

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

Debtor name Progressive Acute Care Avoyelles, LLC

United States Bankruptcy Court for the: WESTERN DISTRICT OF LOUISIANA

Case number (if known) 16-80584

☐ Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

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

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

**Declaration and signature**

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

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

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

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

Executed on June 27, 2016

**X /s/ Wayne Thompson**

Signature of individual signing on behalf of debtor

**Wayne Thompson**

Printed name

**Authorized Representative**

Position or relationship to debtor

**Fill in this information to identify the case:**Debtor name **Progressive Acute Care Avoyelles, LLC**United States Bankruptcy Court for the: **WESTERN DISTRICT OF LOUISIANA**Case number (if known) **16-80584**☐ Check if this is an amended filing**Official Form 206Sum  
Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

<b>1a. Real property:</b> Copy line 88 from <i>Schedule A/B</i> .....	\$ <b>3,625,000.00</b>
<b>1b. Total personal property:</b> Copy line 91A from <i>Schedule A/B</i> .....	\$ <b>1,872,342.93</b>
<b>1c. Total of all property:</b> Copy line 92 from <i>Schedule A/B</i> .....	\$ <b>5,497,342.93</b>

**Part 2: Summary of Liabilities**

<b>2. Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> .....	\$ <b>429,782.06</b>
<b>3. Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
<b>3a. Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$ <b>26,822.66</b>
<b>3b. Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....	+\$ <b>1,524,594.81</b>
<b>4. Total liabilities</b> ..... Lines 2 + 3a + 3b	\$ <b>1,981,199.53</b>

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United States Bankruptcy Court for the: **WESTERN DISTRICT OF LOUISIANA**

Case number (if known) **16-80584**

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## 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**

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

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **Business First Bank**

**Depository (Government and BCBS Elect Deposits)**

**2301**

**\$0.00**

3.2. **The Cottonport Bank**

**Depository (Commercial A/R Deposits)**

**5454**

**\$61,508.93**

3.3. **The Cottonport Bank**

**Operating**

**2470**

**\$0.00**

**4. Other cash equivalents (Identify all)**

**5. Total of Part 1.**

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

**\$61,508.93**

**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.

**Part 3: Accounts receivable**

**10. Does the debtor have any accounts receivable?**

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

11. **Accounts receivable**

11a. 90 days old or less: 6,324,427.00 - 4,880,112.00 = .... \$1,444,315.00  
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.

\$1,444,315.00

**Part 4: Investments**

13. **Does the debtor own any investments?**

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

**Part 5: Inventory, excluding agriculture assets**

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

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

	General description	Date of the last physical inventory	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				
	<b>Inventory</b>		<b>\$0.00</b>		<b>\$366,519.00</b>

23. **Total of Part 5.**

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

\$366,519.00

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

- ☒ No  
☐ Yes

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

- ☒ No  
☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current Value \_\_\_\_\_

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

- ☒ No  
☐ Yes

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

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

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

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**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			
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software See attached Asset List (Exhibit A)	\$0.00		\$0.00

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

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$0.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☐ No  
☒ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☐ No  
☒ Yes

**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 Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	<b>Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
47.1.	1998 Chevrolet Van VIN: 1GNFG15R6W1084547	\$0.00		\$0.00
47.2.	2003 GMC VIN: 1GTGC24U43Z142124	\$0.00		\$0.00
47.3.	2003 CIRM UT VIN: 1C9US16293M364192	\$0.00		\$0.00

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

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49. **Aircraft and accessories**

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

51. **Total of Part 8.**

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

\$0.00

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

☒ No

☐ Yes

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

☒ No

☐ Yes

**Part 9: Real property**

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

☐ No. Go to Part 10.

☒ Yes Fill in the information below.

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

**Description and location of property**

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.

55.1. **4231 LA Highway  
1192, Marksville, LA  
71351  
(value includes  
FF&E)**

**Nature and extent of debtor's interest in property**

**Net book value of debtor's interest (Where available)**

\$0.00

**Valuation method used for current value**

Appraisal

**Current value of debtor's interest**

\$3,625,000.00

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.

\$3,625,000.00

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.

**Part 11: All other assets**

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**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.

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**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. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<u>\$61,508.93</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$1,444,315.00</u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u>\$366,519.00</u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<u>\$3,625,000.00</u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<u>\$1,872,342.93</u>	+ 91b. <u>\$3,625,000.00</u>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u>\$5,497,342.93</u>



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

Debtor name **Progressive Acute Care Avoyelles, LLC**

United States Bankruptcy Court for the: **WESTERN DISTRICT OF LOUISIANA**

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☐ 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	<b>Avoyelles Emergency Group, LLC</b> <small>Creditor's Name</small>  <b>PO Box 82368</b> <b>Lafayette, LA 70598-2368</b> <small>Creditor's mailing address</small>  <small>Creditor's email address, if known</small>  <b>Date debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien <b>Schumacher Lawsuit (Judgment 03/03/3016).</b>  Describe the lien  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 type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> Disputed	<b>\$215,392.06</b>	<b>\$0.00</b>

2.2	<b>Business First Bank</b> <small>Creditor's Name</small> <b>Attn: Robert Bond</b> <b>8440 Jefferson Hwy, Suite 101</b> <b>Baton Rouge, LA 70809</b> <small>Creditor's mailing address</small>  <small>Creditor's email address, if known</small>  <b>Date debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b>	Describe debtor's property that is subject to a lien <b>Real estate, accounts, FF&amp;E.</b>  Describe the lien  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	<b>\$0.00</b>	<b>\$10,500,000.00</b>
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☒ No

☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.

☐ Contingent

☐ Unliquidated

☐ Disputed

**2.3 The Schumacher Group**

Creditor's Name

**of Louisiana, Inc.  
PO Box 82368  
Lafayette, LA 70598-2368**

Creditor's mailing address

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. Specify each creditor,  
including this creditor and its relative  
priority.

Describe debtor's property that is subject to a lien

**Schumacher Lawsuit (Judgment 03/03/2016).**

**\$214,390.00**

**\$0.00**

Describe the 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

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

**\$429,782.06**

**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

**Barry D. Alexander  
Polsinelli, PC  
421 Fayetteville Steet, Suite 1100  
Raleigh, NC 27601**

Line **2.1**

**Barry D. Alexander  
Polsinelli, PC  
421 Fayetteville Steet, Suite 1100  
Raleigh, NC 27601**

Line **2.3**

**Michael P. Corry, Sr.  
Patrick J. Briney  
Briney, Foret, Corry  
PO Drawer 51367  
Lafayette, LA 70505-1367**

Line **2.1**

**Michael P. Corry, Sr.  
Patrick J. Briney  
Briney, Foret, Corry  
PO Drawer 51367  
Lafayette, LA 70505-1367**

Line **2.3**

Debtor **Progressive Acute Care Avoyelles, LLC**  
Name

Case number (if know) **16-80584**

**Sharon S. Whitow**  
**Long Law Firm**  
**One United Plaza, Suite 500**  
**4041 Essen Lane**  
**Baton Rouge, LA 70809**

Line **2.2**

**Fill in this information to identify the case:**Debtor name **Progressive Acute Care Avoyelles, LLC**United States Bankruptcy Court for the: **WESTERN DISTRICT OF LOUISIANA**Case number (if known) **16-80584**☐ 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 in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

**2.1** Priority creditor's name and mailing address**Avoyelles Parish Sales Tax  
Sales and Use Tax Dept.  
221 W. Tunica Drive  
Marksville, LA 71351**

As of the petition filing date, the claim is:

*Check all that apply.*☐ Contingent☐ Unliquidated☒ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (8)☒ No☐ Yes**Total claim** **Priority amount****\$16,971.77** **\$16,971.77****2.2** Priority creditor's name and mailing address**Louisiana Department of Revenue  
Sales Tax Division  
PO Box 3138  
Baton Rouge, LA 70821-3138**

As of the petition filing date, the claim is:

*Check all that apply.*☐ Contingent☐ Unliquidated☒ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (8)☒ No☐ Yes**\$9,850.89** **\$0.00****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

**3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

**Amount of claim**

Debtor **Progressive Acute Care Avoyelles, LLC**  
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3.1	Nonpriority creditor's name and mailing address <b>AAF International</b> <b>24828 Network Place</b> <b>Chicago, IL 60673-1248</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,356.19</b>
3.2	Nonpriority creditor's name and mailing address <b>Abbott Nutrition</b> <b>PO Box 100997</b> <b>Atlanta, GA 30384-0997</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,950.81</b>
3.3	Nonpriority creditor's name and mailing address <b>Acadiana Air Compressor</b> <b>Sales &amp; Service, Inc.</b> <b>PO Box 1701</b> <b>Scott, LA 70583</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,086.42</b>
3.4	Nonpriority creditor's name and mailing address <b>Acadiana Tumor Registry</b> <b>1204 Johnston Street</b> <b>Lafayette, LA 70503-2022</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,680.00</b>
3.5	Nonpriority creditor's name and mailing address <b>ACME Refrigeration</b> <b>3231 Empire Drive</b> <b>Alexandria, LA 71301</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$462.03</b>
3.6	Nonpriority creditor's name and mailing address <b>ADS Parish Yellow Pages</b> <b>7021 Monroe Hwy</b> <b>Ball, LA 71405</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,032.55</b>
3.7	Nonpriority creditor's name and mailing address <b>Advantage Office Products</b> <b>PO Box 126256</b> <b>Benbrook, TX 76126</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

3.8	Nonpriority creditor's name and mailing address <b>Advantra Freedom</b> <b>PO Box 7154</b> <b>London, KY 40742</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$294.29</b>
3.9	Nonpriority creditor's name and mailing address <b>AGFA Finance Corporation</b> <b>PO Box 223531</b> <b>Pittsburgh, PA 15251-2531</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,883.87</b>
3.10	Nonpriority creditor's name and mailing address <b>Air Liquide Healthcare America Corp.</b> <b>PO Box 301406</b> <b>Dallas, TX 75303-1046</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Oxygen</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$19,370.61</b>
3.11	Nonpriority creditor's name and mailing address <b>Alcon Laboratories, Inc.</b> <b>PO Box 677775</b> <b>Dallas, TX 75267-7775</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$23,891.91</b>
3.12	Nonpriority creditor's name and mailing address <b>Alere North America, Inc.</b> <b>PO Box 846153</b> <b>Boston, MA 02284-6153</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$295.87</b>
3.13	Nonpriority creditor's name and mailing address <b>Allen Jenkins Contractor, Inc.</b> <b>1509 Melrose Street</b> <b>Pineville, LA 71360</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,429.15</b>
3.14	Nonpriority creditor's name and mailing address <b>Am. Maritime Officers Medical</b> <b>2 West Dixie Hwy</b> <b>Dania Beach, FL 33004</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$571.65</b>

3.15	Nonpriority creditor's name and mailing address <b>Am. Red Cross Health &amp; Safety Services 25688 Network Place Chicago, IL 60673-1256</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,592.00</b>
3.16	Nonpriority creditor's name and mailing address <b>American Red Cross 425 Bolton Avenue Alexandria, LA 71301</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,418.35</b>
3.17	Nonpriority creditor's name and mailing address <b>American Arbitration Association Kathleen Cantrell, Manager of ADR Scvs. 13727 Noel Road, Suite 700 Dallas, TX 75240</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,464.68</b>
3.18	Nonpriority creditor's name and mailing address <b>American Cancer Society 1604 W. Pinhook Road, Suite 182 Lafayette, LA 70508</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,669.27</b>
3.19	Nonpriority creditor's name and mailing address <b>AmerisourceBergen Drug Corporation PO Box 905812 Charlotte, NC 28290-5812</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Pharmacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,768.16</b>
3.20	Nonpriority creditor's name and mailing address <b>Angiodynamics, Inc. PO Box 1549 Albany, NY 12201-1549</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,189.50</b>
3.21	Nonpriority creditor's name and mailing address <b>Applied Medical PO Box 3511 Carol Stream, IL 60132-3511</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,031.68</b>

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3.22	<b>Nonpriority creditor's name and mailing address</b> <b>Argon Medical Devices</b> <b>PO Box 677482</b> <b>Dallas, TX 75267</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$761.52</b>
3.23	<b>Nonpriority creditor's name and mailing address</b> <b>Armstrong Medical Industries</b> <b>575 Knightsbridge Pkwy</b> <b>PO Box 700</b> <b>Lincolnshire, IL 60069-0700</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$343.02</b>
3.24	<b>Nonpriority creditor's name and mailing address</b> <b>ARUP Laboratories</b> <b>PO Box 27964</b> <b>Salt Lake City, UT 84127</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,705.41</b>
3.25	<b>Nonpriority creditor's name and mailing address</b> <b>Associated Office System</b> <b>400 Poydras Street, Suite 1700</b> <b>New Orleans, LA 70130</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$285.00</b>
3.26	<b>Nonpriority creditor's name and mailing address</b> <b>AT&amp;T</b> <b>85 Annex</b> <b>Atlanta, GA 30385-0001</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,281.49</b>
3.27	<b>Nonpriority creditor's name and mailing address</b> <b>AT&amp;T Mobility</b> <b>PO Box 6463</b> <b>Carol Stream, IL 60197-6463</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$420.10</b>
3.28	<b>Nonpriority creditor's name and mailing address</b> <b>AT&amp;T Virtual Telecom Network</b> <b>PO Box 5095</b> <b>Carol Stream, IL 60197-5095</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$130.96</b>



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3.29	Nonpriority creditor's name and mailing address <b>Auto Parts &amp; Battery</b> <b>207 North Main Street</b> <b>Marksville, LA 71351</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$173.76</b>
3.30	Nonpriority creditor's name and mailing address <b>Avizent</b> <b>PO Box 803355</b> <b>Dallas, TX 75380</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$870.00</b>
3.31	Nonpriority creditor's name and mailing address <b>Avoyelles Office Supply</b> <b>221 N. Main Street</b> <b>Marksville, LA 71351</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,398.57</b>
3.32	Nonpriority creditor's name and mailing address <b>Avoyelles Parish Sheriff's Office</b> <b>Sheriff Doug Anderson, Tax Collector</b> <b>675 Government Street</b> <b>Marksville, LA 71351</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,971.77</b>
3.33	Nonpriority creditor's name and mailing address <b>Bard Peripheral Vascular</b> <b>PO Box 75767</b> <b>Charlotte, NC 28275</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$141.75</b>
3.34	Nonpriority creditor's name and mailing address <b>Barracuda Networks</b> <b>DEPT LA 22762</b> <b>Pasadena, CA 91185-2762</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$499.00</b>
3.35	Nonpriority creditor's name and mailing address <b>Battery Warehouse Alexandria</b> <b>233 Dawa Street</b> <b>Marksville, LA 71351</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$319.36</b>

3.36	Nonpriority creditor's name and mailing address <b>Bausch Lomb, Inc./Surgical</b> <b>4395 Collections Center Drive</b> <b>Chicago, IL 60693-0043</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,208.24</b>
3.37	Nonpriority creditor's name and mailing address <b>Baxter Healthcare Corp</b> <b>PO Box 730531</b> <b>Dallas, TX 75373-0531</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$237.61</b>
3.38	Nonpriority creditor's name and mailing address <b>Bay Medical Products</b> <b>12393 Belcher Road #440</b> <b>Largo, FL 33773</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$177.77</b>
3.39	Nonpriority creditor's name and mailing address <b>Bayer Healthcare</b> <b>PO Box 360172</b> <b>Pittsburgh, PA 15251-6172</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$682.21</b>
3.40	Nonpriority creditor's name and mailing address <b>Bayou Mosquito &amp; Pest Management, LLC</b> <b>PO Box 547</b> <b>Rayville, LA 71269-2021</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,775.00</b>
3.41	Nonpriority creditor's name and mailing address <b>Ben E. Keith Foods</b> <b>PO Box 2607</b> <b>Fort Worth, TX 76113</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <b>Food Vendor</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,555.96</b>
3.42	Nonpriority creditor's name and mailing address <b>Benefit Management Service</b> <b>PO Box 98044</b> <b>Baton Rouge, LA 70898</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$317.91</b>

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3.43	<b>Nonpriority creditor's name and mailing address</b> <b>Betty Mills Company</b> <b>2121 S. El Camino Real, Suite D-100</b> <b>San Mateo, CA 94403</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$314.99</b>
3.44	<b>Nonpriority creditor's name and mailing address</b> <b>Bio-Rad Laboratories, Inc.</b> <b>Clinical Diagnostics Group</b> <b>PO Box 849740</b> <b>Los Angeles, CA 90084-9740</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,384.91</b>
3.45	<b>Nonpriority creditor's name and mailing address</b> <b>Blake Zaunbrecher</b> <b>166 Hwy 1186</b> <b>Mansura, LA 71350</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$151.58</b>
3.46	<b>Nonpriority creditor's name and mailing address</b> <b>Blue Cross of Louisiana</b> <b>PO Box 261798</b> <b>Baton Rouge, LA 70826-1798</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,750.00</b>
3.47	<b>Nonpriority creditor's name and mailing address</b> <b>Blue Cross/Blue Shield of LA</b> <b>PO Box 98029</b> <b>Baton Rouge, LA 70898</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$25,549.47</b>
3.48	<b>Nonpriority creditor's name and mailing address</b> <b>Bodemuller</b> <b>PO Box 27</b> <b>Opelousas, LA 70571-0027</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,040.68</b>
3.49	<b>Nonpriority creditor's name and mailing address</b> <b>Bollinger Insurance</b> <b>PO Box 706</b> <b>Short Hills, NJ 07078-0727</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$700.00</b>

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3.50	Nonpriority creditor's name and mailing address <b>Borden Dairy Company</b> <b>PO Box 972431</b> <b>Dallas, TX 75397-2431</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$878.76</b>
3.51	Nonpriority creditor's name and mailing address <b>Boston Scientific</b> <b>PO Box 951653</b> <b>Dallas, TX 75395-1653</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,964.90</b>
3.52	Nonpriority creditor's name and mailing address <b>BR Surgical, LLC</b> <b>3500 Beachwood Court, Suite 107</b> <b>Jacksonville, FL 32224</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$74.34</b>
3.53	Nonpriority creditor's name and mailing address <b>Briggs Healthcare</b> <b>Attn: Credit Services</b> <b>7300 Westown Parkway</b> <b>West Des Moines, IA 50266</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$151.65</b>
3.54	Nonpriority creditor's name and mailing address <b>Brittany Hopkins</b> <b>244 Bernes Street</b> <b>Marksville, LA 71351</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$210.67</b>
3.55	Nonpriority creditor's name and mailing address <b>Bunkie General Hospital</b> <b>PO Box 380</b> <b>Bunkie, LA 71322</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$24.50</b>
3.56	Nonpriority creditor's name and mailing address <b>Bussey &amp; Lauve, LLC</b> <b>PO Box 307</b> <b>Alexandria, LA 71309</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,842.25</b>

3.57	Nonpriority creditor's name and mailing address <b>Cardinal Health Medical</b> <b>PO Box 730112</b> <b>Dallas, TX 75373-0112</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <b>Medical/Surgical Supplies</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$81,021.88</b>
3.58	Nonpriority creditor's name and mailing address <b>Carefusion</b> <b>25146 Network Place</b> <b>Chicago, IL 60673-1250</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,446.62</b>
3.59	Nonpriority creditor's name and mailing address <b>Carefusion Solutions, Inc.</b> <b>Lockbox 771952</b> <b>25082 Network Place</b> <b>Chicago, IL 60673-1250</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$65,923.54</b>
3.60	Nonpriority creditor's name and mailing address <b>Carstens, Inc.</b> <b>PO Box 99110</b> <b>Chicago, IL 60693</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$343.99</b>
3.61	Nonpriority creditor's name and mailing address <b>Cathy Bennett</b> <b>PO Box 349</b> <b>Marksville, LA 71351</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$187.33</b>
3.62	Nonpriority creditor's name and mailing address <b>Centerpoint Energy</b> <b>PO Box 4981</b> <b>Houston, TX 77210-4981</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.63	Nonpriority creditor's name and mailing address <b>Central LA Medical Supply</b> <b>PO Box 248</b> <b>Marksville, LA 71351</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,714.00</b>

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3.64	Nonpriority creditor's name and mailing address <b>Centurylink</b> <b>PO Box 4300</b> <b>Carol Stream, IL 60197-4300</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$566.18</b>
3.65	Nonpriority creditor's name and mailing address <b>Channelford Associates</b> <b>Attn: Madeline Martin</b> <b>5853 Greenview Road</b> <b>Calabasas, CA 91302</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,948.00</b>
3.66	Nonpriority creditor's name and mailing address <b>Checkpoint Security, LLC</b> <b>170 Bounds Road</b> <b>Hineston, LA 71438</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,234.33</b>
3.67	Nonpriority creditor's name and mailing address <b>Checkpoint Surgical, Inc.</b> <b>22901 Millcreek Boulevard, Suite 110</b> <b>Cleveland, OH 44122</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,564.00</b>
3.68	Nonpriority creditor's name and mailing address <b>Chek-Med Systems, Inc.</b> <b>200 Grandview Avenue</b> <b>Camp Hill, PA 17011-1706</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$610.00</b>
3.69	Nonpriority creditor's name and mailing address <b>Coca-Cola Bottling Company</b> <b>Alexandria Sales Center</b> <b>PO Box 403390</b> <b>Atlanta, GA 30384-3390</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <b>Food Vendor</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,940.99</b>
3.70	Nonpriority creditor's name and mailing address <b>College of American Pathologists</b> <b>PO Box 71698</b> <b>Chicago, IL 60694-1698</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,851.74</b>

3.71	Nonpriority creditor's name and mailing address <b>Community Coffee Company</b> <b>PO Box 60141</b> <b>New Orleans, LA 70160-0141</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$519.60</b>
3.72	Nonpriority creditor's name and mailing address <b>Cone Instruments</b> <b>3261 Momentum Place</b> <b>Chicago, IL 60689-5332</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$329.16</b>
3.73	Nonpriority creditor's name and mailing address <b>Continuant, Inc.</b> <b>5050 20th Street East</b> <b>Fife, WA 98424</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,783.50</b>
3.74	Nonpriority creditor's name and mailing address <b>Cook Medical, Inc.</b> <b>22988 Network Place</b> <b>Chicago, IL 60673-1229</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$930.80</b>
3.75	Nonpriority creditor's name and mailing address <b>Cooling &amp; Heating Supply</b> <b>5615 New York Avenue</b> <b>Alexandria, LA 71302</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,175.85</b>
3.76	Nonpriority creditor's name and mailing address <b>Cooper Surgical, Inc.</b> <b>PO Box 712280</b> <b>Cincinnati, OH 45271-2280</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,187.22</b>
3.77	Nonpriority creditor's name and mailing address <b>Couvillion's Ace Hardware</b> <b>c/o American Ace Hardware</b> <b>4323 Monroe Hwy</b> <b>Ball, LA 71405</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$121.22</b>

3.78	Nonpriority creditor's name and mailing address <b>CPSI</b> <b>PO Box 850309</b> <b>Mobile, AL 36685-0309</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <b>Computer Supplies</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$65,602.51</b>
3.79	Nonpriority creditor's name and mailing address <b>Critical Alert</b> <b>PO Box 55600</b> <b>Little Rock, AR 72215</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$169.43</b>
3.80	Nonpriority creditor's name and mailing address <b>Crothall Clinical Equip. Service</b> <b>13028 Collections Center Drive</b> <b>Chicago, IL 60693</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,439.37</b>
3.81	Nonpriority creditor's name and mailing address <b>CS Surgical, Inc.</b> <b>662 Whitney Drive</b> <b>Slidell, LA 70461</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,326.40</b>
3.82	Nonpriority creditor's name and mailing address <b>Curbell Medical Products, Inc.</b> <b>62882 Collection Center Drive</b> <b>Chicago, IL 60693-0628</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$566.03</b>
3.83	Nonpriority creditor's name and mailing address <b>Datex Ohmeda, Inc.</b> <b>PO Box 641936</b> <b>Pittsburgh, PA 15264-1936</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$233.50</b>
3.84	Nonpriority creditor's name and mailing address <b>Dauzat A/C &amp; Heating</b> <b>794 Beauregard Landry Road</b> <b>Marksville, LA 71351</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$302.00</b>



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3.85	Nonpriority creditor's name and mailing address <b>Debra Veade</b> <b>PO Box 705</b> <b>Hamburg, LA 71339</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$100.00</b>
3.86	Nonpriority creditor's name and mailing address <b>Dell Marketing, LP</b> <b>DEPT 40228</b> <b>PO Box 534118</b> <b>Atlanta, GA 30353-4118</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,508.23</b>
3.87	Nonpriority creditor's name and mailing address <b>Delta Pathology Group, LLC</b> <b>3000 Knight Street, Suite 220</b> <b>Building 5</b> <b>Shreveport, LA 71105</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$26,839.93</b>
3.88	Nonpriority creditor's name and mailing address <b>Dept. of the Treasury</b> <b>Fin. Mgt. Ser./PA Fin. Center</b> <b>PO Box 51318</b> <b>Philadelphia, PA 19115</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$116.13</b>
3.89	Nonpriority creditor's name and mailing address <b>Depuy Orthopaedics, Inc.</b> <b>PO Box 406663</b> <b>Atlanta, GA 30384-6663</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$627.34</b>
3.90	Nonpriority creditor's name and mailing address <b>DJO, LLC</b> <b>PO Box 650777</b> <b>Dallas, TX 75265-0777</b> Date(s) debt was incurred <u>02/22/2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,597.06</b>
3.91	Nonpriority creditor's name and mailing address <b>Doerle Food Services, LLC</b> <b>PO Box 1440</b> <b>Broussard, LA 70518-1440</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Food vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,626.35</b>

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3.92	Nonpriority creditor's name and mailing address <b>Draeger Medical, Inc.</b> <b>PO Box 347482</b> <b>Pittsburgh, PA 15251-4482</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,603.85</b>
3.93	Nonpriority creditor's name and mailing address <b>East Side Union High School</b> <b>Administered by: UAS</b> <b>PO Box 5057</b> <b>San Jose, CA 95150-5057</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,248.00</b>
3.94	Nonpriority creditor's name and mailing address <b>Eckard Hardware, Inc.</b> <b>2230 N. Bolton Avenue</b> <b>Alexandria, LA 71303</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,927.93</b>
3.95	Nonpriority creditor's name and mailing address <b>eClinical Works, LLC</b> <b>PO Box 847950</b> <b>Boston, MA 02284-7950</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <b>Computer Software Services</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,293.72</b>
3.96	Nonpriority creditor's name and mailing address <b>Electric Motor Service</b> <b>PO Box 1462</b> <b>Alexandria, LA 71309</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,848.51</b>
3.97	Nonpriority creditor's name and mailing address <b>Elsevier</b> <b>PO Box 7247-7684</b> <b>Philadelphia, PA 19170-7684</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,860.00</b>
3.98	Nonpriority creditor's name and mailing address <b>Emdeon Business Services</b> <b>Medifax EDI, LLC</b> <b>PO Box 572490</b> <b>Murray, UT 84157-2490</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$370.60</b>

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3.99	Nonpriority creditor's name and mailing address <b>Encompas Unlited, Inc.</b> <b>PO Box 516</b> <b>Tallevast, FL 34270</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$66.93</b>
3.100	Nonpriority creditor's name and mailing address <b>Entergy</b> <b>PO Box 8108</b> <b>Baton Rouge, LA 70891-8108</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <b>Electricity</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$20,348.52</b>
3.101	Nonpriority creditor's name and mailing address <b>Executone of Louisiana</b> <b>11316 Pennywood Avenue</b> <b>Baton Rouge, LA 70809</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$229.43</b>
3.102	Nonpriority creditor's name and mailing address <b>F&amp;B Equipment Sales &amp; Rental, Inc.</b> <b>211 Hulco Drive</b> <b>Scott, LA 70583</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$135.00</b>
3.103	Nonpriority creditor's name and mailing address <b>Facilitydude.com</b> <b>PO Box 200277</b> <b>Pittsburgh, PA 15251-0277</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$906.00</b>
3.104	Nonpriority creditor's name and mailing address <b>Federal Express Corp</b> <b>PO Box 660481</b> <b>Dallas, TX 75266-0481</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$878.57</b>
3.105	Nonpriority creditor's name and mailing address <b>Fisher Healthcare</b> <b>ACCT 476507 001</b> <b>PO Box 404705</b> <b>Atlanta, GA 30384-4705</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,029.19</b>

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3.106	Nonpriority creditor's name and mailing address <b>Flowers Baking Company of Baton Rouge</b> <b>PO Box 951578</b> <b>Dallas, TX 75395</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$512.75</b>
3.107	Nonpriority creditor's name and mailing address <b>Futura Mobility</b> <b>515 Pennsylvania Avenue, Suite 100</b> <b>Fort Washington, PA 19034</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <b>Judgment entered 04/03/2015</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,832.29</b>
3.108	Nonpriority creditor's name and mailing address <b>Gannett Newspapers of LA</b> <b>AdvertiserMedianNetwork</b> <b>PO Box 677326</b> <b>Dallas, TX 75267-7326</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,546.87</b>
3.109	Nonpriority creditor's name and mailing address <b>Gas Analytical Services</b> <b>1039 Pearl Drive</b> <b>Bossier City, LA 71111</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$164.00</b>
3.110	Nonpriority creditor's name and mailing address <b>GE Capital Corporation</b> <b>PO Box 740423</b> <b>Atlanta, GA 30374-0423</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <b>Equipment lease</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,006.35</b>
3.111	Nonpriority creditor's name and mailing address <b>GE Healthcare Financial Services</b> <b>PO Box 641419</b> <b>Pittsburgh, PA 15264-1419</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,271.41</b>
3.112	Nonpriority creditor's name and mailing address <b>GlaxoSmithKline Pharmaceuticals, Ltd.</b> <b>PO Box 740415</b> <b>Atlanta, GA 30374-0415</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,680.86</b>

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3.113	Nonpriority creditor's name and mailing address <b>Glenn's Auto Repair, LLC</b> <b>6760 Highway 1</b> <b>Mansura, LA 71350</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$761.42</b>
3.114	Nonpriority creditor's name and mailing address <b>Global Equipment Co, Inc.</b> <b>29833 Network Place</b> <b>Chicago, IL 60673-1298</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$17.20</b>
3.115	Nonpriority creditor's name and mailing address <b>Goux Holdings, LLC</b> <b>Roch Michael</b> <b>PO Box 501</b> <b>Marksville, LA 71351</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Contract</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$26,460.00</b>
3.116	Nonpriority creditor's name and mailing address <b>Grace Medical</b> <b>PO Box 34877</b> <b>Memphis, TN 38184</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,457.45</b>
3.117	Nonpriority creditor's name and mailing address <b>Guillot's Plumbing Service</b> <b>PO Box 449</b> <b>Marksville, LA 71351</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,385.00</b>
3.118	Nonpriority creditor's name and mailing address <b>Guy Brown Management, LLC</b> <b>PO Box 306156</b> <b>Nashville, TN 37230-6156</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,855.83</b>
3.119	Nonpriority creditor's name and mailing address <b>Harvest Foods</b> <b>241 Tunica Village</b> <b>Marksville, LA 71351</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,866.92</b>

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3.120	Nonpriority creditor's name and mailing address <b>Hathorn Record Management Systems PO Box 792 Alexandria, LA 71309</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,873.62</b>
3.121	Nonpriority creditor's name and mailing address <b>Hawkeye Medical, LLC 4239 Hwy 1192, Suite 100 Marksville, LA 71351</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <b>Hospitalist Professional Fees</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$126,040.00</b>
3.122	Nonpriority creditor's name and mailing address <b>Hazsoft, LLC 1311 W. Illinois Avenue Midland, TX 79701</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,790.00</b>
3.123	Nonpriority creditor's name and mailing address <b>Health Care Logistics PO Box 400 Circleville, OH 43113-0400</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$626.31</b>
3.124	Nonpriority creditor's name and mailing address <b>Heritage Company PO Box 890287 Charlotte, NC 28289-0287</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$923.09</b>
3.125	Nonpriority creditor's name and mailing address <b>Hologic, Inc. 24506 Network Place Chicago, IL 60673-1245</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,220.00</b>
3.126	Nonpriority creditor's name and mailing address <b>HR Specialist PO Box 9070 Mc Lean, VA 22102-0070</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$139.00</b>

3.127	Nonpriority creditor's name and mailing address <b>Hubert Company, Inc.</b> <b>25401 Network Place</b> <b>Chicago, IL 60673-1254</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$405.85</b>
3.128	Nonpriority creditor's name and mailing address <b>Humana</b> <b>PO Box 932698</b> <b>Atlanta, GA 31193</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$348.12</b>
3.129	Nonpriority creditor's name and mailing address <b>Humana Healthcare Plans</b> <b>PO Box 931655</b> <b>Atlanta, GA 31193</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$40.91</b>
3.130	Nonpriority creditor's name and mailing address <b>IMA</b> <b>PO Box 71120</b> <b>Bossier City, LA 71171</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$318.06</b>
3.131	Nonpriority creditor's name and mailing address <b>Ingram &amp; Associates</b> <b>PO Box 290303</b> <b>Nashville, TN 37229</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,045.59</b>
3.132	Nonpriority creditor's name and mailing address <b>Interface Security Systems</b> <b>8339 Solutions Center</b> <b>Chicago, IL 60677-8003</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$272.80</b>
3.133	Nonpriority creditor's name and mailing address <b>Intermetro Industries Corp</b> <b>75 Remittance Drive</b> <b>Dept. 3044</b> <b>Chicago, IL 60675-3044</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,466.55</b>

3.134	Nonpriority creditor's name and mailing address <b>Interstate All Battery Center</b> <b>2107 Bowie Drive</b> <b>Alexandria, LA 71301</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$488.07</b>
3.135	Nonpriority creditor's name and mailing address <b>Iron Mountain</b> <b>PO Box 915004</b> <b>Dallas, TX 75391-5004</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,691.92</b>
3.136	Nonpriority creditor's name and mailing address <b>Isaiah Moore</b> <b>3244 Main Street, Apt. 4</b> <b>Hessmer, LA 71341</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$105.36</b>
3.137	Nonpriority creditor's name and mailing address <b>IT&amp;S</b> <b>PO Box 702</b> <b>Marksville, LA 71351</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,835.20</b>
3.138	Nonpriority creditor's name and mailing address <b>J&amp;J Exterminating</b> <b>526 Macarthur Drive</b> <b>Alexandria, LA 71303</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,147.44</b>
3.139	Nonpriority creditor's name and mailing address <b>Jefferson Sprinkler, Inc.</b> <b>PO Box 129</b> <b>Gretna, LA 70054</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,975.00</b>
3.140	Nonpriority creditor's name and mailing address <b>Johnson &amp; Johnson Health Care</b> <b>PO Box 406663</b> <b>Atlanta, GA 30384</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,642.31</b>



3.141	Nonpriority creditor's name and mailing address <b>Joseph Wallpaper &amp; Paint</b> <b>PO Box 248</b> <b>Alexandria, LA 71301</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$188.25</b>
3.142	Nonpriority creditor's name and mailing address <b>Josie Green</b> <b>2531 Hwy 1176</b> <b>Bunkie, LA 71322</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$102.98</b>
3.143	Nonpriority creditor's name and mailing address <b>KCI USA</b> <b>PO Box 203086</b> <b>Houston, TX 77216-3086</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,634.30</b>
3.144	Nonpriority creditor's name and mailing address <b>Keith Savoy Concrete Contractor</b> <b>1860 German Bayou Road</b> <b>Hessmer, LA 71341</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,243.00</b>
3.145	Nonpriority creditor's name and mailing address <b>Kem Medical Products Co.</b> <b>400 Broadhollow Road, Suite 2</b> <b>Farmingdale, NY 11735</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$192.00</b>
3.146	Nonpriority creditor's name and mailing address <b>King Cheese Cake Company</b> <b>150 Lockhaven Drive</b> <b>Houston, TX 77073</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,368.75</b>
3.147	Nonpriority creditor's name and mailing address <b>Kricket Internet Services</b> <b>PO Box 311</b> <b>Marksville, LA 71351</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,647.90</b>

3.148	Nonpriority creditor's name and mailing address <b>LA Credentials, LLC</b> <b>PO Box 92200</b> <b>Albuquerque, NM 87199-2200</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,668.22</b>
3.149	Nonpriority creditor's name and mailing address <b>LA Dept of Environmental Quality</b> <b>Financial Services Division</b> <b>PO Box 4311</b> <b>Baton Rouge, LA 70821-4311</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6.60</b>
3.150	Nonpriority creditor's name and mailing address <b>LA Hospital Association</b> <b>9521 Brookline Avenue</b> <b>Baton Rouge, LA 70809-1431</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,533.00</b>
3.151	Nonpriority creditor's name and mailing address <b>Lafayette General Medical Center</b> <b>Accounting--M. Martin</b> <b>PO Box 52009</b> <b>Lafayette, LA 70505</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,074.00</b>
3.152	Nonpriority creditor's name and mailing address <b>Lamiflow Technologies, LLC</b> <b>6844 Cherry Laurel Drive</b> <b>Middletown, OH 45044</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$914.00</b>
3.153	Nonpriority creditor's name and mailing address <b>Landauer, Inc.</b> <b>PO Box 809051</b> <b>Chicago, IL 60680-9051</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$188.38</b>
3.154	Nonpriority creditor's name and mailing address <b>Langlinais, Broussard &amp; Kohl</b> <b>PO Box 1123</b> <b>Abbeville, LA 70511-1123</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,073.70</b>

3.155	Nonpriority creditor's name and mailing address <b>Lavergne's Telemessaging</b> <b>PO Box 321</b> <b>Alexandria, LA 71309-0321</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$412.00</b>
3.156	Nonpriority creditor's name and mailing address <b>LHC Quality</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$19,312.50</b>
3.157	Nonpriority creditor's name and mailing address <b>Lifecell Corporation</b> <b>PO Box 301582</b> <b>Dallas, TX 75303-1582</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,134.00</b>
3.158	Nonpriority creditor's name and mailing address <b>Lifeshare Blood Centers</b> <b>PO Box 65270</b> <b>Shreveport, LA 71136-5270</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <b>Blood Services</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$28,153.68</b>
3.159	Nonpriority creditor's name and mailing address <b>Linda Dauzat</b> <b>3077 Hwy 1</b> <b>Marksville, LA 71351</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$117.50</b>
3.160	Nonpriority creditor's name and mailing address <b>Local Emergency Planning</b> <b>312 North Main Street</b> <b>Marksville, LA 71351</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$50.00</b>
3.161	Nonpriority creditor's name and mailing address <b>Lott Oil Company, Inc.</b> <b>PO Box 17</b> <b>Natchitoches, LA 71458-0017</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7.61</b>

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3.162	Nonpriority creditor's name and mailing address <b>LSL Industries, Inc.</b> <b>PO Box 352</b> <b>Northbrook, IL 60065-0352</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$259.28</b>
3.163	Nonpriority creditor's name and mailing address <b>LSMSS</b> <b>Cindy Robinson, RHIT, CPCS</b> <b>Treasurer, LMSS</b> <b>518 Oak Street</b> <b>Monroe, LA 71201</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$50.00</b>
3.164	Nonpriority creditor's name and mailing address <b>Lydia Villemarette</b> <b>400 N. Gayle Boulevard</b> <b>Bunkie, LA 71322</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$150.00</b>
3.165	Nonpriority creditor's name and mailing address <b>Majestic Medical Solutions</b> <b>207 W. Eastbank Street</b> <b>Gonzales, LA 70737</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$24,732.45</b>
3.166	Nonpriority creditor's name and mailing address <b>Marc</b> <b>PO Box 927</b> <b>Columbus, NE 68602-0927</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,397.30</b>
3.167	Nonpriority creditor's name and mailing address <b>Marcel T's Upholstery</b> <b>857 Highway 1191</b> <b>Marksville, LA 71351</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$333.00</b>
3.168	Nonpriority creditor's name and mailing address <b>Marksville Sheet Metal Shop</b> <b>PO Box 667</b> <b>Marksville, LA 71351</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$109.25</b>

3.169	Nonpriority creditor's name and mailing address <b>Marksville Water System</b> <b>208 Spring Bayou Road</b> <b>Marksville, LA 71351</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <b>Utilities</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$150.04</b>
3.170	Nonpriority creditor's name and mailing address <b>Marksville Weekly News</b> <b>PO Box 36</b> <b>Marksville, LA 71351</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$38.00</b>
3.171	Nonpriority creditor's name and mailing address <b>MBA Medical, Inc.</b> <b>1509 Kuebel Street</b> <b>New Orleans, LA 70123</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,038.00</b>
3.172	Nonpriority creditor's name and mailing address <b>McKesson Technologies, Inc.</b> <b>22423 Network Place</b> <b>Chicago, IL 60673-1224</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,809.02</b>
3.173	Nonpriority creditor's name and mailing address <b>Med Express Ambulance</b> <b>PO Box 527</b> <b>Melville, LA 71353</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$493.04</b>
3.174	Nonpriority creditor's name and mailing address <b>Media3</b> <b>PO Box 620</b> <b>Milan, TN 38358-0620</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$442.91</b>
3.175	Nonpriority creditor's name and mailing address <b>Medical Arts Press, Inc.</b> <b>PO Box 37647</b> <b>Philadelphia, PA 19101-0647</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,857.54</b>

3.176	Nonpriority creditor's name and mailing address <b>Medical Specialties</b> <b>676 Timesaver Avenue</b> <b>New Orleans, LA 70123</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$192.00</b>
3.177	Nonpriority creditor's name and mailing address <b>Medtronic USA</b> <b>PO Box 848086</b> <b>Dallas, TX 75284-8086</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,507.78</b>
3.178	Nonpriority creditor's name and mailing address <b>Merit Medical Systems, Inc.</b> <b>PO Box 204842</b> <b>Dallas, TX 75320-4842</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$275.25</b>
3.179	Nonpriority creditor's name and mailing address <b>Merry X-Ray, Inc.</b> <b>444 Viewridge Avenue, Suite A</b> <b>San Diego, CA 92123</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$349.08</b>
3.180	Nonpriority creditor's name and mailing address <b>Michael Butts</b> <b>1189 Bodcau Station Road</b> <b>Haughton, LA 71037</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,621.52</b>
3.181	Nonpriority creditor's name and mailing address <b>Mid-South Equipment Sales &amp; Service, LLC</b> <b>PO Box 158</b> <b>Metairie, LA 70004-0158</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$596.51</b>
3.182	Nonpriority creditor's name and mailing address <b>Millard Sanders</b> <b>180 Sunny Avenue</b> <b>Marksville, LA 71351</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$339.43</b>

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3.183	Nonpriority creditor's name and mailing address <b>Mindray DS USA, Inc.</b> <b>24312 Network Place</b> <b>Chicago, IL 60673-1243</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,425.58</b>
3.184	Nonpriority creditor's name and mailing address <b>Mobile Imaging Services, LLC</b> <b>PO Box 465</b> <b>Marksville, LA 71351</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <b>MRI Services</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$68,920.00</b>
3.185	Nonpriority creditor's name and mailing address <b>Mobile Instrument Service</b> <b>333 Water Avenue</b> <b>Bellefontaine, OH 43311</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,473.58</b>
3.186	Nonpriority creditor's name and mailing address <b>Morbidity Mortality Weekly Report</b> <b>PO Box 9120</b> <b>Waltham, MA 02254-9210</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$189.00</b>
3.187	Nonpriority creditor's name and mailing address <b>Mortara Instrument, Inc.</b> <b>7865 N. 86th Street</b> <b>Milwaukee, WI 53224</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$657.91</b>
3.188	Nonpriority creditor's name and mailing address <b>National Assoc. of CPSI Clients</b> <b>Reese Baker/CPSI National User Group</b> <b>c/o Crittenden Health Systems</b> <b>520 West Gum Street</b> <b>Marion, KY 42064</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$200.00</b>
3.189	Nonpriority creditor's name and mailing address <b>National EMS Academy</b> <b>Attn: Nemsa Accts Receivable</b> <b>2916 N. University, Building B</b> <b>Lafayette, LA 70501</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$56.00</b>

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3.190	Nonpriority creditor's name and mailing address <b>National Recall Alert Center</b> <b>PO Box 609</b> <b>Marlton, NJ 08053</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$595.00</b>
3.191	Nonpriority creditor's name and mailing address <b>NCO Financial Systems</b> <b>Attn: Dallas Office</b> <b>PO Box 931053</b> <b>Cleveland, OH 44193</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$94.31</b>
3.192	Nonpriority creditor's name and mailing address <b>NES Louisiana, Inc.</b> <b>PO Box 277001</b> <b>Atlanta, GA 30384-7001</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <b>Arbitration (PAC)</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$94,315.71</b>
3.193	Nonpriority creditor's name and mailing address <b>Netgain</b> <b>720 West St. Germain Street</b> <b>Saint Cloud, MN 56301</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$205.00</b>
3.194	Nonpriority creditor's name and mailing address <b>Oculus Innovative Sciences</b> <b>1129 N. McDowell Boulevard</b> <b>Petaluma, CA 94954</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,657.08</b>
3.195	Nonpriority creditor's name and mailing address <b>Office Depot</b> <b>PO BOX 633211</b> <b>Cincinnati, OH 45263-3211</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,970.20</b>
3.196	Nonpriority creditor's name and mailing address <b>Office of Group Benefits</b> <b>PO Box 44036</b> <b>Baton Rouge, LA 70804</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,616.02</b>



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3.197	Nonpriority creditor's name and mailing address <b>Olympus America, Inc. Dept. 0600 PO Box 120600 Dallas, TX 75312-0600</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u><b>Equipment Lease</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,274.51</b>
3.198	Nonpriority creditor's name and mailing address <b>Omega Diagnostics, LLC 2915 Missouri Avenue Shreveport, LA 71109</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u><b>Lab Supplies</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$33,085.84</b>
3.199	Nonpriority creditor's name and mailing address <b>OneDoc Managed Print Services, LLC 6505 N.W. 114th Street Oklahoma City, OK 73162</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u><b>E-Fax service</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$285.10</b>
3.200	Nonpriority creditor's name and mailing address <b>Opti Medicinal Systems, Inc. PO Box 932005 Atlanta, GA 31193-2005</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$972.75</b>
3.201	Nonpriority creditor's name and mailing address <b>Optum PO Box 88050 Chicago, IL 60680-1050</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,415.31</b>
3.202	Nonpriority creditor's name and mailing address <b>Orkin Exterminating, Inc. 1106 Texas Avenue Alexandria, LA 71301</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$600.00</b>
3.203	Nonpriority creditor's name and mailing address <b>Pacific Medical, LLC 32981 Calle Perfect San Juan Capistrano, CA 92675</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$450.00</b>

3.204	Nonpriority creditor's name and mailing address <b>Par Pharmaceuticals, Inc.</b> <b>PO Box 731531</b> <b>Dallas, TX 75373-1531</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,191.04</b>
3.205	Nonpriority creditor's name and mailing address <b>Passport Health Communications</b> <b>PO Box 635527</b> <b>Cincinnati, OH 45263-5527</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$240.00</b>
3.206	Nonpriority creditor's name and mailing address <b>Peerless Cleaners</b> <b>116 W. Cappel Street</b> <b>Marksville, LA 71351</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14.38</b>
3.207	Nonpriority creditor's name and mailing address <b>Penny Williams</b> <b>PO Box 401</b> <b>Hessmer, LA 71341</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$119.32</b>
3.208	Nonpriority creditor's name and mailing address <b>Performance Med Group</b> <b>103 Deer Tree Drive</b> <b>Lafayette, LA 70507-6224</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,858.21</b>
3.209	Nonpriority creditor's name and mailing address <b>Pfizer, Inc.</b> <b>PO Box 100539</b> <b>Atlanta, GA 30384-0539</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$224.64</b>
3.210	Nonpriority creditor's name and mailing address <b>Phia Group</b> <b>163 Bay State Drive</b> <b>Braintree, MA 02184</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,766.18</b>

3.211	Nonpriority creditor's name and mailing address <b>Philips Healthcare</b> <b>PO Box 100355</b> <b>Atlanta, GA 30384-0355</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$40,723.69</b>
3.212	Nonpriority creditor's name and mailing address <b>Philips Medical Capital</b> <b>PO Box 92449</b> <b>Cleveland, OH 44193-0003</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,196.06</b>
3.213	Nonpriority creditor's name and mailing address <b>Phillips Medical Systems</b> <b>PO Box 100355</b> <b>Atlanta, GA 30384-0355</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,610.37</b>
3.214	Nonpriority creditor's name and mailing address <b>Pitney Bowes Global Financial Services</b> <b>PO Box 371887</b> <b>Pittsburgh, PA 15250-7887</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,481.14</b>
3.215	Nonpriority creditor's name and mailing address <b>Pitney Bowes Purchase Power</b> <b>PO Box 371874</b> <b>Pittsburgh, PA 15250-7896</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,714.36</b>
3.216	Nonpriority creditor's name and mailing address <b>Pneumatron Medical</b> <b>PO Box 1529</b> <b>Abita Springs, LA 70420</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,745.00</b>
3.217	Nonpriority creditor's name and mailing address <b>Positive Promotions, Inc.</b> <b>15 Gilpin Avenue</b> <b>Hauppauge, NY 11788-4723</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$401.10</b>

3.218	Nonpriority creditor's name and mailing address <b>Precheck, Inc.</b> <b>PO Box 840031</b> <b>Dallas, TX 75284-0031</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,747.05</b>
3.219	Nonpriority creditor's name and mailing address <b>Prentiss Stromain</b> <b>302 Andrus Street</b> <b>Marksville, LA 71351</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$461.40</b>
3.220	Nonpriority creditor's name and mailing address <b>Professional Archive Solutions</b> <b>PO Box 1966</b> <b>Gonzales, LA 70737</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,820.00</b>
3.221	Nonpriority creditor's name and mailing address <b>Progressive Waste Solutions</b> <b>1515 England Drive</b> <b>Alexandria, LA 71301</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,759.94</b>
3.222	Nonpriority creditor's name and mailing address <b>Quill Corporation</b> <b>PO Box 37600</b> <b>Philadelphia, PA 19101-0600</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,368.11</b>
3.223	Nonpriority creditor's name and mailing address <b>R&amp;D Systems, Inc.</b> <b>Accounts Receivable</b> <b>614 McKinley Place NE</b> <b>Minneapolis, MN 55413-2647</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,237.05</b>
3.224	Nonpriority creditor's name and mailing address <b>Rabalais Floor Covering</b> <b>PO Box 274</b> <b>Cottonport, LA 71327</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$150.00</b>

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3.225	Nonpriority creditor's name and mailing address <b>Rapides Regional Medical Center c/o Tina Dauzat 1248 Hwy 107 Center Point, LA 71323</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,600.00</b>
3.226	Nonpriority creditor's name and mailing address <b>Rapides Regional Medical Center PO Box 30101 211 Fourth Street Alexandria, LA 71301</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,821.81</b>
3.227	Nonpriority creditor's name and mailing address <b>Rapides Regional Medical Center Attn: Cashiering Manager 8101 W. Sam Houston Parkway S, Suite 100 Houston, TX 77072</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,878.15</b>
3.228	Nonpriority creditor's name and mailing address <b>RD Plastics Co, Inc. PO Box 111300 Nashville, TN 37222-1300</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$125.02</b>
3.229	Nonpriority creditor's name and mailing address <b>Reina Imaging 6107 W. Lou Street Crystal Lake, IL 60014</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,157.68</b>
3.230	Nonpriority creditor's name and mailing address <b>Remote Cardiac Services PO Box 3870 Boston, MA 02241</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,920.00</b>
3.231	Nonpriority creditor's name and mailing address <b>Republic Group PO Box 660270 Dallas, TX 75266-0270</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$817.80</b>

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3.232	<b>Nonpriority creditor's name and mailing address</b> <b>Resource Corporation of America</b> <b>1120 Marina Bay Drive</b> <b>Clear Lake Shores, TX 77565</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$663.85</b>
3.233	<b>Nonpriority creditor's name and mailing address</b> <b>Rita Quebedeaux</b> <b>424 Airport Road</b> <b>Mansura, LA 71350</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$100.00</b>
3.234	<b>Nonpriority creditor's name and mailing address</b> <b>Riverside Anesthesia</b> <b>241 Aimee Drive</b> <b>Ferriday, LA 71334</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,800.00</b>
3.235	<b>Nonpriority creditor's name and mailing address</b> <b>Robert Fontenot</b> <b>199 Mayeaux Road</b> <b>Marksville, LA 71351</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$100.00</b>
3.236	<b>Nonpriority creditor's name and mailing address</b> <b>Robert L. Lunsford, Architect</b> <b>6161 Perkins Road, Suite 1-D</b> <b>Baton Rouge, LA 70808</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$708.00</b>
3.237	<b>Nonpriority creditor's name and mailing address</b> <b>Roche Diagnostics Corp</b> <b>Mail Code 5021</b> <b>PO Box 660367</b> <b>Dallas, TX 75266-0367</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$553.32</b>
3.238	<b>Nonpriority creditor's name and mailing address</b> <b>Royce Rolls Ringer Company</b> <b>PO Box 1831</b> <b>Grand Rapids, MI 49501</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$171.86</b>

3.239	Nonpriority creditor's name and mailing address <b>RR Donnelley</b> <b>PO Box 932721</b> <b>Cleveland, OH 44193</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$220.69</b>
3.240	Nonpriority creditor's name and mailing address <b>Safe Sitter</b> <b>8604 Allisonville Road S</b> <b>Indianapolis, IN 46250-1597</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$232.00</b>
3.241	Nonpriority creditor's name and mailing address <b>Salt Solutions</b> <b>14400 Metcalf Avenue</b> <b>Overland Park, KS 66223</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,778.64</b>
3.242	Nonpriority creditor's name and mailing address <b>SAMS Club</b> <b>PO Box 530981</b> <b>Atlanta, GA 30353-0981</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$98.10</b>
3.243	Nonpriority creditor's name and mailing address <b>SECON, Inc.</b> <b>825 Kaliste Saloom Road, Bldg 1</b> <b>Lafayette, LA 70508-4284</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$588.00</b>
3.244	Nonpriority creditor's name and mailing address <b>Secure Horizons</b> <b>PO Box 31353</b> <b>Salt Lake City, UT 84131-0353</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,767.02</b>
3.245	Nonpriority creditor's name and mailing address <b>Select Biomedical</b> <b>7275 Bush Lake Road</b> <b>Minneapolis, MN 55439</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$320.00</b>

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3.246	Nonpriority creditor's name and mailing address <b>Seton Identification Products</b> <b>PO Box 95904</b> <b>Chicago, IL 60694-5904</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$312.36</b>
3.247	Nonpriority creditor's name and mailing address <b>Sharn Anesthesia, Inc.</b> <b>3204 Momentum Place</b> <b>Chicago, IL 60689-5332</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,741.81</b>
3.248	Nonpriority creditor's name and mailing address <b>Shred-It USA</b> <b>PO Box 13574</b> <b>New York, NY 10087-3574</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$859.12</b>
3.249	Nonpriority creditor's name and mailing address <b>Siemens Healthcare Diagnostics, Inc.</b> <b>PO Box 121102</b> <b>Dallas, TX 75312-1102</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lab Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$19,448.83</b>
3.250	Nonpriority creditor's name and mailing address <b>Siemens Industry, Inc.</b> <b>c/o Citibank (Bldg Tech)</b> <b>PO Box 2134</b> <b>Carol Stream, IL 60132-2134</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$326.00</b>
3.251	Nonpriority creditor's name and mailing address <b>Simpson Security System</b> <b>PO Box 12418</b> <b>Alexandria, LA 71315-2418</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$750.00</b>
3.252	Nonpriority creditor's name and mailing address <b>Smith &amp; Nephew Orthopaedic</b> <b>PO Box 951605</b> <b>Dallas, TX 75395-1605</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,891.89</b>



3.253	Nonpriority creditor's name and mailing address <b>Southern Textile Services, LLC</b> <b>3119 Masonic Drive</b> <b>Alexandria, LA 71301</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u><b>Linen Supplies</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$26,752.61</b>
3.254	Nonpriority creditor's name and mailing address <b>Spectracorp</b> <b>8131 LBJ Freeway, Suite 360</b> <b>Dallas, TX 75251</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,983.95</b>
3.255	Nonpriority creditor's name and mailing address <b>St. Landry EMS, LLC</b> <b>PO Box 2556</b> <b>Opelousas, LA 70570</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,848.72</b>
3.256	Nonpriority creditor's name and mailing address <b>St. Romain Oil Company, LLC</b> <b>PO Box 98</b> <b>Mansura, LA 71350</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,242.13</b>
3.257	Nonpriority creditor's name and mailing address <b>Stanley Access Tech, LLC</b> <b>PO Box 0371595</b> <b>Pittsburgh, PA 15251-7595</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,230.19</b>
3.258	Nonpriority creditor's name and mailing address <b>State Farm</b> <b>PO Box 463</b> <b>Marksville, LA 71351</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,112.17</b>
3.259	Nonpriority creditor's name and mailing address <b>Stericycle, Inc.</b> <b>PO Box 6575</b> <b>Carol Stream, IL 60197-6575</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u><b>Medical Waste Management</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,522.19</b>

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3.260	Nonpriority creditor's name and mailing address <b>Steris Corp.</b> <b>PO Box 676548</b> <b>Dallas, TX 75267-6548</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,462.35</b>
3.261	Nonpriority creditor's name and mailing address <b>Stonetrust Insurance</b> <b>5615 Corporate Boulevard, Suite 700</b> <b>Baton Rouge, LA 70808</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,734.20</b>
3.262	Nonpriority creditor's name and mailing address <b>Streck Laboratories, Inc.</b> <b>PO Box 45625</b> <b>Omaha, NE 68145-0625</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$702.31</b>
3.263	Nonpriority creditor's name and mailing address <b>Stryker Endoscopy</b> <b>c/o Stryker Sales Corporation</b> <b>PO Box 93276</b> <b>Chicago, IL 60673</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,658.37</b>
3.264	Nonpriority creditor's name and mailing address <b>Stryker Instruments</b> <b>PO Box 70119</b> <b>Chicago, IL 60673-0119</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,028.57</b>
3.265	Nonpriority creditor's name and mailing address <b>Stryker Medical</b> <b>Stryker Sales Corporation</b> <b>PO Box 93308</b> <b>Chicago, IL 60673-3308</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,195.59</b>
3.266	Nonpriority creditor's name and mailing address <b>Stryker Sustainability Solutions</b> <b>PO Box 29387</b> <b>Phoenix, AZ 85038-9387</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,185.87</b>

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3.267	Nonpriority creditor's name and mailing address <b>Superior Lube, LLC</b> <b>7285 Hwy 1</b> <b>Mansura, LA 71350</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$337.37</b>
3.268	Nonpriority creditor's name and mailing address <b>Symmetry Surgical</b> <b>PO Box 759159</b> <b>Baltimore, MD 21275-9159</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$220.32</b>
3.269	Nonpriority creditor's name and mailing address <b>Sysmex America, Inc.</b> <b>28241 Network Place</b> <b>Chicago, IL 60673-1282</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$22,878.76</b>
3.270	Nonpriority creditor's name and mailing address <b>Telemedx</b> <b>PO Box 130130</b> <b>Spring, TX 77393-0130</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$860.00</b>
3.271	Nonpriority creditor's name and mailing address <b>Tennant Company</b> <b>PO Box 71414</b> <b>Chicago, IL 60694-1414</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$107.28</b>
3.272	Nonpriority creditor's name and mailing address <b>Therapy Center of Avoyelles, LLC</b> <b>PO Box 1170</b> <b>Marksville, LA 71351</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,727.40</b>
3.273	Nonpriority creditor's name and mailing address <b>Total Scope, Inc.</b> <b>17 Creek Parkway</b> <b>Boothwyn, PA 19061</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,299.00</b>

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3.274	Nonpriority creditor's name and mailing address <b>Travelers</b> <b>PO Box 65100</b> <b>San Antonio, TX 78265</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$324.25</b>
3.275	Nonpriority creditor's name and mailing address <b>Trent McMorris, Sr.</b> <b>c/o Oscar Shoenfelt, III</b> <b>Oscar Shoenfelt, III, LLC</b> <b>2109 Perkins Road</b> <b>Baton Rouge, LA 70808</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <b>Lawsuit</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.276	Nonpriority creditor's name and mailing address <b>Tricare Finance Refunds-PGB</b> <b>PO Box 100279</b> <b>Columbia, SC 29202</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$305.73</b>
3.277	Nonpriority creditor's name and mailing address <b>Trinity Biotech</b> <b>PO Box 1059</b> <b>Jamestown, NY 14702-1059</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$32.78</b>
3.278	Nonpriority creditor's name and mailing address <b>Turner Telco-Alexandria</b> <b>PO Box 12965</b> <b>Alexandria, LA 71315</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$542.00</b>
3.279	Nonpriority creditor's name and mailing address <b>Typenex Medical, LLC</b> <b>303 East Wacker Drive S</b> <b>Chicago, IL 60601</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$565.00</b>
3.280	Nonpriority creditor's name and mailing address <b>UCT</b> <b>PO Box 159019</b> <b>Columbus, OH 43215</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,068.00</b>

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3.281	Nonpriority creditor's name and mailing address <b>Ultimate Medical Services, Inc.</b> <b>6004 Hwy 90 East</b> <b>Lake Charles, LA 70615</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$800.00</b>
3.282	Nonpriority creditor's name and mailing address <b>Ultimate Safety, Inc.</b> <b>21222 Gathering Oak</b> <b>San Antonio, TX 78260</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$45.00</b>
3.283	Nonpriority creditor's name and mailing address <b>UMR</b> <b>PO Box 690450</b> <b>San Antonio, TX 78269</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,660.84</b>
3.284	Nonpriority creditor's name and mailing address <b>United Behavioral Health</b> <b>PO Box 30755</b> <b>Salt Lake City, UT 84031</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$487.27</b>
3.285	Nonpriority creditor's name and mailing address <b>United Healthcare</b> <b>PO Box 981502</b> <b>El Paso, TX 79998</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,061.98</b>
3.286	Nonpriority creditor's name and mailing address <b>United Healthcare</b> <b>PO Box 740800</b> <b>Atlanta, GA 30374</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>7245</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,095.58</b>
3.287	Nonpriority creditor's name and mailing address <b>Welders Equipment, Inc.</b> <b>1201 W. Park Avenue</b> <b>Eunice, LA 70535</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$850.25</b>

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3.288	Nonpriority creditor's name and mailing address <b>Wellcare</b> <b>PO Box 31584</b> <b>Tampa, FL 33631</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$480.01</b>
3.289	Nonpriority creditor's name and mailing address <b>Xerox Corporation Copy Center</b> <b>PO Box 650361</b> <b>Dallas, TX 75265-0361</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$49,878.10</b>
3.290	Nonpriority creditor's name and mailing address <b>Zebra Technologies International, LLC</b> <b>6048 Eagle Way</b> <b>Chicago, IL 60678-1060</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,362.34</b>
3.291	Nonpriority creditor's name and mailing address <b>Zimmer</b> <b>PO Box 840166</b> <b>Dallas, TX 75284-0166</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,994.54</b>

**Part 3: List Others to Be Notified About Unsecured Claims**

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

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

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>AT&amp;T</b> <b>250 South Clinton Street, 4th Floor</b> <b>Syracuse, NY 13202</b>	Line <b>3.26</b> <input type="checkbox"/> Not listed. Explain ____	—
4.2	<b>AT&amp;T</b> <b>PO Box 105503</b> <b>Atlanta, GA 30348-5503</b>	Line <b>3.26</b> <input type="checkbox"/> Not listed. Explain ____	—
4.3	<b>Goux Holdings, LLC</b> <b>597 Tunica Drive</b> <b>Marksville, LA 71351</b>	Line <b>3.115</b> <input type="checkbox"/> Not listed. Explain ____	—
4.4	<b>John Dale Powers</b> <b>Powers, Sellers &amp; Chapoton, LLP</b> <b>PO Box 15948</b> <b>Baton Rouge, LA 70895</b>	Line <b>3.90</b> <input type="checkbox"/> Not listed. Explain ____	—

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Case number (if known) **16-80584**

Name and mailing address		On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.5	<b>Joseph E. Fick, Jr. Newman, Mathis, Brady &amp; Spedale, APLC 433 Metairie Road, Suite 600 Metairie, LA 70005</b>	Line <b>3.107</b> <input type="checkbox"/> Not listed. Explain _____	—
4.6	<b>Kandis L. Kovalsky Walter Weir, Jr. Weir &amp; Partners, LLP 1339 Chestnut Street, Suite 500 Philadelphia, PA 19107-3501</b>	Line <b>3.107</b> <input type="checkbox"/> Not listed. Explain _____	—
4.7	<b>Mark P. Seyler Barkley &amp; Thompson, LC 1515 Poydras Street, Suite 2350 New Orleans, LA 70112</b>	Line <b>3.192</b> <input type="checkbox"/> Not listed. Explain _____	—
4.8	<b>Scott M. Mansfield Taylor, Porter, Brooks &amp; Phillips, LLP PO Box 2471 Baton Rouge, LA 70821</b>	Line <b>3.165</b> <input type="checkbox"/> Not listed. Explain _____	—

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

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

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <b>26,822.66</b>
5b. +	\$ <b>1,524,594.81</b>
5c.	\$ <b>1,551,417.47</b>

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

Debtor name **Progressive Acute Care Avoyelles, LLC**

United States Bankruptcy Court for the: **WESTERN DISTRICT OF LOUISIANA**

Case number (if known) **16-80584**

☐ Check if this is an amended filing

**Official Form 206G**

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

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

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

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

**2. List all contracts and unexpired leases**

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

2.1. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Please see Exhibit B.**



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

Debtor name **Progressive Acute Care Avoyelles, LLC**

United States Bankruptcy Court for the: **WESTERN DISTRICT OF LOUISIANA**

Case number (if known) **16-80584**

☐ Check if this is an amended filing

# Official Form 206H Schedule H: Your Codebtors

12/15

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

**1. Do you have any codebtors?**

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

☒ Yes

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

*Column 1: Codebtor*

*Column 2: Creditor*

**Name**

**Mailing Address**

**Name**

*Check all schedules that apply:*

2.1 **Progressive Acute Care, LLC** **2210 7th Street. Suite B Mandeville, LA 70471**

**Avoyelles Emergency Group, LLC**

☒ D **2.1**  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_

2.2 **Progressive Acute Care, LLC** **2210 7th Street. Suite B Mandeville, LA 70471**

**The Schumacher Group**

☒ D **2.3**  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_

2.3 **Progressive Acute Care, LLC** **2210 7th Street. Suite B Mandeville, LA 70471**

**NES Louisiana, Inc.**

☐ D \_\_\_\_\_  
☒ E/F **3.192**  
☐ G \_\_\_\_\_

2.4 **Progressive Acute Care, LLC** **2210 7th Street. Suite B Mandeville, LA 70471**

**American Arbitration Association**

☐ D \_\_\_\_\_  
☒ E/F **3.17**  
☐ G \_\_\_\_\_

RUN DATE 02/23/16  
TIME 08:25

AVOYELLES HOSPITAL  
FIXED ASSETS  
FROM 12/01/15 THRU 12/31/15

PAGE 1  
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ASSET GL# SEQUENCE

TAG	ASSET			ACQUIRED	PURCHASE	SALVAGE		FISCAL	ACCUM
NUMBER	NUMBER	LOCA.	DESCRIPTION-----	SERIAL NUMBER-----	MET DATE	VALUE	VALUE LIFE	DEPREC.	DEPR.
000006	13141610	830	24' WIDE CONCRETE ROADWAY DR. OFFICES		04/01/09	.00	.00 M180	.00	.00
000151	13141610	830	COMPLETE ENTRANCE DRIVEWAY		04/01/09	.00	.00 M180	.00	.00
000239	13141610	830	DOCTOR/PATIENT PARKING AREA		04/01/09	12184.46	.00 M180	67.69	812.28 5482.95
000280	13141610	830	ER DRIVEWAY		04/01/09	.00	.00 M180	.00	.00
000296	13141610	900	EXIT SITE SIGN ARCH ID		04/01/09	51702.92	.00 M180	287.24	3446.88 23266.39
000342	13141610	830	HELIPORT		04/01/09	.00	.00 M180	.00	.00
000523	13141610	830	PARKING LOT EXPANSION		04/01/09	46513.27	.00 M180	258.41	3100.92 20931.11
000524	13141610	830	PARKING LOT EXPANSION		04/01/09	13917.46	.00 M180	77.32	927.84 6262.89
000525	13141610	830	PARKING LOT EXPANSION-FRONT		04/01/09	.00	.00 M180	.00	.00
000526	13141610	830	PARKING LOT NEAR WAREHOUSE		04/01/09	27913.48	.00 M180	155.07	1860.84 12560.83
000527	13141610	830	PARKING LOT REPAIRS		04/01/09	6533.31	.00 M180	36.30	435.60 2940.17
000528	13141610	830	PARKING LOT SODIUM LIGHTS 4 EA		04/01/09	2530.40	.00 M180	14.06	168.72 1138.79
000599	13141610	900	PRE-OPENING LAND IMPROVEMENTS		04/01/09	.00	.00 M180	.00	.00
900177	13141610	830	Asphalt Overlay-Front & ER Drive		04/03/13	65990.00	.00 M120	549.92	6599.04 18147.36
				#ITEMS=	14	227285.30	.00	1446.01	17352.12 90730.49
			BEGINNING BALANCE	#ITEMS=	14	227285.30	.00	1446.01	17352.12 90730.49
			ASSETS ACQUIRED	#ITEMS=		.00	.00	.00	.00
			ASSETS REMOVED	#ITEMS=		.00	.00	.00	.00
			ENDING BALANCE	#ITEMS=	14	227285.30	.00	1446.01	17352.12 90730.49

RUN DATE 02/23/16  
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AVOYELLES HOSPITAL  
FIXED ASSETS  
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ASSET GL# SEQUENCE

TAG	ASSET			ACQUIRED	PURCHASE	SALVAGE		FISCAL	ACCUM
NUMBER	NUMBER	LOCA.	DESCRIPTION----	SERIAL NUMBER-----	MET	DATE	VALUE	VALUE	LIFE
								DEPREC.	DEPREC.
000029	13142620	900	ADDITIONAL BUILDING COST(INITIAL CONS	04/01/09		.00	.00	M468	.00
000100	13142620	900	BUILDING STRUCTURE	S04/01/09		1377994.55	.00	M468	2944.43
000161	13142620	900	CONSTRUCTION OVERHEAD(INITIAL CONSTR	S04/01/09		.00	.00	M468	.00
000162	13142620	900	CONSTRUCTION OVERHEAD(INITIAL CONSTR	S04/01/09		.00	.00	M468	.00
000246	13142620	900	DRYWALL TILE PAINT(INITIAL CONSTRUCT	S04/01/09		.00	.00	M468	.00
000255	13142620	900	ELECTRICAL(INITIAL CONSTRUCTION)	S04/01/09		.00	.00	M468	.00
000340	13142620	900	HARDWARE(INITIAL CONSTRUCTION)	S04/01/09		.00	.00	M468	.00
000366	13142620	900	INCIDENTAL ADDITIONS(INITIAL CONSTR	S04/01/09		.00	.00	M468	.00
000473	13142620	900	MILLWORK	S04/01/09		.00	.00	M468	.00
000591	13142620	900	PLUMBING(INITIAL CONSTRUCTION)	S04/01/09		.00	.00	M468	.00
000647	13142620	900	ROOF	S04/01/09		.00	.00	M468	.00
000831	13142620	900	WINDOWS	S04/01/09		.00	.00	M468	.00
			#ITEMS=	12		1377994.55	.00		2944.43
			BEGINNING BALANCE	#ITEMS=	12	1377994.55	.00		2944.43
			ASSETS ACQUIRED	#ITEMS=		.00	.00		.00
			ASSETS REMOVED	#ITEMS=		.00	.00		.00
			ENDING BALANCE	#ITEMS=	12	1377994.55	.00		2944.43

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AVOYELLES HOSPITAL  
FIXED ASSETS  
FROM 12/01/15 THRU 12/31/15

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ASSET GL# SEQUENCE

TAG	ASSET	LOCA.	DESCRIPTION----	SERIAL NUMBER-----	ACQUIRED MET DATE	PURCHASE VALUE	SALVAGE VALUE LIFE	DEPREC.	FISCAL DEPREC.	ACCUM DEPR.
165	13142621	028	RUDD 7.5 TON RO	7911f381003177	S10/24/11	6916.00	.00 M240	28.82	345.84	1447.72
000065	13142621	830	AUTOMATIC AMBULANCE ENTRY DOOR\OPER	S04/01/09	924.00	.00 M 60	.00			924.00
000066	13142621	830	AUTOMATIC AMBULANCE ENTRY DOORS	96SFS04/01/09	1650.00	.00 M 60	.00			1650.00
000067	13142621	830	AUTOMATIC DOOR\OPERATORS 2 EA	S04/01/09	1847.00	.00 M 60	.00			1847.00
000068	13142621	830	AUTOMATIC DOORS - PATIENT CARE	160 SS04/01/09	797.00	.00 M 60	.00			797.00
000104	13142621	830	CABINETRY - BASE - SINK	BASE 18 LF S04/01/09	552.00	.00 M 60	.00			552.00
000105	13142621	830	CABINETRY - BASE	511 LF S04/01/09	33346.00	.00 M 60	.00			33346.00
000106	13142621	830	CABINETRY - BASE	METAL 20 LF S04/01/09	918.00	.00 M 60	.00			918.00
000107	13142621	830	CABINETRY - COUNTER TOPS	400 LF S04/01/09	1938.00	.00 M 60	.00			1938.00
000108	13142621	830	CABINETRY - COUNTER TOPS S/S	111 LFS04/01/09	3314.00	.00 M 60	.00			3314.00
000109	13142621	830	CABINETRY - FULL HEIGHT	158 LF S04/01/09	4687.00	.00 M 60	.00			4687.00
000130	13142621	830	CEILING MTD CUBICLE TRACKS	366 LF S04/01/09	615.00	.00 M 60	.00			615.00
000131	13142621	830	CEILING MTD IV TRACKS	10 LF S04/01/09	17.00	.00 M 60	.00			17.00
000139	13142621	830	CLINICAL SINKS (SOILED UTIL BASIN)	1S04/01/09	2104.00	.00 M 60	.00			2104.00
000154	13142621	830	COMPUTER DATA OUTLET	198 EA S04/01/09	5168.00	.00 M 60	.00			5168.00
000158	13142621	830	COMPUTER RM AC - 5 TON UNIT	1 TTL S04/01/09	3025.00	.00 M 60	.00			3025.00
000159	13142621	830	COMPUTER RM ELEC HOOKUP	300 SF S04/01/09	356.00	.00 M 60	.00			356.00
000179	13142621	830	CRITICAL CARE OUTLET	2 EA S04/01/09	103.00	.00 M 60	.00			103.00
000181	13142621	830	CT SUITE ELEC. HOOK-UPS	1 SUITE S04/01/09	2393.00	.00 M 60	.00			2393.00
000183	13142621	830	DARKROOM EQUIP. ELEC. HOOK-UPS	1 TTLS04/01/09	158.00	.00 M 60	.00			158.00
000184	13142621	830	DARKROOM EQUIP. PLBG. HOOK-UPS	1 TTLS04/01/09	158.00	.00 M 60	.00			158.00
000232	13142621	830	DISHWASHER ELEC HOOK-UP	1 EA S04/01/09	119.00	.00 M 60	.00			119.00
000233	13142621	830	DISHWASHER PLBG HOOK-UP	1 SF S04/01/09	1.00	.00 M 60	.00			1.00
000270	13142621	830	EMERGENCY EYEWASH	1 EA S04/01/09	99.00	.00 M 60	.00			99.00
000271	13142621	830	EMER GENERATOR SYSTEM - (314 KW)	314S04/01/09	12170.00	.00 M 60	.00			12170.00
000272	13142621	830	EMERGENCY SHOWER	1 EA S04/01/09	105.00	.00 M 60	.00			105.00
000292	13142621	830	EXHAUST FAN-LAB HOOD	1 LF S04/01/09	151.00	.00 M 60	.00			151.00
000293	13142621	830	EXHAUST FAN-PHARMACY	1 TTL S04/01/09	111.00	.00 M 60	.00			111.00
000294	13142621	830	EXHAUST FANS-OR/RECOVERY	3 TTL S04/01/09	332.00	.00 M 60	.00			332.00
000345	13142621	830	HOSPITAL EQUIP ELEC (SERVICE & DIST)	S04/01/09	12991.00	.00 M 60	.00			12991.00
000346	13142621	830	HOSP EQUIPMENT ELEC CONNECTIONS	4379S04/01/09	12991.00	.00 M 60	.00			12991.00
000355	13142621	830	HUMIDIFIERS - OR /PATIENT RELATED	ARS04/01/09	3510.00	.00 M 60	.00			3510.00
000360	13142621	830	ICE MACHINE ELEC HOOK-UP	3 EA S04/01/09	95.00	.00 M 60	.00			95.00
000361	13142621	830	ICE MACHINE PLBG HOOK-UP	3 EA S04/01/09	154.00	.00 M 60	.00			154.00
000370	13142621	830	INTERIOR OBSERVATION WINDOWS	300 SF S04/01/09	1594.00	.00 M 60	.00			1594.00
000372	13142621	830	ISOLATION PANELS	2 EA S04/01/09	1537.00	.00 M 60	.00			1537.00
000387	13142621	830	KITCHEN EQUIP ELEC HOOK-UP	1000SF S04/01/09	1550.00	.00 M 60	.00			1550.00
000388	13142621	830	KITCHEN EQUIP PLUMBING HOOK-UP	1000SS04/01/09	1877.00	.00 M 60	.00			1877.00
000389	13142621	830	KITCHEN EXHAUST FANS	2 TTL S04/01/09	.00	.00 M 60	.00			.00
000390	13142621	830	KITCHEN HOOD FIRE EXT. SYS	864 CF S04/01/09	21698.00	.00 M 60	.00			21698.00
000391	13142621	830	KITCHEN MAKE-UP AIR UNITS	2 TTL S04/01/09	3203.00	.00 M 60	.00			3203.00
000399	13142621	830	LAB COUNTERTOP-ACID RESIST.	96 SF S04/01/09	759.00	.00 M 60	.00			759.00
000400	13142621	830	LAB SINKS	6 EA S04/01/09	2432.00	.00 M 60	.00			2432.00
000418	13142621	830	LAUNDRY EQUIP ELEC HOOK-UP	400 SF S04/01/09	620.00	.00 M 60	.00			620.00
000419	13142621	830	LAVATORY WALL HUNG VITREOUS	1 EA S04/01/09	179.00	.00 M 60	.00			179.00
000420	13142621	830	LEAD LINED DOORS	36 SF S04/01/09	239.00	.00 M 60	.00			239.00
000421	13142621	830	LEAD LINED WALLS	2880 SF S04/01/09	15661.00	.00 M 60	.00			15661.00

RUN DATE 02/23/16  
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AVOYELLES HOSPITAL  
FIXED ASSETS  
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ASSET GL# SEQUENCE

TAG	ASSET	LOCA.	DESCRIPTION----	SERIAL NUMBER-----	ACQUIRED MET DATE	PURCHASE VALUE	SALVAGE VALUE	LIFE	DEPREC.	FISCAL DEPREC.	ACCUM DEPR.
000426	13142621	830	LIGHTING - "IN USE" WARNING SIGN 5	ES04/01/09		119.00	.00	M 60	.00		119.00
000428	13142621	830	LIGHTING-PATIENT CORRIDOR NIGHT LT	S04/01/09		176.00	.00	M 60	.00		176.00
000429	13142621	830	LIGHTING-PATIENT EXAM LIGHT HOOK-UP	S04/01/09		205.00	.00	M 60	.00		205.00
000430	13142621	830	LIGHTING - PATIENT EXAM LTS 5 EA	S04/01/09		2153.00	.00	M 60	.00		2153.00
000431	13142621	830	LIGHTING - PATIENT NIGHT LT 55 EA	S04/01/09		1614.00	.00	M 60	.00		1614.00
000451	13142621	830	MASTER CLOCK SYSTEM 1 TTL	S04/01/09		.00	.00	M 60	.00		.00
000454	13142621	830	MED GAS - COMPRESSOR ELECTR HOOK-UP	S04/01/09		165.00	.00	M 60	.00		165.00
000455	13142621	830	MED GAS - DUPLEX AIR COMPRESSOR 1	EAS04/01/09		2808.00	.00	M 60	.00		2808.00
000456	13142621	830	MED GAS SYSTEM 83 OUTLET	S04/01/09		18054.00	.00	M 60	.00		18054.00
000457	13142621	830	MED VAC SYSTEM DUPLEX PUMP UNIT 1	TTS04/01/09		4093.00	.00	M 60	.00		4093.00
000496	13142621	830	NURSE CALL SYSTEM 55 TTL	S04/01/09		2958.00	.00	M 60	.00		2958.00
000497	13142621	830	NURSES STATION / RECEPTION DESKS 56	S04/01/09		3211.00	.00	M 60	.00		3211.00
000504	13142621	830	OR LIGHT HOOK-UP 2 TTL	S04/01/09		492.00	.00	M 60	.00		492.00
000505	13142621	830	OR/SURGERY CABINETS 28 LF	S04/01/09		2420.00	.00	M 60	.00		2420.00
000533	13142621	830	PASS-THRU WINDOWS W/SHELVES 1 EA	S04/01/09		564.00	.00	M 60	.00		564.00
000534	13142621	830	PAT. HEADWALL UNITS 6 EA	S04/01/09		4609.00	.00	M 60	.00		4609.00
000535	13142621	830	PAT. AREA BATHTUBS 2 EA	S04/01/09		841.00	.00	M 60	.00		841.00
000536	13142621	830	PAT. BATH-LAVATORY/WALL HUNG 29 EA	S04/01/09		2380.00	.00	M 60	.00		2380.00
000537	13142621	830	PAT. BATH-SHOWER 29 EA	S04/01/09		3899.00	.00	M 60	.00		3899.00
000538	13142621	830	PAT. BATH-WATER CLOSET 29 EA	S04/01/09		5018.00	.00	M 60	.00		5018.00
000539	13142621	830	PAT. RM SLIDING GLASS DR 3 EA	S04/01/09		1676.00	.00	M 60	.00		1676.00
000540	13142621	830	PAT. RM TOILET ACCESSORIES 29 RM	S04/01/09		3751.00	.00	M 60	.00		3751.00
000541	13142621	830	PAT. RM WARDROBE CABINETS 29 EA	S04/01/09		1646.00	.00	M 60	.00		1646.00
000544	13142621	830	PATIENT MONITORING SYS CONNECTION 2	S04/01/09		83.00	.00	M 60	.00		83.00
000545	13142621	830	PATIENT OVERBED LIGHTS 55 EA	S04/01/09		2217.00	.00	M 60	.00		2217.00
000654	13142621	830	SCRUB STATION VITREOUS 2 EA	S04/01/09		712.00	.00	M 60	.00		712.00
000664	13142621	830	SIGNAGE-INTERIOR 66 EA	S04/01/09		627.00	.00	M 60	.00		627.00
000668	13142621	830	SINKS SS IN COUNTER - DOUBLE BASIN	3S04/01/09		383.00	.00	M 60	.00		383.00
000669	13142621	830	SINKS SS IN COUNTER-SINGL BASIN SM-1	S04/01/09		1606.00	.00	M 60	.00		1606.00
000674	13142621	830	SOUND/INTERCOM SYSTEM 1 TTL	S04/01/09		.00	.00	M 60	.00		.00
000688	13142621	830	STERILIZER ELEC HOOK-UP 1 TTL	S04/01/09		111.00	.00	M 60	.00		111.00
000689	13142621	830	STERILIZER PLBG HOOK-UP 1 TTL	S04/01/09		571.00	.00	M 60	.00		571.00
000776	13142621	830	TV ANTENNA SYSTEM 1 TTL	S04/01/09		495.00	.00	M 60	.00		495.00
000806	13142621	830	WALK-IN COOLERS/FREEZERS 160 SF	S04/01/09		3480.00	.00	M 60	.00		3480.00
000807	13142621	830	WALL BUMPER RAIL 320 LF	S04/01/09		1329.00	.00	M 60	.00		1329.00
000816	13142621	830	WARMING CABINET ELEC. HOOK-UPS 2 EA	S04/01/09		65.00	.00	M 60	.00		65.00
000848	13142621	830	X-RAY SUITE EQUIP ELEC HOOK-UP 2400	S04/01/09		4755.00	.00	M 60	.00		4755.00
000849	13142621	830	X-RAY VIEW WINDOWS 72 SF	S04/01/09		2371.00	.00	M 60	.00		2371.00
000850	13142621	001	ROOF A/C 50 TON 2MXM014114	S02/11/12		156056.00	.00	M240	650.23	7802.76	30560.81
900171	13142621	001	Add'l Ductwork & HEPA for Asset #000	S03/21/12		49345.00	.00	M240	205.60	2467.20	9457.60
900194	13142621	830	ROOF FACILITY	S10/07/13		275000.00	.00	M120	2291.67	27500.04	61875.09
900198	13142621	830	FIRE ALARM CONT CPU2-640	S07/15/14		8958.70	.00	M 48	186.64	2239.68	3359.52
#ITEMS=					89	736180.70	.00		3362.96	40355.52	346605.74

RUN DATE 02/23/16  
TIME 08:25

AVOUELLES HOSPITAL  
FIXED ASSETS  
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TAG	ASSET				ACQUIRED	PURCHASE	SALVAGE		FISCAL	ACCUM		
NUMBER	NUMBER	LOCA.	DESCRIPTION----	SERIAL NUMBER-----	MET	DATE	VALUE	VALUE	LIFE	DEPREC.	DEPREC.	DEPR.
-----												
			BEGINNING BALANCE	#ITEMS=	89		736180.70	.00		3362.96	40355.52	346605.74
			ASSETS ACQUIRED	#ITEMS=			.00	.00		.00	.00	.00
			ASSETS REMOVED	#ITEMS=			.00	.00		.00	.00	.00
			ENDING BALANCE	#ITEMS=	89		736180.70	.00		3362.96	40355.52	346605.74

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TAG	ASSET			ACQUIRED	PURCHASE	SALVAGE			FISCAL	ACCUM
NUMBER	NUMBER	LOCA.	DESCRIPTION----	SERIAL NUMBER-----	MET DATE	VALUE	VALUE LIFE	DEPREC.	DEPREC.	DEPR.
000027	13142622	830	ACOUSTIC CEILING PANELS	36765 SF	S04/01/09	16285.00	.00 M 84	193.87	2326.44	15703.45
000122	13142622	830	CARPETING	4596 SF	S04/01/09	3890.00	.00 M 84	46.31	555.72	3751.09
000237	13142622	830	DISPLAY/NOTICE CASES	800 SF	S04/01/09	11865.00	.00 M 84	141.25	1695.00	11441.25
000238	13142622	830	DOCK BUMPERS	3 EA	S04/01/09	68.00	.00 M 84	.81	9.72	65.59
000254	13142622	830	ELECTRIC WATER COOLERS	S/S 2 EA	S04/01/09	435.00	.00 M 84	5.18	62.16	419.53
000295	13142622	830	EXIT SIGNS	15 EA	S04/01/09	335.00	.00 M 84	3.99	47.88	323.13
000297	13142622	830	EXTERIOR FLOOD LIGHT (BLDG MTD)	10	S04/01/09	1018.00	.00 M 84	12.12	145.44	981.69
000427	13142622	830	LIGHTING-DECORAT ACCENT DOWN LIGHT	5	S04/01/09	157.00	.00 M 84	1.87	22.44	151.44
000475	13142622	830	MIRROR DOME HALF	8 EA	S04/01/09	141.00	.00 M 84	1.68	20.16	136.03
000522	13142622	830	PAPER TOWEL DISPENSER	35 EA	S04/01/09	477.00	.00 M 84	5.68	68.16	460.03
000672	13142622	830	SOAP DISPENSER	35 EA	S04/01/09	104.00	.00 M 84	1.24	14.88	100.38
000741	13142622	830	TELEPHONE/PBX SYSTEM OUTLET	253 TTL	S04/01/09	1401.00	.00 M 84	16.68	200.16	1351.03
000795	13142622	830	VENDING MACHINE ELEC HOOK-UP	3 EA	S04/01/09	8.00	.00 M 84	.10	1.20	7.94
000803	13142622	830	VINYL WALLCOVERING	43797 SF	S04/01/09	10826.00	.00 M 84	128.88	1546.56	10439.31
					#ITEMS= 14	47010.00	.00	559.66	6715.92	45331.89
			BEGINNING BALANCE		#ITEMS= 14	47010.00	.00	559.66	6715.92	45331.89
			ASSETS ACQUIRED		#ITEMS=	.00	.00	.00	.00	.00
			ASSETS REMOVED		#ITEMS=	.00	.00	.00	.00	.00
			ENDING BALANCE		#ITEMS= 14	47010.00	.00	559.66	6715.92	45331.89

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TAG	ASSET				ACQUIRED	PURCHASE	SALVAGE		FISCAL	ACCUM	
NUMBER	NUMBER	LOCA.	DESCRIPTION----	SERIAL NUMBER-----	MET	DATE	VALUE	VALUE LIFE	DEPREC.	DEPREC.	DEPR.
900186	13142900	900	MEDICAL OFC BUILDING			05/01/13	625000.00	.00 M360	1736.11	20833.32	55555.52
900191	13142900	900	MED OFC BUILDING-Add'l cost asset#90	S05/01/13		05/01/13	4704.91	.00 M360	13.07	156.84	418.24
				#ITEMS=	2		629704.91	.00	1749.18	20990.16	55973.76
			BEGINNING BALANCE	#ITEMS=	2		629704.91	.00	1749.18	20990.16	55973.76
			ASSETS ACQUIRED	#ITEMS=			.00	.00	.00	.00	.00
			ASSETS REMOVED	#ITEMS=			.00	.00	.00	.00	.00
			ENDING BALANCE	#ITEMS=	2		629704.91	.00	1749.18	20990.16	55973.76



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TAG NUMBER	ASSET NUMBER	LOCA.	DESCRIPTION---SERIAL NUMBER-----	ACQUIRED MET DATE	PURCHASE VALUE	SALVAGE VALUE	LIFE	DEPREC.	FISCAL DEPREC.	ACCUM DEPR.
000739	13144636	910	TELEPHONE SYSTEM	S04/01/09	7209.00	.00	M 12	.00		7209.00
			#ITEMS=	1	7209.00	.00		.00	.00	7209.00
			BEGINNING BALANCE	#ITEMS=	1	7209.00	.00	.00	.00	7209.00
			ASSETS ACQUIRED	#ITEMS=	.00	.00		.00	.00	.00
			ASSETS REMOVED	#ITEMS=	.00	.00		.00	.00	.00
			ENDING BALANCE	#ITEMS=	1	7209.00	.00	.00	.00	7209.00

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TAG NUMBER	ASSET NUMBER	LOCA.	DESCRIPTION----	SERIAL NUMBER-----	ACQUIRED MET DATE	PURCHASE VALUE	SALVAGE VALUE	LIFE	DEPREC.	FISCAL DEPREC.	ACCUM DEPR.
000044	13145100	001	AMSCO STERILIZE	8901403019	S04/01/09	14920.00	.00	M108	138.15	1657.80	11190.09
000091	13145100	036	BLOOD BANK REFR	985389	S04/01/09	2764.00	.00	M120	23.03	276.36	1865.54
000472	13145100	036	MICROSCOPE	501 310168	S09/27/11	4870.86	.00	M120	40.59	487.08	2075.50
000687	13145100	001	STERILIZER	0133903-01	S04/01/09	17339.00	.00	M108	160.55	1926.60	13004.43
000690	13145100	001	STERIS STEAM STERILIZER		S04/01/09	14823.00	.00	M168	88.23	1058.76	7146.70
000723	13145100	001	SUCTION PUMP VC	N3542574	S09/27/11	5157.61	.00	M120	42.98	515.76	2197.71
000730	13145100	001	SURGICAL TABLE	030721-05-	S04/01/09	12032.00	.00	M108	111.41	1336.92	9024.13
900174	13145100	005	NURSE CALL SYSTEM		S06/18/13	64270.00	.00	M120	535.58	6426.96	16602.98
900175	13145100	005	LIFECARE PCA PU	2070904810019359266	S02/13/13	2961.16	.00	M120	24.68	296.16	863.80
900182	13145100	080	ICE MAKER CUBE	2012091049H	S05/07/13	1910.27	.00	M120	15.92	191.04	509.44
900199	13145100	001	VITAL SIGN MONI	4B-48000901	S01/06/15	2661.04	.00	M120	22.18	266.16	266.16
900201	13145100	001	EtcO2 Vital Sig	501935799	S09/28/15	2421.08	.00	M120	20.18	80.72	80.72
					#ITEMS= 12	146130.02	.00		1223.48	14520.32	64827.20
			BEGINNING BALANCE		#ITEMS= 12	146130.02	.00		1223.48	14520.32	64827.20
			ASSETS ACQUIRED		#ITEMS=	.00	.00		.00	.00	.00
			ASSETS REMOVED		#ITEMS=	.00	.00		.00	.00	.00
			ENDING BALANCE		#ITEMS= 12	146130.02	.00		1223.48	14520.32	64827.20

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TAG	ASSET	LOCA.	DESCRIPTION----	SERIAL NUMBER-----	ACQUIRED MET DATE	PURCHASE VALUE	SALVAGE VALUE LIFE	DEPREC.	FISCAL DEPREC.	ACCUM DEPR.
000016	13145150	005	ACCUTOR PLUS	A7126401D8	S04/01/09	1746.00	.00 M 72	.00	72.75	1746.00
000018	13145150	005	ACCUTORR PLUS	A7126419D8	S04/01/09	1746.00	.00 M 72	.00	72.75	1746.00
000019	13145150	005	ACCUTORR PLUS	A7126420D8	S04/01/09	1746.00	.00 M 72	.00	72.75	1746.00
000020	13145150	005	ACCUTORR PLUS	A7126426D8	S04/01/09	1746.00	.00 M 72	.00	72.75	1746.00
000021	13145150	005	ACCUTORR PLUS	A7126406D8	S04/01/09	1746.00	.00 M 72	.00	72.75	1746.00
000022	13145150	005	ACCUTORR PLUS	A7126447D8	S04/01/09	1746.00	.00 M 72	.00	72.75	1746.00
000023	13145150	005	ACCUTORR PLUS	A7126421D8	S04/01/09	1746.00	.00 M 72	.00	72.75	1746.00
000024	13145150	005	ACCUTORR PLUS	A7126405D8	S04/01/09	1746.00	.00 M 72	.00	72.75	1746.00
000025	13145150	005	ACCUTORR PLUS	A7126392D8	S04/01/09	1746.00	.00 M 72	.00	72.75	1746.00
000026	13145150	005	ACCUTORR PLUS	A7126388D8	S04/01/09	1746.00	.00 M 72	.00	72.75	1746.00
000050	13145150	723	ANESTHESIA MACH	AMFA00854	S08/11/09	18503.00	.00 M 84	220.27	2643.24	16887.48
000059	13145150	005	ART OF CARE REC	ACR-H354RW	S04/01/09	603.00	.00 M 60	.00		603.00
000060	13145150	005	ART OF CARE REC	ACRH354RW0	S04/01/09	603.00	.00 M 60	.00		603.00
000061	13145150	005	ART OF CARE REC	ACR-H355RW	S04/01/09	706.00	.00 M 60	.00		706.00
000084	13145150	723	BIS MONITORING	24319	S04/01/09	1600.00	.00 M 84	19.05	228.60	1542.97
000090	13145150	036	BLOOD BANK REFR	966313	S04/01/09	1713.00	.00 M 60	.00		1713.00
000093	13145150	036	BLOOD PLASMA FR	T260-10537	S04/01/09	1196.00	.00 M 60	.00		1196.00
000114	13145150	007	CARDIAC MONITOR	2UA7450 KY	S04/01/09	21105.00	.00 M 72	.00	879.19	21105.00
000141	13145150	001	CLV-180 EVIS EX	7702725	S04/01/09	5711.00	.00 M 72	.00	237.94	5711.00
000182	13145150	001	CV-180 EVIS EXE	7714592	S04/01/09	10054.00	.00 M 72	.00	418.88	10054.00
000381	13145150	007	IV PUMP		S04/01/09	2058.00	.00 M 72	.00	85.87	2058.00
000401	13145150	012	LAMINAR FLOW HO	3S15LG1164	S04/01/09	7339.00	.00 M 72	.00	305.81	7339.00
000484	13145150	080	MOBILE VITAL SI	A727360-L2	S04/01/09	1288.00	.00 M 60	.00		1288.00
000485	13145150	080	MOBILE VITAL SI	A727392-L2	S04/01/09	1288.00	.00 M 60	.00		1288.00
000491	13145150	773	MONITOR/PATIENT	(6)	S04/01/09	12236.00	.00 M 72	.00	509.99	12236.00
000509	13145150	001	ORTHOPEDIC TABLE	AND ACCESSORIES	S04/01/09	4192.00	.00 M 72	.00	174.75	4192.00
000510	13145150	001	ORTHOVISION TAB	420900043	S04/01/09	5426.00	.00 M 72	.00	226.12	5426.00
000529	13145150	080	PASS PORT 2 MON	TS09262-C7	S04/01/09	4122.00	.00 M 72	.00	171.75	4122.00
000531	13145150	080	PASSPORT 2- MON	TS09308-C7	S04/01/09	4122.00	.00 M 72	.00	171.75	4122.00
000606	13145150	001	PRINTER COLOR O	A702956	S04/01/09	3384.00	.00 M 72	.00	141.00	3384.00
000686	13145150	090	STEAMER 208D8-3	12610	S04/01/09	814.00	.00 M 84	9.69	116.28	784.91
000700	13145150	080	STRETCHER STRYK	802099647	S04/01/09	2489.00	.00 M 72	.00	103.69	2489.00
000701	13145150	080	STRETCHER STRYK	802099649	S04/01/09	2489.00	.00 M 72	.00	103.69	2489.00
000702	13145150	080	STRETCHER STRYK	802099650	S04/01/09	2489.00	.00 M 72	.00	103.69	2489.00
000703	13145150	080	STRETCHER STRYK	802099651	S04/01/09	2489.00	.00 M 72	.00	103.69	2489.00
000704	13145150	080	STRETCHER STRYK	802099652	S04/01/09	2489.00	.00 M 72	.00	103.69	2489.00
000705	13145150	080	STRETCHER STRYK	802099648	S04/01/09	2489.00	.00 M 72	.00	103.69	2489.00
900173	13145150	001	ANESTHESIA MACH	ANCQ01115	S01/14/13	35771.11	.00 M 84	425.85	5110.20	15330.60
900176	13145150	001	ALARM PANEL TEMP	HUMIDITY	S01/18/13	6065.00	.00 M 84	72.20	866.40	2599.20
900183	13145150	036	HERAEUS MEGAFUG	41476187	S05/08/13	3361.90	.00 M 84	40.02	480.24	1280.64
900184	13145150	090	DISPOSAL UNIT S	RG-4746MMD	S06/25/13	2182.81	.00 M 84	25.99	311.88	805.69
900187	13145150	001	ANESTHESIA MACH	HNCS00826	S08/21/13	25122.04	.00 M 84	299.07	3588.84	8673.03
#ITEMS=					42	212959.86	.00	1112.14	18018.37	167444.52

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TAG	ASSET				ACQUIRED	PURCHASE	SALVAGE		FISCAL	ACCUM	
NUMBER	NUMBER	LOCA.	DESCRIPTION---SERIAL NUMBER-----	MET	DATE	VALUE	VALUE	LIFE	DEPREC.	DEPREC.	DEPR.
-----											
			BEGINNING BALANCE	#ITEMS=	42	212959.86	.00		1112.14	18018.37	167444.52
			ASSETS ACQUIRED	#ITEMS=		.00	.00		.00	.00	.00
			ASSETS REMOVED	#ITEMS=		.00	.00		.00	.00	.00
			ENDING BALANCE	#ITEMS=	42	212959.86	.00		1112.14	18018.37	167444.52

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TAG	ASSET	LOCA.	DESCRIPTION----	SERIAL NUMBER-----	ACQUIRED MET DATE	PURCHASE VALUE	SALVAGE VALUE LIFE	DEPREC.	FISCAL DEPREC.	ACCUM DEPR.
000004	13145175	028	20 525 LINE TV SYSTEM		S04/01/09	237.00	.00 M 12	.00		237.00
000011	13145175	028	525 LINE TV SYSTEM		S04/01/09	765.00	.00 M 12	.00		765.00
000012	13145175	005	ACCUTOR 3 BLOOD PRESSURE UNIT		S04/01/09	113.00	.00 M 12	.00		113.00
000013	13145175	080	ACCUTOR 4 7868-H1		S04/01/09	189.00	.00 M 12	.00		189.00
000014	13145175	001	ACCUTOR 4 SAT AND SENSOR		S04/01/09	205.00	.00 M 12	.00		205.00
000017	13145175	005	ACCUTOR PLUS 2. A730686-G3		S04/01/09	571.00	.00 M 48	.00		571.00
000028	13145175	028	ADAPT-A-GRID		S04/01/09	22.00	.00 M 12	.00		22.00
000030	13145175	007	ADULT FINGER TRANSDUCER		S04/01/09	16.00	.00 M 12	.00		16.00
000038	13145175	005	AIR MATTRESS 3G7734		S04/01/09	663.00	.00 M 48	.00		663.00
000039	13145175	005	AIR MATTRESS 3G7735		S04/01/09	663.00	.00 M 48	.00		663.00
000040	13145175	005	AIR MATTRESS SY ABL26208		S04/01/09	1692.00	.00 M 36	.00		1692.00
000041	13145175	005	AIR MATTRESSES		S04/01/09	129.00	.00 M 36	.00		129.00
000042	13145175	005	AIR MATTRESSES		S04/01/09	1643.00	.00 M 36	.00		1643.00
000047	13145175	028	ANATOMICAL PROGRAMMER		S04/01/09	388.00	.00 M 12	.00		388.00
000051	13145175	723	ANESTHESIA MACH AMFA00854		S08/11/09	34335.00	.00 M 48	.00		34335.00
000052	13145175	001	ANESTHESIA VENTILATOR		S04/01/09	43.00	.00 M 12	.00		43.00
000063	13145175	001	ARTHROTOME KIT		S04/01/09	216.00	.00 M 12	.00		216.00
000064	13145175	001	ATS 100 TOURNIQUET SYSTEM		S04/01/09	178.00	.00 M 12	.00		178.00
000071	13145175	001	BASIC INSTRUMENT SET		S04/01/09	269.00	.00 M 12	.00		269.00
000072	13145175	001	BASIC PLATE SET		S04/01/09	269.00	.00 M 12	.00		269.00
000073	13145175	001	BASIC SCREW SET		S04/01/09	372.00	.00 M 12	.00		372.00
000076	13145175	007	BED		S04/01/09	48.00	.00 M 12	.00		48.00
000083	13145175	005	BIOTEL 300 TRANSMITTER		S04/01/09	32.00	.00 M 12	.00		32.00
000086	13145175	036	BLOOD BANK ALARM		S04/01/09	5.00	.00 M 12	.00		5.00
000087	13145175	036	BLOOD BANK FREEZER		S04/01/09	259.00	.00 M 12	.00		259.00
000088	13145175	036	BLOOD BANK REFRIGERATOR		S04/01/09	248.00	.00 M 12	.00		248.00
000089	13145175	036	BLOOD BANK REFRIGERATOR		S04/01/09	65.00	.00 M 12	.00		65.00
000092	13145175	036	BLOOD COLLECTION CHAIR		S04/01/09	65.00	.00 M 12	.00		65.00
000094	13145175	007	BLOOD PRESSURE MONITOR WITH CUFF		S04/01/09	70.00	.00 M 12	.00		70.00
000095	13145175	036	BLOOD WARMER		S04/01/09	560.00	.00 M 48	.00		560.00
000096	13145175	028	BLU-RAY DUPLICATOR		S04/01/09	32.00	.00 M 12	.00		32.00
000097	13145175	001	BONE FORCEPS		S04/01/09	232.00	.00 M 12	.00		232.00
000098	13145175	080	BRONCHOSCOPE ACCESSORIES		S04/01/09	11.00	.00 M 12	.00		11.00
000099	13145175	001	BRONCHOSCOPE- E 280841		S04/01/09	8319.00	.00 M 24	.00		8319.00
000111	13145175	001	CALCANEAL PLATE		S04/01/09	48.00	.00 M 12	.00		48.00
000113	13145175	001	CAMERA SYSTEM		S04/01/09	1843.00	.00 M 12	.00		1843.00
000115	13145175	080	CARDIAC MONITORING SYSTEM		S04/01/09	2791.00	.00 M 12	.00		2791.00
000116	13145175	080	CARDIAC MONITORING SYSTEM		S04/01/09	280.00	.00 M 12	.00		280.00
000125	13145175	054	CASCADE P/B		S04/01/09	16.00	.00 M 12	.00		16.00
000126	13145175	001	CAST CART		S04/01/09	43.00	.00 M 12	.00		43.00
000127	13145175	080	CAST CART		S04/01/09	32.00	.00 M 12	.00		32.00
000128	13145175	001	CAST CUTTER		S04/01/09	38.00	.00 M 12	.00		38.00
000132	13145175	036	CELL WASHER		S04/01/09	286.00	.00 M 12	.00		286.00
000133	13145175	036	CENTRIFUGE		S04/01/09	22.00	.00 M 12	.00		22.00
000134	13145175	036	CENTRIFUGE		S04/01/09	954.00	.00 M 24	.00		954.00
000147	13145175	001	COLONOSCOPE		S04/01/09	1051.00	.00 M 12	.00		1051.00
000149	13145175	054	COMPANION 38 NASAL CPAP UNIT		S04/01/09	81.00	.00 M 12	.00		81.00

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TAG NUMBER	ASSET NUMBER	LOCA.	DESCRIPTION----	SERIAL NUMBER-----	ACQUIRED MET DATE	PURCHASE VALUE	SALVAGE VALUE	LIFE	DEPREC.	FISCAL DEPREC.	ACCUM DEPR.
000165	13145175	080	CORE CK TYMPANIC THERMOMETER		S04/01/09	22.00	.00	M 12	.00		22.00
000169	13145175	007	CRASH CART		S04/01/09	22.00	.00	M 12	.00		22.00
000170	13145175	007	CRASH CART		S04/01/09	86.00	.00	M 12	.00		86.00
000171	13145175	080	CRASH CART		S04/01/09	22.00	.00	M 12	.00		22.00
000187	13145175	080	DEFIBRILATOR		S04/01/09	404.00	.00	M 12	.00		404.00
000188	13145175	005	DEFIBRILLATOR		S04/01/09	113.00	.00	M 12	.00		113.00
000190	13145175	773	DEFIBRILATOR		S04/01/09	808.00	.00	M 12	.00		808.00
000191	13145175	080	DEFIBRILATOR		S04/01/09	113.00	.00	M 12	.00		113.00
000194	13145175	028	DENISTOMETER 21A		S04/01/09	16.00	.00	M 12	.00		16.00
000240	13145175	001	DOCTOR'S LOCKER BOXES-5 X 6"		S04/01/09	27.00	.00	M 12	.00		27.00
000242	13145175	080	DOVE SPECIALIST W/CART		S04/01/09	70.00	.00	M 12	.00		70.00
000248	13145175	005	ECG MODULE	DE242C1390	S04/01/09	824.00	.00	M 12	.00		824.00
000249	13145175	080	ED II EMERGENCY STRETCHER		S04/01/09	124.00	.00	M 12	.00		124.00
000253	13145175	001	ELECTRIC DERMAT	202364	S04/01/09	1670.00	.00	M 24	.00		1670.00
000256	13145175	054	ELECTRODE BANK		S04/01/09	54.00	.00	M 12	.00		54.00
000257	13145175	001	ELECTRONIC FLOW CONTROL PUMP		S04/01/09	86.00	.00	M 12	.00		86.00
000269	13145175	080	EMERGENCY CODE CART		S04/01/09	102.00	.00	M 12	.00		102.00
000274	13145175	001	ENDO CART W/OUTLET		S04/01/09	183.00	.00	M 12	.00		183.00
000275	13145175	001	ENT MICROSCOPE		S04/01/09	781.00	.00	M 12	.00		781.00
000285	13145175	080	ER STRETCHER		S04/01/09	172.00	.00	M 12	.00		172.00
000286	13145175	001	ES UNIT PWER CONTROL GENERATOR		S04/01/09	280.00	.00	M 12	.00		280.00
000288	13145175	080	EXAM TABLE	3098	S04/01/09	54.00	.00	M 12	.00		54.00
000289	13145175	080	EXAM TABLE W/STOOL		S04/01/09	75.00	.00	M 12	.00		75.00
000290	13145175	005	EXAM TABLE WITH RULER		S04/01/09	16.00	.00	M 12	.00		16.00
000300	13145175	001	FIBEROPTIC LIGHT		S04/01/09	27.00	.00	M 12	.00		27.00
000317	13145175	001	FINGER ADULT TRANSDUCER		S04/01/09	16.00	.00	M 12	.00		16.00
000318	13145175	001	FLASH STERILIZER		S04/01/09	776.00	.00	M 48	.00		776.00
000319	13145175	005	FLO GARD VOLUMETRIC PUMP		S04/01/09	329.00	.00	M 12	.00		329.00
000321	13145175	036	FLOW THRU TS METER		S04/01/09	43.00	.00	M 12	.00		43.00
000322	13145175	028	FLUORICON L500 TRIPLE FIELD		S04/01/09	1428.00	.00	M 12	.00		1428.00
000328	13145175	036	FUME HOOD MOD47		S04/01/09	54.00	.00	M 12	.00		54.00
000331	13145175	001	GASTROSCOPE, CO Gas- GIP Q		S02/02/10	15914.50	.00	M 48	.00		15914.50
000332	13145175	001	GASTROVIDEOSCOPE		S04/01/09	1363.00	.00	M 12	.00		1363.00
000335	13145175	028	GENERATOR-MVP 80 R & F		S04/01/09	2317.00	.00	M 12	.00		2317.00
000336	13145175	001	GENERATOR-SURGI F&D37263A		S04/01/09	2236.00	.00	M 36	.00		2236.00
000337	13145175	036	GLASS WEAR WASHER		S04/01/09	75.00	.00	M 12	.00		75.00
000338	13145175	001	GRAMS HEADLIGHT COMPLETE		S04/01/09	22.00	.00	M 12	.00		22.00
000344	13145175	080	HOLTER MONITOR		S04/01/09	194.00	.00	M 36	.00		194.00
000354	13145175	054	HUMIDIFIER		S04/01/09	81.00	.00	M 12	.00		81.00
000363	13145175	036	IEC CENTRIFUGE HN-SZ		S04/01/09	43.00	.00	M 12	.00		43.00
000367	13145175	036	INCUBATOR		S04/01/09	102.00	.00	M 12	.00		102.00
000368	13145175	001	INFANT WARMER LDR MODEL 3300		S04/01/09	345.00	.00	M 12	.00		345.00
000373	13145175	001	ISOLATION TRANSFORMER		S04/01/09	59.00	.00	M 12	.00		59.00
000374	13145175	036	ISOTEMP DRY BATH		S04/01/09	22.00	.00	M 12	.00		22.00
000375	13145175	036	ISOTEMP DRY BATH & 4 BLOCKS		S04/01/09	22.00	.00	M 12	.00		22.00
000376	13145175	080	IV FLUID WARMER 507821500		S04/01/09	1051.00	.00	M 48	.00		1051.00
000377	13145175	005	IV PUMP		S04/01/09	388.00	.00	M 12	.00		388.00

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TAG	ASSET	LOCA.	DESCRIPTION----	SERIAL NUMBER-----	ACQUIRED	PURCHASE	SALVAGE		FISCAL	ACCUM
NUMBER	NUMBER				MET DATE	VALUE	VALUE LIFE	DEPREC.	DEPREC.	DEPR.
000378	13145175	005	IV PUMP	12120459FA	S04/01/09	496.00	.00 M 48	.00		496.00
000379	13145175	005	IV PUMP	12120418FA	S04/01/09	496.00	.00 M 48	.00		496.00
000380	13145175	005	IV PUMP	12120287FA	S04/01/09	496.00	.00 M 48	.00		496.00
000384	13145175	005	IVAC TRIAGE UNIT		S04/01/09	97.00	.00 M 12	.00		97.00
000385	13145175	080	IVAC TRIAGE UNIT		S04/01/09	97.00	.00 M 12	.00		97.00
000386	13145175	005	IVAC TYMPANIC THERMOMETER		S04/01/09	22.00	.00 M 12	.00		22.00
000392	13145175	001	KNEE AND TIBIAL TRIANGLE		S04/01/09	463.00	.00 M 12	.00		463.00
000393	13145175	036	KOAGULAB M COAGULATION SYSTEM		S04/01/09	70.00	.00 M 12	.00		70.00
000405	13145175	001	LAPAROSCOPIC CA 1088HD		S04/01/09	10388.00	.00 M 24	.00		10388.00
000406	13145175	001	LAPAROSCOPIC INSTRUMENTS		S04/01/09	178.00	.00 M 12	.00		178.00
000423	13145175	080	LIFEPAK DEFIBRI 39424316		S02/02/11	12294.97	.00 M 48	.00	264.51	12294.97
000432	13145175	007	LINEN EXCHANGE CART		S04/01/09	32.00	.00 M 12	.00		32.00
000443	13145175	054	MA-1 VOLUME VENTILATORY		S04/01/09	172.00	.00 M 12	.00		172.00
000449	13145175	054	MARK 8 RESPOROMETER		S04/01/09	27.00	.00 M 12	.00		27.00
000453	13145175	028	MAXTRAY X-RAY TUBE UNIT		S04/01/09	690.00	.00 M 12	.00		690.00
000460	13145175	005	MEDICINE CART		S04/01/09	32.00	.00 M 12	.00		32.00
000461	13145175	005	MEDICINE CART		S04/01/09	32.00	.00 M 12	.00		32.00
000465	13145175	001	MEDULLARY INSTRUMENT SET		S04/01/09	135.00	.00 M 12	.00		135.00
000469	13145175	036	MEGAFUGE		S04/01/09	216.00	.00 M 12	.00		216.00
000470	13145175	036	MICROSCOPE		S04/01/09	162.00	.00 M 12	.00		162.00
000471	13145175	036	MICROSCOPE	674306	S04/01/09	345.00	.00 M 12	.00		345.00
000474	13145175	001	MINI-FRAGMENT INSTRUMENT SET		S04/01/09	555.00	.00 M 12	.00		555.00
000481	13145175	001	MOBILE CART		S04/01/09	32.00	.00 M 12	.00		32.00
000482	13145175	001	MOBILE EQUIP CARE 9153		S04/01/09	48.00	.00 M 12	.00		48.00
000483	13145175	028	MOBILE TV MONITOR CART		S04/01/09	16.00	.00 M 12	.00		16.00
000488	13145175	007	MONITOR		S04/01/09	148.00	.00 M 12	.00		148.00
000490	13145175	001	MONITOR 26/24		S04/01/09	647.00	.00 M 12	.00		647.00
000492	13145175	001	MONITOR/PRINTER		S04/01/09	140.00	.00 M 12	.00		140.00
000493	13145175	036	MOTOROLA BEEPER		S04/01/09	32.00	.00 M 12	.00		32.00
000494	13145175	005	NBP MODULES		S04/01/09	242.00	.00 M 12	.00		242.00
000498	13145175	005	NUTRITION PUMP		S04/01/09	16.00	.00 M 12	.00		16.00
000499	13145175	007	OFFICE FURNITURE		S04/01/09	16.00	.00 M 12	.00		16.00
000503	13145175	001	OLYMPUS COLONOS 2807139		S07/26/11	19690.82	.00 M 48	.00	2803.04	19690.82
000506	13145175	001	ORTHOPEDIC INSTRUMENTS		S04/01/09	1713.00	.00 M 12	.00		1713.00
000507	13145175	001	ORTHOPEDIC INSTRUMENTS		S04/01/09	447.00	.00 M 12	.00		447.00
000508	13145175	001	ORTHOPEDIC INSTRUMENTS		S04/01/09	2398.00	.00 M 24	.00		2398.00
000511	13145175	054	OXYGEN ANALYZER II 406 INST		S04/01/09	22.00	.00 M 12	.00		22.00
000512	13145175	054	OXYGEN MON/ANALY #5120		S04/01/09	32.00	.00 M 12	.00		32.00
000530	13145175	080	PASSPORT 2 MONI TS131502F8		S04/01/09	5415.00	.00 M 12	.00		5415.00
000532	13145175	080	PASSPORT 2 MONITOR DATASCOPE-INSTALLS		S04/01/09	517.00	.00 M 12	.00		517.00
000542	13145175	007	PATIENT BEDS		S04/01/09	1994.00	.00 M 12	.00		1994.00
000552	13145175	005	PCA PLUS II INFUSION PUMP		S04/01/09	167.00	.00 M 12	.00		167.00
000571	13145175	080	PED SIGMOIDSCOPE FIBEROPTIC		S04/01/09	22.00	.00 M 12	.00		22.00
000572	13145175	005	PEDI EXAM TABLE WITH SCALE		S04/01/09	65.00	.00 M 12	.00		65.00
000573	13145175	001	PEDIATRIC BACKBITER		S04/01/09	108.00	.00 M 12	.00		108.00
000576	13145175	001	PELVIC IMPLANT SET		S04/01/09	259.00	.00 M 12	.00		259.00
000583	13145175	001	PHACOEMULSIFIER 0402328101		S04/01/09	13513.00	.00 M 24	.00		13513.00

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000588	13145175	028	PIGG-O-STAT IMMOBILIZER		S04/01/09	32.00	.00	M 12	.00		32.00
000596	13145175	054	PORTABLE VENTIL 2001081300		S04/01/09	275.00	.00	M 24	.00		275.00
000597	13145175	028	PORTABLE X RAY 981649WK7		S04/01/09	3669.00	.00	M 12	.00		3669.00
000598	13145175	028	PORTABLE X-RAY MACHINE		S04/01/09	1589.00	.00	M 12	.00		1589.00
000615	13145175	036	PROJECTOR AND SCREEN		S04/01/09	22.00	.00	M 12	.00		22.00
000617	13145175	054	PULMONARY FUNCTION SYSTEM		S04/01/09	167.00	.00	M 12	.00		167.00
000618	13145175	007	PULSE OXIMETER		S04/01/09	189.00	.00	M 12	.00		189.00
000619	13145175	007	PULSE OXIMETER		S04/01/09	140.00	.00	M 12	.00		140.00
000620	13145175	001	PULSE OXIMETER		S04/01/09	86.00	.00	M 12	.00		86.00
000621	13145175	001	PULSE OXIMETER		S04/01/09	151.00	.00	M 12	.00		151.00
000622	13145175	723	PULSE OXIMETER		S04/01/09	189.00	.00	M 12	.00		189.00
000623	13145175	054	PULSE OXIMETER		S04/01/09	75.00	.00	M 12	.00		75.00
000624	13145175	054	PULSE OXIMETER		S04/01/09	65.00	.00	M 12	.00		65.00
000625	13145175	080	PULSE OXIMETER		S04/01/09	65.00	.00	M 12	.00		65.00
000626	13145175	917	QM MODULE FOR MEDITECH		S04/01/09	48.00	.00	M 24	.00		48.00
000627	13145175	028	R & F TABLE SFX 90/30		S04/01/09	2872.00	.00	M 12	.00		2872.00
000628	13145175	028	R AND F ROOM		S04/01/09	28414.29	.00	M 12	.00		28414.29
000629	13145175	001	RADIOLUCENT ARM/HAND POSITIONER		S04/01/09	183.00	.00	M 24	.00		183.00
000630	13145175	036	READER BARCODE CLINTECK		S04/01/09	59.00	.00	M 12	.00		59.00
000632	13145175	005	RECLINER ARE OF P9080A0000		S04/01/09	598.00	.00	M 48	.00		598.00
000634	13145175	007	REFRIGERATOR		S04/01/09	54.00	.00	M 12	.00		54.00
000652	13145175	007	SCALE LIFT WEIGH BED LIFT		S04/01/09	145.00	.00	M 12	.00		145.00
000657	13145175	028	SENTRY 3 AUTO COLLIMATOR		S04/01/09	409.00	.00	M 12	.00		409.00
000658	13145175	723	SERIES 5000 COMPONENT MORI SYSTEM		S04/01/09	652.00	.00	M 12	.00		652.00
000661	13145175	028	SHOULDER REST		S04/01/09	38.00	.00	M 12	.00		38.00
000663	13145175	001	SIGMOIDSCOPE		S04/01/09	657.00	.00	M 12	.00		657.00
000670	13145175	001	SKIN GRAFT INSTRUMENT		S04/01/09	1541.00	.00	M 48	.00		1541.00
000671	13145175	001	SMALL FRAGMENT SET		S04/01/09	663.00	.00	M 12	.00		663.00
000675	13145175	054	SPIROMETER PRESTO		S04/01/09	119.00	.00	M 12	.00		119.00
000676	13145175	001	SPOT HEADLIGHT		S04/01/09	38.00	.00	M 12	.00		38.00
000677	13145175	001	SPRIOMETER		S04/01/09	172.00	.00	M 12	.00		172.00
000691	13145175	044	STRESS TEST MACHINE		S04/01/09	1455.00	.00	M 12	.00		1455.00
000692	13145175	005	STRETCHER		S04/01/09	16.00	.00	M 12	.00		16.00
000693	13145175	005	STRETCHER		S04/01/09	32.00	.00	M 12	.00		32.00
000694	13145175	007	STRETCHER		S04/01/09	32.00	.00	M 12	.00		32.00
000695	13145175	080	STRETCHER		S04/01/09	32.00	.00	M 12	.00		32.00
000696	13145175	080	STRETCHER		S04/01/09	167.00	.00	M 12	.00		167.00
000697	13145175	080	STRETCHER		S04/01/09	189.00	.00	M 12	.00		189.00
000698	13145175	080	STRETCHER 208045095		S04/01/09	582.00	.00	M 36	.00		582.00
000699	13145175	080	STRETCHER 208045094		S04/01/09	582.00	.00	M 36	.00		582.00
000706	13145175	080	STRETCHER WITH TREND		S04/01/09	48.00	.00	M 12	.00		48.00
000707	13145175	001	STRETCHERS		S04/01/09	372.00	.00	M 12	.00		372.00
000708	13145175	001	STRETCHERS		S04/01/09	189.00	.00	M 12	.00		189.00
000709	13145175	080	STRETCHERS		S04/01/09	372.00	.00	M 12	.00		372.00
000724	13145175	080	SUCTION UNIT GOMCO #C-33750		S04/01/09	32.00	.00	M 12	.00		32.00
000725	13145175	001	SURGICAL DRILL		S04/01/09	1379.00	.00	M 12	.00		1379.00
000726	13145175	001	SURGICAL DRILL Micro 100		S04/01/09	162.00	.00	M 12	.00		162.00



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000727	13145175	001	SURGICAL LIGHT		S04/01/09	2317.00	.00	M 36	.00		2317.00
000728	13145175	001	SURGICAL LIGHT INSTALLATION		S04/01/09	108.00	.00	M 12	.00		108.00
000729	13145175	007	SURGICAL LIGHTS(52)		S04/01/09	167.00	.00	M 12	.00		167.00
000731	13145175	001	SWITCHING UNIT FOR CV-100		S04/01/09	216.00	.00	M 12	.00		216.00
000732	13145175	005	SYRINGE PUMP		S04/01/09	75.00	.00	M 12	.00		75.00
000733	13145175	005	SYRINGE PUMP		S04/01/09	75.00	.00	M 12	.00		75.00
000735	13145175	036	TABLE TOP CENTRIFUGE		S04/01/09	226.00	.00	M 12	.00		226.00
000737	13145175	005	TELEMETRY SYSTE	US12204070	S04/01/09	9289.00	.00	M 12	.00		9289.00
000738	13145175	005	TELEMETRY TRANSMITTER		S04/01/09	32.00	.00	M 12	.00		32.00
000740	13145175	726	TELEPHONE SYSTEM-MOB		S04/01/09	113.00	.00	M 12	.00		113.00
000742	13145175	054	TELEPRINTER		S04/01/09	86.00	.00	M 12	.00		86.00
000766	13145175	036	TMS-1 TEMPERATURE MONITOR		S04/01/09	16.00	.00	M 12	.00		16.00
000773	13145175	007	TRANSDUCER		S04/01/09	22.00	.00	M 12	.00		22.00
000775	13145175	005	TREATMENT CART		S04/01/09	383.00	.00	M 48	.00		383.00
000778	13145175	080	TWO WAY COMMUNICATION SYSTEM		S04/01/09	145.00	.00	M 12	.00		145.00
000783	13145175	001	ULTRA CW AUTOMA	2519	S01/19/11	7858.49	.00	M 48	.00	98.18	7858.49
000785	13145175	054	ULTRASONIC NET DIVIBISE	DV-6582	S04/01/09	32.00	.00	M 12	.00		32.00
000786	13145175	080	ULTRASONIC STETHOSCOPE	FETAL	S04/01/09	22.00	.00	M 12	.00		22.00
000788	13145175	001	ULTRASOUND STETHOSCOPE		S04/01/09	32.00	.00	M 12	.00		32.00
000789	13145175	025	UPGRADE TO AGFA	2.82 DPU	S04/01/09	383.00	.00	M 24	.00		383.00
000790	13145175	044	UPGRADE TO EKG MACHINE		S04/01/09	43.00	.00	M 12	.00		43.00
000791	13145175	036	URINE ANALYZER CLINTECK		S04/01/09	226.00	.00	M 12	.00		226.00
000793	13145175	005	VACUUM PUMP		S04/01/09	388.00	.00	M 12	.00		388.00
000797	13145175	054	VENTILATOR	ARTJ-0011	S04/01/09	4262.00	.00	M 48	.00		4262.00
000798	13145175	054	VENTILATOR	ARTJ-0010	S04/01/09	4262.00	.00	M 48	.00		4262.00
000800	13145175	001	VIDEO COLONOSCOPE		S04/01/09	1180.00	.00	M 12	.00		1180.00
000802	13145175	001	VIDEO GASTROSCOPE		S04/01/09	1099.00	.00	M 12	.00		1099.00
000812	13145175	080	WARMETTE	56948-7370	S04/01/09	900.00	.00	M 48	.00		900.00
000813	13145175	001	WARMING CAB		S04/01/09	119.00	.00	M 12	.00		119.00
000814	13145175	001	WARMING CAB		S04/01/09	65.00	.00	M 12	.00		65.00
000815	13145175	001	WARMING CABINET		S04/01/09	242.00	.00	M 12	.00		242.00
000820	13145175	001	WELL FORCEPS		S04/01/09	189.00	.00	M 12	.00		189.00
000822	13145175	080	WHEELCHAIR WITH IV POLES		S04/01/09	16.00	.00	M 12	.00		16.00
000823	13145175	080	WHEELCHAIR WITH IV POLES		S04/01/09	16.00	.00	M 12	.00		16.00
000830	13145175	001	WILSON CONVEX FRAME		S04/01/09	32.00	.00	M 12	.00		32.00
900170	13145175	001	STRYKER 1288 HD 12D004034/MOD 1288HDS		S04/18/12	10948.27	.00	M 48	228.09	2737.08	10264.05
900185	13145175	025	AGFA DRYSTAR MAMMO PRINTER & CART		S06/10/13	18833.86	.00	M 48	392.37	4708.44	12163.47
900193	13145175	001	DRILL (2) SAW (	LAA04134,LAA03449	S10/17/13	39383.74	.00	M 48	820.49	9845.88	22153.23
900195	13145175	036	ANALYZER, URINE KPSF0541345		S12/13/13	6164.08	.00	M 48	128.42	1541.04	3210.50
#ITEMS=					227	327620.02	.00		1569.37	21998.17	300081.32

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TAG	ASSET				ACQUIRED	PURCHASE	SALVAGE		FISCAL	ACCUM	
NUMBER	NUMBER	LOCA.	DESCRIPTION---SERIAL NUMBER-----	MET	DATE	VALUE	VALUE	LIFE	DEPREC.	DEPREC.	DEPR.
-----											
			BEGINNING BALANCE	#ITEMS=	227	327620.02	.00		1569.37	21998.17	300081.32
			ASSETS ACQUIRED	#ITEMS=		.00	.00		.00	.00	.00
			ASSETS REMOVED	#ITEMS=		.00	.00		.00	.00	.00
			ENDING BALANCE	#ITEMS=	227	327620.02	.00		1569.37	21998.17	300081.32

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TAG	ASSET	LOCA.	DESCRIPTION----	SERIAL NUMBER-----	ACQUIRED MET DATE	PURCHASE VALUE	SALVAGE VALUE	LIFE	DEPREC.	FISCAL DEPREC.	ACCUM DEPR.
000001	13145648	908	10 BASET TERMSERVER		S04/01/09	5.00	.00	M 12	.00		5.00
000009	13145648	908	3270 EMULATION		S04/01/09	5.00	.00	M 12	.00		5.00
000010	13145648	908	4800 BAUD AUTO ANSWER SYNCH MODEM		S04/01/09	22.00	.00	M 12	.00		22.00
000045	13145648	908	AMX MEDITECH CABLE		S04/01/09	5.00	.00	M 12	.00		5.00
000053	13145648	908	ANIXTER CABLES AND CONNECTORS		S04/01/09	361.00	.00	M 12	.00		361.00
000054	13145648	908	ANX CABLE AND CONNECTORS		S04/01/09	11.00	.00	M 12	.00		11.00
000055	13145648	908	ANX MEDITECH CABLE		S04/01/09	5.00	.00	M 12	.00		5.00
000056	13145648	908	ANX MEDITECH CABLE		S04/01/09	48.00	.00	M 12	.00		48.00
000057	13145648	908	ANX PCI CABLE		S04/01/09	5.00	.00	M 12	.00		5.00
000069	13145648	012	AUTO-PRINT II 9 5288-CET/2		S04/01/09	4914.00	.00	M 96	51.19	614.28	4146.31
000070	13145648	908	BARR SOFTWARE		S04/01/09	151.00	.00	M 12	.00		151.00
000074	13145648	908	BATTERY AND CASE FOR LAPTOP		S04/01/09	16.00	.00	M 12	.00		16.00
000138	13145648	908	CISCO NETWORK G FTX1120A13		S04/01/09	3411.00	.00	M 12	.00		3411.00
000143	13145648	908	CODEFINDER SOFTWARE		S04/01/09	22.00	.00	M 12	.00		22.00
000144	13145648	908	CODEX UDS FASTALK MODEM		S04/01/09	11.00	.00	M 12	.00		11.00
000150	13145648	908	COMPAQ 486DX EMAIL EQUIPMENT		S04/01/09	124.00	.00	M 12	.00		124.00
000152	13145648	908	COMPUTER A6900 PCRI		S04/01/09	92.00	.00	M 12	.00		92.00
000153	13145648	908	COMPUTER CABLE-ANIXTER		S04/01/09	27.00	.00	M 12	.00		27.00
000155	13145648	908	COMPUTER EQUIPMENT		S04/01/09	259.00	.00	M 12	.00		259.00
000156	13145648	908	COMPUTER EQUIPMENT		S04/01/09	221.00	.00	M 12	.00		221.00
000157	13145648	908	COMPUTER EQUIPMENT		S04/01/09	38.00	.00	M 60	.00		38.00
000160	13145648	908	CONNECTOR KIT-ANIXTER		S04/01/09	5.00	.00	M 12	.00		5.00
000163	13145648	908	CONTROLLER UPDATE		S04/01/09	43.00	.00	M 12	.00		43.00
000166	13145648	908	CORE NETWORK GEAR CISCO- TECH REFRESS		S04/01/09	19020.00	.00	M 12	.00		19020.00
000168	13145648	028	CR READER KOMIC 12020372		S09/19/11	64929.00	.00	M 84	772.96	9275.52	39730.16
000185	13145648	908	DATA CENTER MISC ALLOC AND PASS THROS		S04/01/09	32.00	.00	M 12	.00		32.00
000186	13145648	908	DATM-E899000 BARCODE		S04/01/09	70.00	.00	M 12	.00		70.00
000192	13145648	908	DELL OPTIPLEX 745 ULTRA 29 EA		S04/01/09	12145.00	.00	M 12	.00		12145.00
000193	13145648	908	DELL PROCESSOR,POWEREDGE,SERVER		S04/01/09	3529.00	.00	M 12	.00		3529.00
000204	13145648	908	DG 40093 ROUTER IB300 3C5823C		S04/01/09	189.00	.00	M 12	.00		189.00
000205	13145648	908	DG 40341 OPTIC TRMSVR MOD 3C1206		S04/01/09	16.00	.00	M 12	.00		16.00
000206	13145648	908	DG 40341 OPTIC TRMSVR MOD 3C1206		S04/01/09	16.00	.00	M 12	.00		16.00
000207	13145648	908	DG 40344 3COM 3C1603-0		S04/01/09	22.00	.00	M 12	.00		22.00
000208	13145648	908	DG 40344 3COM FIMS MGMT		S04/01/09	27.00	.00	M 12	.00		27.00
000209	13145648	908	DG 40344 3COM FIMS MGMT		S04/01/09	27.00	.00	M 12	.00		27.00
000210	13145648	908	DG 40345 3COM LINKBUILDER		S04/01/09	32.00	.00	M 12	.00		32.00
000211	13145648	908	DG 40345 3COM LINKBUILDER		S04/01/09	32.00	.00	M 12	.00		32.00
000212	13145648	908	DG 40345APK 3COM LINKBUILDER TP		S04/01/09	119.00	.00	M 12	.00		119.00
000213	13145648	908	DG 40399 3COM MICROMAX		S04/01/09	11.00	.00	M 12	.00		11.00
000214	13145648	908	DG 40399-3		S04/01/09	38.00	.00	M 12	.00		38.00
000215	13145648	908	DG 40581 NTBldr 4 SLOT CHASSIS 3C6		S04/01/09	97.00	.00	M 12	.00		97.00
000216	13145648	908	DG 40582 NTBldr COMM ENGINE		S04/01/09	162.00	.00	M 12	.00		162.00
000217	13145648	908	DG 40585 NTBldr SERIAL CABLE 3C602		S04/01/09	48.00	.00	M 12	.00		48.00
000218	13145648	908	DG 40647V7C NETBUILDER SOFTWARE		S04/01/09	16.00	.00	M 12	.00		16.00
000219	13145648	908	DG 40648V7C NTBldr SOFTWARE		S04/01/09	32.00	.00	M 12	.00		32.00
000220	13145648	908	DG 4084FL DUAL ETHERNET		S04/01/09	65.00	.00	M 12	.00		65.00
000221	13145648	908	DG 5220 MT-X COLOR TERMINAL		S04/01/09	97.00	.00	M 12	.00		97.00

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TAG	ASSET	LOCA.	DESCRIPTION----	SERIAL NUMBER-----	ACQUIRED MET DATE	PURCHASE VALUE	SALVAGE VALUE LIFE	DEPREC.	FISCAL DEPREC.	ACCUM DEPR.
000222	13145648	908	DG 5221 CABLE(6)		S04/01/09	11.00	.00 M 12	.00		11.00
000223	13145648	908	DG 60035R PRISM 3000 DSU		S04/01/09	226.00	.00 M 12	.00		226.00
000224	13145648	908	DG 60035R PRISM 3000 DSU		S04/01/09	226.00	.00 M 12	.00		226.00
000225	13145648	908	DG SERVICE ON 3C6000		S04/01/09	113.00	.00 M 12	.00		113.00
000226	13145648	908	DG40399 3COM		S04/01/09	22.00	.00 M 12	.00		22.00
000227	13145648	908	DG9221ET3 H/H COMPUTER		S04/01/09	226.00	.00 M 12	.00		226.00
000231	13145648	908	DIGITAL CONN- TECH REFRESH CABLING		S04/01/09	846.00	.00 M 12	.00		846.00
000243	13145648	908	DRG FINDER SOFTWARE		S04/01/09	11.00	.00 M 12	.00		11.00
000262	13145648	005	EMARS CART 85106-J		S04/01/09	1643.00	.00 M 24	.00		1643.00
000265	13145648	005	EMARS CART 85107-J		S04/01/09	1643.00	.00 M 24	.00		1643.00
000267	13145648	012	EMARS PC/PRINTE 73177024		S04/01/09	512.00	.00 M 24	.00		512.00
000268	13145648	908	EMARS- WIRELESS FTX1142BOJ		S04/01/09	2279.00	.00 M 12	.00		2279.00
000287	13145648	908	ESPIRIT TERMINALS		S04/01/09	205.00	.00 M 12	.00		205.00
000353	13145648	908	HUCOM INSTALLATION COSTS		S04/01/09	65.00	.00 M 12	.00		65.00
000394	13145648	916	KRONOS APPLICATION CONSULT PROJ ISERS		S04/01/09	1703.00	.00 M 96	17.74	212.88	1436.93
000402	13145648	908	LAN/WAN EQUIPMENT FROM CORP		S04/01/09	1697.00	.00 M 12	.00		1697.00
000407	13145648	908	LAPTOP PC		S04/01/09	189.00	.00 M 12	.00		189.00
000408	13145648	908	LAPTOP PC		S04/01/09	210.00	.00 M 12	.00		210.00
000409	13145648	908	LAPTOP PC		S04/01/09	269.00	.00 M 12	.00		269.00
000410	13145648	012	LAPTOP PC WITH 2CLO31		S04/01/09	356.00	.00 M 12	.00		356.00
000413	13145648	908	LASERJET PRINTER		S04/01/09	81.00	.00 M 12	.00		81.00
000414	13145648	908	LASERJET PRINTER		S04/01/09	81.00	.00 M 12	.00		81.00
000415	13145648	908	LASERJET PRINTE USFB04656		S04/01/09	75.00	.00 M 12	.00		75.00
000417	13145648	908	LASERJET PRINTERS		S04/01/09	2532.00	.00 M 12	.00		2532.00
000440	13145648	908	LOCAL AREA NETWORK(THRU I/C)		S04/01/09	151.00	.00 M 12	.00		151.00
000462	13145648	908	MEDITECH CABLING		S04/01/09	32.00	.00 M 12	.00		32.00
000463	13145648	908	MEDITECH EQUIPMENT		S04/01/09	140.00	.00 M 12	.00		140.00
000464	13145648	908	MEDITECH IMPLMENTATION		S04/01/09	253.00	.00 M 12	.00		253.00
000479	13145648	908	MIT EXPENSES		S04/01/09	48.00	.00 M 12	.00		48.00
000480	13145648	908	MIT VENDOR TRAVEL		S04/01/09	32.00	.00 M 12	.00		32.00
000487	13145648	908	MODEMS		S04/01/09	43.00	.00 M 12	.00		43.00
000489	13145648	908	MONITOR		S04/01/09	70.00	.00 M 12	.00		70.00
000495	13145648	908	NCR UPGRADE EQUIPMENT		S04/01/09	156.00	.00 M 12	.00		156.00
000518	13145648	908	PAMEROY LEGAL TRAY		S04/01/09	92.00	.00 M 12	.00		92.00
000546	13145648	908	PC 23GDG46		S04/01/09	65.00	.00 M 12	.00		65.00
000547	13145648	908	PC AND EQUIPMENT FOR BARR REPLACEMENTS		S04/01/09	275.00	.00 M 12	.00		275.00
000548	13145648	908	PC AND EQUIPMENT FOR BARR REPLACEMENTS		S04/01/09	485.00	.00 M 12	.00		485.00
000549	13145648	900	PC FOR CEO		S04/01/09	183.00	.00 M 36	.00		183.00
000553	13145648	908	PCR DATM E899000 FARGO PTR		S04/01/09	65.00	.00 M 12	.00		65.00
000554	13145648	908	PCR IBM 2704 PC 23GDM79		S04/01/09	65.00	.00 M 12	.00		65.00
000555	13145648	908	PCRI PRINTER USCB287620		S04/01/09	48.00	.00 M 12	.00		48.00
000556	13145648	908	PCS		S04/01/09	232.00	.00 M 12	.00		232.00
000557	13145648	908	PCS AND PRINTERS		S04/01/09	948.00	.00 M 12	.00		948.00
000558	13145648	908	PCS AND PRINTERS		S04/01/09	830.00	.00 M 12	.00		830.00
000559	13145648	908	PCS AND PRINTERS		S04/01/09	717.00	.00 M 12	.00		717.00
000560	13145648	908	PCS AND PRINTERS		S04/01/09	1983.00	.00 M 12	.00		1983.00
000561	13145648	908	PCS AND PRINTERS		S04/01/09	1045.00	.00 M 12	.00		1045.00

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TAG	ASSET	LOCA.	DESCRIPTION----	SERIAL NUMBER-----	ACQUIRED MET DATE	PURCHASE VALUE	SALVAGE VALUE	LIFE	DEPREC.	FISCAL DEPREC.	ACCUM DEPR.
000562	13145648	908	PCS AND PRINTERS FOR NURSES STATION		S04/01/09	1185.00	.00	M 12	.00		1185.00
000563	13145648	905	PCS FOR BUSINESS OFFICE-FLORIDA	SOFTS	S04/01/09	291.00	.00	M 12	.00		291.00
000564	13145648	905	PCS FOR COLLECTION SYSTEM	MIGRATION	S04/01/09	102.00	.00	M 12	.00		102.00
000565	13145648	905	PCS FOR COLLECTION SYSTEM	MIGRATION	S04/01/09	938.00	.00	M108	8.69	104.28	703.73
000566	13145648	905	PCS FOR COLLECTION SYSTEM	MIGRATION	S04/01/09	1417.00	.00	M108	13.12	157.44	1062.73
000567	13145648	912	PCS FOR SMART CONVERSION		S04/01/09	792.00	.00	M 12	.00		792.00
000568	13145648	908	PCS FOR WIRELESS NETWORK		S04/01/09	1660.00	.00	M 12	.00		1660.00
000569	13145648	908	PCS FOR WIRELESS NETWORK		S04/01/09	102.00	.00	M 12	.00		102.00
000570	13145648	908	PCS THROUGHOUT HOSPITAL(3)		S04/01/09	539.00	.00	M 12	.00		539.00
000577	13145648	908	PERSONAL COMPUTER		S04/01/09	108.00	.00	M 12	.00		108.00
000578	13145648	908	PERSONAL COMPUTER		S04/01/09	167.00	.00	M 12	.00		167.00
000579	13145648	908	PERSONAL COMPUTERS		S04/01/09	1013.00	.00	M 12	.00		1013.00
000580	13145648	908	PERSONAL COMPUTERS		S04/01/09	1115.00	.00	M 12	.00		1115.00
000581	13145648	908	PERSONAL COMPUTERS		S04/01/09	550.00	.00	M 12	.00		550.00
000582	13145648	908	PERSONAL COMPUTERS		S04/01/09	824.00	.00	M 12	.00		824.00
000584	13145648	012	PHARMLINK		S04/01/09	420.00	.00	M 12	.00		420.00
000589	13145648	908	PIN FEED PLATENS PRINTER		S04/01/09	11.00	.00	M 12	.00		11.00
000601	13145648	036	PRINTER	1000A11GKN	S04/01/09	70.00	.00	M 12	.00		70.00
000602	13145648	908	PRINTER	0615A1000A	S04/01/09	65.00	.00	M 12	.00		65.00
000603	13145648	908	PRINTER		S04/01/09	226.00	.00	M 12	.00		226.00
000604	13145648	912	PRINTER		S04/01/09	102.00	.00	M 12	.00		102.00
000607	13145648	912	PRINTER FOR LAB	0343-D-393	S04/01/09	194.00	.00	M 12	.00		194.00
000608	13145648	908	PRINTER PCRI	USCB267602	S04/01/09	48.00	.00	M 12	.00		48.00
000609	13145648	908	PRINTER PCRI	USCB287632	S04/01/09	48.00	.00	M 12	.00		48.00
000610	13145648	908	PRINTER STANDS		S04/01/09	38.00	.00	M 12	.00		38.00
000611	13145648	908	PRINTER-PCRI	USCB287615	S04/01/09	48.00	.00	M 12	.00		48.00
000612	13145648	908	PRINTERS		S04/01/09	1013.00	.00	M 12	.00		1013.00
000613	13145648	908	PRINTERS(9)		S04/01/09	1008.00	.00	M 12	.00		1008.00
000616	13145648	908	PROXIMITY SOFTWARE		S04/01/09	38.00	.00	M 12	.00		38.00
000653	13145648	012	SCANNER FOR EMAR		S04/01/09	140.00	.00	M 12	.00		140.00
000659	13145648	908	SERVER		S04/01/09	1961.00	.00	M 12	.00		1961.00
000745	13145648	908	TELEX 078 DISPLAY		S04/01/09	102.00	.00	M 12	.00		102.00
000746	13145648	908	TELEX 1191 DISPLAY	TERMINAL	S04/01/09	59.00	.00	M 12	.00		59.00
000747	13145648	908	TELEX 1191	TERMINALS	S04/01/09	145.00	.00	M 12	.00		145.00
000748	13145648	908	TELEX 1240	CODEFINDER	S04/01/09	124.00	.00	M 12	.00		124.00
000749	13145648	908	TELEX 1240	WORKSTATION	S04/01/09	124.00	.00	M 12	.00		124.00
000750	13145648	908	TELNET MIGRATION	EQUIPMENT	S04/01/09	205.00	.00	M 12	.00		205.00
000751	13145648	908	TELNET MIGRATION	EQUIPMENT	S04/01/09	156.00	.00	M 12	.00		156.00
000754	13145648	908	TERMSERVER		S04/01/09	86.00	.00	M 12	.00		86.00
000755	13145648	908	TERMSERVER		S04/01/09	32.00	.00	M 12	.00		32.00
000756	13145648	908	TERMSERVER	4 PORTS	S04/01/09	124.00	.00	M 12	.00		124.00
000757	13145648	012	THERMAL LABEL P	55077390	S04/01/09	329.00	.00	M 12	.00		329.00
000758	13145648	012	THERMAL LABEL P	55077389	S04/01/09	329.00	.00	M 12	.00		329.00
000759	13145648	028	THERMAL LABEL P	60977363	S04/01/09	329.00	.00	M 12	.00		329.00
000760	13145648	012	THERMAL PRINTER	34477629	S04/01/09	156.00	.00	M 12	.00		156.00
000761	13145648	908	TI 8930	PRINTER	S04/01/09	75.00	.00	M 12	.00		75.00
000808	13145648	908	WAN REDESIGN PROJECT	(VERLINK)	S04/01/09	129.00	.00	M 12	.00		129.00

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TAG	ASSET			ACQUIRED	PURCHASE	SALVAGE		FISCAL	ACCUM			
NUMBER	NUMBER	LOCA.	DESCRIPTION----	SERIAL NUMBER-----	MET	DATE	VALUE	VALUE	LIFE	DEPREC.	DEPREC.	DEPR.
000809	13145648	908	WAN REDSIGN PROJECT(VERLINK)			S04/01/09	119.00		.00	M 12	.00	119.00
000851	13145648	908	Meaningful Use Software			S06/01/12	107624.79		.00	M 84	1281.25	15375.00
000852	13145648	908	Meaningful Use Software-ADD			S08/22/12	5200.00		.00	M 84	61.90	742.80
900178	13145648	005	CART-COMPUTER M 13021957M38			S05/07/13	7346.33		.00	M 48	153.05	1836.60
900179	13145648	005	CART-MEDICAL CO 13021959M38			S05/07/13	7346.33		.00	M 48	153.05	1836.60
900180	13145648	005	CART-MEDICAL CO 13021956M38			S05/07/13	7346.33		.00	M 48	153.05	1836.60
900181	13145648	005	CART-COMPUTER M 13021958M38			S05/07/13	7346.33		.00	M 48	153.05	1836.60
900188	13145648	005	CART-MEDICAL CO 13026003M38			S09/16/13	7365.23		.00	M 48	153.44	1841.28
900189	13145648	005	CART-MEDICAL CO 13025952M38			S09/16/13	7365.23		.00	M 48	153.44	1841.28
900190	13145648	005	CART-MEDICAL CO 13026003M38			S09/16/13	7365.23		.00	M 48	153.44	1841.28
900202	13145648	908	CPSI PHYS DOC SOFTWARE			S12/01/14	113643.86		.00	M 48	2367.58	28410.96
			#ITEMS=	152		430556.66		.00		5646.95	67763.40	246675.41
			BEGINNING BALANCE	#ITEMS=	152	430556.66		.00		5646.95	67763.40	246675.41
			ASSETS ACQUIRED	#ITEMS=		.00		.00		.00	.00	.00
			ASSETS REMOVED	#ITEMS=		.00		.00		.00	.00	.00
			ENDING BALANCE	#ITEMS=	152	430556.66		.00		5646.95	67763.40	246675.41

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ASSET GL# SEQUENCE

TAG NUMBER	ASSET NUMBER	LOCA.	DESCRIPTION----	SERIAL NUMBER-----	ACQUIRED MET DATE	PURCHASE VALUE	SALVAGE VALUE	LIFE	DEPREC.	FISCAL DEPREC.	ACCUM DEPR.	
000178	13146000	916	CREDENZA		S04/01/09	11.00	.00	M 96	.11	1.32	9.06	
000395	13146000	916	KRONOS TIME CLOCK /W BATTERY BACK-UPS		S04/01/09	1304.00	.00	M 96	13.58	162.96	1100.09	
000396	13146000	916	KRONOS TIME CLOCK W BATTERY BACK-UP		S04/01/09	1304.00	.00	M 96	13.58	162.96	1100.09	
000397	13146000	916	KRONOS TIME CLOCKS W BATTERY BACK UPS		S04/01/09	1304.00	.00	M 96	13.58	162.96	1100.09	
000398	13146000	916	KRONOS TIME CLOCKS W BATTERY BACK-UPS		S04/01/09	1304.00	.00	M 96	13.58	162.96	1100.09	
000711	13146000	005	STRYKER LOVESEAT SLEEPER		S04/01/09	846.00	.00	M108	7.83	93.96	634.34	
000712	13146000	005	STRYKER LOVESEAT SLEEPER		S04/01/09	846.00	.00	M108	7.83	93.96	634.34	
000713	13146000	005	STRYKER LOVESEAT SLEEPER		S04/01/09	846.00	.00	M108	7.83	93.96	634.34	
000714	13146000	005	STRYKER LOVESEAT SLEEPER		S04/01/09	846.00	.00	M108	7.83	93.96	634.34	
000715	13146000	005	STRYKER LOVESEAT SLEEPER		S04/01/09	846.00	.00	M108	7.83	93.96	634.34	
000716	13146000	005	STRYKER LOVESEAT SLEEPER		S04/01/09	846.00	.00	M108	7.83	93.96	634.34	
000717	13146000	005	STRYKER LOVESEAT SLEEPER		S04/01/09	846.00	.00	M108	7.83	93.96	634.34	
000718	13146000	005	STRYKER LOVESEAT SLEEPER		S04/01/09	846.00	.00	M108	7.83	93.96	634.34	
000719	13146000	005	STRYKER LOVESEAT SLEEPER		S04/01/09	846.00	.00	M108	7.83	93.96	634.34	
000720	13146000	005	STRYKER LOVESEAT SLEEPER		S04/01/09	846.00	.00	M108	7.83	93.96	634.34	
000721	13146000	005	STRYKER LOVESEAT SLEEPER		S04/01/09	846.00	.00	M108	7.83	93.96	634.34	
000770	13146000	830	TRACTOR 2010 JO TC997SC056		S07/06/10	12400.00	.00	M120	103.33	1239.96	6802.62	
000825	13146000	916	WHEELWRITER	3040526	S04/01/09	27.00	.00	M 60	.00		27.00	
000839	13146000	830	WORKSTATION		S04/01/09	770.00	.00	M108	7.13	85.56	577.52	
000842	13146000	018	WORKSTATION FOR PURCHASING		S04/01/09	1541.00	.00	M 60	.00		1541.00	
					#ITEMS=	20	29271.00	.00		251.02	3012.24	20335.30
BEGINNING BALANCE					#ITEMS=	20	29271.00	.00		251.02	3012.24	20335.30
ASSETS ACQUIRED					#ITEMS=		.00	.00		.00	.00	
ASSETS REMOVED					#ITEMS=		.00	.00		.00	.00	
ENDING BALANCE					#ITEMS=	20	29271.00	.00		251.02	3012.24	20335.30

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ASSET GL# SEQUENCE

TAG	ASSET	LOCA.	DESCRIPTION----	SERIAL NUMBER-----	ACQUIRED MET DATE	PURCHASE VALUE	SALVAGE VALUE	LIFE	DEPREC.	FISCAL DEPREC.	ACCUM DEPR.
000002	13146075	830	1998 CHEVY VAN		S04/01/09	1422.00	.00	M 36	.00		1422.00
000003	13146075	090	2 COMPARTMENT SINK WITH 2 DRAINBOARDS		S04/01/09	32.00	.00	M 12	.00		32.00
000007	13146075	830	2-WAY RADIO	792TRAC188	S04/01/09	38.00	.00	M 12	.00		38.00
000008	13146075	830	2-WAY RADIO CONTROL SYSTEM		S04/01/09	119.00	.00	M 12	.00		119.00
000015	13146075	830	ACCUTOR PLUS		S04/01/09	242.00	.00	M 12	.00		242.00
000031	13146075	005	ADVANTAGE IMPRINTER		S04/01/09	16.00	.00	M 12	.00		16.00
000032	13146075	005	ADVANTAGE IMPRINTER		S04/01/09	16.00	.00	M 12	.00		16.00
000033	13146075	005	ADVANTAGE SERIES 1		S04/01/09	22.00	.00	M 12	.00		22.00
000034	13146075	090	AEROHOT TABLE		S04/01/09	27.00	.00	M 12	.00		27.00
000035	13146075	090	AEROHOT TABLE WITH DRAWER		S04/01/09	27.00	.00	M 12	.00		27.00
000036	13146075	090	AEROHOT TABLE WITH SINK		S04/01/09	43.00	.00	M 12	.00		43.00
000037	13146075	830	AIR CONDITIONERS		S04/01/09	97.00	.00	M 12	.00		97.00
000043	13146075	005	ALL PURPOSE CHA	425203022	S04/01/09	690.00	.00	M 12	.00		690.00
000046	13146075	917	ANATOMIC ANNE		S04/01/09	16.00	.00	M 12	.00		16.00
000062	13146075	900	ART WORK FOR LOBBY		S04/01/09	577.00	.00	M 12	.00		577.00
000075	13146075	830	BATTERY CHARGER AND CABLES		S04/01/09	22.00	.00	M 12	.00		22.00
000077	13146075	005	BEDS AND FURNITURES		S04/01/09	11967.00	.00	M 12	.00		11967.00
000078	13146075	001	BEEPER		S04/01/09	38.00	.00	M 12	.00		38.00
000079	13146075	723	BEEPER		S04/01/09	43.00	.00	M 12	.00		43.00
000080	13146075	900	BEEPER		S04/01/09	38.00	.00	M 12	.00		38.00
000081	13146075	830	BEEPER WITH CHARGER		S04/01/09	70.00	.00	M 12	.00		70.00
000082	13146075	005	BEEPER-MOTOROLA		S04/01/09	32.00	.00	M 12	.00		32.00
000085	13146075	090	BLENDER		S04/01/09	11.00	.00	M 12	.00		11.00
000110	13146075	090	CAFETERIA COUNTER		S04/01/09	205.00	.00	M 12	.00		205.00
000112	13146075	917	CAMCORDER	90801122	S04/01/09	48.00	.00	M 12	.00		48.00
000117	13146075	005	CARECOME PATIENT CALL SYSTEM		S04/01/09	75.00	.00	M 12	.00		75.00
000119	13146075	917	CAROUSEL PROJECTOR		S04/01/09	16.00	.00	M 12	.00		16.00
000135	13146075	005	CHAIR		S04/01/09	210.00	.00	M 12	.00		210.00
000136	13146075	900	CHAIR		S04/01/09	22.00	.00	M 12	.00		22.00
000137	13146075	005	CHROME CRIB AND MATTRESS		S04/01/09	59.00	.00	M 12	.00		59.00
000140	13146075	830	CLOSED CIRCUIT TV CAMERA/MONITOR		S04/01/09	59.00	.00	M 12	.00		59.00
000142	13146075	600	CNO WORKSTATION		S04/01/09	194.00	.00	M 12	.00		194.00
000145	13146075	090	COFFEE POT		S04/01/09	22.00	.00	M 12	.00		22.00
000146	13146075	090	COFFEE POT		S04/01/09	22.00	.00	M 12	.00		22.00
000164	13146075	900	COPIER WITH SOR	M6360AG	S04/01/09	32.00	.00	M 12	.00		32.00
000172	13146075	005	CRASH CART		S04/01/09	86.00	.00	M 12	.00		86.00
000173	13146075	600	CREDENZA		S04/01/09	27.00	.00	M 12	.00		27.00
000174	13146075	900	CREDENZA		S04/01/09	27.00	.00	M 12	.00		27.00
000175	13146075	900	CREDENZA		S04/01/09	27.00	.00	M 12	.00		27.00
000177	13146075	916	CREDENZA		S04/01/09	27.00	.00	M 12	.00		27.00
000180	13146075	090	CROWN FRYER		S04/01/09	32.00	.00	M 12	.00		32.00
000189	13146075	830	DEFIBRILLATOR ENERGY METER	4298	S04/01/09	43.00	.00	M 12	.00		43.00
000195	13146075	600	DESK		S04/01/09	5.00	.00	M 12	.00		5.00
000196	13146075	840	DESK		S04/01/09	27.00	.00	M 12	.00		27.00
000197	13146075	902	DESK		S04/01/09	16.00	.00	M 12	.00		16.00
000199	13146075	916	DESK		S04/01/09	27.00	.00	M 12	.00		27.00
000200	13146075	900	DESK AND RETURN		S04/01/09	22.00	.00	M 12	.00		22.00



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TAG	ASSET	LOCA.	DESCRIPTION----	SERIAL NUMBER-----	ACQUIRED	PURCHASE	SALVAGE		FISCAL	ACCUM
NUMBER	NUMBER				MET DATE	VALUE	VALUE LIFE	DEPREC.	DEPREC.	DEPR.
000201	13146075	917	DESK RISK MANAGEMENT		S04/01/09	16.00	.00 M 12	.00		16.00
000202	13146075	900	DESK-EXECUTIVE #3151		S04/01/09	22.00	.00 M 12	.00		22.00
000203	13146075	900	DESK-VOLUNTEERS		S04/01/09	27.00	.00 M 12	.00		27.00
000228	13146075	840	DICTATION STATION		S04/01/09	22.00	.00 M 12	.00		22.00
000229	13146075	840	DICTATION SYSTEM		S04/01/09	22.00	.00 M 12	.00		22.00
000230	13146075	840	DICTATION SYSTEM INFOWARE COMPLETE		S04/01/09	3335.00	.00 M 12	.00		3335.00
000234	13146075	900	DISKETTE OPT. CRTARM		S04/01/09	22.00	.00 M 12	.00		22.00
000235	13146075	090	DISPENSER GOURMET DOME 2 TUBE		S04/01/09	32.00	.00 M 12	.00		32.00
000236	13146075	917	DISPLAY FOR WHEELWRITER		S04/01/09	16.00	.00 M 12	.00		16.00
000241	13146075	090	DOUBLE-DOOR REFRIGERATOR		S04/01/09	113.00	.00 M 12	.00		113.00
000244	13146075	830	DRILL PRESS		S04/01/09	16.00	.00 M 12	.00		16.00
000250	13146075	090	EDS TRAY CARTS		S04/01/09	75.00	.00 M 12	.00		75.00
000251	13146075	090	EDS TRAY CARTS		S04/01/09	75.00	.00 M 12	.00		75.00
000252	13146075	922	EDUCATION EQUIPMENT		S04/01/09	345.00	.00 M 12	.00		345.00
000273	13146075	005	END TABLE/SOFA		S04/01/09	59.00	.00 M 12	.00		59.00
000276	13146075	080	EQUIPMENT FOR ER EXPANSION		S04/01/09	10792.00	.00 M 36	.00		10792.00
000277	13146075	080	EQUIPMENT FOR ER EXPANSION		S04/01/09	216.00	.00 M 36	.00		216.00
000278	13146075	080	EQUIPMENT FOR ER EXPANSION		S04/01/09	302.00	.00 M 36	.00		302.00
000279	13146075	900	EQUIPMENT MISC		S04/01/09	1713.00	.00 M 12	.00		1713.00
000281	13146075	080	ER PROJECT		S04/01/09	97.00	.00 M 36	.00		97.00
000282	13146075	080	ER PROJECT		S04/01/09	286.00	.00 M 36	.00		286.00
000283	13146075	080	ER PROJECT		S04/01/09	350.00	.00 M 36	.00		350.00
000284	13146075	080	ER PROJECT		S04/01/09	329.00	.00 M 48	.00		329.00
000291	13146075	900	EXECUTIVE CHAIR-GRAY/WALNUT		S04/01/09	16.00	.00 M 12	.00		16.00
000298	13146075	830	FAX MACHINE		S04/01/09	43.00	.00 M 12	.00		43.00
000299	13146075	917	FAX MACHINE 161395 380		S04/01/09	92.00	.00 M 12	.00		92.00
000301	13146075	028	FILE SHELVES-36 FOR RADIOLOGY		S04/01/09	145.00	.00 M 12	.00		145.00
000303	13146075	902	FILING CABINET		S04/01/09	16.00	.00 M 12	.00		16.00
000304	13146075	902	FILING CABINET		S04/01/09	16.00	.00 M 12	.00		16.00
000305	13146075	902	FILING CABINET		S04/01/09	16.00	.00 M 12	.00		16.00
000306	13146075	902	FILING CABINET		S04/01/09	16.00	.00 M 12	.00		16.00
000307	13146075	902	FILING CABINET		S04/01/09	16.00	.00 M 12	.00		16.00
000308	13146075	902	FILING CABINET		S04/01/09	16.00	.00 M 12	.00		16.00
000309	13146075	902	FILING CABINET		S04/01/09	27.00	.00 M 12	.00		27.00
000310	13146075	902	FILING CABINET		S04/01/09	27.00	.00 M 12	.00		27.00
000311	13146075	917	FILING CABINET		S04/01/09	16.00	.00 M 12	.00		16.00
000312	13146075	036	FILING CABINET(2)		S04/01/09	27.00	.00 M 12	.00		27.00
000313	13146075	900	FILING CABINET-5 DRAWER		S04/01/09	32.00	.00 M 12	.00		32.00
000314	13146075	900	FILING CABINET-5 DRAWER		S04/01/09	32.00	.00 M 12	.00		32.00
000323	13146075	090	FOLLETTE ICE MA C094633430		S04/01/09	1234.00	.00 M 48	.00		1234.00
000324	13146075	090	FOOD PROCESSOR		S04/01/09	16.00	.00 M 12	.00		16.00
000325	13146075	830	FRAMED PRINTS		S04/01/09	32.00	.00 M 12	.00		32.00
000326	13146075	900	FREIGHT CRASH CART		S04/01/09	5.00	.00 M 12	.00		5.00
000327	13146075	830	FREON RECOVERY UNIT		S04/01/09	48.00	.00 M 12	.00		48.00
000329	13146075	005	FURNITURE FOR PATIENT ROOMS		S04/01/09	81.00	.00 M 12	.00		81.00
000330	13146075	090	GAS CONVECTION 481555874		S04/01/09	2010.00	.00 M 12	.00		2010.00
000333	13146075	902	GCI COMPUTER CABINET		S04/01/09	86.00	.00 M 12	.00		86.00

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ASSET GL# SEQUENCE

TAG	ASSET	LOCA.	DESCRIPTION----	SERIAL NUMBER-----	ACQUIRED MET DATE	PURCHASE VALUE	SALVAGE VALUE	LIFE	DEPREC.	FISCAL DEPREC.	ACCUM DEPR.
000339	13146075	830	GROOMING MOWER	272	S04/01/09	65.00	.00	M 12	.00		65.00
000341	13146075	005	HEAD WALL UNITS(P	T ROOM RENOVATION)	S04/01/09	5356.00	.00	M 12	.00		5356.00
000347	13146075	830	HOSPITAL STAJITY	METER	S04/01/09	27.00	.00	M 12	.00		27.00
000348	13146075	090	HOT PACK 2 TUBE	6 3/8"	S04/01/09	27.00	.00	M 12	.00		27.00
000349	13146075	090	HOT PACK 2 TUBE	9"	S04/01/09	27.00	.00	M 12	.00		27.00
000350	13146075	090	HOT PACK 2 TUBE	-SAUCE DISHES	S04/01/09	27.00	.00	M 12	.00		27.00
000351	13146075	090	HOT PACK HEATER	2 TUBE	S04/01/09	70.00	.00	M 12	.00		70.00
000352	13146075	900	HPS 16 CH W/PRIN	TER/SYSTTECH	S04/01/09	65.00	.00	M 12	.00		65.00
000356	13146075	600	IBM WHEELWRITER		S04/01/09	65.00	.00	M 12	.00		65.00
000357	13146075	840	IBM WHEELWRITER		S04/01/09	54.00	.00	M 12	.00		54.00
000358	13146075	840	IBM WHEELWRITER	29985	S04/01/09	43.00	.00	M 12	.00		43.00
000359	13146075	005	ICE MACHINE	25CT400A	S04/01/09	582.00	.00	M 36	.00		582.00
000362	13146075	090	ICEMAKER-MANITR	ONIC	S04/01/09	65.00	.00	M 12	.00		65.00
000364	13146075	900	ILLUMINATORS		S04/01/09	43.00	.00	M 12	.00		43.00
000365	13146075	005	IMPRINTER		S04/01/09	22.00	.00	M 12	.00		22.00
000403	13146075	007	LANIER DICTATION	SYSTEM	S04/01/09	22.00	.00	M 12	.00		22.00
000404	13146075	723	LANIER DICTATION	SYSTEM	S04/01/09	22.00	.00	M 12	.00		22.00
000412	13146075	840	LASER PRINTER	11AUK36	S04/01/09	48.00	.00	M 12	.00		48.00
000416	13146075	900	LASERJET PRINTER		S04/01/09	70.00	.00	M 12	.00		70.00
000422	13146075	900	LED PROJECTOR	G9B100306	S04/01/09	533.00	.00	M 12	.00		533.00
000424	13146075	005	LIFT CHAIR		S04/01/09	566.00	.00	M 24	.00		566.00
000433	13146075	005	LINEN EXCHANGE	CART	S04/01/09	16.00	.00	M 12	.00		16.00
000434	13146075	005	LINEN EXCHANGE	CART	S04/01/09	16.00	.00	M 12	.00		16.00
000435	13146075	001	LINEN EXCHANGE	CART	S04/01/09	16.00	.00	M 12	.00		16.00
000436	13146075	080	LINEN EXCHANGE	CART	S04/01/09	16.00	.00	M 12	.00		16.00
000438	13146075	830	LOBBY FURNITURE		S04/01/09	3928.00	.00	M 48	.00		3928.00
000439	13146075	830	LOBBY FURNITURE		S04/01/09	3863.00	.00	M 48	.00		3863.00
000441	13146075	005	LOCKERS		S04/01/09	232.00	.00	M 12	.00		232.00
000442	13146075	900	LOVESEAT		S04/01/09	27.00	.00	M 12	.00		27.00
000444	13146075	830	MAINTENANCE	EQUIPMENT	S04/01/09	523.00	.00	M 48	.00		523.00
000446	13146075	917	MANEQUIN FOR	CPR	S04/01/09	32.00	.00	M 12	.00		32.00
000450	13146075	900	MARK IV OPAQUE	PROJECTOR	S04/01/09	38.00	.00	M 12	.00		38.00
000452	13146075	005	MATTRESSES,	ROCKERS, BED	S04/01/09	447.00	.00	M 12	.00		447.00
000459	13146075	840	MEDICAL RECORDS	STORAGE SYSTEM	S04/01/09	4725.00	.00	M 12	.00		4725.00
000466	13146075	840	MEDVIEW 750	BATTERY PACK	S04/01/09	32.00	.00	M 12	.00		32.00
000467	13146075	840	MEDVIEW MONITOR		S04/01/09	232.00	.00	M 12	.00		232.00
000468	13146075	840	MEDVIEW PRINTER	9641	S04/01/09	135.00	.00	M 12	.00		135.00
000476	13146075	810	MISC EQUIPMENT		S04/01/09	711.00	.00	M 12	.00		711.00
000477	13146075	830	MISC EQUIPMENT		S04/01/09	1940.00	.00	M 36	.00		1940.00
000478	13146075	830	MISCELLEANEOUS	EQUIP	S04/01/09	1460.00	.00	M 36	.00		1460.00
000486	13146075	001	MODEL 500	IMPRINTER	S04/01/09	16.00	.00	M 12	.00		16.00
000500	13146075	840	OFFICE FURNITURE		S04/01/09	27.00	.00	M 12	.00		27.00
000501	13146075	001	OFFICE FURNITURE	-LOVE SEAT	S04/01/09	22.00	.00	M 12	.00		22.00
000502	13146075	900	OFFICE FURNITURE	-TABLE	S04/01/09	11.00	.00	M 12	.00		11.00
000514	13146075	001	PAGEBOY AND	CHARGER	S04/01/09	16.00	.00	M 12	.00		16.00
000517	13146075	001	PAGER		S04/01/09	43.00	.00	M 12	.00		43.00
000519	13146075	900	PAN PANAFAX	UF 250	S04/01/09	86.00	.00	M 12	.00		86.00

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TAG	ASSET	LOCA.	DESCRIPTION----	SERIAL NUMBER-----	ACQUIRED	PURCHASE	SALVAGE		FISCAL	ACCUM
NUMBER	NUMBER				MET DATE	VALUE	VALUE LIFE	DEPREC.	DEPREC.	DEPR.
000520	13146075	840	PAPER SHREDDER		S04/01/09	108.00	.00 M 12	.00		108.00
000521	13146075	840	PAPER SHREDDER STAND		S04/01/09	16.00	.00 M 12	.00		16.00
000543	13146075	005	PATIENT CUBICLE CURTAINS		S04/01/09	226.00	.00 M 12	.00		226.00
000550	13146075	917	PC FOR QUALITY MANAGER		S04/01/09	178.00	.00 M 48	.00		178.00
000551	13146075	900	PC100 HUNTSVILLE		S04/01/09	65.00	.00 M 12	.00		65.00
000574	13146075	005	PEDIATRIC BED	14196	S04/01/09	679.00	.00 M 24	.00		679.00
000575	13146075	005	PEDIATRIC BED	14195	S04/01/09	679.00	.00 M 24	.00		679.00
000587	13146075	830	PICKUP TRUCK-MAINTENANCE		S04/01/09	1762.00	.00 M 36	.00		1762.00
000590	13146075	090	PLATE WARMER		S04/01/09	102.00	.00 M 36	.00		102.00
000592	13146075	830	PORT SENSITOMETER		S04/01/09	32.00	.00 M 12	.00		32.00
000593	13146075	090	PORTABLE AEROHOT		S04/01/09	16.00	.00 M 12	.00		16.00
000594	13146075	830	PORTABLE AIR CO	7010057	S04/01/09	442.00	.00 M 36	.00		442.00
000595	13146075	830	PORTABLE ELECTRIC AIR COMPRESSOR		S04/01/09	16.00	.00 M 12	.00		16.00
000600	13146075	830	PRESSURE WASHER		S04/01/09	22.00	.00 M 12	.00		22.00
000605	13146075	900	PRINTER		S04/01/09	27.00	.00 M 12	.00		27.00
000614	13146075	917	PROJECTOR		S04/01/09	54.00	.00 M 12	.00		54.00
000631	13146075	900	RECLINER		S04/01/09	16.00	.00 M 12	.00		16.00
000633	13146075	917	RECORDER CART W/CASTER		S04/01/09	86.00	.00 M 12	.00		86.00
000635	13146075	005	REFRIGERATOR		S04/01/09	27.00	.00 M 12	.00		27.00
000636	13146075	005	REFRIGERATOR		S04/01/09	22.00	.00 M 12	.00		22.00
000637	13146075	012	REFRIGERATOR		S04/01/09	16.00	.00 M 12	.00		16.00
000638	13146075	080	REFRIGERATOR		S04/01/09	27.00	.00 M 12	.00		27.00
000639	13146075	090	REFRIGERATOR(RO	T32822H02	S04/01/09	1169.00	.00 M 12	.00		1169.00
000640	13146075	900	REFRIGERATOR-UNDER COUNTER		S04/01/09	16.00	.00 M 12	.00		16.00
000641	13146075	005	RENOVATIONS TO NURSES STATION		S04/01/09	16.00	.00 M 12	.00		16.00
000642	13146075	917	RESUSCI ANNE COMPLETE		S04/01/09	22.00	.00 M 12	.00		22.00
000643	13146075	917	RESUSCI-ANN	AA1200	S04/01/09	22.00	.00 M 12	.00		22.00
000644	13146075	005	RETRACTABLE BEDS		S04/01/09	1686.00	.00 M 12	.00		1686.00
000645	13146075	090	ROLLER CONVEYOR		S04/01/09	86.00	.00 M 12	.00		86.00
000646	13146075	090	ROLL-IN REFRIGERATOR RACKS		S04/01/09	32.00	.00 M 12	.00		32.00
000648	13146075	830	ROTOROOTER MODEL	661	S04/01/09	27.00	.00 M 12	.00		27.00
000649	13146075	908	SAFE		S04/01/09	27.00	.00 M 12	.00		27.00
000650	13146075	090	SALAD BAR AND ATTACHMENT		S04/01/09	32.00	.00 M 12	.00		32.00
000651	13146075	830	SCAFFOLD COMPLETE		S04/01/09	16.00	.00 M 12	.00		16.00
000655	13146075	900	SCULPTURE FOR FRONT LOBBY		S04/01/09	663.00	.00 M 12	.00		663.00
000656	13146075	090	SELF-LEVELING TRAY		S04/01/09	22.00	.00 M 12	.00		22.00
000660	13146075	090	SHELVES-ERECTRA		S04/01/09	151.00	.00 M 12	.00		151.00
000662	13146075	900	SHREDDER	PUI2552	S04/01/09	216.00	.00 M 12	.00		216.00
000665	13146075	090	SILVERWARE DISPENSER		S04/01/09	16.00	.00 M 12	.00		16.00
000666	13146075	036	SIMPLEX TIME CLOCK STAMPER		S04/01/09	22.00	.00 M 12	.00		22.00
000667	13146075	090	SINGLE-DOOR REFRIGERATOR		S04/01/09	48.00	.00 M 12	.00		48.00
000678	13146075	090	SQUARE DINING ROOM TABLES		S04/01/09	167.00	.00 M 24	.00		167.00
000679	13146075	810	STAINLESS STEEL CART		S04/01/09	221.00	.00 M 36	.00		221.00
000680	13146075	810	STAINLESS STEEL CART		S04/01/09	221.00	.00 M 36	.00		221.00
000681	13146075	810	STAINLESS STEEL CART		S04/01/09	221.00	.00 M 36	.00		221.00
000682	13146075	810	STAINLESS STEEL CART		S04/01/09	221.00	.00 M 36	.00		221.00
000685	13146075	090	STEAM GENERATOR		S04/01/09	81.00	.00 M 12	.00		81.00

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TAG	ASSET	LOCA.	DESCRIPTION----	SERIAL NUMBER-----	ACQUIRED MET DATE	PURCHASE VALUE	SALVAGE VALUE	LIFE	DEPREC.	FISCAL DEPREC.	ACCUM DEPR.
000734	13146075	830	TABLE SAW		S04/01/09	16.00	.00	M 12	.00		16.00
000736	13146075	900	TAPE DRIVE-8MM EXABYE 2 3-5GB		S04/01/09	119.00	.00	M 12	.00		119.00
000743	13146075	917	TELEVISION MONITOR		S04/01/09	38.00	.00	M 12	.00		38.00
000744	13146075	005	TELEVISIONS		S04/01/09	383.00	.00	M 12	.00		383.00
000762	13146075	916	TIME CLOCK		S04/01/09	135.00	.00	M 12	.00		135.00
000763	13146075	916	TIME CLOCK		S04/01/09	135.00	.00	M 12	.00		135.00
000767	13146075	090	TOASTER		S04/01/09	27.00	.00	M 12	.00		27.00
000771	13146075	830	TRACTOR MODEL 950 AND MOWER		S04/01/09	339.00	.00	M 12	.00		339.00
000772	13146075	840	TRANSCRIBER		S04/01/09	54.00	.00	M 12	.00		54.00
000774	13146075	830	TRANSMITTER FOR 2-WAY RADIO		S04/01/09	92.00	.00	M 12	.00		92.00
000779	13146075	054	TYPEWRITER		S04/01/09	43.00	.00	M 12	.00		43.00
000780	13146075	840	TYPEWRITER		S04/01/09	32.00	.00	M 12	.00		32.00
000781	13146075	902	TYPEWRITER	144057	S04/01/09	27.00	.00	M 12	.00		27.00
000782	13146075	917	TYPEWRITER		S04/01/09	43.00	.00	M 12	.00		43.00
000784	13146075	900	ULTRA VERA VALUE SYSTEM		S04/01/09	145.00	.00	M 12	.00		145.00
000792	13146075	090	URN STAND		S04/01/09	22.00	.00	M 12	.00		22.00
000804	13146075	090	VULCAN GAS RANGE WITH GRIDDLE		S04/01/09	145.00	.00	M 12	.00		145.00
000805	13146075	090	WALK-IN COOLER		S04/01/09	366.00	.00	M 12	.00		366.00
000810	13146075	830	WAREHOUSE SHELVING		S04/01/09	6762.00	.00	M 12	.00		6762.00
000811	13146075	830	WAREHOUSE-METAL SHELVING		S04/01/09	3438.00	.00	M 48	.00		3438.00
000818	13146075	090	WASTE DISPOSER		S04/01/09	22.00	.00	M 12	.00		22.00
000821	13146075	810	WET/DRY VAC KT50P		S04/01/09	22.00	.00	M 12	.00		22.00
000824	13146075	917	WHEELWRITER	29710	S04/01/09	43.00	.00	M 12	.00		43.00
000826	13146075	900	WHEELWRITER 50 466686		S04/01/09	43.00	.00	M 12	.00		43.00
000827	13146075	900	WHEELWRITER CRT AND DISK DRIVE		S04/01/09	22.00	.00	M 12	.00		22.00
000828	13146075	840	WHEELWRITER DISPLAY		S04/01/09	48.00	.00	M 12	.00		48.00
000829	13146075	900	WHEELWRITER TYP 29675		S04/01/09	43.00	.00	M 12	.00		43.00
000832	13146075	840	WORD PROCESSOR		S04/01/09	108.00	.00	M 12	.00		108.00
000833	13146075	840	WORD PROCESSOR 2337		S04/01/09	108.00	.00	M 48	.00		108.00
000834	13146075	902	WORK STATION-ACCOUNTING MANAGER		S04/01/09	652.00	.00	M 12	.00		652.00
000835	13146075	007	WORK STATION-ICU NURSE MANAGER		S04/01/09	269.00	.00	M 24	.00		269.00
000836	13146075	900	WORK STATION-MARKETING MANAGER		S04/01/09	264.00	.00	M 12	.00		264.00
000837	13146075	005	WORK STATION-MED/SURG NURSE MANAGER		S04/01/09	383.00	.00	M 24	.00		383.00
000838	13146075	001	WORK STATION-SURGERY NURSE MANAGER		S04/01/09	269.00	.00	M 24	.00		269.00
000840	13146075	810	WORKSTATION FOR HOUSEKEEPING MANAGERS		S04/01/09	571.00	.00	M 12	.00		571.00
000841	13146075	078	WORKSTATION FOR OCCUPATIONAL THERAPYS		S04/01/09	135.00	.00	M 12	.00		135.00
000843	13146075	905	WORKSTATION-BUSINESS OFFICE		S04/01/09	3621.00	.00	M 12	.00		3621.00
000844	13146075	007	WORKSTATION-NURSE MANAGER		S04/01/09	307.00	.00	M 24	.00		307.00
000845	13146075	830	WORKSTATIONS		S04/01/09	1158.00	.00	M 12	.00		1158.00
000846	13146075	905	WORKSTATIONS FOR BUSINESS OFFICE		S04/01/09	8950.00	.00	M 12	.00		8950.00
#ITEMS=					228	105129.00	.00		.00	.00	105129.00

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NUMBER	NUMBER	LOCA.	DESCRIPTION----	SERIAL NUMBER-----	MET	DATE	VALUE	VALUE	LIFE	DEPREC.	DEPREC.	DEPR.
-----												
			BEGINNING BALANCE	#ITEMS=	228		105129.00	.00		.00	.00	105129.00
			ASSETS ACQUIRED	#ITEMS=			.00	.00		.00	.00	.00
			ASSETS REMOVED	#ITEMS=			.00	.00		.00	.00	.00
			ENDING BALANCE	#ITEMS=	228		105129.00	.00		.00	.00	105129.00

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TAG	ASSET			ACQUIRED	PURCHASE	SALVAGE		FISCAL	ACCUM
NUMBER	NUMBER	LOCA.	DESCRIPTION---SERIAL NUMBER-----	MET DATE	VALUE	VALUE LIFE	DEPREC.	DEPREC.	DEPR.
000058	13146359	902	ANX PCI CABLE	S04/01/09	16.00	.00 M 12	.00		16.00
000382	13146359	005	IV PUMPS	S04/01/09	889.00	.00 M 24	.00		889.00
000383	13146359	005	IV PUMPS	S04/01/09	1525.00	.00 M 24	.00		1525.00
000458	13146359	005	MED-CART SERIES 600	S04/01/09	59.00	.00 M 12	.00		59.00
000722	13146359	080	STRYKER STRETCH 802099646	S04/01/09	2489.00	.00 M 96	25.93	311.16	2100.23
			#ITEMS=	5	4978.00	.00	25.93	311.16	4589.23
			BEGINNING BALANCE	#ITEMS=	5	4978.00	.00	25.93	311.16
			ASSETS ACQUIRED	#ITEMS=		.00	.00	.00	.00
			ASSETS REMOVED	#ITEMS=		.00	.00	.00	.00
			ENDING BALANCE	#ITEMS=	5	4978.00	.00	25.93	311.16

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ASSET GL# SEQUENCE

TAG NUMBER	ASSET NUMBER	LOCA.	DESCRIPTION---SERIAL NUMBER-----	ACQUIRED MET DATE	PURCHASE VALUE	SALVAGE VALUE LIFE	DEPREC.	FISCAL DEPREC.	ACCUM DEPR.
000167	13147600	908	CPSI LEASE	S06/01/10	300000.00	.00 M 48	.00		300000.00
000334	13147600	028	GE C-ARM (LEASE D319501; E	S12/16/09	147724.43	.00 M 60	.00		147724.43
000585	13147600	080	PHILLIPS ER MON DE91327675	S06/20/10	62868.01	.00 M120	523.90	6286.80	34769.50
000586	13147600	029	PHILLIPS ULTRAS US80822216	S08/15/10	63575.24	.00 M120	529.79	6357.48	34189.18
000710	13147600	001	STRYKER ENDO TO STY3839	S02/26/10	96769.93	.00 M120	806.42	9677.04	56583.72
900192	13147600	025	MAMMO DIGITAL S 51494565	S07/01/13	307031.96	.00 M 84	3655.14	43861.68	109654.20
900196	13147600	026	GE OPTIMA 660 CT TECHNOLOGY SCANNER	S04/01/14	539807.25	.00 M 84	6426.28	77115.36	134951.88
90200A	13147600	001	ENDOSCOPY SYSTE 7408875	S01/25/15	17448.60	.00 M 84	207.72	2492.64	2492.64
90200B	13147600	001	ENDOSCOPY SYSTE 7457459	S01/25/15	9204.91	.00 M 84	109.58	1314.96	1314.96
90200C	13147600	001	ENDOSCOPY SYSTE A413891	S01/25/15	7734.30	.00 M 84	92.08	1104.96	1104.96
90200D	13147600	001	ENDOSCOPY SYSTE 25177612	S01/25/15	33429.61	.00 M 84	397.97	4775.64	4775.64
90200E	13147600	001	ENDOSCOPY SYSTE 2417535	S01/25/15	33429.61	.00 M 84	397.97	4775.64	4775.64
90200F	13147600	001	ENDOSCOPY SYSTE 2519582	S01/25/15	36981.94	.00 M 84	440.26	5283.12	5283.12
90200G	13147600	001	ENDOSCOPY SYSTE 2519589	S01/25/15	33713.93	.00 M 84	401.36	4816.32	4816.32
90200H	13147600	001	ENDOSCOPY SYSTE 2516755	S01/25/15	36981.94	.00 M 84	440.26	5283.12	5283.12
90200I	13147600	001	ENDOSCOPY SYSTE 7415376	S01/25/15	9392.49	.00 M 84	111.82	1341.84	1341.84
90200J	13147600	001	ENDOSCOPY STEM 7413519	S01/25/15	9344.23	.00 M 84	111.24	1334.88	1334.88
				#ITEMS= 17	1745438.38	.00	14651.79	175821.48	850396.03
BEGINNING BALANCE				#ITEMS= 17	1745438.38	.00	14651.79	175821.48	850396.03
ASSETS ACQUIRED				#ITEMS=	.00	.00	.00	.00	.00
ASSETS REMOVED				#ITEMS=	.00	.00	.00	.00	.00
ENDING BALANCE				#ITEMS= 17	1745438.38	.00	14651.79	175821.48	850396.03

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TAG	ASSET				ACQUIRED	PURCHASE	SALVAGE		FISCAL	ACCUM		
NUMBER	NUMBER	LOCA.	DESCRIPTION----	SERIAL NUMBER-----	MET	DATE	VALUE	VALUE	LIFE	DEPREC.	DEPREC.	DEPR.
-----												
					#ITEMS=	835	6027467.40	.00		34542.92	422192.02	2543827.81
			BEGINNING BALANCE		#ITEMS=	835	6027467.40	.00		34542.92	422192.02	2543827.81
			ASSETS ACQUIRED		#ITEMS=		.00	.00		.00	.00	.00
			ASSETS REMOVED		#ITEMS=		.00	.00		.00	.00	.00
			ENDING BALANCE		#ITEMS=	835	6027467.40	.00		34542.92	422192.02	2543827.81



**PROGRESSIVE ACUTE CARE AVOYELLES, LLC**

**Schedule G**

**EXHIBIT B**

<b>Party to Executory Contract/Lease</b>	<b>Contract/Lease Description</b>	<b>Description</b>	<b>Term Remaining</b>
Acadiana Medical Research Foundation 1204 Johnson Street Lafayette, LA 70503-2022	Date of Contract: 08/10/2010		
Alcon Laboratories, Inc. PO Box 677775 Dallas, TX 75267-7775	Sales Order Agreement dated March 2012	Medical Equipment: Torsional Handpiece, plus accessories	
Alcon Laboratories, Inc. PO Box 677775 Dallas, TX 75267-7775	Implant Consignment Agreement dated 04/014/2009	Medical Equipment: Intraocular Lenses	
All Saints Hospice 628 North Main Street Marksville, LA 71351	Date of Contract: 03/01/2016 Renewal Date: 02/28/2017		
AmerisourceBergen Drug Corporation PO Box 905812 Charlotte, NC 28290-5812	Master Distribution Agreement, including Commitment Agreement dated 09/01/2013 Term: 03/01/2014-08/31/2018	Pharmaceutical Products Distribution Services	29 months
Associated Regional and University Pathologists, Inc. 500 Chipeta Way Salt Lake City, UT 84127	Date of Contract: 06/01/2007		
Avoyelles Manor Nursing Home PO Box 3705682 Hwy 107 Dupont, LA 71329	Date of Contract: 03/03/2015		
Avoyelles Pediatrics 338 Moreau Street Marksville, LA 71351			

Avoyelles Surgical Associates 4239 Hwy 1192, Suite 300 Marksville, LA 71351			
Bayou Chateau 16232 Hwy. 1 Simmesport, LA 71369			
Biomedical Concepts 801 Girod Street Mandeville, LA 70448	Date of Contract: 02/03/2015		
Cardinal Health Medical PO Box 730112 Dallas, TX 75373-0112	Medical/Surgical Products Distribution Agreement, including Commitment Agreement dated 10/01/2013	Diesel/Fuel Services	
Central LA Technical College 4311 S. MacArthur Drive Alexandria, LA 71302	Date of Contract: 06/11/2015		
City of Marksville 427 North Main Street Marksville, LA 71351	Date of Contract: 01/01/2000 Renewal Date: 12/31/2024		
CMS Communications 5700 Lombardo Drive Seven Hills, OH 44131	Date of Contract: 07/15/2014		
Colonial NH 426 N. Washington Street Marksville, LA 71351			
Complete Family Care of Avoyelles P. O. Box 1140 Marksville, LA 71351			
Country Clinic			

314 Christine Lane Simmesport, LA 71369			
CPSI PO Box 850309 Mobile, AL 36685-0309	Service Agreement dated January 2010	Electronic Records Storage	
Delta Pathology Group, LLC 3000 Knight Street, Suite 220 Building 5 Shreveport, LA 70115	Medical Director and Anatomic Pathology Services Agreement dated 07/01/2012 Term: 5 years (07/01/2012 – 06/30/2017)	Specimen Processing Services/Clinical Laboratory Medical Management	14 months
Dr. Bryan McCann 424 N. Washington Street Marksville, LA 71351		Professional medical services.	
Dr. Donna Breen 338 Moreau Street, Suite A Marksville, LA 71351		Professional Medical Services.	
eClinical Works, LLC PO Box 847950 Boston, MA 02284-7950	Software License and Support Cloud Agreement for Electronic Medical Records and Practice Management dated 05/22/2013 Term: 60 months	Communication Technology Services/Electronic Records Management	26 months
Ellas Mounavar 338 Moreau Street Marksville, LA 71351			
GE Healthcare Financial Services PO Box 641419 Pittsburg, PA 15264-1419	Master Lease Agreement dated 01/23/2014 Term: 60 months	Medical Equipment: GE Optima 660 CT Technology	32 months
GE Healthcare Financial Services PO Box 641419 Pittsburg, PA 15264-1419	Finance Agreement dated 04/03/2013 Term: 60 months	Medical Equipment: Senographe Care Mammography System; Vidar Diagnostic PRO Advantage Film Digitizer	24 months
Goux Holdings, LLC 597 Tunica Drive Marksville, LA 71351			

GPN Marksville, LLC 504 Texas Street, Suite 200 Shreveport, LA 71101	Agreement for Emergency Medical Services dated 04/10/2015 Term: 3 years (05/01/2015 – 04/30/2018)	Independent Emergency Physician Services/Professional Medical and Administrative Services	25 months
Hawkeye Medical, LLC 4239 Hwy 1192, Suite 100 Marksville, LA 71351	Hospitalist Department Services Agreement dated 12/01/2010 Term: 12 months (automatically renewed annually, unless notice of termination is provided per agreement)	Administrative Services, including Hospitalist Coverage, Physician Staffing, and Maintaining Medical Records	
Hessmer Nursing Home 3707 Hwy. 114 Hessmer, LA 71341			
Hope's Children and Family Care Clinic 338 Moreau Street Marksville, LA 71351			
Infostat, LLC 6202 West Taylor Alexandria, LA 71301	Date of Contract: 09/01/2007		
Journey Hospice of Alexandria 1715 Aaron Brenner Drive, Suite 701 Memphis, TN 38120	Date of Contract: 01/01/2009		
Kevin Bordelon 4239 Hwy 1192, Suite 300 Marksville, LA 71351			
Lifeshare Blood Centers PO Box 65270 Shreveport, LA 71136-5270	Blood Service Agreement dated 01/01/2007 Term: 1 year (automatically renewed annually per agreement)	Blood/Blood Component Supplier and Laboratory Services	
Marksville Family Care 5541 Hwy. 1 Marksville, LA 71351			
Mobile Imaging Services, LLC PO Box 465 Marksville, LA 71351	Service Agreement dated 09/17/2015 Term: 1 year (automatically renewed annually, but no more than 2 renewal terms)	Mobile MRI Services Medical Equipment: Mobile GE 1.5T Highspeed MRI Unit	5 months

North Louisiana Regional Tumor Registry LA University at Monroe 700 University Avenue Monroe, LA 71209-6604	Date of Contract: 01/01/1998		
Olympus America, Inc. Dept. 0600 PO Box 120600 Dallas, TX 75312-0600	Master Lease Agreement dated 11/03/2014 Term: 60 months	Medical Equipment: Endoscopy System	32 months
Omega Diagnostics, LLC 2915 Missouri Avenue Shreveport, LA 71109	Services Agreement dated 01/01/2016 Term: 3 years (automatically renewed for 1 year after expiration of term per agreement)	Clinical Laboratory Services	32 months
Philips Medical Capital PO Box 92449 Cleveland, OH 44193-0003	Lease Agreement dated 04/05/2015 Term: 60 months	Medical Equipment: Philips Intellivue Upgrade Patient Monitors	48 months
Pitney Bowes Global Financial Services PO Box 371887 Pittsburgh, PA 15250-7887	Lease Agreement dated November 2015 Term: 51 months	Office Equipment: Mail Stream Solution; Postage and Mailing Equipment	46 months
Place Du Marche 264 Tunica Drive Marksville, LA 71351			
Radiology Specialty Group, LLC PO Box 1939 Opelousas, LA 70571			
Rapides Healthcare System 211 4 <sup>th</sup> Street Alexandria, LA 71301	Date of Contract: 12/01/2015 Renewal Date: 11/30/2017		
Siemens Healthcare Diagnostics, Inc. PO Box 121102 Dallas, TX 75312-1102	Master Equipment and Products Agreement dated 05/22/2012 Term: 60 months	Medical Equipment and Training Services	11 months
Siemens Healthcare Diagnostics, Inc. PO Box 121102 Dallas, TX 75312-1102	Service Agreement dated 02/20/2015 Term: 01/30/2015 – 01/29/2016	Medical Equipment: Sysmex CA-560	Expired

Southern Textile Services, LLC 3119 Masonic Drive Alexandria, LA 71301	Textile Rental and Services Agreement dated June 2009 Term: 3 years (automatically renewed for 1 year after expiration of term, then renewed year to year per agreement)	Laundry Processing Services (Uniforms, Hospital Gowns and Linens, etc.)	
St. Joseph Hospice 1308 Dorchester Drive Alexandria, LA 71303			
Stericycle, Inc. PO Box 6575 Carol Stream, IL 60197-6575	Steri-Safe Service Agreement dated 04/01/2011	Medical Waste Pickup and Disposal	
Stryker Finance A Division of Stryker Sales Corporation 950 Trade Centre Way, Suite 200 Kalamazoo, MI 49002	Lease Agreement dated 03/17/2010 Term: 48 months	Misc. Medical Equipment and Software	Expired
Sysmex America, Inc. 28241 Network Place Chicago, IL 60673-1282	Cost-Per-Reportable Agreement dated 06/05/2012 Term: 5 years	Medical Equipment: XT-20001/Kit	14 months
Therapy Center of Avoyelles, LLC PO Box 1170 Marksville, LA 71351	Agreement to Provide Therapy Services dated 08/08/2007 Term: 1 year (automatically renewed annually per agreement)	Physical, Occupational and Speech Therapy Services	
Therapy Center of Avoyelles, LLC PO Box 1170 Marksville, LA 71351	Professional Services Agreement dated 02/05/2015 Term: 03/01/2015 – 02/29/2016	Outpatient Physical Therapy	Expired
Truven Health Analytics 1 Dearborn 14 <sup>th</sup> Floor Chicago, IL 60602			
Valley View Nursing Home P. O. Box 629 Marksville, LA 71351			
Warren Plauche 4239 Hwy 1192, Suite 300 Marksville, LA 71351			

**Fill in this information to identify the case:**Debtor name **Progressive Acute Care Avoyelles, LLC**United States Bankruptcy Court for the: **WESTERN DISTRICT OF LOUISIANA**Case number (if known) **16-80584**☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy****04/16**

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income****1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****For prior year:**From **1/01/2015** to **12/31/2015****Sources of revenue**  
Check all that apply☒ Operating a business☒ Other **Patient revenue before deductions****Gross revenue**  
(before deductions and exclusions)**\$70,200,740.00****2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☐ None.**Description of sources of revenue****Gross revenue from each source**  
(before deductions and exclusions)**For prior year:**From **1/01/2015** to **12/31/2015****Other operating income****\$605,787.00****Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer**  
*Check all that apply*3.1. **See attached Exhibit A****\$0.00**☐ Secured debt  
☐ Unsecured loan repayments  
☒ Suppliers or vendors  
☐ Services  
☐ Other\_\_

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
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**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. See Exhibit B.			<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☐ None**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☐ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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**Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**



☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.  List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).		

**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. <b>Steffes, Vingiello &amp; McKenzie, LLC</b> <b>13702 Coursey Boulevard</b> <b>Building 3</b> <b>Baton Rouge, LA 70817</b>	<b>Attorney Fees/Expenses Incurred</b>	<b>02/09/2016 - 05/31/2016</b>	<b>\$4,013.00</b>
Email or website address			
Who made the payment, if not debtor? <b>Progressive Acute Care, LLC</b>			

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.  
Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address

Dates of occupancy  
From-To**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

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

Facility name and address

Nature of the business operation, including type of services  
the debtor providesIf debtor provides meals  
and housing, number of  
patients in debtor's care  
**50-60**

15.1. **Avoyelles Hospital**  
**4231 LA Highway 1192**  
**Marksville, LA 71351**

**Hospital**Location where patient records are maintained (if different from  
facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

- ☒ Electronically
- ☐ Paper

**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.
- ☒ Yes. State the nature of the information collected and retained.

**Patient Information**

Does the debtor have a privacy policy about that information?

- ☐ No
- ☒ Yes

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- ☐ No. Go to Part 10.
- ☒ Yes. Does the debtor serve as plan administrator?

☐ No Go to Part 10.☒ Yes. Fill in below:

Name of plan

**Progressive Acute Care, LLC is plan administrator**

Employer identification number of the plan

EIN: **26-2491719**

Has the plan been terminated?

- ☒ No
- ☐ Yes

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☐ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
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**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred.**

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

☐ No.

☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No.  
☐ Yes. Provide details below.

Site name and address

Governmental unit name and address

Environmental law, if known

Date of notice

**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No.  
☐ Yes. Provide details below.

Site name and address

Governmental unit name and address

Environmental law, if known

Date of notice

**Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address

Date of service  
From-To26a.1. **Accountants of Progressive Acute Care**26a.2. **Mona Rabalais  
4231 Hwy 1192  
Marksville, LA 71351**

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☐ None

Name and address

Date of service  
From-To26b.1. **Ericksen, Krentel & LaPorte, LLP  
4227 Canal Street  
New Orleans, LA 70119****2014 Audit**

Name and address

Date of service  
From-To26b.2. **Crowe Horwath, LLP  
225 West Wacker Drive, Suite 2600  
Chicago, IL 60606****2015 Audit (in progress)**

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

- ☒ None

Name and address

If any books of account and records are unavailable, explain why

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial

statement within 2 years before filing this case.

☐ None

**Name and address**

26d.1. **Business First Bank  
Attn: Robert Bond  
8440 Jefferson Hwy, Suite 101  
Baton Rouge, LA 70809**

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory
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Date of inventory
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The dollar amount and basis (cost, market, or other basis) of each inventory
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**28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.**

Name	Address	Position and nature of any interest	% of interest, if any
Progressive Acute Care, LLC	2210 7th Street. Suite B Mandeville, LA 70471	Managing Member	100

**29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?**

☒ No

☐ Yes. Identify below.

**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☒ No

☐ Yes. Identify below.

Name and address of recipient
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Amount of money or description and value of property
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Dates
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Reason for providing the value
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**31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?**

☐ No

☒ Yes. Identify below.

Name of the parent corporation
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Progressive Acute Care, LLC
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Employer identification number of the parent corporation
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EIN: 26-2491719
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**32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?**

☒ No

☐ Yes. Identify below.

Name of the parent corporation
--------------------------------

Employer identification number of the parent corporation
--

**Part 14: Signature and Declaration**

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

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

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

Executed on **June 27, 2016**

/s/ Wayne Thompson

Signature of individual signing on behalf of the debtor

Wayne Thompson

Printed name

Position or relationship to debtor **Authorized Representative**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes

CODE	NUMBER	DATE	AMOUNT	Avoyelles Hospital PAYEE	Reason
TCB	14956	5/2/2016	10,174.72	AIR LIQUIDE HLTHCARE AMER	Oxygen
TCB	14957	5/2/2016	5,388.70	AIR LIQUIDE HLTHCARE AMER	Oxygen
TCB	14829	3/16/2016	9,784.25	ALCON LABORATORIES INC	Surgical Supplies
TCB	14830	3/16/2016	402.00	ALCON LABORATORIES INC	Surgical Supplies
EFT	305	3/2/2016	3,604.77	AMERISOURCEBERGEN DRUG	Pharmacy
EFT	306	3/8/2016	3,470.77	AMERISOURCEBERGEN DRUG	Pharmacy
EFT	307	3/15/2016	3,916.12	AMERISOURCEBERGEN DRUG	Pharmacy
EFT	308	3/22/2016	6,118.33	AMERISOURCEBERGEN DRUG	Pharmacy
EFT	309	3/29/2016	7,212.83	AMERISOURCEBERGEN DRUG	Pharmacy
EFT	315	4/7/2016	9,979.41	AMERISOURCEBERGEN DRUG	Pharmacy
EFT	318	4/15/2016	5,091.62	AMERISOURCEBERGEN DRUG	Pharmacy
EFT	319	4/21/2016	9,577.34	AMERISOURCEBERGEN DRUG	Pharmacy
EFT	328	4/27/2016	10,518.78	AMERISOURCEBERGEN DRUG	Pharmacy
EFT	337	5/4/2016	5,907.68	AMERISOURCEBERGEN DRUG	Pharmacy
EFT	338	5/12/2016	5,142.69	AMERISOURCEBERGEN DRUG	Pharmacy
EFT	340	5/18/2016	4,481.59	AMERISOURCEBERGEN DRUG	Pharmacy
EFT	343	5/26/2016	2,574.32	AMERISOURCEBERGEN DRUG	Pharmacy
EFT	317	4/14/2016	180.54	AT&T	Telephone
EFT	320	4/22/2016	913.24	AT&T	Telephone
EFT	325	4/26/2016	11,799.12	AT&T	Telephone
EFT	326	4/26/2016	1,797.41	AT&T	Telephone
EFT	327	4/27/2016	62.73	AT&T	Telephone
EFT	339	5/17/2016	942.99	AT&T	Telephone
EFT	341	5/24/2016	1,995.87	AT&T	Telephone
TCB	14827	3/15/2016	2,215.21	AT&T	Telephone
TCB	14942	4/21/2016	1,621.10	AT&T	Telephone
TCB	14846	3/22/2016	2,082.13	AVOYELLES PARISH SHERIFF'S OFF	2015 Property Taxes
TCB	14937	4/21/2016	24,291.50	AVOYELLES PARISH SHERIFF'S OFF	2016 Property Taxes
TCB	14958	5/2/2016	30,727.96	AVOYELLES PARISH SHERIFF'S OFF	2017 Property Taxes
TCB	14825	3/15/2016	2,700.00	AVOYELLES SURGICAL ASSOCIATES	Professional Fees
TCB	14934	4/18/2016	3,300.00	AVOYELLES SURGICAL ASSOCIATES	Professional Fees

Avoyelles Hospital					
CODE	NUMBER	DATE	AMOUNT	PAYEE	Reason
TCB	14997	5/19/2016	3,000.00	AVOYELLES SURGICAL ASSOCIATES	Professional Fees
TCB	15001	5/19/2016	50,000.00	BC & BS OF LA -GROUP PAYMENTS	Medical Ins Premium
TCB	15015	5/24/2016	18,127.58	BC & BS OF LA -GROUP PAYMENTS	Medical Ins Premium
TCB	14783	3/2/2016	1,925.76	BEN E KEITH FOODS	Food
TCB	14799	3/8/2016	1,589.07	BEN E KEITH FOODS	Food
TCB	14819	3/14/2016	1,869.48	BEN E KEITH FOODS	Food
TCB	14845	3/21/2016	1,353.59	BEN E KEITH FOODS	Food
TCB	14861	3/29/2016	1,273.15	BEN E KEITH FOODS	Food
TCB	14884	4/4/2016	1,491.69	BEN E KEITH FOODS	Food
TCB	14894	4/11/2016	1,361.43	BEN E KEITH FOODS	Food
TCB	14935	4/18/2016	1,814.56	BEN E KEITH FOODS	Food
TCB	14954	4/25/2016	1,372.20	BEN E KEITH FOODS	Food
TCB	14959	5/2/2016	1,391.14	BEN E KEITH FOODS	Food
TCB	14973	5/9/2016	1,374.28	BEN E KEITH FOODS	Food
TCB	14995	5/16/2016	1,978.16	BEN E KEITH FOODS	Food
TCB	15005	5/23/2016	1,587.16	BEN E KEITH FOODS	Food
TCB	14803	3/10/2016	8,505.34	CARDINAL HEALTH MEDICAL	Medical/Surgical Supplies
TCB	14808	3/10/2016	5,420.70	CARDINAL HEALTH MEDICAL	Medical/Surgical Supplies
TCB	14809	3/10/2016	5,975.28	CARDINAL HEALTH MEDICAL	Medical/Surgical Supplies
TCB	14810	3/10/2016	4,554.99	CARDINAL HEALTH MEDICAL	Medical/Surgical Supplies
TCB	14811	3/10/2016	851.66	CARDINAL HEALTH MEDICAL	Medical/Surgical Supplies
TCB	14812	3/10/2016	4,968.35	CARDINAL HEALTH MEDICAL	Medical/Surgical Supplies
TCB	14813	3/10/2016	3,319.28	CARDINAL HEALTH MEDICAL	Medical/Surgical Supplies
TCB	14814	3/10/2016	1,279.26	CARDINAL HEALTH MEDICAL	Medical/Surgical Supplies
TCB	14815	3/10/2016	138.81	CARDINAL HEALTH MEDICAL	Medical/Surgical Supplies
TCB	14900	4/13/2016	11,753.96	CARDINAL HEALTH MEDICAL	Medical/Surgical Supplies
TCB	14901	4/13/2016	17,777.55	CARDINAL HEALTH MEDICAL	Medical/Surgical Supplies
TCB	14902	4/13/2016	7,372.46	CARDINAL HEALTH MEDICAL	Medical/Surgical Supplies
TCB	14903	4/13/2016	9,551.14	CARDINAL HEALTH MEDICAL	Medical/Surgical Supplies
TCB	14904	4/13/2016	8,606.61	CARDINAL HEALTH MEDICAL	Medical/Surgical Supplies
TCB	14905	4/13/2016	1,153.02	CARDINAL HEALTH MEDICAL	Medical/Surgical Supplies
TCB	14961	5/3/2016	2,394.04	CARDINAL HEALTH MEDICAL	Medical/Surgical Supplies



Avoyelles Hospital					
CODE	NUMBER	DATE	AMOUNT	PAYEE	Reason
TCB	14962	5/3/2016	5,664.14	CARDINAL HEALTH MEDICAL	Medical/Surgical Supplies
TCB	14963	5/3/2016	2,666.91	CARDINAL HEALTH MEDICAL	Medical/Surgical Supplies
TCB	14964	5/3/2016	5,090.32	CARDINAL HEALTH MEDICAL	Medical/Surgical Supplies
TCB	14965	5/3/2016	4,256.45	CARDINAL HEALTH MEDICAL	Medical/Surgical Supplies
TCB	14966	5/3/2016	2,900.46	CARDINAL HEALTH MEDICAL	Medical/Surgical Supplies
TCB	14967	5/3/2016	2,255.42	CARDINAL HEALTH MEDICAL	Medical/Surgical Supplies
TCB	14789	3/3/2016	1,644.26	COCA-COLA BOTTLING CO UNITED	Food
TCB	14850	3/23/2016	1,400.67	COCA-COLA BOTTLING CO UNITED	Food
TCB	14908	4/14/2016	1,231.91	COCA-COLA BOTTLING CO UNITED	Food
TCB	14998	5/19/2016	1,625.97	COCA-COLA BOTTLING CO UNITED	Food
TCB	14938	4/21/2016	1,354.03	COCA-COLA BOTTLING COMP	Food
EFT	333	4/15/2016	750.00	CPSI	Computer supplies
EFT	334	3/15/2016	750.00	CPSI	Computer supplies
TCB	14978	5/10/2016	30,000.00	CPSI	Computer Software Support fees
TCB	14787	3/2/2016	4,867.19	DOERLE FOOD SERVICES, LLC	Food
TCB	14821	3/14/2016	6,326.71	DOERLE FOOD SERVICES, LLC	Food
TCB	14871	4/1/2016	4,772.93	DOERLE FOOD SERVICES, LLC	Food
TCB	14911	4/14/2016	3,317.69	DOERLE FOOD SERVICES, LLC	Food
TCB	14994	5/13/2016	10,453.19	DOERLE FOOD SERVICES, LLC	Food
TCB	14872	4/1/2016	7,739.56	ECLINICALWORKS, LLC	Computer Software Support fees
EFT	316	4/11/2016	21,032.31	ENTERGY	Electricity
EFT	342	5/24/2016	1,085.11	ENTERGY	Electricity
TCB	14784	3/2/2016	930.73	ENTERGY	Electricity
TCB	14786	3/2/2016	2.95	ENTERGY	Electricity
TCB	14801	3/8/2016	651.36	ENTERGY	Electricity
TCB	14804	3/10/2016	18,329.80	ENTERGY	Electricity
TCB	14848	3/23/2016	1,595.20	ENTERGY	Electricity
TCB	14883	4/4/2016	1,116.95	ENTERGY	Electricity
TCB	14981	5/10/2016	17,762.11	ENTERGY	Electricity
TCB	14870	3/31/2016	2,784.88	GE CAPITAL	Equipment lease
TCB	14951	4/21/2016	4,028.94	GE CAPITAL	Equipment lease
EFT	311	3/2/2016	5,964.60	GE HEALTHCARE FINANCIAL	Equipment lease

Avoyelles Hospital					
CODE	NUMBER	DATE	AMOUNT	PAYEE	Reason
EFT	312	3/2/2016	10,090.23	GE HEALTHCARE FINANCIAL	Equipment lease
EFT	313	4/1/2016	10,090.23	GE HEALTHCARE FINANCIAL	Equipment lease
EFT	314	4/1/2016	5,964.60	GE HEALTHCARE FINANCIAL	Equipment lease
EFT	335	5/3/2016	5,964.60	GE HEALTHCARE FINANCIAL	Equipment lease
EFT	336	5/3/2016	10,090.23	GE HEALTHCARE FINANCIAL	Equipment lease
TCB	14790	3/3/2016	22,000.00	GPN MARKSVILLE, LLC	ER Physician Professional Fees
TCB	14805	3/10/2016	22,000.00	GPN MARKSVILLE, LLC	ER Physician Professional Fees
TCB	14970	5/4/2016	22,000.00	GPN MARKSVILLE, LLC	ER Physician Professional Fees
TCB	14999	5/19/2016	22,000.00	GPN MARKSVILLE, LLC	ER Physician Professional Fees
TCB	14791	3/3/2016	11,160.00	HAWKEYE MEDICAL, LLC	Hospitalist Professional Fees
TCB	14816	3/10/2016	11,160.00	HAWKEYE MEDICAL, LLC	Hospitalist Professional Fees
TCB	14843	3/17/2016	11,160.00	HAWKEYE MEDICAL, LLC	Hospitalist Professional Fees
TCB	14876	4/1/2016	11,160.00	HAWKEYE MEDICAL, LLC	Hospitalist Professional Fees
TCB	14899	4/12/2016	11,160.00	HAWKEYE MEDICAL, LLC	Hospitalist Professional Fees
TCB	14943	4/21/2016	11,160.00	HAWKEYE MEDICAL, LLC	Hospitalist Professional Fees
TCB	14960	5/2/2016	10,440.00	HAWKEYE MEDICAL, LLC	Hospitalist Professional Fees
TCB	14988	5/10/2016	10,440.00	HAWKEYE MEDICAL, LLC	Hospitalist Professional Fees
TCB	15002	5/19/2016	11,160.00	HAWKEYE MEDICAL, LLC	Hospitalist Professional Fees
TCB	15017	5/25/2016	11,160.00	HAWKEYE MEDICAL, LLC	Hospitalist Professional Fees
TCB	14852	3/23/2016	3,177.01	HOSPIRA WORLDWIDE INC	Medical/Surgical Supplies
TCB	14853	3/23/2016	1,034.37	HOSPIRA WORLDWIDE INC	Medical/Surgical Supplies
TCB	14856	3/23/2016	2,005.56	HOSPIRA WORLDWIDE INC	Medical/Surgical Supplies
TCB	14857	3/23/2016	1,242.27	HOSPIRA WORLDWIDE INC	Medical/Surgical Supplies
TCB	14858	3/23/2016	3,230.19	HOSPIRA WORLDWIDE INC	Medical/Surgical Supplies
TCB	14859	3/23/2016	2,389.29	HOSPIRA WORLDWIDE INC	Medical/Surgical Supplies
TCB	14874	4/1/2016	934.08	HOSPIRA WORLDWIDE INC	Medical/Surgical Supplies
TCB	14939	4/21/2016	2,869.90	HOSPIRA WORLDWIDE INC	Medical/Surgical Supplies
TCB	14818	3/11/2016	8,230.00	JOINT COMMISSION	JCAHO Licensure
TCB	14860	3/28/2016	20,228.57	LIFESHARE BLOOD CENTERS	Blood products
TCB	14886	4/5/2016	12,117.20	LIFESHARE BLOOD CENTERS	Blood products
TCB	14806	3/10/2016	8,821.95	MARK GREMILLION	Anesthesia Professional Fees
TCB	14854	3/23/2016	8,821.95	MARK GREMILLION	Anesthesia Professional Fees

Avoyelles Hospital					
CODE	NUMBER	DATE	AMOUNT	PAYEE	Reason
TCB	14891	4/7/2016	8,821.95	MARK GREMILLION	Anesthesia Professional Fees
TCB	14940	4/21/2016	8,821.95	MARK GREMILLION	Anesthesia Professional Fees
TCB	14796	3/3/2016	7,000.00	MOBILE IMAGING SERVICES, LLC	MRI Services
TCB	14844	3/17/2016	5,000.00	MOBILE IMAGING SERVICES, LLC	MRI Services
TCB	14877	4/1/2016	5,000.00	MOBILE IMAGING SERVICES, LLC	MRI Services
TCB	14926	4/14/2016	5,000.00	MOBILE IMAGING SERVICES, LLC	MRI Services
TCB	14950	4/21/2016	2,041.54	MOBILE IMAGING SERVICES, LLC	MRI Services
TCB	14977	5/10/2016	20,000.00	MOBILE IMAGING SERVICES, LLC	MRI Services
TCB	15003	5/19/2016	5,000.00	MOBILE IMAGING SERVICES, LLC	MRI Services
EFT	330	3/22/2016	4,274.51	OLYMPUS AMERICA INC	Equipment lease
EFT	332	3/22/2016	4,274.51	OLYMPUS AMERICA INC	Equipment lease
EFT	344	5/26/2016	4,274.51	OLYMPUS AMERICA INC	Equipment lease
TCB	14833	3/16/2016	1,084.65	OLYMPUS AMERICA INC	Equipment lease
TCB	14952	4/21/2016	207.00	OLYMPUS AMERICA INC	Equipment lease
TCB	15013	5/24/2016	738.22	OLYMPUS AMERICA INC	Equipment lease
TCB	14797	3/3/2016	5,099.00	OMEGA DIAGNOSTICS LLC	Lab supplies
TCB	14878	4/1/2016	5,099.00	OMEGA DIAGNOSTICS LLC	Lab supplies
TCB	14927	4/14/2016	5,099.00	OMEGA DIAGNOSTICS LLC	Lab supplies
TCB	14989	5/10/2016	5,099.00	OMEGA DIAGNOSTICS LLC	Lab supplies
TCB	14847	3/22/2016	16,099.58	PLACE DU MARCHE, LLC	Building lease
TCB	14915	4/14/2016	8,046.96	PLACE DU MARCHE, LLC	Building lease
TCB	14991	5/10/2016	7,933.62	PLACE DU MARCHE, LLC	Building lease
TCB	15000	5/19/2016	20,456.77	SIEMENS HEALTHCARE DIAGNOSTICS	Lab supplies
TCB	14798	3/3/2016	5,000.00	SOUTHERN TEXTILE SERVICE	Linen Supplies
TCB	14879	4/1/2016	14,350.61	SOUTHERN TEXTILE SERVICE	Linen Supplies
TCB	14824	3/14/2016	5,062.76	STERICYCLE, INC	Medcial waste management
TCB	14889	4/5/2016	1,265.69	STERICYCLE, INC	Medical waste Management

**PROGRESSIVE ACUTE CARE AVOYELLES, LLC**

**EXHIBIT A**

PAC = Progressive Acute Care, LLC

PAC-D = Progressive Acute Care Dauterive, LLC

PAC-A = Progressive Acute Care Avoyelles, LLC

PAC-O = Progressive Acute Care Oakdale, LLC

PAC-W = Progressive Acute Care Winn, LLC

Title	Case Number	Court Name	Status
DJO, LLC v. PAC d/b/a Avoyelles Hospital	2016-10722, Div. I	22 <sup>nd</sup> JDC, Parish of St. Tammany, State of Louisiana	Petition filed 2/22/2016
Futura Mobility v. PAC-A	2015-10147	In the Court of Common Pleas of Montgomery County, Pennsylvania	Judgment entered 04/03/2015
Futura Mobility v. PAC-A	2016-2691	12 <sup>th</sup> JDC, Parish of Avoyelles, State of Louisiana	Petition to Make Judgment Executory filed 2/08/2016
NES Louisiana, Inc. v. PAC and PAC-A	Arbitration No. 01-15-0004-8422	American Arbitration Association	Claim filed 08/31/2015
NES Louisiana, Inc. v. PAC, PAC-D, PAC-A, PAC-O, PAC-W	2016-11642, Div. I	22 <sup>nd</sup> JDC, Parish of St. Tammany, State of Louisiana	Petition filed 4/19/2016
The Schumacher Group of Louisiana, Inc., Iberia Physician Services, LLC, Iberia Emergency Group, LLC, Avoyelles Emergency Group, LLC, Allen Emergency Group, LLC and Winn Emergency Group, LLC v. PAC, PAC-D, PAC-A, PAC-O and PAC-W	2014-5874, Div. J	15 <sup>th</sup> JDC, Parish of Lafayette, State of Louisiana	Petition filed Nov. 2014 Judgment against PAC-A in the amount of \$241,390.00 (dated 03/03/2016)
Tracie McMorris, et al. v. PAC-A d/b/a Avoyelles Hospital, et al.	Patients' Compensation Fund No. 2014-01145	Medical Review Panel, Parish of East Baton Rouge, State of Louisiana	Opinion dated 03/09/2016
Trent McMorris, Sr., Individually and as Natural Tutor of Trent McMorris, Jr. v. PAC-A d/b/a Avoyelles Hospital, Louisiana Hospital Association Trust Fund and Sarah Lee, M.D.	2016-2942, Div. B	12 <sup>th</sup> JDC, Parish of Avoyelles, State of Louisiana	Petition filed 04/13/2016