

**United States Bankruptcy Court  
Eastern District of Washington**

**Voluntary Petition**

Name of Debtor (if individual, enter Last, First, Middle): <b>Northwest Health Systems, Inc.</b>	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all) <b>91-1715072</b>	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): <b>2818 North Sullivan Road, Suite 2E Spokane, WA</b>	Street Address of Joint Debtor (No. and Street, City, and State):
ZIP Code <b>99216</b>	ZIP Code
County of Residence or of the Principal Place of Business: <b>Spokane</b>	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address):	Mailing Address of Joint Debtor (if different from street address):
ZIP Code	ZIP Code

Location of Principal Assets of Business Debtor (if different from street address above):

<p align="center"><b>Type of Debtor</b> (Form of Organization) (Check one box)</p> <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	<p align="center"><b>Nature of Business</b> (Check one box)</p> <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other	<p align="center"><b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box)</p> <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
<p align="center"><b>Chapter 15 Debtors</b></p> Country of debtor's center of main interests:  Each country in which a foreign proceeding by, regarding, or against debtor is pending:	<p align="center"><b>Tax-Exempt Entity</b> (Check box, if applicable)</p> <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	<p align="center"><b>Nature of Debts</b> (Check one box)</p> <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.

<p align="center"><b>Filing Fee</b> (Check one box)</p> <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.	<p align="center"><b>Chapter 11 Debtors</b></p> Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D): Check if: <input checked="" type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
---	---

<p><b>Statistical/Administrative Information</b></p> <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.	THIS SPACE IS FOR COURT USE ONLY																				
<p><b>Estimated Number of Creditors</b></p> <table style="width:100%; text-align: center;"> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1-49</td> <td>50-99</td> <td>100-199</td> <td>200-999</td> <td>1,000-5,000</td> <td>5,001-10,000</td> <td>10,001-25,000</td> <td>25,001-50,000</td> <td>50,001-100,000</td> <td>OVER 100,000</td> </tr> </table>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	OVER 100,000	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	OVER 100,000												
<p><b>Estimated Assets</b></p> <table style="width:100%; text-align: center;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion												
<p><b>Estimated Liabilities</b></p> <table style="width:100%; text-align: center;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion												

<p><b>Voluntary Petition</b></p> <p><i>(This page must be completed and filed in every case)</i></p>		<p>Name of Debtor(s): <b>Northwest Health Systems, Inc.</b></p>	
<p><b>All Prior Bankruptcy Cases Filed Within Last 8 Years</b> (If more than two, attach additional sheet)</p>			
<p>Location Where Filed: <b>- None -</b></p>		<p>Case Number:</p>	<p>Date Filed:</p>
<p>Location Where Filed:</p>		<p>Case Number:</p>	<p>Date Filed:</p>
<p><b>Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor</b> (If more than one, attach additional sheet)</p>			
<p>Name of Debtor: <b>- None -</b></p>		<p>Case Number:</p>	<p>Date Filed:</p>
<p>District:</p>		<p>Relationship:</p>	<p>Judge:</p>
<p style="text-align: center;"><b>Exhibit A</b></p> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>		<p style="text-align: center;"><b>Exhibit B</b></p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).</p> <p><b>X</b> _____ Signature of Attorney for Debtor(s) (Date)</p>	
<p><b>Exhibit C</b></p>			
<p>Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?</p> <p><input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition.</p> <p><input checked="" type="checkbox"/> No.</p>			
<p><b>Exhibit D</b></p>			
<p>(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)</p> <p><input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.</p> <p>If this is a joint petition:</p> <p><input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.</p>			
<p><b>Information Regarding the Debtor - Venue</b> (Check any applicable box)</p>			
<p><input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.</p> <p><input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.</p> <p><input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.</p>			
<p><b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes)</p>			
<p><input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)</p> <p style="margin-left: 40px;">_____ (Name of landlord that obtained judgment)</p> <p style="margin-left: 40px;">_____ (Address of landlord)</p> <p><input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and</p> <p><input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.</p> <p><input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).</p>			

# Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

**Northwest Health Systems, Inc.**

### Signatures

#### Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.  
 [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.  
 [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).  
 I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** \_\_\_\_\_  
Signature of Debtor

**X** \_\_\_\_\_  
Signature of Joint Debtor

\_\_\_\_\_  
Telephone Number (If not represented by attorney)

\_\_\_\_\_  
Date

#### Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X** \_\_\_\_\_  
Signature of Foreign Representative

\_\_\_\_\_  
Printed Name of Foreign Representative

\_\_\_\_\_  
Date

#### Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

\_\_\_\_\_  
Printed Name and title, if any, of Bankruptcy Petition Preparer

\_\_\_\_\_  
Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

\_\_\_\_\_  
Address

**X** \_\_\_\_\_  
Date

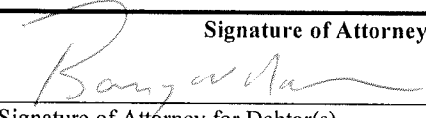
Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.*

#### Signature of Attorney\*

**X**   
Signature of Attorney for Debtor(s)

**Barry W. Davidson WSBA No. 07908**  
Printed Name of Attorney for Debtor(s)

**Davidson Backman Medeiros PLLC**  
Firm Name

**1550 Bank of America Financial Center  
601 West Riverside Avenue  
Spokane, WA 99201**  
Address

**(509) 624-4600 Fax: (509) 623-1660**  
Telephone Number

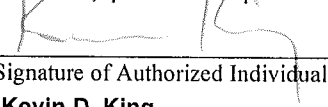
\_\_\_\_\_  
Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

#### Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

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

**X**   
Signature of Authorized Individual

**Kevin D. King**  
Printed Name of Authorized Individual

**President**  
Title of Authorized Individual

**8-31-15**  
Date

**United States Bankruptcy Court**  
**Eastern District of Washington**

In re Northwest Health Systems, Inc.

Debtor(s)

Case No.

Chapter

11

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

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

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
Allied Security 425 West 2nd Avenue Spokane, WA 99201-4311	Allied Security 425 West 2nd Avenue Spokane, WA 99201-4311	Services		132.08
Blue Step 109 West Gentile Street Layton, UT 84041	Blue Step 109 West Gentile Street Layton, UT 84041	Services		647.50
Capsa Solutions, LLC 8206 Solutions Center Chicago, IL 60677-8002	Capsa Solutions, LLC 8206 Solutions Center Chicago, IL 60677-8002	Services		2,219.02
Card Service Center PO Box 569100 Dallas, TX 75356-9100	Card Service Center PO Box 569100 Dallas, TX 75356-9100	Revolving credit card charges		19,407.33
City Cab, Inc. 2817 Lansing Drive SW Roanoke, VA 24015	City Cab, Inc. 2817 Lansing Drive SW Roanoke, VA 24015	Services		216.00
CNA Surety PO Box 957312 Saint Louis, MO 63195-7312	CNA Surety PO Box 957312 Saint Louis, MO 63195-7312	Services		250.00
Echo Global Logistics Attn: Accounts Receivable 22168 Network Place Chicago, IL 60673-1221	Echo Global Logistics Attn: Accounts Receivable 22168 Network Place Chicago, IL 60673-1221	Services		353.72
Econobox PO Box 748081 Los Angeles, CA 90074-8081	Econobox PO Box 748081 Los Angeles, CA 90074-8081	Services		252.84
Eide Bailly 926 West Sprague Avenue Spokane, WA 99201-4064	Eide Bailly 926 West Sprague Avenue Spokane, WA 99201-4064	Services		1,250.00
Gulf South Medical Supply PO Box 841968 Dallas, TX 75284-1968	Gulf South Medical Supply PO Box 841968 Dallas, TX 75284-1968	Services		49,350.96
Med Management Technology 372 South Eagle Road, Suite 299 Eagle, ID 83616	Med Management Technology 372 South Eagle Road, Suite 299 Eagle, ID 83616	Services		2,842.40

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**  
(Continuation Sheet)

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
Merts Taxi Gary Osborne 2618 R Avenue, Apt D Anacortes, WA 98221	Merts Taxi Gary Osborne 2618 R Avenue, Apt D Anacortes, WA 98221	Services		182.00
Randall & Danskin, P.S. 1500 Bank of America Financial Cntr 601 West Riverside Avenue Spokane, WA 99201	Randall & Danskin, P.S. 1500 Bank of America Financial Cntr 601 West Riverside Avenue Spokane, WA 99201	Legal services		1,225.00
RX Systems, Inc. 121 Point West Blvd. Saint Charles, MO 63301-4409	RX Systems, Inc. 121 Point West Blvd. Saint Charles, MO 63301-4409	Services		9,809.60
Softwriters, Inc. 5800 Corporate Drive 4th Floor Pittsburgh, PA 15237	Softwriters, Inc. 5800 Corporate Drive 4th Floor Pittsburgh, PA 15237	Services		5,542.89
Stamper Rubens, P.S. 720 West Boone, Suite 200 Spokane, WA 99201	Stamper Rubens, P.S. 720 West Boone, Suite 200 Spokane, WA 99201	Legal services		1,525.00
Supplyworks PO Box 742440 Los Angeles, CA 90074-2440	Supplyworks PO Box 742440 Los Angeles, CA 90074-2440	Services		410.50
Surge Business Services, LLC 4928 South Bella Vista Drive Veradale, WA 99037	Surge Business Services, LLC 4928 South Bella Vista Drive Veradale, WA 99037	Services		1,500.00
Time Couriers 3010 South Tejon Street, Unit A Englewood, CO 80110	Time Couriers 3010 South Tejon Street, Unit A Englewood, CO 80110	Services		143.60
UPS PO Box 894820 Los Angeles, CA 90189-4820	UPS PO Box 894820 Los Angeles, CA 90189-4820	Services		2,752.65

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

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

Date 8-31-15

Signature   
Kevin D. King  
President

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



**United States Bankruptcy Court  
Eastern District of Washington**

In re Northwest Health Systems, Inc.

Debtor(s)

Case No.  
Chapter

11

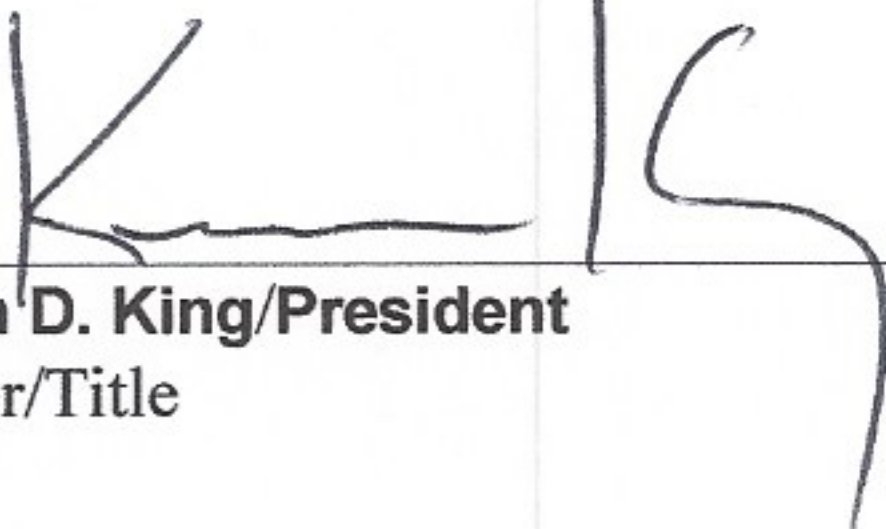
**VERIFICATION OF CREDITOR MATRIX**

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date:

8-31-15

9:01  
pm

  
Kevin D. King/President  
Signer/Title

Northwest Health Systems, Inc.  
2818 North Sullivan Road, Suite 2E  
Spokane, WA 99216

Capsa Solutions, LLC  
8206 Solutions Center  
Chicago, IL 60677-8002

FedEx  
PO Box 94515  
Palatine, IL 60094-4515

Barry W. Davidson  
Davidson Backman Medeiros PLLC  
1550 Bank of America Financial Center  
601 West Riverside Avenue  
Spokane, WA 99201

Card Service Center  
PO Box 569100  
Dallas, TX 75356-9100

Gulf South Medical Supply  
PO Box 841968  
Dallas, TX 75284-1968

2818 N. Sullivan Road, LLC  
1260 North Dutton Avenue  
Suite 270  
Santa Rosa, CA 95401

Cardinal Health  
7000 Cardinal Place  
Dublin, OH 43017

Idaho State Tax Commission  
P.O. Box 36  
Boise, ID 83722-0410

Allied Security  
425 West 2nd Avenue  
Spokane, WA 99201-4311

Cardinal Health 110, LLC  
Cardinal Health 411, Inc.  
7000 Cardinal Place  
Dublin, OH 43017

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

Ally Bank  
PO Box 8125  
Cockeysville, MD 21030

City Cab, Inc.  
2817 Lansing Drive SW  
Roanoke, VA 24015

Kia Motors Finance  
PO Box 105299  
Atlanta, GA 30348

Associated Business Systems  
PO Box 911608  
Denver, CO 80291-1608

CNA Surety  
PO Box 957312  
Saint Louis, MO 63195-7312

King, Kevin D.  
1629 East 18th Avenue  
Spokane, WA 99203-2016

Attorney General's Office  
Bankruptcy & Collections Unit  
800 Fifth Avenue, Suite 2000  
Seattle, WA 98104

Critical Data, Inc.  
620 South Washington St  
Spokane, WA 99204

King, Kim A.  
803 West 18th Avenue  
Spokane, WA 99203-2016

Blue Step  
109 West Gentile Street  
Layton, UT 84041

Echo Global Logistics  
Attn: Accounts Receivable  
22168 Network Place  
Chicago, IL 60673-1221

Med Management Technology  
372 South Eagle Road, Suite 299  
Eagle, ID 83616

Burmeister, Dusti  
NW CFO  
810 North Henry St, Ste 190D  
Post Falls, ID 83854

Econobox  
PO Box 748081  
Los Angeles, CA 90074-8081

Medimpact Healthcare Systems  
PO Box 511334  
Los Angeles, CA 90051-7889

California State  
Board of Equalization  
P.O. Box 942879  
Sacramento, CA 94279

Eide Bailly  
926 West Sprague Avenue  
Spokane, WA 99201-4064

Merts Taxi  
Gary Osborne  
2618 R Avenue, Apt D  
Anacortes, WA 98221

Neopost USA, Inc.  
2304 Tarpley Road, Ste. 134  
Carrollton, TX 75006

Softwriters, Inc.  
5800 Corporate Drive  
4th Floor  
Pittsburgh, PA 15237

WCP Solutions  
PO Box 84145  
Seattle, WA 98124-5445

Nevada Department of Taxation  
1550 College Parkway, Suite 115  
Carson City, NV 89706

Spokane County Treasurer  
1116 West Broadway Avenue  
Second Floor  
Spokane, WA 99260

Randall & Danskin, P.S.  
1500 Bank of America Financial Cntr  
601 West Riverside Avenue  
Spokane, WA 99201

Stamper Rubens, P.S.  
720 West Boone, Suite 200  
Spokane, WA 99201

Ricoh USA, Inc.  
70 Valley Stream Parkway  
Malvern, PA 19355

Supplyworks  
PO Box 742440  
Los Angeles, CA 90074-2440

RiverBank  
202 East Spokane Falls Blvd.  
Suite 500  
Spokane, WA 99202

Surge Business Services, LLC  
4928 South Bella Vista Drive  
Veradale, WA 99037

RiverBank  
202 East Spokane Falls Blvd.  
Spokane, WA 99202

Time Couriers  
3010 South Tejon Street, Unit A  
Englewood, CO 80110

RX Systems, Inc.  
121 Point West Blvd.  
Saint Charles, MO 63301-4409

UPS  
PO Box 894820  
Los Angeles, CA 90189-4820

Securities and Exchange Commission  
Los Angeles Regional Office  
5670 Wilshire Blvd., 11th Floor  
Los Angeles, CA 90036-3648

WA State Dept. Employment Security  
Insolvency Unit  
PO Box 9046  
Olympia, WA 98507

Senske Lawn  
400 North Quay, Dept. SPO  
Kennewick, WA 99336

WA State Dept. of Revenue  
Bankruptcy / Claims Unit  
2101 Fourth Avenue #1400  
Seattle, WA 98121-2300

Shredaway  
3808 North Sullivan Road  
Building 26A  
Spokane, WA 99216

Washington State Department of L&I  
3rd Floor Legal  
P.O. Box 44170  
Olympia, WA 98504



Northwest Health Systems, Inc.

COURTYARD TOWERS  
22 NORTH ROBSON  
MESA, AZ 85201

LIGHTHOUSE MEMORY CARE  
3502 K AVENUE  
ANACORTES, WA 98221

Barry W. Davidson  
Davidson Backman Medeiros PLLC  
1550 Bank of America Financial Center  
601 West Riverside Avenue  
Spokane, WA 99201

DORIAN PLACE  
375 NORTH DORIAN DR  
ONTARIO, OR 97914

MANSION AT WATERFORD ASST  
6110 NORTH PENNSYLVANIA AVE  
OKLAHOMA CITY, OK 73112

ACHIEVE RECOVERY HOMES LLC  
624 WEST HASTINGS RD, STE 8  
SPOKANE, WA 99218

EAGLE LAKE VILLAGE  
2001 PAUL BUNYAN RD  
SUSANVILLE, CA 96130

MCLOUGHLIN ASSISTED LIVING  
1153 MOLALLA AVE  
OREGON CITY, OR 97045

AMERICAN BEHAVIORAL CHEHALIS  
500 SE WASHINGTON AVE  
CHEHALIS, WA 98532

EMILIE COURT  
34 EAST 8TH AVE  
SPOKANE, WA 99202

MERIT CARE AFH  
3905 EAST 18TH AVE  
SPOKANE, WA 99223

AMERICAN BEHAVIORAL HEALTH  
44 EAST COZZA  
SPOKANE, WA 99208

HAWTHORNE COURT  
524 NORTH ELY  
KENNEWICK, WA 99336

NORTHGLENN HEIGHTS  
11475 PEARL ST  
NORTHGLENN, CO 80233

AMERICAN BEHAVIORAL VALLEY  
12715 EAST MISSION  
SPOKANE VALLEY, WA 99216

HIGHLAND ESTATES  
2050 HILAND AVE  
BURLEY, ID 83318

PHEASANT RIDGE SENIOR LIVIN  
4435 PHEASANT RIDGE RD SW  
ROANOKE, VA 24014

CALEY RIDGE ASST. LIVING COMM.  
9350 EAST CALEY AVE  
ENGLEWOOD, CO 80111

HOMESTEAD SENIOR CARE  
365 WEST "A" ST  
FALLON, NV 89406

RIVERWEST RETIREMENT COMM  
900 NORTH WESTERN AVE  
WENATCHEE, WA 98801

CASCADE VALLEY SENIOR LIVING  
8400 - 207TH PLACE NE  
ARLINGTON, WA 98223

HOSPICE HOUSE  
367 EAST 7TH AVENUE  
SPOKANE, WA 99201

ROSE TERRACE COTTAGES  
1821 EAST SHERMAN AVE, STE 5  
COEUR D'ALENE, ID 83814

CHANDLER'S SQUARE  
1300 O AVENUE  
ANACORTES, WA 98221

HOSPICE HOUSE NORTH  
102 WEST RHOADES AVE  
SPOKANE, WA 99208

SIERRA RIDGE MEMORY CARE  
3265 BLUE OAKS DR  
AUBURN, CA 95602

COUNTRY COMFORT  
824 NORTH 23RD  
COEUR D'ALENE, ID 83815

HOSPICE OF SPOKANE  
121 SOUTH ARTHUR  
SPOKANE, WA 99202

SPECIALTY SERVICES 1  
44 EAST COZZA DR, STE B  
SPOKANE, WA 99228

SPECIALTY SERVICES 2  
825 EAST 5TH ST  
PORT ANGELES, WA 98362

STEPHEN'S PLACE  
501 SE ELLSWORTH ROAD  
VANCOUVER, WA 98664

SUNSET HOME  
510-920 HWY 95  
BONNERS FERRY, ID 83805

THE ACADEMY  
1216 NORTH SUPERIOR  
SPOKANE, WA 99202

THE QUARRY SENIOR LIVING  
455 SE 177TH AVE  
VANCOUVER, WA 98683

THE SUMMIT AT SUNLAND SPRINGS  
2415 SOUTH SIGNAL BUTTE RD  
MESA, AZ 85209

WELLSPRINGS ASSISTED LIVING  
2104 WEST IDAHO AVE  
ONTARIO, OR 97914

WHITE CLIFFS SENIOR LIVING  
3600 PETERSON ROAD  
KINGMAN, AZ 86409

WHITEHOUSE CCF  
1534 NORTH CEDAR ST  
SPOKANE, WA 99201