30919

**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. \$820,821.64

5b. Total claims from Part 2 5b. + \$224,035.76

5c. Total of Parts 1 and 2 5c. \$1,044,857.40  
 Lines 5a + 5b = 5c.