

B1 (Official Form 1)(04/13)

**United States Bankruptcy Court
Western District of Wisconsin**

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): Community Health Systems, Inc.	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): See Attachment	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) 39-1919806	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): 690 Third Street Beloit, WI	Street Address of Joint Debtor (No. and Street, City, and State):
ZIP Code 53511	ZIP Code
County of Residence or of the Principal Place of Business: Rock	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):

Type of Debtor (Form of Organization) (Check one box) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input 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.)	Nature of Business (Check one box) <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	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <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
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:	Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	Nature of Debts (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.

Filing Fee (Check one box) <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.	Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (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).
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Statistical/Administrative Information

Debtor estimates that funds will be available for distribution to unsecured creditors.
 Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.

Estimated Number of Creditors

<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"/>	<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

Estimated Assets

<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

Estimated Liabilities

<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

THIS SPACE IS FOR COURT USE ONLY

Voluntary Petition <i>(This page must be completed and filed in every case)</i>	Name of Debtor(s): Community Health Systems, Inc.
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All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)

Location Where Filed: - None -	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor: - None -	Case Number:	Date Filed:
District:	Relationship:	Judge:

<p style="text-align: center;">Exhibit A</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;">Exhibit 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>X _____ Signature of Attorney for Debtor(s) (Date)</p>
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Exhibit C

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?

Yes, and Exhibit C is attached and made a part of this petition.

No.

Exhibit D

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

Information Regarding the Debtor - Venue

(Check any applicable box)

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.

There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

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.

Certification by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes)

Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)

(Address of landlord)

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

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.

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

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

Name of Debtor(s):
Community 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 /s/ Rebecca R. DeMarb
Signature of Attorney for Debtor(s)

Rebecca R. DeMarb 1026221
Printed Name of Attorney for Debtor(s)

Kerkman Dunn Sweet DeMarb
Firm Name

121 S. Pinckney Street, Suite 525
Madison, WI 53703

Address

Email: rdemarb@kerkmandunn.com
608-310-5500 Fax: 608-310-5525

Telephone Number

March 31, 2014
Date

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 /s/ Richard A. Perry
Signature of Authorized Individual

Richard A. Perry
Printed Name of Authorized Individual

Chief Executive Officer
Title of Authorized Individual

March 31, 2014
Date

Date

In re Community Health Systems, Inc.
Debtor

Case No. _____

FORM 1. VOLUNTARY PETITION

Other Names Attachment

All Other Names used by Debtor in the last 8 years:

1. AKA **Community Health Systems of Wisconsin**
2. AKA **Beloit Area Community Health Center**
3. AKA **Racine Community Health Center**
4. AKA **Darlington Regional Clinic**
5. AKA **Janesville Community Health Center**

B4 (Official Form 4) (12/07)

**United States Bankruptcy Court
Western District of Wisconsin**

In re Community 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) <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>
2405 Northwestern Ave LLC 2405 Northwestern Avenue Racine, WI 53404	2405 Northwestern Ave LLC 2405 Northwestern Avenue Racine, WI 53404	Lease (in Receivership)		13,320.76
Beloit Dental Lab 1006 Prarie Ave Beloit, WI 53511	Beloit Dental Lab 1006 Prarie Ave Beloit, WI 53511			9,544.36
Cintas Corporation #355 5100 26th Avenue Rockford, IL 61109-1706	Cintas Corporation #355 5100 26th Avenue Rockford, IL 61109-1706	Uniforms, supplies		10,786.40
City of Darlington PO Box 207 Darlington, WI 53530-0207	City of Darlington PO Box 207 Darlington, WI 53530-0207	Property taxes		19,615.60
Coleman & Williams, LTD 7127 North Green Bay Ave Milwaukee, WI 53209-2835	Coleman & Williams, LTD 7127 North Green Bay Ave Milwaukee, WI 53209-2835	Outsource CFO		58,802.20
CSSW Med-Health Financial Services Inc. P.O. Box 1996 Milwaukee, WI 53201-1996	CSSW Med-Health Financial Services Inc. P.O. Box 1996 Milwaukee, WI 53201-1996	In partnership with CSSW to see patients		90,765.00
D&S Dental Laboratory, Inc 1020 Quinn Dr Waunakee, WI 53597-2501	D&S Dental Laboratory, Inc 1020 Quinn Dr Waunakee, WI 53597-2501			9,852.86
EHS Vitera Healthcare Solution Dallas, TX 75320-4485	EHS Vitera Healthcare Solution Dallas, TX 75320-4485			35,540.43
Hendricks Commercial Property LLC 655 Third St Suite 301 Beloit, WI 53511	Hendricks Commercial Property LLC 655 Third St Suite 301 Beloit, WI 53511	Back lease on corporate offices and Beloit site		47,907.05
Henry Schein, Inc Dept CH 14125 Palatine, IL 60055-4125	Henry Schein, Inc Dept CH 14125 Palatine, IL 60055-4125	Medical Supply Vendor		56,450.68
Laboratory Corp of America Hld PO Box 12140 Burlington, NC 27216-2140	Laboratory Corp of America Hld PO Box 12140 Burlington, NC 27216-2140	Reference lab company		70,073.84

B4 (Official Form 4) (12/07) - Cont.

In re Community Health Systems, Inc.

Case No. _____

Debtor(s)

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>
Lafayette County ATTN: Becky Taylor PO Box 170 Darlington, WI 53530	Lafayette County ATTN: Becky Taylor PO Box 170 Darlington, WI 53530	Property taxes		17,017.79
Mercy Health System ATTN: Sharon Alder Janesville, WI 53546	Mercy Health System ATTN: Sharon Alder Janesville, WI 53546			240,405.00
Patterson Dental Supply W237 N2878 Woodgate Rd Suite #4 Pewaukee, WI 53072-4042	Patterson Dental Supply W237 N2878 Woodgate Rd Suite #4 Pewaukee, WI 53072-4042	Dental supplies		175,361.58
Priority Management Group, Inc 700 School St Pawtucket, RI 02860	Priority Management Group, Inc 700 School St Pawtucket, RI 02860			124,952.09
Sandco Dental Lab 4137-24th Ave Kenosha, WI 53140	Sandco Dental Lab 4137-24th Ave Kenosha, WI 53140			9,101.00
Sanofi Pasteur, Inc. 12458 Collections Center Dr Chicago, IL 60693	Sanofi Pasteur, Inc. 12458 Collections Center Dr Chicago, IL 60693			9,230.69
Staples Advantage Dept. DET PO Box 83689 Chicago, IL 60696-3689	Staples Advantage Dept. DET PO Box 83689 Chicago, IL 60696-3689			12,647.97
SWCAP 149 N. Iowa Street Dodgeville, WI 53533	SWCAP 149 N. Iowa Street Dodgeville, WI 53533	Lease		58,102.75
The Computer Center One Parker Place Suite 308 Janesville, WI 53545	The Computer Center One Parker Place Suite 308 Janesville, WI 53545	Outside maintenance and repair of computer services		35,531.48

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

I, the Chief Executive Officer 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 March 31, 2014

Signature /s/ Richard A. Perry
Richard A. Perry
Chief Executive Officer

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
Western District of Wisconsin

In re Community Health Systems, Inc.

Debtor(s)

Case No.

Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

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

Table with 3 rows: For legal services, I have agreed to accept; Prior to the filing of this statement I have received; Balance Due. Columns include dollar sign and monetary values: 38,376.65, 38,376.65, 0.00.

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

Debtor Other (specify):

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

Debtor Other (specify):

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

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

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

a. [Other provisions as needed]

To be set forth in application to employ counsel. Amount "agreed to accept" set forth in paragraph 1 is only for pre-petition work.

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

To be set forth in application to employ counsel. Amount "agreed to accept" set forth in paragraph 1 is only for pre-petition work.

CERTIFICATION

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

Dated: March 31, 2014

/s/ Rebecca R. DeMarb

Rebecca R. DeMarb 1026221
Kerkman Dunn Sweet DeMarb
121 S. Pinckney Street, Suite 525
Madison, WI 53703
608-310-5500 Fax: 608-310-5525
rdemarb@kerkmandunn.com

IRS
Centralized Insolvency Operations
PO Box 7346
Philadelphia, PA 19101-7346

Internal Revenue Service
IRS-SB/SE INSOLVENCY
1242 Fourier Drive, #200
Madison, WI 53717-1927

WI Department of Revenue
Special Procedures Unit
PO Box 8901
Madison, WI 53708

Wisconsin Dept. of Workforce Development
Unemployment Insurance
P.O. Box 8914
Madison, WI 53708

US Trustee's Office
780 Regent Street, Sute 304
Madison, WI 53715-2635

2405 Northwestern Ave LLC
2405 Northwestern Avenue
Racine, WI 53404

Aaron's Lock & Safe, Inc.
417 Liberty Avenue
Beloit, WI 53511

ADP, Inc.
PO Box 842875
Boston, MA 02284-2875

AIM Distribution
510 18th Avenue
Rockford, IL 61104

Alliant Energy
P.O. Box 3068
Cedar Rapids, IA 52406-3068

AT&T Advertising Solutions
PO Box 5081
Carol Stream, IL 60197-5081

Aurora Health Care
P.O. Box 341308
Milwaukee, WI 53234-1308

Batteries Plus
3200 Wellington Place
Janesville, WI 53546

Beloit Dental Lab
1006 Prarie Ave
Beloit, WI 53511

Beloit Pest Control
1649 Charles St
Rockford, IL 61104

Beloit Utilities
P.O. Box 2941
Milwaukee, WI 53201-2941

Bernabe, Kiyoko
1110 Hinsdale Ave
Beloit, WI 53511

Big Red Shed Storage
P.O. Box 424
Beloit, WI 53511

BiscoDental Products Co.
P O box 99236
Chicago, IL 60693-9236

Blakley, Alicia
1604 Gateway Blvd, APT 3
Beloit, WI 53511

Bodden, Abby
9 Maple Lane
Fennimore, WI 53809

Bohr, Bonnie
2404 Park Ave
Beloit, WI 53511

Bower, Susan
484 Terragon Ct.
Roscoe, IL 61073

Brannon, Kellie
2063 Corene Ave
Beloit, WI 53511

Cable, Gina
1231 Jones Ave
Racine, WI 53402

Canteen Vending Services
c/o Bank of America 91337 Collections Dr
Chicago, IL 60693-1337

Cantu, Jeanette
315 Carpenter St
Beloit, WI 53511

Career Builder
200 N Lasalle St
Chicago, IL 60601

Castellanos, Yadira
1533 Highland Ave
Beloit, WI 53511

Central Vending
162 South River St
Janesville, WI 53548-3847

CenturyLink
PO Box 4300
Carol Stream, IL 60197-4300

Chairez, Jessica
979 Wood Rd #201
Kenosha, WI 53144

Chairez, Teresita
2003 Dwight St
Racine, WI 53403

Charter Business Internet
Escalation Manager
2 Digital Place
Simpsonville, SC 29681

Charter Communications
PO Box 2981
Milwaukee, WI 53201-2981

Cintas Corporation #355
5100 26th Avenue
Rockford, IL 61109-1706

Cintas Corporation #446
PO Box 630921
Cincinnati, OH 45263-0921

Cintas Corporation #447
PO Box 88005
Chicago, IL 60680-1005

Cintas Document Management
PO Box 631025
Cincinnati, OH 45263-1025

Cintas Fire Protection F39
PO Box 636525
Cincinnati, OH 45263-6525

City of Darlington
PO Box 207
Darlington, WI 53530-0207

Coleman & Williams, LTD
7127 North Green Bay Ave
Milwaukee, WI 53209-2835

Conley, Kathleen
N71W15100 Plainview Dr
Menomonee Falls, WI 53051

Cruz, Olympia
2225 Romayne Ave
Racine, WI 53404

CSSW Med-Health Financial Services Inc.
P.O. Box 1996
Milwaukee, WI 53201-1996

D&S Dental Laboratory, Inc
1020 Quinn Dr
Waunakee, WI 53597-2501

Decker, Denise
8337 S. Palomino Ct
Oak Creek, WI 53154

Delta Dental of Wisconsin
PO Box 518
Wisconsin Rapids, WI 54495

Deluxe Bus Checks & Solutions
PO Box 742572
Cincinnati, OH 45874-2572

Diversified Dental Services
116 North Grand Ave East
Springfield, IL 62702

Donowa, Carlton
5406 Montgomery Dr.
Greendale, WI 53129

Douglas, Abby
14268 Third Rd
Darlington, WI 53530

Drews, Becky
847 Moore St
Beloit, WI 53511

Drug Package Inc.
901 Drug Package Lane
O Fallon, MO 63366

Dunkin, Tom III
1730 Gateway Blvd., Apt. 7
Beloit, WI 53511

eClinicalWorks, LLC
P.O. Box 847950
Boston, MA 02284-7950

Edge, Jessica
385 W. Dewey St.
Platteville, WI 53818

Effrig, Russell
16 S. River Street
Batavia, IL 60510

EHS
Vitera Healthcare Solution
Dallas, TX 75320-4485

Evans, Joeann
2311 Boulder Ln
Beloit, WI 53511

Faherty Incorporated (Garbage Disposal)
1120 Broadway St
Platteville, WI 53818

Father & Sons Cleaning, LLC
1250 N. Dearborn #4D
Chicago, IL 60610

Ferkovich, Brittany
9342 E. Bowers Lake Rd.
Milton, WI 53563

First National Bank and Trust
345 E. Grand Avenue
P.O. Box 818
Beloit, WI 53512

Ford Motor Credit Company
Atlanta, GA

Fosler, Alice
108 N. East
Davis, IL 61019

Furst Staffing
P.O. Box 5863
Rockford, IL 61125

Galvan, Noemi
930 Grant st
Beloit, WI 53511

Gardner, Keyanna
2016 Charles Street, Lower
Racine, WI 53402

Garland, Stacy
837 McKinley Ave
Beloit, WI 53511

Garlock, Melba
615 Cross Street
Clinton, WI 53525

Geister, Molly
940 Cleveland
Beloit, WI 53511

General Electric Capital Corporation
P.O. Box 414, W-490
Milwaukee, WI 53201

Gill, Mollie
3715 Curry Lane
Janesville, WI 53546

Gilmore, Claude
4909 Knox Lane
Madison, WI 53711

Gomez, Johvana
2400 Oregon St.
Racine, WI 53405

GreatAmerica Financial Services
PO Box 660831
Dallas, TX 75266-0831

GreatAmerica Financial Services Corporat
625 First Street
Cedar Rapids, IA 52401-2030

Greer, Dominique
2301 Golf Ave
Racine, WI 53404

Harrell, Paula
1018 Marquette Street
Racine, WI 53404

Hayes Handpiece WI Capital City
1223 West Main St #214
Sun Prarie, WI 53590

HD Smith
21950 Network Place
Chicago, IL 60673-1219

HEALTHeCAREERS
PO Box 673437
Detroit, MI 48267-3437

HealthEOS by Multiplan, Inc
PO Box 29940 General Post Office
New York, NY 10087-9940

HealthFirst Corporation
22316 70th Ave West, Unit A
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**United States Bankruptcy Court
Western District of Wisconsin**

In re Community Health Systems, Inc.

Debtor(s)

Case No.
Chapter

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for Community Health Systems, Inc. in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

None [*Check if applicable*]

March 31, 2014

Date

/s/ Rebecca R. DeMarb

Rebecca R. DeMarb 1026221

Signature of Attorney or Litigant
Counsel for Community Health Systems, Inc.

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