

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

Debtor name Progressive Acute Care Oakdale, LLC

United States Bankruptcy Court for the: WESTERN DISTRICT OF LOUISIANA

Case number (if known) 16-50742

☐ 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 Oakdale, LLC**United States Bankruptcy Court for the: **WESTERN DISTRICT OF LOUISIANA**Case number (if known) **16-50742**☐ 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>2,500,000.00</b>
<b>1b. Total personal property:</b> Copy line 91A from <i>Schedule A/B</i> .....	\$ <b>2,588,594.00</b>
<b>1c. Total of all property:</b> Copy line 92 from <i>Schedule A/B</i> .....	\$ <b>5,088,594.00</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>11,008,918.72</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>0.00</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>2,080,040.98</b>
<b>4. Total liabilities</b> ..... Lines 2 + 3a + 3b	\$ <b>13,088,959.70</b>

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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)****5801****\$0.00**3.2. **Sabine State Bank****Depository (Commercial A/R Deposits)****5606****\$9,975.00**3.3. **Sabine State Bank****Checking****5592****\$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.

**\$9,975.00****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?**

Debtor Progressive Acute Care Oakdale, LLC  
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- ☐ No. Go to Part 4.  
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 6,683,345.00 - 4,718,417.00 = .... \$1,964,928.00  
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.

\$1,964,928.00

**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>\$613,691.00</b>

23. **Total of Part 5.**

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

\$613,691.00

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.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1.	2007 Chevrolet VIN: 3GCEC14XX7G234131	\$0.00		\$0.00

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

49. **Aircraft and accessories**

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

51. **Total of Part 8.**

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

\$0.00

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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).

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

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

**Valuation method used for current value**

**Current value of debtor's interest**

55.1. **103 N. Hospital Drive,  
Oakdale, LA 71463  
(value includes  
FF&E)**

**\$0.00**

**Appraisal**

**\$2,500,000.00**

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.

**\$2,500,000.00**

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**

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>\$9,975.00</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>\$1,964,928.00</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>\$613,691.00</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>\$2,500,000.00</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>\$2,588,594.00</u>	+ 91b. <u>\$2,500,000.00</u>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u>\$5,088,594.00</u>

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

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

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

Case number (if known) **16-50742**

☐ Check if this is an amended filing

**Official Form 206D**

**Schedule D: Creditors Who Have Claims Secured by Property**

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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>Allen Emergency Group, LLC</b> <small>Creditor's Name</small>  <b>PO Box 82368</b> <b>Lafayette, LA 70598</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 03/03/2016)</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>\$186,666.68</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 01</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>\$10,500,000.00</b>	<b>\$0.00</b>
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Debtor **Progressive Acute Care Oakdale, LLC**  
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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

Describe debtor's property that is subject to a lien **\$322,252.04** **\$0.00**  
**Schumacher Lawsuit (Judgment 03/03/2016)**

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)

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.

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.

**\$11,008,918.**  
**72**

**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 Street, Suite 1100  
Raleigh, NC 27601**

Line **2.1**

**Barry D. Alexander  
Polsinelli, PC  
421 Fayetteville Street, 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 Oakdale, LLC**  
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Case number (if know) **16-50742**

**Sharon S. Whitlow**  
**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 Oakdale, LLC**United States Bankruptcy Court for the: **WESTERN DISTRICT OF LOUISIANA**Case number (if known) **16-50742**☐ 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.**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
3.1	Nonpriority creditor's name and mailing address <b>3M Healthcare</b> <b>PO Box 200715</b> <b>Dallas, TX 75320-0715</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>\$20.78</b>
3.2	Nonpriority creditor's name and mailing address <b>Abbott Laboratories/Diagnostics Division</b> <b>PO Box 100997</b> <b>Atlanta, GA 30384-0997</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> <u>Lab supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$4,631.50</b>
3.3	Nonpriority creditor's name and mailing address <b>Abbott Nutrition</b> <b>75 Remittance Drive, Suite 1310</b> <b>Chicago, IL 60675-1310</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>\$561.45</b>
3.4	Nonpriority creditor's name and mailing address <b>Acadian Ambulance</b> <b>PO Box 92970</b> <b>Lafayette, LA 70509-2970</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>\$57,268.07</b>

3.5	Nonpriority creditor's name and mailing address <b>Acumed, LLC</b> <b>7995 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>\$4,870.80</b>
3.6	Nonpriority creditor's name and mailing address <b>Air Liquide America Corp.</b> <b>PO Box 301046</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: <b><u>Contract</u></b> <b><u>Oxygen</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$18,182.45</b>
3.7	Nonpriority creditor's name and mailing address <b>Alcon Laboratories, Inc.</b> <b>PO Box 951125</b> <b>Dallas, TX 75395-1125</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$36.50</b>
3.8	Nonpriority creditor's name and mailing address <b>Alere Toxicology Services, Inc.</b> <b>PO Box 654075</b> <b>Dallas, TX 75265-4075</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$99.50</b>
3.9	Nonpriority creditor's name and mailing address <b>Alexandria Cardiology Clinic</b> <b>501 Medican Center Drive</b> <b>Suite 250</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: <b><u>Contract</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,500.00</b>
3.10	Nonpriority creditor's name and mailing address <b>Alimed, Inc.</b> <b>PO Box 9135</b> <b>297 High Street</b> <b>Dedham, MA 02026</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$93.86</b>
3.11	Nonpriority creditor's name and mailing address <b>Allen Council on Aging</b> <b>PO Drawer E-L</b> <b>Oakdale, LA 71463</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$52.00</b>

3.12	Nonpriority creditor's name and mailing address <b>Allen Parish Sheriff's Dept.</b> <b>PO Drawer 278</b> <b>Oberlin, LA 70655</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$1,857.35</b>
3.13	Nonpriority creditor's name and mailing address <b>American Bankers Insurance Co. of FLA</b> <b>PO Box 731178</b> <b>Dallas, TX 75373-1178</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$1,206.00</b>
3.14	Nonpriority creditor's name and mailing address <b>American Key &amp; Lock Co.</b> <b>110A Texas Avenue</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>\$126.11</b>
3.15	Nonpriority creditor's name and mailing address <b>AmerisourceBergen</b> <b>PO Box 905223</b> <b>Charlotte, NC 28290-5223</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>Pharmacy</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,056.08</b>
3.16	Nonpriority creditor's name and mailing address <b>AMES Safety Envelope Co.</b> <b>24923 Network Place</b> <b>Chicago, IL 60673-1249</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$231.94</b>
3.17	Nonpriority creditor's name and mailing address <b>AngioDynamics, Inc.</b> <b>603 Queensbury Avenue</b> <b>Queensbury, NY 12804</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$509.19</b>
3.18	Nonpriority creditor's name and mailing address <b>APIC Dues</b> <b>PO Box 79502</b> <b>Baltimore, MD 21279-0502</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$195.00</b>

3.19	Nonpriority creditor's name and mailing address <b>Architectural Indentification, Inc.</b> <b>1170 Claycraft Road</b> <b>Gahanna, OH 43230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$280.77</b>
3.20	Nonpriority creditor's name and mailing address <b>ArjoHuntleigh, Inc.</b> <b>2349 West Lake Street, Suite 250</b> <b>Addison, IL 60101</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$116.28</b>
3.21	Nonpriority creditor's name and mailing address <b>Arrow International, Inc.</b> <b>PO Box 60519</b> <b>Charlotte, NC 28260</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$135.22</b>
3.22	Nonpriority creditor's name and mailing address <b>Arthrex, Inc.</b> <b>PO Box 403511</b> <b>Atlanta, GA 30384-3511</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>\$11,479.66</b>
3.23	Nonpriority creditor's name and mailing address <b>ASD Healthcare, Inc.</b> <b>3101 Gaylord Parkway</b> <b>Frisco, TX 75034</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$589.84</b>
3.24	Nonpriority creditor's name and mailing address <b>AT&amp;T</b> <b>PO Box 105262</b> <b>Atlanta, GA 30348-5262</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$2,304.60</b>
3.25	Nonpriority creditor's name and mailing address <b>AT&amp;T</b> <b>PO Box 5019</b> <b>Carol Stream, IL 60197-5019</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$27,361.72</b>

3.26	Nonpriority creditor's name and mailing address <b>AT&amp;T</b> <b>PO Box 105503</b> <b>Atlanta, GA 30348-5503</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$19,943.64</b>
3.27	Nonpriority creditor's name and mailing address <b>AT&amp;T</b> <b>PO Box 5095</b> <b>Carol Stream, IL 60197-5095</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$237.33</b>
3.28	Nonpriority creditor's name and mailing address <b>Audit Microcontrols, Inc.</b> <b>PO Box 3369</b> <b>Eatonton, GA 31024</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$502.00</b>
3.29	Nonpriority creditor's name and mailing address <b>Aunt Terry's Quick Stop</b> <b>751 Hwy 165 North</b> <b>Oakdale, LA 71463</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$360.48</b>
3.30	Nonpriority creditor's name and mailing address <b>Bard Peripheral Vascular, Inc.</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>\$320.10</b>
3.31	Nonpriority creditor's name and mailing address <b>Bard, Inc.</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>\$90.00</b>
3.32	Nonpriority creditor's name and mailing address <b>Barracuda Networks, Inc.</b> <b>3175 Winchester Boulevard</b> <b>Campbell, CA 95008</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$1,748.00</b>

3.33	Nonpriority creditor's name and mailing address <b>Bausch &amp; Lomb Inc./Surgical</b> <b>4395 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>\$99.80</b>
3.34	Nonpriority creditor's name and mailing address <b>Baxter Healthcare/Med Delivery</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: <b>Medical/Surgical Supplies</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,634.72</b>
3.35	Nonpriority creditor's name and mailing address <b>Bay Medical, Inc.</b> <b>12393 Belcher Road S, Suite 450</b> <b>Largo, FL 33773-3097</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$218.24</b>
3.36	Nonpriority creditor's name and mailing address <b>Bayer Healthcare, LLC</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>\$4,412.00</b>
3.37	Nonpriority creditor's name and mailing address <b>Bell Office Supply</b> <b>119 S. Coreil Street</b> <b>Ville Platte, LA 70586</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$599.13</b>
3.38	Nonpriority creditor's name and mailing address <b>Beta Technology, Inc.</b> <b>PO Box 218686</b> <b>Houston, TX 77218-8686</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$197.99</b>
3.39	Nonpriority creditor's name and mailing address <b>BG Medical, LLC</b> <b>101 S. Hough Street</b> <b>Suite 6A</b> <b>Barrington, IL 60010</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$8,568.90</b>



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

Case number (if known) **16-50742**

3.40	Nonpriority creditor's name and mailing address <b>Bio-Rad Laboratories, Inc. Dept 9740 Attn: Clinical Diagnostics Los Angeles, CA 90084-9740</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$10,235.55</b>
3.41	Nonpriority creditor's name and mailing address <b>Boston Scientific Corp. PO Box 951653 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>\$2,123.18</b>
3.42	Nonpriority creditor's name and mailing address <b>Bracco Diagnostics, Inc. PO Box 978952 Dallas, TX 75397-8952</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$1,805.52</b>
3.43	Nonpriority creditor's name and mailing address <b>Briggs Healthcare 7300 Westown Parkway, #100 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>\$879.74</b>
3.44	Nonpriority creditor's name and mailing address <b>Buddy S. Super Foods PO Box 959 Oakdale, LA 71463</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$213.24</b>
3.45	Nonpriority creditor's name and mailing address <b>Bumper to Bumper Auto 214 E. 7th Avenue Oakdale, LA 71463</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$51.26</b>
3.46	Nonpriority creditor's name and mailing address <b>Cables and Sensors, LLC 1351 S. Leavitt Avenue #103B Orange City, FL 32763</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$184.96</b>

3.47	Nonpriority creditor's name and mailing address <b>Cajun Chemical &amp; Janitorial</b> <b>15115 West Vine Street</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>\$4,162.48</b>
3.48	Nonpriority creditor's name and mailing address <b>Cameron Communications</b> <b>Attn: Elizabeth Telephone</b> <b>PO Box 2387</b> <b>Sulphur, LA 70664</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$933.85</b>
3.49	Nonpriority creditor's name and mailing address <b>Cardiac Science Corp.</b> <b>N7 W22025 Johnson Drive, Suite 100</b> <b>Waukesha, WI 53186</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$3,687.10</b>
3.50	Nonpriority creditor's name and mailing address <b>Cardinal</b> <b>155 Brookhollow Esplande</b> <b>100 Campus Drive East</b> <b>Destrahan, LA 71555</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$289.30</b>
3.51	Nonpriority creditor's name and mailing address <b>Cardinal Health 414, LLC</b> <b>PO Box 905488</b> <b>Charlotte, NC 28290-5488</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>Medical Surgical Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,694.08</b>
3.52	Nonpriority creditor's name and mailing address <b>Cardinal Health Medical Products</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: <u>Medical Surgical Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$279,795.85</b>
3.53	Nonpriority creditor's name and mailing address <b>Carefusion Solutions, LLC</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>\$86,197.28</b>

3.54	Nonpriority creditor's name and mailing address <b>Carefusion/V. Mueller</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>\$4,797.25</b>
3.55	Nonpriority creditor's name and mailing address <b>Carousel Industries</b> <b>PO Box 842084</b> <b>Boston, MA 02284-2084</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$1,779.94</b>
3.56	Nonpriority creditor's name and mailing address <b>Carstens, Inc.</b> <b>7310 West Wilson Avenue</b> <b>Harwood Heights, IL 60706</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$220.43</b>
3.57	Nonpriority creditor's name and mailing address <b>Casco Manufacturing Solutions</b> <b>3107 Spring Grove Avenue</b> <b>Cincinnati, OH 45225</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$477.19</b>
3.58	Nonpriority creditor's name and mailing address <b>Cenla Interior Supply</b> <b>320 Jones 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>\$1,143.90</b>
3.59	Nonpriority creditor's name and mailing address <b>Centerpoint Energy Resource</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: <b>Gas</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,800.60</b>
3.60	Nonpriority creditor's name and mailing address <b>Central LA Medical Supply, Inc.</b> <b>125 La Rue Medicine 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>\$396.00</b>

3.61	Nonpriority creditor's name and mailing address <b>Central Lumber &amp; Supply</b> <b>111 South 8th Street</b> <b>Oakdale, LA 71463</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$33.03</b>
3.62	Nonpriority creditor's name and mailing address <b>Centurytel</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>\$2,975.89</b>
3.63	Nonpriority creditor's name and mailing address <b>Chandler's Parts &amp; Service, Inc.</b> <b>11656 Darryl Drive</b> <b>Baton Rouge, LA 70815</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$180.45</b>
3.64	Nonpriority creditor's name and mailing address <b>Channelford Associates, Inc.</b> <b>2006 Channelford Road</b> <b>Westlake Village, CA 91361</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$638.18</b>
3.65	Nonpriority creditor's name and mailing address <b>Channing Bete Company, Inc.</b> <b>PO Box 3538</b> <b>South Deerfield, MA 01373-3538</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$91.16</b>
3.66	Nonpriority creditor's name and mailing address <b>Charles Cottongin</b> <b>404 W. 6th Avenue</b> <b>Oakdale, LA 71463</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>Contract</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,100.00</b>
3.67	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>\$561.00</b>

3.68	Nonpriority creditor's name and mailing address <b>Chemsearch</b> <b>PO Box 971269</b> <b>Dallas, TX 75397-1269</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$959.17</b>
3.69	Nonpriority creditor's name and mailing address <b>Cintas Corp (Rentals)</b> <b>PO Box 1472</b> <b>Lake Charles, LA 70602</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$107.37</b>
3.70	Nonpriority creditor's name and mailing address <b>Cintas Document Management</b> <b>PO Box 740855</b> <b>Cincinnati, OH 45274-0855</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$396.00</b>
3.71	Nonpriority creditor's name and mailing address <b>City of Oakdale</b> <b>PO Box 728</b> <b>Oakdale, LA 71463</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>Utility services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,886.52</b>
3.72	Nonpriority creditor's name and mailing address <b>Cleco</b> <b>PO Box 660228</b> <b>Dallas, TX 75266-0228</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>Electricity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$111,030.67</b>
3.73	Nonpriority creditor's name and mailing address <b>Clia Laboratory Program</b> <b>PO Box 530882</b> <b>Atlanta, GA 30353-0882</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$4,472.00</b>
3.74	Nonpriority creditor's name and mailing address <b>Coca-Cola Bottling Company</b> <b>PO Box 100712</b> <b>Atlanta, GA 30384-0712</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$407.81</b>

3.75	Nonpriority creditor's name and mailing address <b>Col. Imaging Solutions, LLC</b> <b>PO Box 2207</b> <b>Lake Charles, LA 70602-2207</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$300.00</b>
3.76	Nonpriority creditor's name and mailing address <b>Comfort Strap</b> <b>201 S. Gilbert Street</b> <b>Egan, SD 57024-9701</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$89.50</b>
3.77	Nonpriority creditor's name and mailing address <b>Compliant Healthcare Technology</b> <b>110 Tradition Trail</b> <b>Holly Springs, NC 27540</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$3,965.00</b>
3.78	Nonpriority creditor's name and mailing address <b>Conco Gerde Food Service</b> <b>PO Box 61006</b> <b>New Orleans, LA 70161-1006</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$1,497.53</b>
3.79	Nonpriority creditor's name and mailing address <b>Conmed Corp.</b> <b>PO Box 6814</b> <b>Church Street Station</b> <b>New York, NY 10249-6814</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$436.80</b>
3.80	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>\$5,093.64</b>
3.81	Nonpriority creditor's name and mailing address <b>Cotton's Heating &amp; Cooling</b> <b>PO Box 166</b> <b>Oakdale, LA 71463</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$1,689.73</b>

3.82	Nonpriority creditor's name and mailing address <b>Covidien</b> <b>PO Box 120823</b> <b>Dallas, TX 75312-0823</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$44,498.24</b>
3.83	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: <u><b>Contract</b></u> <u><b>Computer Supplies</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$39,539.68</b>
3.84	Nonpriority creditor's name and mailing address <b>Credit Bureau Services</b> <b>PO Box 1808</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>\$7.57</b>
3.85	Nonpriority creditor's name and mailing address <b>Custom Specialities &amp; Supply, Inc.</b> <b>3233 25th Street</b> <b>Metairie, LA 70002-6011</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$357.52</b>
3.86	Nonpriority creditor's name and mailing address <b>Cyntox, LLC</b> <b>64 Beaver Street</b> <b>Suite 136</b> <b>New York, NY 10004</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$5,918.55</b>
3.87	Nonpriority creditor's name and mailing address <b>Davol, Inc.</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>\$14,023.04</b>
3.88	Nonpriority creditor's name and mailing address <b>De Lage Landen Financial Services</b> <b>PO Box 41602</b> <b>Philadelphia, PA 19101-1602</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>Contract</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,576.82</b>

3.89	Nonpriority creditor's name and mailing address <b>Dell Marketing, LP</b> <b>Attn: Dell Receivables</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>\$470.13</b>
3.90	Nonpriority creditor's name and mailing address <b>Delta Pathology Group</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>\$3,317.18</b>
3.91	Nonpriority creditor's name and mailing address <b>DHH Office of Public Health</b> <b>PO Box 4489</b> <b>Baton Rouge, LA 70821-4489</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$133.50</b>
3.92	Nonpriority creditor's name and mailing address <b>DJO, LLC</b> <b>PO Box 650777</b> <b>Dallas, TX 75265</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$4,629.50</b>
3.93	Nonpriority creditor's name and mailing address <b>Doerle Food Services</b> <b>113 Kol Drive</b> <b>Broussard, LA 70518</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$22,520.66</b>
3.94	Nonpriority creditor's name and mailing address <b>Dr. Patrick Savoy, MD</b> <b>PO Box 1103</b> <b>Oakdale, LA 71463</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$13,750.00</b>
3.95	Nonpriority creditor's name and mailing address <b>Dr. Stephen H. Normand, Inc.</b> <b>63 Rosalie Road D</b> <b>Alexandria, LA 71303-2839</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$7,120.93</b>



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

Case number (if known) **16-50742**

3.96	Nonpriority creditor's name and mailing address <b>Dr. Thomas J. Davis, MD</b> <b>105 Hospital Drive</b> <b>Oakdale, LA 71463</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>Contract</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$20,715.00</b>
3.97	Nonpriority creditor's name and mailing address <b>Draeger Medical, Inc.</b> <b>PO Box 8500</b> <b>S-1225</b> <b>Philadelphia, PA 19178</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$146.26</b>
3.98	Nonpriority creditor's name and mailing address <b>eClinical Works eHub</b> <b>2 Technology Drive</b> <b>Westborough, MA 01581</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>Contract</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,128.84</b>
3.99	Nonpriority creditor's name and mailing address <b>Eclicinalweb, LLC</b> <b>Two Technology Drive</b> <b>Westborough, MA 01581-1727</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$9,128.84</b>
3.100	Nonpriority creditor's name and mailing address <b>Ecolab, Inc./Institutional Div.</b> <b>PO Box 70343</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>\$1,415.30</b>
3.101	Nonpriority creditor's name and mailing address <b>Edwards Lifesciences, LLC</b> <b>23146 Network Place</b> <b>Chicago, IL 60673-1231</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$288.36</b>
3.102	Nonpriority creditor's name and mailing address <b>Elsevier, Inc.</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>\$3,500.00</b>

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

Case number (if known) **16-50742**

3.103	Nonpriority creditor's name and mailing address <b>EMD Millipore Corporation</b> <b>25760 Network Place</b> <b>Chicago, IL 60673-1257</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$3,635.02</b>
3.104	Nonpriority creditor's name and mailing address <b>Emergency Staffing Solutions</b> <b>17304 Preston Road</b> <b>Suite 1400</b> <b>Dallas, TX 75252</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$49.49</b>
3.105	Nonpriority creditor's name and mailing address <b>Employment Publishing</b> <b>175 Strafford Avenue</b> <b>Suite 1</b> <b>Wayne, PA 19087</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$3,319.68</b>
3.106	Nonpriority creditor's name and mailing address <b>Excelsior Medical Corp.</b> <b>PO Box 824389</b> <b>Philadelphia, PA 19182-4389</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$4,574.70</b>
3.107	Nonpriority creditor's name and mailing address <b>Exchange Cart Accessories, Inc.</b> <b>PO Box 160</b> <b>Freeburg, IL 62243</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$210.00</b>
3.108	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>
3.109	Nonpriority creditor's name and mailing address <b>FDA/MQSA Program</b> <b>PO Box 979109</b> <b>Saint Louis, MO 63197-9000</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$2,637.19</b>

3.110	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>\$190.44</b>
3.111	Nonpriority creditor's name and mailing address <b>Fisher &amp; Phillips, LLP</b> <b>1075 Peachtree Street NE</b> <b>Suite 3500</b> <b>Atlanta, GA 30309</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$3,864.00</b>
3.112	Nonpriority creditor's name and mailing address <b>Fisher Healthcare</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>\$3,192.86</b>
3.113	Nonpriority creditor's name and mailing address <b>Flowers Foods</b> <b>1504 Florida Boulevard</b> <b>Baton Rouge, LA 70802</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$1,329.27</b>
3.114	Nonpriority creditor's name and mailing address <b>Flynn Building Specialists</b> <b>PO Box 668</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>\$575.00</b>
3.115	Nonpriority creditor's name and mailing address <b>Foremost Dairies, Inc.</b> <b>PO Box 1203</b> <b>Shreveport, LA 71163</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$107.80</b>
3.116	Nonpriority creditor's name and mailing address <b>Franklin Mills Co.</b> <b>2021 East Swan Lake Circle</b> <b>Kent, OH 44240</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$605.50</b>

3.117	Nonpriority creditor's name and mailing address <b>Galls, LLC</b> <b>24296 Network Place</b> <b>Chicago, IL 60673-1242</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$162.28</b>
3.118	Nonpriority creditor's name and mailing address <b>Garratt Callahan Co.</b> <b>50 Ingold Road</b> <b>Burlingame, CA 94010-2206</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$4,358.96</b>
3.119	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: <u>Contract</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,160.50</b>
3.120	Nonpriority creditor's name and mailing address <b>GE Healthcare (Contracts)</b> <b>PO Box 96483</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>\$54,515.63</b>
3.121	Nonpriority creditor's name and mailing address <b>GE Medical Systems</b> <b>Information Technologies</b> <b>Attn: Accounts Receivable</b> <b>5517 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>\$4,163.28</b>
3.122	Nonpriority creditor's name and mailing address <b>Genes Metal Buildings</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$1,480.00</b>
3.123	Nonpriority creditor's name and mailing address <b>Getinge USA, Inc.</b> <b>1777 E. Henrietta Road</b> <b>Rochester, NY 14623-3133</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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 (Consent Judgment 3/21/2016)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,609.76</b>

3.124	Nonpriority creditor's name and mailing address <b>Global Equipment Company, 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>\$182.31</b>
3.125	Nonpriority creditor's name and mailing address <b>Gordon and Breaux Marketing Co.</b> <b>PO Box 52435</b> <b>Lafayette, LA 70505-2435</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$3,475.00</b>
3.126	Nonpriority creditor's name and mailing address <b>Grainger</b> <b>Attn: Dept 867443244</b> <b>PO Box 419267</b> <b>Kansas City, MO 64141-6267</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$5,688.89</b>
3.127	Nonpriority creditor's name and mailing address <b>Gregory M. Savoy, MD, PMC</b> <b>1508 Cajun Drive</b> <b>Suite C</b> <b>Mamou, LA 70554</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>Contract</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,140.00</b>
3.128	Nonpriority creditor's name and mailing address <b>Gulf Coast Office Products</b> <b>5801 River Oaks Road South</b> <b>Harahan, 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>\$2,779.16</b>
3.129	Nonpriority creditor's name and mailing address <b>Hawkeye Medical, LLC</b> <b>597 Tunica Drive W</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>\$17,477.28</b>
3.130	Nonpriority creditor's name and mailing address <b>Haylard Health, Inc.</b> <b>PO Box 732583</b> <b>Dallas, TX 75373-2583</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$361.71</b>

3.131	Nonpriority creditor's name and mailing address <b>HCA Patient Account Services</b> <b>8101 W. Sam Houston Parkway S.</b> <b>Suite 100</b> <b>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>\$178.56</b>
3.132	Nonpriority creditor's name and mailing address <b>Hill-Rom Co.</b> <b>PO Box 643592</b> <b>Pittsburgh, PA 15264-3592</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$9,339.59</b>
3.133	Nonpriority creditor's name and mailing address <b>Hologic, Inc.</b> <b>24506 Network Place</b> <b>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>\$520.25</b>
3.134	Nonpriority creditor's name and mailing address <b>Home Depot Credit Services</b> <b>Dept. 32-2505415962</b> <b>PO Box 183176</b> <b>Columbus, OH 43218-3176</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$20.00</b>
3.135	Nonpriority creditor's name and mailing address <b>Hope Cole</b> <b>PO Drawer 1299</b> <b>Oakdale, LA 71463</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$30.00</b>
3.136	Nonpriority creditor's name and mailing address <b>Hospira Worldwide, Inc.</b> <b>75 Remittance Drive</b> <b>Suite 6136</b> <b>Chicago, IL 60675-6136</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$4,717.61</b>
3.137	Nonpriority creditor's name and mailing address <b>Iberia Fire &amp; Safety, Inc.</b> <b>PO Box 655</b> <b>Loreauville, LA 70552-0655</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$1,350.00</b>

3.138	Nonpriority creditor's name and mailing address <b>IDC Servco</b> <b>Attn: Accounts Receivable</b> <b>PO Box 1925</b> <b>Culver City, CA 90232-1925</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$175.00</b>
3.139	Nonpriority creditor's name and mailing address <b>Immucor, Inc.</b> <b>PO Box 102118</b> <b>Atlanta, GA 30368-2118</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$3,609.67</b>
3.140	Nonpriority creditor's name and mailing address <b>Incisive Surgical, Inc.</b> <b>14405 21st Avenue North</b> <b>Suite 130</b> <b>Minneapolis, MN 55447</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$316.28</b>
3.141	Nonpriority creditor's name and mailing address <b>Infinity</b> <b>PO Box 648</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>\$3.03</b>
3.142	Nonpriority creditor's name and mailing address <b>Infra-Red PM Co.</b> <b>PO Box 1031</b> <b>Bridge City, TX 77611</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$1,000.00</b>
3.143	Nonpriority creditor's name and mailing address <b>Inpriva, Inc.</b> <b>2625 Redwing Road</b> <b>Suite 330</b> <b>Fort Collins, CO 80526</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$156.00</b>
3.144	Nonpriority creditor's name and mailing address <b>Instrument Specialists, Inc.</b> <b>32390 IH-10 West</b> <b>Boerne, TX 78006-9214</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$439.80</b>

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

Case number (if known) **16-50742**

3.145	Nonpriority creditor's name and mailing address <b>Integrated Medical Systems, Inc.</b> <b>PO Box 2725</b> <b>Columbus, GA 31902-2725</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$2,752.39</b>
3.146	Nonpriority creditor's name and mailing address <b>Integrated Repair &amp; Information Services, LLC</b> <b>731 Stow Street</b> <b>Horicon, WI 53032</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$53.05</b>
3.147	Nonpriority creditor's name and mailing address <b>Interface Security System, LLC</b> <b>211 North 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>\$415.36</b>
3.148	Nonpriority creditor's name and mailing address <b>Interlight</b> <b>7939 New Jersey Avenue</b> <b>Hammond, IN 46323</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$152.65</b>
3.149	Nonpriority creditor's name and mailing address <b>Intermetro Industries Corp.</b> <b>PO Box 93730</b> <b>Chicago, IL 60673-3730</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$1,803.36</b>
3.150	Nonpriority creditor's name and mailing address <b>J&amp;J Exterminating of Deridder</b> <b>514 N. Pine Street</b> <b>Deridder, LA 70634</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>
3.151	Nonpriority creditor's name and mailing address <b>JA Sexauer, Inc.</b> <b>PO Box 404284</b> <b>Atlanta, GA 30384-4284</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>\$574.35</b>



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

Case number (if known) **16-50742**

3.152	Nonpriority creditor's name and mailing address <b>Jefferson Sprinkler</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>\$550.00</b>
3.153	Nonpriority creditor's name and mailing address <b>Johnson &amp; Johnson</b> <b>Healthcare Systems, 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: <u>Medical/Surgical Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,125.21</b>
3.154	Nonpriority creditor's name and mailing address <b>Johnson &amp; Roundtree Premium, Inc.</b> <b>PO Box 2625</b> <b>Del Mar, CA 92014-2625</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$1,009.63</b>
3.155	Nonpriority creditor's name and mailing address <b>Karl Storz Endoscopy-America</b> <b>Karl Storz Capital</b> <b>PO Box 41602</b> <b>Philadelphia, PA 19101-1602</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$14,827.17</b>
3.156	Nonpriority creditor's name and mailing address <b>Karl Storz Endoscopy-America</b> <b>Karl Storz Capital</b> <b>PO Box 41602</b> <b>Philadelphia, PA 19101-1602</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$1,669.90</b>
3.157	Nonpriority creditor's name and mailing address <b>KCI USA</b> <b>PO Box 301557</b> <b>Dallas, TX 75303-1557</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$9,260.39</b>
3.158	Nonpriority creditor's name and mailing address <b>Killgore's, Inc.</b> <b>Attn: KLS Physics Group</b> <b>124 Killgore Road</b> <b>Ruston, LA 71270</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$780.00</b>

3.159	Nonpriority creditor's name and mailing address <b>Kinder Paint Company</b> <b>26 Macarthur Drive</b> <b>Alexandria, LA 71306</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$601.37</b>
3.160	Nonpriority creditor's name and mailing address <b>Koven Technology, Inc.</b> <b>12125 Woodcrest Executive Drive</b> <b>Suite 320</b> <b>Saint Louis, MO 63141</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$732.00</b>
3.161	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 type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,406.90</b>
3.162	Nonpriority creditor's name and mailing address <b>LA Dept. of Environmental Quality</b> <b>PO Box 4311</b> <b>Attn: Financial Services</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>\$1,906.00</b>
3.163	Nonpriority creditor's name and mailing address <b>LA Workers' Compensation Corp.</b> <b>2237 S. Acadian Thruway, #800</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>\$1,457.96</b>
3.164	Nonpriority creditor's name and mailing address <b>Lake City Printing</b> <b>1723 West Sale Road</b> <b>Lake Charles, LA 70605</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$295.00</b>
3.165	Nonpriority creditor's name and mailing address <b>LAMMICO</b> <b>Attn: Marie Margot</b> <b>One Galleria Boulevard, Suite 700</b> <b>Metairie, LA 70001</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$4,746.00</b>

3.166	Nonpriority creditor's name and mailing address <b>Langlinais, Broussard &amp; Kohlenberg, CPA</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>\$18,743.05</b>
3.167	Nonpriority creditor's name and mailing address <b>Langston Electric, LLC</b> <b>153 Langston Road</b> <b>Woodworth, LA 71485-9741</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$1,229.98</b>
3.168	Nonpriority creditor's name and mailing address <b>Language Line Services, Inc.</b> <b>PO Box 202564</b> <b>Dallas, TX 75320-2564</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$58.07</b>
3.169	Nonpriority creditor's name and mailing address <b>Lantheus Medical Imaging, Inc.</b> <b>PO Box 101236</b> <b>Atlanta, GA 30392-1236</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$4,221.05</b>
3.170	Nonpriority creditor's name and mailing address <b>Lemaitre Vascular, Inc.</b> <b>PO Box 978979</b> <b>Dallas, TX 75397-8979</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$1,453.60</b>
3.171	Nonpriority creditor's name and mailing address <b>LHA Management Corporation</b> <b>9521 Brookline 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>\$695.00</b>
3.172	Nonpriority creditor's name and mailing address <b>Lifecell Corporation</b> <b>One Millenium Way</b> <b>Branchburg, NJ 08876</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$21,431.00</b>

3.173	Nonpriority creditor's name and mailing address <b>Lifenet Health</b> <b>1864 Concert Drive</b> <b>Virginia Beach, VA 23453</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$632.00</b>
3.174	Nonpriority creditor's name and mailing address <b>Lifeshare Blood Center</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>\$9,669.29</b>
3.175	Nonpriority creditor's name and mailing address <b>Lloyd Outdoor Advertising</b> <b>PO Box 5777</b> <b>Alexandria, LA 71307</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$230.00</b>
3.176	Nonpriority creditor's name and mailing address <b>Longs Preferred Product</b> <b>PO Box 5859</b> <b>Alexandria, LA 71307</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$1,917.84</b>
3.177	Nonpriority creditor's name and mailing address <b>Louisiana Healthcare Quality</b> <b>8550 United Plaza Boulevard</b> <b>Suite 500</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>\$23,250.00</b>
3.178	Nonpriority creditor's name and mailing address <b>Louisiana 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>\$9,121.17</b>
3.179	Nonpriority creditor's name and mailing address <b>Louisiana Regional PHO</b> <b>PO Box 30159</b> <b>211 4th Street</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>\$1,000.00</b>

3.180	Nonpriority creditor's name and mailing address <b>Luke Deshotels Construction</b> <b>1302 Lahaye Road</b> <b>Mamou, LA 70554</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$900.00</b>
3.181	Nonpriority creditor's name and mailing address <b>Majestic Medical Solutions, LLC</b> <b>207 W. East Bank Street</b> <b>Gonzales, LA 70737</b> Date(s) debt was incurred <b>12/29/2015</b> Last 4 digits of account number ____	As of the petition filing date, the claim 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> <b>Equipment Maintenance</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$24,898.45</b>
3.182	Nonpriority creditor's name and mailing address <b>Maquet Medical Systems USA</b> <b>3615 Solutions Center</b> <b>Chicago, IL 60677-3006</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$1,174.72</b>
3.183	Nonpriority creditor's name and mailing address <b>Marketlab, Inc.</b> <b>3027 Momentum Place</b> <b>Chicago, IL 60689-5330</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$1,291.94</b>
3.184	Nonpriority creditor's name and mailing address <b>McKesson Technologies, Inc.</b> <b>22423 Network Place</b> <b>Chicago, IL 60673-1219</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$15,439.60</b>
3.185	Nonpriority creditor's name and mailing address <b>Mechanical Cooling Services, LLC</b> <b>138 Pinewood Road</b> <b>Benton, LA 71006</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$2,070.00</b>
3.186	Nonpriority creditor's name and mailing address <b>Mectra Labs, Inc.</b> <b>PO Box 350</b> <b>Bloomfield, IN 47424</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$509.44</b>

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

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3.187	Nonpriority creditor's name and mailing address <b>Med-Pat, Inc.</b> <b>31 Riordan Place</b> <b>Shrewsbury, NJ 07702</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$122.83</b>
3.188	Nonpriority creditor's name and mailing address <b>Medcomp (PA)</b> <b>1499 Delp Drive</b> <b>Harleysville, PA 19438</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$10,504.05</b>
3.189	Nonpriority creditor's name and mailing address <b>Media 3</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>\$1,434.85</b>
3.190	Nonpriority creditor's name and mailing address <b>Medical Imaging Distribution</b> <b>PO Box 5725</b> <b>Attn: Janie Vercher</b> <b>Alexandria, LA 71307</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$14,700.00</b>
3.191	Nonpriority creditor's name and mailing address <b>Medical Logistics, LLC</b> <b>301 N. Irving Avenue</b> <b>Kaplan, LA 70548</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$5,243.90</b>
3.192	Nonpriority creditor's name and mailing address <b>Medical Specialties, Inc.</b> <b>676 Time Saver 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>\$169.60</b>
3.193	Nonpriority creditor's name and mailing address <b>Mediators</b> <b>14605 28th Avenue N</b> <b>Minneapolis, MN 55447</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$115.50</b>

3.194	Nonpriority creditor's name and mailing address <b>Medline Industries, Inc.</b> <b>Dept. 1080</b> <b>PO Box 121080</b> <b>Dallas, TX 75312-1080</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>Medical/Surgical Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$26,040.63</b>
3.195	Nonpriority creditor's name and mailing address <b>Medservice Repair, Inc.</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$322.97</b>
3.196	Nonpriority creditor's name and mailing address <b>Medtronic USA, Inc.</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: <u>Medical/Surgical Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,091.20</b>
3.197	Nonpriority creditor's name and mailing address <b>Medtronic USA/XOMED</b> <b>6743 Southpoint Drive North</b> <b>Jacksonville, FL 32216</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$1,860.98</b>
3.198	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>\$148.42</b>
3.199	Nonpriority creditor's name and mailing address <b>Micro Direct, Inc.</b> <b>803 Webster Street</b> <b>Lewiston, ME 04240</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$440.08</b>
3.200	Nonpriority creditor's name and mailing address <b>Millennium Security of Acadian</b> <b>1821 West Laurel 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>\$681.96</b>

3.201	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>\$6,709.48</b>
3.202	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>\$3,037.22</b>
3.203	Nonpriority creditor's name and mailing address <b>Music Mountain Water Co.</b> <b>305 Stoner Avenue</b> <b>Shreveport, LA 71101</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$446.59</b>
3.204	Nonpriority creditor's name and mailing address <b>MXR</b> <b>3615 Willowbend</b> <b>Suite 400</b> <b>Houston, TX 77054</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$5,990.35</b>
3.205	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>\$690.00</b>
3.206	Nonpriority creditor's name and mailing address <b>Natus Neurology, Inc.</b> <b>88059 Expedite Way</b> <b>Chicago, IL 60695-0001</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$477.79</b>
3.207	Nonpriority creditor's name and mailing address <b>Netgain</b> <b>720 St. Germain Street, #200</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>\$1,147.58</b>



3.208	Nonpriority creditor's name and mailing address <b>Oak Farms Dairy</b> <b>PO Box 973866</b> <b>Dallas, TX 75397-3866</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$2,089.72</b>
3.209	Nonpriority creditor's name and mailing address <b>Oakdale Internal Medicine, LLC</b> <b>107 Hospital Drive</b> <b>Oakdale, LA 71463</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$3,125.00</b>
3.210	Nonpriority creditor's name and mailing address <b>OEC Medical Systems, Inc.</b> <b>2984 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>\$1,146.50</b>
3.211	Nonpriority creditor's name and mailing address <b>Office of Behavioral Health</b> <b>PO Box 4049</b> <b>Baton Rouge, LA 70821-4049</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$18.59</b>
3.212	Nonpriority creditor's name and mailing address <b>Office of Motor Vehicles</b> <b>PO Box 64886</b> <b>Baton Rouge, LA 70896-4886</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$40.00</b>
3.213	Nonpriority creditor's name and mailing address <b>Office of State Fire Marshal</b> <b>Boiler Inspection Section</b> <b>8181 Independence Boulevard</b> <b>Baton Rouge, LA 70806</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$55.00</b>
3.214	Nonpriority creditor's name and mailing address <b>Ohio Medical, LLC</b> <b>1111 Lakeside Drive</b> <b>Gurnee, IL 60031-4099</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$416.08</b>

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3.215	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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,983.01</b>
3.216	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: <b>Lab supplies</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,874.46</b>
3.217	Nonpriority creditor's name and mailing address <b>Opti Medical 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>\$6,141.54</b>
3.218	Nonpriority creditor's name and mailing address <b>Optum 360 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>\$473.56</b>
3.219	Nonpriority creditor's name and mailing address <b>Organogenesis, Inc. 150 Dan Road Canton, MA 02021</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$3,370.31</b>
3.220	Nonpriority creditor's name and mailing address <b>Orkin Pest Control 6324 Leslie Lane Lake Charles, LA 70615-4770</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>
3.221	Nonpriority creditor's name and mailing address <b>P.A.M. Floorcovering, LLC PO Box 298 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>\$360.00</b>

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3.222	Nonpriority creditor's name and mailing address <b>Pacific Medical, LLC</b> <b>32981 Calle Perfecto</b> <b>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>\$625.00</b>
3.223	Nonpriority creditor's name and mailing address <b>Pentax Medical Company</b> <b>PO Box 820146</b> <b>Philadelphia, PA 19182-0146</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$3,727.28</b>
3.224	Nonpriority creditor's name and mailing address <b>Performance Medical Group</b> <b>Attn: Connie</b> <b>103 Deer Tree Drive</b> <b>Lafayette, LA 70507</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$4,409.03</b>
3.225	Nonpriority creditor's name and mailing address <b>Philips Medical Systems North America</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>\$41.76</b>
3.226	Nonpriority creditor's name and mailing address <b>Physician Sales &amp; Service, Inc.</b> <b>4345 Southpoint Boulevard</b> <b>Jacksonville, FL 32218</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$84.88</b>
3.227	Nonpriority creditor's name and mailing address <b>Physio-Control, Inc.</b> <b>12100 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>\$2,899.25</b>
3.228	Nonpriority creditor's name and mailing address <b>Pinnacle Affirmative Action SE</b> <b>3850 N. Causeway Boulevard, Suite 1240</b> <b>Two Lakeway Center</b> <b>Metairie, LA 70002</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$1,795.00</b>

3.229	Nonpriority creditor's name and mailing address <b>Pioneer Biomedical, Inc.</b> <b>5004 W. 112th Terrace</b> <b>Leawood, KS 66211</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$8,310.00</b>
3.230	Nonpriority creditor's name and mailing address <b>Pitney Bowes Financial</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>\$872.60</b>
3.231	Nonpriority creditor's name and mailing address <b>Pitney Bowes Purchase Power</b> <b>PO Box 371874</b> <b>Pittsburgh, PA 15250-7874</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$4,760.06</b>
3.232	Nonpriority creditor's name and mailing address <b>Plan B, Inc.</b> <b>1802 Shipman Drive</b> <b>San Antonio, TX 78219</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$33.92</b>
3.233	Nonpriority creditor's name and mailing address <b>Playnetwork, Inc.</b> <b>PO Box 204515</b> <b>Dallas, TX 75320-4515</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$359.40</b>
3.234	Nonpriority creditor's name and mailing address <b>Positive Promotions, Inc.</b> <b>PO Box 11537</b> <b>Newark, NJ 07101-4537</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$429.79</b>
3.235	Nonpriority creditor's name and mailing address <b>Practice Alert</b> <b>PO Box 92015</b> <b>Norcross, GA 30010</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$900.00</b>

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3.236	Nonpriority creditor's name and mailing address <b>Pre-Check, 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>\$142.00</b>
3.237	Nonpriority creditor's name and mailing address <b>Precision Automatic Door</b> <b>312 Cecelia Drive</b> <b>Oil City, LA 71061</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$1,279.00</b>
3.238	Nonpriority creditor's name and mailing address <b>Precision Dynamics Corp.</b> <b>PO Box 71549</b> <b>Chicago, IL 60694-1995</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$3,164.88</b>
3.239	Nonpriority creditor's name and mailing address <b>Professional Archive Solutions</b> <b>PO Box 1966</b> <b>Gonzales, LA 70707</b> Date(s) debt was incurred <u>05/08/2015</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> <u>Contract</u> <u>Medical Storage</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$20,565.60</b>
3.240	Nonpriority creditor's name and mailing address <b>Progressive Waste Solutions LA</b> <b>1515 England Drive</b> <b>Alexandria, LA 71301-4109</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$201.43</b>
3.241	Nonpriority creditor's name and mailing address <b>Quill Corporation</b> <b>100 Schelter Road</b> <b>Lincolnshire, IL 60069</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$2,461.16</b>
3.242	Nonpriority creditor's name and mailing address <b>R&amp;D Batteries, Inc.</b> <b>PO Box 5007</b> <b>3300 Corporate Center Drive</b> <b>Burnsville, MN 55337</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$16.45</b>

3.243	Nonpriority creditor's name and mailing address <b>R&amp;R Enterprises, Inc. PO Box 6 Brandon, MS 39043</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$1,837.50</b>
3.244	Nonpriority creditor's name and mailing address <b>R.A.S.L. dba Access Radiology PO Box 60962 New Orleans, LA 70160-0920</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$31.00</b>
3.245	Nonpriority creditor's name and mailing address <b>Regional Medical Rental &amp; Sales 3003 North Macarthur Drive 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>\$1,200.00</b>
3.246	Nonpriority creditor's name and mailing address <b>Reliable Office Supplies PO Box 105529 Atlanta, GA 30348-5529</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$21.22</b>
3.247	Nonpriority creditor's name and mailing address <b>Republic Services, Inc. PO Box 9001099 Louisville, KY 40290-1099</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$838.67</b>
3.248	Nonpriority creditor's name and mailing address <b>Resource Corporation of America 1120 Marina Bay Drive Clear Lake Shores, TX 77565</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$2,844.83</b>
3.249	Nonpriority creditor's name and mailing address <b>Roche Diagnostics Corp. Mail Code 5021 PO Box 660367 Dallas, TX 75266-0367</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$2,026.07</b>

3.250	Nonpriority creditor's name and mailing address <b>RR Donnelley</b> <b>111 S. Wacker Drive</b> <b>Chicago, IL 60606</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$205.28</b>
3.251	Nonpriority creditor's name and mailing address <b>Ruhof Corp.</b> <b>393 Sagamore Avenue</b> <b>Mineola, NY 11501-1191</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$300.04</b>
3.252	Nonpriority creditor's name and mailing address <b>Sage</b> <b>PO Box 404927</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>\$1,077.44</b>
3.253	Nonpriority creditor's name and mailing address <b>SALT Solutions</b> <b>1400 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>\$343.00</b>
3.254	Nonpriority creditor's name and mailing address <b>Sams AC Maintenance Service</b> <b>PO Box 5376</b> <b>Alexandria, LA 71307</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$2,373.43</b>
3.255	Nonpriority creditor's name and mailing address <b>Sayes Office Supply</b> <b>7603 Hwy 71 South</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>\$4,400.81</b>
3.256	Nonpriority creditor's name and mailing address <b>Scientific Digital Imaging, LLC</b> <b>W355 N6644 E. Stonewood Drive</b> <b>Oconomowoc, WI 53066</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$759.69</b>

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

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3.257	Nonpriority creditor's name and mailing address <b>Secure Patient Delivery, LLC</b> <b>10 Olympic Street</b> <b>Kenner, LA 70065-1017</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$9,822.50</b>
3.258	Nonpriority creditor's name and mailing address <b>Service Lumber Company</b> <b>Attn: Renee</b> <b>745 Hwy 165 South</b> <b>Oakdale, LA 71463</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$40.66</b>
3.259	Nonpriority creditor's name and mailing address <b>Service Office Supply</b> <b>Attn: Candis</b> <b>723 Hwy 165 S.</b> <b>Oakdale, LA 71463</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$1,737.06</b>
3.260	Nonpriority creditor's name and mailing address <b>Sharecor, LLC</b> <b>2450 Severn Avenue</b> <b>Suite 210</b> <b>Metairie, LA 70001</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$6,727.00</b>
3.261	Nonpriority creditor's name and mailing address <b>Shared Imaging, LLC</b> <b>PO Box 88544</b> <b>Milwaukee, WI 53288-0544</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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> <u>MRI Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$37,513.78</b>
3.262	Nonpriority creditor's name and mailing address <b>Siemens Financial Services</b> <b>PO Box 2083</b> <b>Carol Stream, IL 60132-2083</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$17,006.92</b>
3.263	Nonpriority creditor's name and mailing address <b>Siemens Healthcare (Bayer)</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>\$15,101.86</b>



3.264	Nonpriority creditor's name and mailing address <b>Siemens Healthcare (Dade)</b> <b>1717 Deerfield Road</b> <b>Duluth, GA 30096</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$9,110.13</b>
3.265	Nonpriority creditor's name and mailing address <b>Siemens Medical Solutions USA</b> <b>PO Box 120001</b> <b>Dept 0733</b> <b>Dallas, TX 75312-0733</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$14,961.73</b>
3.266	Nonpriority creditor's name and mailing address <b>Sightpath Medical</b> <b>PO Box 204253</b> <b>Dallas, TX 75320-4253</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$27,112.80</b>
3.267	Nonpriority creditor's name and mailing address <b>Simplex Grinnell, LP</b> <b>c/o Mellon Financial</b> <b>Dept CH 10320</b> <b>Palatine, IL 60055-0320</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>Medical/Surgical Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,373.36</b>
3.268	Nonpriority creditor's name and mailing address <b>Smith &amp; Nephew Endoscopy</b> <b>PO Box 60333</b> <b>Charlotte, NC 28260-0333</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$1,645.49</b>
3.269	Nonpriority creditor's name and mailing address <b>Sound &amp; Communication Systems</b> <b>PO Box 62246</b> <b>Lafayette, LA 70596</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$762.80</b>
3.270	Nonpriority creditor's name and mailing address <b>Southern Textile Services, LLC</b> <b>3121 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>Linen Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,308.36</b>

3.271	Nonpriority creditor's name and mailing address <b>Spacelabs Healthcare, LLC</b> <b>5150 220th Avenue SE</b> <b>Issaquah, WA 98027</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$10.10</b>
3.272	Nonpriority creditor's name and mailing address <b>Specialty Surgical Instrumentation, Inc.</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>\$341.59</b>
3.273	Nonpriority creditor's name and mailing address <b>Spectracorp Technologies Group</b> <b>8131 LBJ Freeway</b> <b>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>\$1,710.95</b>
3.274	Nonpriority creditor's name and mailing address <b>Staples Advantage</b> <b>Attn: Monica Steinman</b> <b>142 Banks Street</b> <b>Lafayette, LA 70506</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$2,171.49</b>
3.275	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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,381.60</b>
3.276	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: <b>Sterilization services</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$24,492.54</b>
3.277	Nonpriority creditor's name and mailing address <b>Stryker Orthobiologics</b> <b>PO Box 93213</b> <b>Chicago, IL 60673-3213</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$7,615.99</b>

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3.278	Nonpriority creditor's name and mailing address <b>Stryker Sustainability Solutions</b> <b>PO Box 841171</b> <b>Dallas, TX 75284-1171</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$7,648.42</b>
3.279	Nonpriority creditor's name and mailing address <b>Stryker/Endoscopy</b> <b>PO Box 893276</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>\$3,332.86</b>
3.280	Nonpriority creditor's name and mailing address <b>Stryker/Instruments</b> <b>Attn: Jason Pesterfield</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>\$10,001.67</b>
3.281	Nonpriority creditor's name and mailing address <b>Stryker/Medical</b> <b>PO Box 93308</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>\$1,125.01</b>
3.282	Nonpriority creditor's name and mailing address <b>Symmetry Surgical</b> <b>3034 Owen Drive</b> <b>Antioch, TN 37013</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$304.00</b>
3.283	Nonpriority creditor's name and mailing address <b>Synergy Care</b> <b>127 West Broad Street</b> <b>Suite 850</b> <b>Lake Charles, LA 70601</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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><u>Contract</u></b> <b><u>Physical Therapy</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$87,209.80</b>
3.284	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>\$81,169.90</b>

3.285	Nonpriority creditor's name and mailing address <b>Tacy Medical, Inc.</b> <b>2386 Shannon Road</b> <b>Fernandina Beach, FL 32034</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$110.05</b>
3.286	Nonpriority creditor's name and mailing address <b>Tamarac Medical, Inc.</b> <b>3959 E. Arapahoe Road, Suite 100</b> <b>Centennial, CO 80122</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$20.00</b>
3.287	Nonpriority creditor's name and mailing address <b>Tech Test Inc., of LA</b> <b>PO Box 65008</b> <b>Baton Rouge, LA 70896</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$1,375.00</b>
3.288	Nonpriority creditor's name and mailing address <b>Tel Com</b> <b>PO Box 0797</b> <b>Oakdale, LA 71463</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$170.00</b>
3.289	Nonpriority creditor's name and mailing address <b>Teleflex Medical, Inc.</b> <b>PO Box 601608</b> <b>Charlotte, NC 28260-1608</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$512.35</b>
3.290	Nonpriority creditor's name and mailing address <b>Telehealth Services</b> <b>PO Box 26627</b> <b>Raleigh, NC 27611</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$1,708.42</b>
3.291	Nonpriority creditor's name and mailing address <b>Telemedx Corp.</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>\$620.00</b>

3.292	Nonpriority creditor's name and mailing address <b>Terumo Medical Corp.</b> <b>PO Box 841733</b> <b>Dallas, TX 75284-1733</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$791.90</b>
3.293	Nonpriority creditor's name and mailing address <b>The Cottage of Flowers</b> <b>PO Box 776</b> <b>Oakdale, LA 71463</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$796.98</b>
3.294	Nonpriority creditor's name and mailing address <b>The Health Enrichment Network</b> <b>PO Box 566</b> <b>Oakdale, LA 71463</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$40,000.00</b>
3.295	Nonpriority creditor's name and mailing address <b>Thermo Fisher Scientific</b> <b>PO Box 712480</b> <b>Cincinnati, OH 45271-2480</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$47.80</b>
3.296	Nonpriority creditor's name and mailing address <b>Tiger Direct, Inc.</b> <b>7795 West Flagler Street</b> <b>Suite 35</b> <b>Miami, FL 33144</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$1,338.43</b>
3.297	Nonpriority creditor's name and mailing address <b>Toshiba America Medical System</b> <b>PO Box 91605</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>\$2,475.00</b>
3.298	Nonpriority creditor's name and mailing address <b>Toshiba Medical Credit</b> <b>PO Box 41602</b> <b>Philadelphia, PA 19101-1602</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$9.10</b>

3.299	Nonpriority creditor's name and mailing address <b>Total Energy Solutions</b> <b>205 Hwy 96</b> <b>Broussard, LA 70518</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$8,611.99</b>
3.300	Nonpriority creditor's name and mailing address <b>Town of Elizabeth</b> <b>PO Box 457</b> <b>Elizabeth, LA 70638</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>Building lease</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,250.00</b>
3.301	Nonpriority creditor's name and mailing address <b>Tri-Anim Health Services</b> <b>25197 Network Place</b> <b>Chicago, IL 60673-1251</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$1,622.18</b>
3.302	Nonpriority creditor's name and mailing address <b>Tyco Healthcare Group US/SU</b> <b>1501 N. Plano Road</b> <b>Dept 120823</b> <b>Richardson, TX 75081</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$1,654.01</b>
3.303	Nonpriority creditor's name and mailing address <b>United Parcel Service</b> <b>Lock Box 577</b> <b>Carol Stream, IL 60132-0577</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$297.41</b>
3.304	Nonpriority creditor's name and mailing address <b>Universal Hospital Services</b> <b>PO Box 86</b> <b>Minneapolis, MN 55486-0941</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$3,328.60</b>
3.305	Nonpriority creditor's name and mailing address <b>US Med-Equip, Inc.</b> <b>PO Box 41321</b> <b>Houston, TX 77241</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$30,311.27</b>

3.306	Nonpriority creditor's name and mailing address <b>US Yellow</b> <b>PO Box 4308</b> <b>Jacksonville, FL 32203</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$229.00</b>
3.307	Nonpriority creditor's name and mailing address <b>Vascular Solutions, Inc.</b> <b>6464 Sycamore Court N.</b> <b>Maple Grove, MN 55369</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$1,782.16</b>
3.308	Nonpriority creditor's name and mailing address <b>Veolia Environmental Services</b> <b>PO Box 73709</b> <b>Chicago, IL 60673-7709</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$393.20</b>
3.309	Nonpriority creditor's name and mailing address <b>Verathon Medical</b> <b>20001 North Creek Parkway</b> <b>Bothell, WA 98011</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$1,657.50</b>
3.310	Nonpriority creditor's name and mailing address <b>Vital Care Reps, Inc.</b> <b>18470 Thompson Court</b> <b>Suite 1B</b> <b>Tinley Park, IL 60477</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$807.65</b>
3.311	Nonpriority creditor's name and mailing address <b>Vital Signs, Inc.</b> <b>PO Box 402431</b> <b>Atlanta, GA 30384-2431</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>\$514.83</b>
3.312	Nonpriority creditor's name and mailing address <b>Wayne LeBleu &amp; Associates, Inc.</b> <b>520 Evelyn Drive</b> <b>Abbeville, LA 70510</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$1,180.20</b>

Debtor **Progressive Acute Care Oakdale, LLC**  
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3.313	Nonpriority creditor's name and mailing address <b>Welch Allyn, Inc.</b> <b>PO Box 73040</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>\$527.28</b>
3.314	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>\$3,255.16</b>
3.315	Nonpriority creditor's name and mailing address <b>WL Gore &amp; Associates, Inc.</b> <b>PO Box 751331</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>\$3,073.00</b>
3.316	Nonpriority creditor's name and mailing address <b>Wolters Kluwer Health</b> <b>PO Box 1610</b> <b>Hagerstown, MD 21741-1610</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$879.32</b>
3.317	Nonpriority creditor's name and mailing address <b>Wolters Kluwer Law &amp; Business</b> <b>Accounts Receivable Department</b> <b>4829 Innovation Way</b> <b>Chicago, IL 60682-0048</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$357.50</b>
3.318	Nonpriority creditor's name and mailing address <b>Wright Medical Technology</b> <b>PO Box 503482</b> <b>Saint Louis, MO 63150-3482</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$16,063.93</b>
3.319	Nonpriority creditor's name and mailing address <b>Xerox Corp.</b> <b>PO Box 80255</b> <b>Chicago, IL 60680-2555</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>\$25,253.36</b>



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3.320 Nonpriority creditor's name and mailing address

**Zimmer US, Inc.**  
**PO Box 840166**  
**Dallas, TX 75284-0166**

Date(s) debt was incurred \_

Last 4 digits of account number \_

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

- ☐ Contingent  
☐ Unliquidated  
☒ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$591.35**

**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>PO Box 105503</b> <b>Atlanta, GA 30348-5503</b>	Line <u>3.24</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	<b>AT&amp;T</b> <b>250 South Clinton Street, 4th Floor</b> <b>Syracuse, NY 13202</b>	Line <u>3.24</u> <input type="checkbox"/> Not listed. Explain _____	—
4.3	<b>Cameron Communications</b> <b>153 W. Dave Dugazes Road</b> <b>Sulphur, LA 70665</b>	Line <u>3.48</u> <input type="checkbox"/> Not listed. Explain _____	—
4.4	<b>Charlie Rae</b> <b>Director of Commercial Collections</b> <b>S Jacob &amp; Wolf, LP</b> <b>116 Walcourt Loop</b> <b>College Station, TX 77845</b>	Line <u>3.41</u> <input type="checkbox"/> Not listed. Explain _____	—
4.5	<b>City of Oakdale</b> <b>333 E. 6th Avenue</b> <b>Oakdale, LA 71463</b>	Line <u>3.71</u> <input type="checkbox"/> Not listed. Explain _____	—
4.6	<b>E. Trent McCarthy</b> <b>The McCarthy Law Firm</b> <b>7922 Picardy Avenue</b> <b>Baton Rouge, LA 70809</b>	Line <u>3.239</u> <input type="checkbox"/> Not listed. Explain _____	—
4.7	<b>Joseph E. Fick, Jr.</b> <b>Newman, Mathis, Brady &amp; Spedale, APLC</b> <b>433 Metairie Road, Suite 600</b> <b>Metairie, LA 70005</b>	Line <u>3.123</u> <input type="checkbox"/> Not listed. Explain _____	—
4.8	<b>Scott M. Mansfield</b> <b>Taylor, Porter, Brooks &amp; Phillips, LLP</b> <b>PO Box 2471</b> <b>Baton Rouge, LA 70821</b>	Line <u>3.181</u> <input type="checkbox"/> Not listed. Explain _____	—
4.9	<b>SSRM Enterprises, LLC d/b/a</b> <b>Credit Service of SW LA</b> <b>James E Sudduth, III, Sudduth &amp; Assoc.</b> <b>4216 Lake Street, Suite C</b> <b>Lake Charles, LA 70605</b>	Line <u>3.191</u> <input type="checkbox"/> Not listed. Explain _____	—

Debtor Progressive Acute Care Oakdale, LLC  
Name

Case number (if known) 16-50742

**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.	\$ 0.00
5b. +	\$ 2,080,040.98
5c.	\$ 2,080,040.98

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

Debtor name Progressive Acute Care Oakdale, LLC

United States Bankruptcy Court for the: WESTERN DISTRICT OF LOUISIANA

Case number (if known) 16-50742

☐ 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 Oakdale, LLC**United States Bankruptcy Court for the: **WESTERN DISTRICT OF LOUISIANA**Case number (if known) **16-50742**☐ 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**

**Allen 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 \_\_\_\_\_

RUN DATE 02/23/16  
TIME 08:24

OAKDALE COMMUNITY HOSPITAL  
FIXED ASSETS  
FROM 12/01/15 THRU 12/31/15

PAGE 1  
FALIST

ASSET GL# SEQUENCE

TAG	ASSET			ACQUIRED	PURCHASE	SALVAGE		FISCAL	ACCUM
NUMBER	NUMBER	LOCA.	DESCRIPTION-----	SERIAL NUMBER-----	MET DATE	VALUE	VALUE LIFE	DEPREC.	DEPREC.
000484	12141610	075	FOREST HILL CLINIC PARKING LOT		S07/01/11	54500.00	.00 M120	454.17	5450.04
000635	12141610		LAND IMPROVEMENTS		S04/01/09	107504.00	.00 M180	597.24	7166.88
000915	12141610		RESURFACE ASPHALT PARKING LOTS		S06/22/10	9730.00	.00 M120	81.08	972.96
					#ITEMS= 3	171734.00	.00	1132.49	13589.88
			BEGINNING BALANCE		#ITEMS= 3	171734.00	.00	1132.49	13589.88
			ASSETS ACQUIRED		#ITEMS=	.00	.00	.00	.00
			ASSETS REMOVED		#ITEMS=	.00	.00	.00	.00
			ENDING BALANCE		#ITEMS= 3	171734.00	.00	1132.49	13589.88

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FALIST

TAG	ASSET			ACQUIRED	PURCHASE	SALVAGE			FISCAL	ACCUM		
NUMBER	NUMBER	LOCA.	DESCRIPTION----	SERIAL NUMBER-----	MET	DATE	VALUE	VALUE	LIFE	DEPREC.	DEPREC.	DEPR.
-----												
000169	12142620		BUILDING (HOSPITAL AND NESOM CLINIC)	S04/01/09		1125866.00		.00	M468	2405.70	28868.40	194861.67
000170	12142620	075	BUILDING FOREST HILL CLINIC	S07/01/11		148745.33		.00	M240	619.77	7437.24	33467.58
001184	12142620		WOUND CARE CLINIC BLDG	S03/01/12		250000.00		.00	M360	694.44	8333.28	31944.24
				#ITEMS=	3	1524611.33		.00		3719.91	44638.92	260273.49
			BEGINNING BALANCE	#ITEMS=	3	1524611.33		.00		3719.91	44638.92	260273.49
			ASSETS ACQUIRED	#ITEMS=		.00		.00		.00	.00	.00
			ASSETS REMOVED	#ITEMS=		.00		.00		.00	.00	.00
			ENDING BALANCE	#ITEMS=	3	1524611.33		.00		3719.91	44638.92	260273.49

RUN DATE 02/23/16  
TIME 08:24

OAKDALE COMMUNITY HOSPITAL  
FIXED ASSETS  
FROM 12/01/15 THRU 12/31/15

PAGE 3  
FALIST

ASSET GL# SEQUENCE

TAG	ASSET			ACQUIRED	PURCHASE	SALVAGE		FISCAL	ACCUM	
NUMBER	NUMBER	LOCA.	DESCRIPTION----	SERIAL NUMBER-----	MET DATE	VALUE	VALUE LIFE	DEPREC.	DEPREC.	DEPR.
000394	12142621		ELECTRIC DOOR UNIT 7'4" FOR SURGERY	S07/28/09	10168.20	.00	M120	84.74	1016.88	6270.75
000504	12142621	090	GREASE TRAP AND INSTALLATION	S08/05/09	21409.25	.00	M120	178.41	2140.92	13202.34
000911	12142621		REMODEL OF ROOM 161 TO NURSING ADMIN	S06/23/09	6850.00	.00	M120	57.08	684.96	4338.10
000913	12142621		RENOV OF CAFE (DEMD FOR GR TRAP INST	S02/01/10	22227.05	.00	M120	185.23	2222.76	13151.33
001187	12142621	026	CT ADDITION	S05/10/12	131877.00	.00	M120	1098.98	13187.76	48355.12
001198	12142621		WOUND CARE CLNC BLDG IMPRVMT	S10/31/12	181911.00	.00	M240	757.96	9095.52	29560.44
001265	12142621		DOOR FIRE RATED	S11/09/15	3695.14	.00	M120	30.79	61.58	61.58
				#ITEMS=	7	378137.64	.00	2393.19	28410.38	114939.66
			BEGINNING BALANCE	#ITEMS=	7	378137.64	.00	2393.19	28410.38	114939.66
			ASSETS ACQUIRED	#ITEMS=		.00	.00	.00	.00	.00
			ASSETS REMOVED	#ITEMS=		.00	.00	.00	.00	.00
			ENDING BALANCE	#ITEMS=	7	378137.64	.00	2393.19	28410.38	114939.66

RUN DATE 02/23/16  
TIME 08:24

OAKDALE COMMUNITY HOSPITAL  
FIXED ASSETS  
FROM 12/01/15 THRU 12/31/15

PAGE 4  
FALIST

ASSET GL# SEQUENCE

TAG	ASSET	ACQUIRED	PURCHASE	SALVAGE		FISCAL	ACCUM
NUMBER	NUMBER	DATE	VALUE	VALUE	LIFE	DEPREC.	DEPR.
-----	-----	-----	-----	-----	-----	-----	-----
000055	12144631	4TON AIR HANDLER/COOLING UNIT FOR MDS04/12/10	7580.00	.00	M240	31.58	2179.02
000080	12144631	ACOUSTIC CEILING PANELS S04/01/09	13702.00	.00	M 84	163.12	13212.71
000111	12144631	AUTOMATIC AMBULANCE ENTRY DOOR\OPERAS04/01/09	2363.00	.00	M 60	.00	2363.00
000112	12144631	AUTOMATIC AMBULANCE ENTRY DOORS S04/01/09	3960.00	.00	M 60	.00	3960.00
000113	12144631	AUTOMATIC DOOR\OPERATORS S04/01/09	3151.00	.00	M 60	.00	3151.00
000114	12144631	AUTOMATIC DOORS - PATIENT CARE S04/01/09	816.00	.00	M 60	.00	816.00
000175	12144631	CABINETRY - BASE S04/01/09	15142.00	.00	M 60	.00	15142.00
000176	12144631	CABINETRY - BASE METAL S04/01/09	157.00	.00	M 60	.00	157.00
000177	12144631	CABINETRY - COUNTER TOPS S04/01/09	1124.00	.00	M 60	.00	1124.00
000188	12144631	CARPETING S04/01/09	3273.00	.00	M 84	38.96	3155.80
000196	12144631	CEILING MTD CUBICLE TRACKS S04/01/09	744.00	.00	M 60	.00	744.00
000197	12144631	CEILING MTD IV TRACKS S04/01/09	28.00	.00	M 60	.00	28.00
000232	12144631	CLINICAL SINKS (SOILED UTILITY BASINS04/01/09	1282.00	.00	M 60	.00	1282.00
000253	12144631	COMPUTER DATA OUTLET S04/01/09	5077.00	.00	M 60	.00	5077.00
000261	12144631	COMPUTER RM AC - 3 TON UNIT S04/01/09	1990.00	.00	M 60	.00	1990.00
000262	12144631	COMPUTER RM ELEC HOOKUP S04/01/09	304.00	.00	M 60	.00	304.00
000280	12144631	CRITICAL CARE OUTLET S04/01/09	88.00	.00	M 60	.00	88.00
000282	12144631	CT SUITE/NUC MED HOOK-UPS S04/01/09	4083.00	.00	M 60	.00	4083.00
000288	12144631	DARKROOM EQUIP ELEC HOOK-UPS S04/01/09	135.00	.00	M 60	.00	135.00
000289	12144631	DARKROOM EQUIP PLBG HOOK-UPS S04/01/09	135.00	.00	M 60	.00	135.00
000363	12144631	DISHWASHER ELEC HOOK-UP S04/01/09	101.00	.00	M 60	.00	101.00
000364	12144631	DISHWASHER PLBG HOOK-UP S04/01/09	1.00	.00	M 60	.00	1.00
000365	12144631	DISPLAY/NOTICE CASES S04/01/09	2024.00	.00	M 84	24.10	1952.06
000366	12144631	DOCK BUMPERS S04/01/09	58.00	.00	M 84	.69	55.89
000391	12144631	ELASPED TIME INDICATING CLOCK S04/01/09	735.00	.00	M 60	.00	735.00
000396	12144631	ELECTRIC WATER COOLERS S/S S04/01/09	371.00	.00	M 84	4.42	357.99
000407	12144631	EMERGENCY EYEWASH S04/01/09	84.00	.00	M 60	.00	84.00
000408	12144631	EMERGENCY GENERATOR SYSTEM - (225 KWS04/01/09	7439.00	.00	M 60	.00	7439.00
000446	12144631	EXHAUST FAN-LAB HOOD S04/01/09	129.00	.00	M 60	.00	129.00
000447	12144631	EXHAUST FAN-PHARMACY S04/01/09	94.00	.00	M 60	.00	94.00
000448	12144631	EXHAUST FANS-OR/RECOVERY S04/01/09	94.00	.00	M 60	.00	94.00
000449	12144631	EXIT SIGNS S04/01/09	191.00	.00	M 84	2.27	183.90
000450	12144631	EXTERIOR FLOOD LIGHT (BLDG MTD) S04/01/09	1043.00	.00	M 84	12.42	1005.99
000526	12144631	HOSPITAL EQUIP ELEC (SERVICE & DIST)S04/01/09	11469.00	.00	M 60	.00	11469.00
000527	12144631	HOSPITAL EQUIPMENT ELEC CONNECTIONS S04/01/09	11469.00	.00	M 60	.00	11469.00
000574	12144631	ICE MACHINE ELEC HOOK-UP S04/01/09	81.00	.00	M 60	.00	81.00
000575	12144631	ICE MACHINE PLBG HOOK-UP S04/01/09	131.00	.00	M 60	.00	131.00
000591	12144631	INT WNDWALLS (IN DEMOUNT/REMOV PARTIS04/01/09	1333.00	.00	M 84	15.87	1285.46
000594	12144631	INTERIOR OBSERVATION WINDOWS S04/01/09	1632.00	.00	M 60	.00	1632.00
000610	12144631	KITCHEN EQUIP ELEC HOOK-UP S04/01/09	1190.00	.00	M 60	.00	1190.00
000611	12144631	KITCHEN EQUIP PLUMBING HOOK-UP S04/01/09	1441.00	.00	M 60	.00	1441.00
000612	12144631	KITCHEN HOOD FIRE EXT SYS S04/01/09	38563.00	.00	M 60	.00	38563.00
000613	12144631	KITCHEN MAKE-UP AIR UNITS S04/01/09	1366.00	.00	M 60	.00	1366.00
000619	12144631	LAB CABINETS BASE METAL S04/01/09	978.00	.00	M 60	.00	978.00
000620	12144631	LAB COUNTERTOP-ACID RESIST S04/01/09	1012.00	.00	M 60	.00	1012.00
000625	12144631	LAB SINKS S04/01/09	1037.00	.00	M 60	.00	1037.00
000644	12144631	LAVATORY WALL HUNG VITREOUS S04/01/09	765.00	.00	M 60	.00	765.00



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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.
000648	12144631		LEAD LINED DOORS		S04/01/09	814.00	.00 M 60	.00		814.00
000649	12144631		LEAD LINED WALLS		S04/01/09	2672.00	.00 M 60	.00		2672.00
000656	12144631		LIGHTING - "IN USE" WARNING SIGN		S04/01/09	101.00	.00 M 60	.00		101.00
000657	12144631		LIGHTING - DECORATIVE ACCENT DOWN	LIS04/01/09	321.00	.00 M 84	3.82	45.84		309.43
000658	12144631		LIGHTING - PATIENT CORRIDOR	NIGHT LS04/01/09	150.00	.00 M 60	.00			150.00
000659	12144631		LIGHTING - PATIENT EXAM LIGHT HOOK-	US04/01/09	75.00	.00 M 60	.00			75.00
000660	12144631		LIGHTING - PATIENT EXAM LTS		S04/01/09	1102.00	.00 M 60	.00		1102.00
000661	12144631		LIGHTING - PATIENT NIGHT LT		S04/01/09	1552.00	.00 M 60	.00		1552.00
000670	12144631		MASTER CLOCK SYSTEM		S04/01/09	734.00	.00 M 60	.00		734.00
000680	12144631		MED GAS - COMPRESSOR ELECTRICAL	HOOKS04/01/09	141.00	.00 M 60	.00			141.00
000681	12144631		MED GAS - DUPLEX AIR COMPRESSOR		S04/01/09	2396.00	.00 M 60	.00		2396.00
000682	12144631		MED GAS SYSTEM		S04/01/09	16700.00	.00 M 60	.00		16700.00
000683	12144631		MED VAC SYSTEM DUPLEX PUMP UNIT		S04/01/09	3492.00	.00 M 60	.00		3492.00
000722	12144631		MIRROR DOME FULL		S04/01/09	126.00	.00 M 84	1.50	18.00	121.50
000723	12144631		MIRROR W/ SHELF		S04/01/09	2290.00	.00 M 84	27.26	327.12	2208.08
000764	12144631	028	MOVE VAC OUTLET		S04/01/09	38.00	.00 M 12	.00		38.00
000778	12144631		NURSE CALL SYSTEM		S04/01/09	2845.00	.00 M 60	.00		2845.00
000779	12144631		NURSES STATION / RECEPTION DESKS		S04/01/09	2935.00	.00 M 60	.00		2935.00
000795	12144631		OR LIGHT HOOK-UP		S04/01/09	420.00	.00 M 60	.00		420.00
000796	12144631		OR LIGHT STRUCTURAL SUPPORTS		S04/01/09	5.00	.00 M 60	.00		5.00
000798	12144631		OR/SURGERY CABINETS		S04/01/09	295.00	.00 M 60	.00		295.00
000832	12144631		PAPER TOWEL DISPENSER		S04/01/09	361.00	.00 M 84	4.30	51.60	348.28
000833	12144631		PASS-THRU WINDOW COUNTER SHUTTERS		S04/01/09	287.00	.00 M 60	.00		287.00
000834	12144631		PAT HEADWALL UNITS		S04/01/09	40633.00	.00 M 60	.00		40633.00
000835	12144631		PAT BATH-LAVATORY/WALL HUNG		S04/01/09	2100.00	.00 M 60	.00		2100.00
000836	12144631		PAT BATH-SHOWER		S04/01/09	3441.00	.00 M 60	.00		3441.00
000837	12144631		PAT BATH-WATER CLOSET		S04/01/09	4428.00	.00 M 60	.00		4428.00
000838	12144631		PAT RM SLIDING GLASS DR		S04/01/09	954.00	.00 M 60	.00		954.00
000839	12144631		PAT RM TOILET ACCESSORIES		S04/01/09	3310.00	.00 M 60	.00		3310.00
000840	12144631		PAT RM WARDROBE CABINETS		S04/01/09	2663.00	.00 M 60	.00		2663.00
000843	12144631		PATIENT MONITORING SYSTEM CONNECTIONS		S04/01/09	354.00	.00 M 60	.00		354.00
000844	12144631		PATIENT OVERBED LIGHTS		S04/01/09	2132.00	.00 M 60	.00		2132.00
000903	12144631		RECEPTION DESK		S04/01/09	734.00	.00 M 60	.00		734.00
000936	12144631		SCRUB STATION VITREOUS		S04/01/09	607.00	.00 M 60	.00		607.00
000959	12144631		SINKS SS IN COUNTER - SINGLE BASIN	SS04/01/09	978.00	.00 M 60	.00			978.00
000969	12144631		SOAP DISPENSER		S04/01/09	79.00	.00 M 84	.94	11.28	76.14
000991	12144631		STERILIZER ELEC HOOK-UP		S04/01/09	94.00	.00 M 60	.00		94.00
000992	12144631		STERILIZER PLBG HOOK-UP		S04/01/09	487.00	.00 M 60	.00		487.00
001042	12144631		TELEPHONE/PBX SYSTEM OUTLET		S04/01/09	401.00	.00 M 84	4.77	57.24	386.40
001051	12144631		TOILET ACCESSORIES		S04/01/09	552.00	.00 M 84	6.57	78.84	532.18
001052	12144631		TOILET PARTITIONS		S04/01/09	263.00	.00 M 84	3.13	37.56	253.54
001076	12144631		TV ANTENNA SYSTEM		S04/01/09	422.00	.00 M 60	.00		422.00
001102	12144631		VENDING MACHINE ELEC HOOK-UP		S04/01/09	9.00	.00 M 84	.11	1.32	8.88
001115	12144631		VINYL FLOOR TILE		S04/01/09	10704.00	.00 M 84	127.43	1529.16	10321.82
001116	12144631		VINYL WALLCOVERING		S04/01/09	9558.00	.00 M 84	113.79	1365.48	9216.95
001127	12144631		WALL BUMPER RAIL		S04/01/09	709.00	.00 M 60	.00		709.00
001133	12144631		WARMING CABINET ELEC HOOK-UPS		S04/01/09	55.00	.00 M 60	.00		55.00

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TAG	ASSET			ACQUIRED	PURCHASE	SALVAGE		FISCAL	ACCUM
NUMBER	NUMBER	LOCA.	DESCRIPTION---SERIAL NUMBER-----	MET	DATE	VALUE	VALUE LIFE	DEPREC.	DEPREC.
001174	12144631		X-RAY OUTLET - EQUIP/PORTABLE		S04/01/09	84.00	.00 M 60	.00	84.00
001175	12144631		X-RAY SUITE EQUIP ELEC HOOK-UP		S04/01/09	487.45	.00 M 60	.00	487.45
001208	12144631		15TON COOLING UNIT NURSES STATION		S05/01/15	14870.90	.00 M 84	177.03	1416.24
				#ITEMS=	97	290926.35	.00	764.08	8460.84
			BEGINNING BALANCE	#ITEMS=	97	290926.35	.00	764.08	8460.84
			ASSETS ACQUIRED	#ITEMS=		.00	.00	.00	.00
			ASSETS REMOVED	#ITEMS=		.00	.00	.00	.00
			ENDING BALANCE	#ITEMS=	97	290926.35	.00	764.08	8460.84

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TAG	ASSET	LOCA.	DESCRIPTION----	SERIAL NUMBER-----	ACQUIRED MET DATE	PURCHASE VALUE	SALVAGE VALUE LIFE	DEPREC.	FISCAL DEPREC.	ACCUM DEPR.
000004	12145100	080	(2) ER MONITORS DASH		S04/01/09	12430.00	.00 M 84	147.98	1775.76	11986.35
000005	12145100	001	(2) SURGERY BOVIE UNITS		S04/01/09	7608.00	.00 M 72	.00	316.80	7608.00
000008	12145100	080	(6) ER EXAM LIGHTS FOR THE NEW ER DES		S04/01/09	35809.00	.00 M108	331.56	3978.72	26856.40
000009	12145100	005	(8) VERSA CARE BEDS VC230		S04/01/09	18794.00	.00 M 84	223.74	2684.88	18122.92
000020	12145100	054	16 IN BASKET PASTE PM 52616		S04/01/09	32.00	.00 M 12	.00		32.00
000021	12145100	028	18X48X84 X-RAY FILM CABINET		S04/01/09	22.00	.00 M 12	.00		22.00
000022	12145100	028	18X48X84 X-RAY FILM CABINET		S04/01/09	22.00	.00 M 12	.00		22.00
000033	12145100	080	2410C SURG CEILING LT S/NAO0410C18		S04/01/09	75.00	.00 M 12	.00		75.00
000034	12145100	080	2410M MOBILE SURG LT 120V LN410M05SNS		S04/01/09	81.00	.00 M 12	.00		81.00
000038	12145100	012	3 FOOT LAMINAR FLOW GLOVEBOX ISOLATOS		S04/01/09	8524.00	.00 M 84	101.48	1217.76	8219.85
000039	12145100	001	3 SURGICAL INSTRUMENTS-KARL STORZ		S04/01/09	48.00	.00 M 12	.00		48.00
000043	12145100	001	3740 OXIMETER AND ACCESSORIES		S04/01/09	108.00	.00 M 12	.00		108.00
000047	12145100	001	4 GRASPING FORCEPS		S04/01/09	145.00	.00 M 12	.00		145.00
000063	12145100	080	6-BED ER DASH MON SYS W/5 DASH 3000		S04/01/09	32463.00	.00 M108	300.58	3606.96	24347.01
000072	12145100	001	A2427 GRASPING FORCEPS 5FR		S04/01/09	32.00	.00 M 12	.00		32.00
000075	12145100	005	ACCUMAX MATTRESS		S04/01/09	119.00	.00 M 12	.00		119.00
000076	12145100	005	ACCUMAX MATTRESS		S04/01/09	119.00	.00 M 12	.00		119.00
000077	12145100	005	ACCUMAX QUANTAM MATTRESS		S04/01/09	248.00	.00 M 36	.00		248.00
000079	12145100	005	ACCUTORR PLUS (VITAL SIGN MACHINE)		S04/01/09	512.00	.00 M 12	.00		512.00
000082	12145100	028	ADDITIONAL R & F ROOM		S04/01/09	1099.00	.00 M 12	.00		1099.00
000085	12145100	005	ADVANTA BEDS (5)		S04/01/09	6369.00	.00 M 48	.00		6369.00
000086	12145100	005	ADVANTA BEDS (8)		S04/01/09	7818.00	.00 M 36	.00		7818.00
000090	12145100	001	ALLIGATOR FORCEPS		S04/01/09	16.00	.00 M 12	.00		16.00
000092	12145100	007	ALPHA PC NIBP MODULE SPACELAB SN2339S		S04/01/09	97.00	.00 M 12	.00		97.00
000093	12145100	007	ALPHA PC NIBP MODULE SPACELAB SN2382S		S04/01/09	97.00	.00 M 12	.00		97.00
000094	12145100	036	AMER TALLEY III AHS 72300006		S04/01/09	16.00	.00 M 12	.00		16.00
000095	12145100	036	AMER TALLEY III AHS 72300006		S04/01/09	16.00	.00 M 12	.00		16.00
000109	12145100	074	AUDIOMETER		S04/01/09	1342.00	.00 M 72	.00	55.85	1342.00
000118	12145100	062	BAPS BOARD 64000		S04/01/09	22.00	.00 M 12	.00		22.00
000120	12145100	001	BASIC INSTRUMENT SET		S04/01/09	92.00	.00 M 12	.00		92.00
000121	12145100	005	BED		S04/01/09	178.00	.00 M 12	.00		178.00
000123	12145100	005	BED ELECTRIC		S04/01/09	119.00	.00 M 12	.00		119.00
000124	12145100	005	BED ELECTRIC		S04/01/09	119.00	.00 M 12	.00		119.00
000125	12145100	005	BED ELECTRIC		S04/01/09	119.00	.00 M 12	.00		119.00
000126	12145100	005	BED ELECTRIC		S04/01/09	119.00	.00 M 12	.00		119.00
000127	12145100	005	BED ELECTRIC		S04/01/09	119.00	.00 M 12	.00		119.00
000128	12145100	005	BED ELECTRIC		S04/01/09	119.00	.00 M 12	.00		119.00
000129	12145100	005	BED ELECTRIC		S04/01/09	119.00	.00 M 12	.00		119.00
000130	12145100	005	BED ELECTRIC		S04/01/09	119.00	.00 M 12	.00		119.00
000131	12145100	005	BED ELECTRIC		S04/01/09	119.00	.00 M 12	.00		119.00
000132	12145100	005	BED ELECTRIC		S04/01/09	119.00	.00 M 12	.00		119.00
000133	12145100	005	BED ELECTRIC		S04/01/09	119.00	.00 M 12	.00		119.00
000134	12145100	005	BED ELECTRIC		S04/01/09	119.00	.00 M 12	.00		119.00
000135	12145100	005	BED ELECTRIC		S04/01/09	119.00	.00 M 12	.00		119.00
000136	12145100	005	BED ELECTRIC		S04/01/09	119.00	.00 M 12	.00		119.00
000137	12145100	005	BED ELECTRIC		S04/01/09	119.00	.00 M 12	.00		119.00
000138	12145100	005	BED ELECTRIC		S04/01/09	119.00	.00 M 12	.00		119.00

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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.
000139	12145100	005	BED SCALE			S04/01/09	232.00	.00	M 12	.00		232.00
000140	12145100	005	BEDS			S04/01/09	603.00	.00	M 12	.00		603.00
000141	12145100	005	BEDSCALE SCALE TRONIX SN#4591			S04/01/09	124.00	.00	M 12	.00		124.00
000142	12145100	012	BENCHTOP BIOPHARM HOOD 2S-15-BR-4720S			S04/01/09	151.00	.00	M 12	.00		151.00
000149	12145100	054	BIPAP SYSTEM			S04/01/09	835.00	.00	M 12	.00		835.00
000150	12145100	054	BIPAP SYSTEM			S04/01/09	4865.00	.00	M 84	57.92	695.04	4691.49
000152	12145100	054	BIRD MARK 7 -SN 6975773			S04/01/09	16.00	.00	M 12	.00		16.00
000154	12145100	036	BLD BANK REFRIG			S04/01/09	216.00	.00	M 12	.00		216.00
000158	12145100	926	BLUE STOOL-BRITTNEY-185(2)			S04/01/09	16.00	.00	M 12	.00		16.00
000160	12145100	001	BONE FORCEPS SET STANDARD			S04/01/09	97.00	.00	M 12	.00		97.00
000192	12145100	028	CASSETTE & FILM CART PICKER FOR X-RAS			S04/01/09	22.00	.00	M 12	.00		22.00
000193	12145100	001	CAST CART			S04/01/09	92.00	.00	M 12	.00		92.00
000198	12145100	005	CENTRA MODEL 850 BED 850C54			S04/01/09	108.00	.00	M 12	.00		108.00
000206	12145100	005	CENTURY BEDS (10)			S04/01/09	431.00	.00	M 12	.00		431.00
000226	12145100	062	CHATT PUMP S#1786342586 M#4324			S04/01/09	43.00	.00	M 12	.00		43.00
000230	12145100	036	CHEMISTRY ANALYZER U2261-17			S04/01/09	102.00	.00	M 12	.00		102.00
000235	12145100	001	COAG FORCEPS 91008796			S04/01/09	22.00	.00	M 12	.00		22.00
000247	12145100	922	COLLAPSIBLE DECONTAMINATION BOOTH			S04/01/09	22.00	.00	M 12	.00		22.00
000268	12145100	028	CONVERTER/IMAGE			S04/01/09	4715.00	.00	M 84	56.13	673.56	4546.54
000270	12145100	001	CORE CHECK TYMPANIC THERM 2090			S04/01/09	22.00	.00	M 12	.00		22.00
000275	12145100	007	CRASH CART (E 2000)			S04/01/09	140.00	.00	M 12	.00		140.00
000276	12145100	018	CRASH CARTS (4)			S04/01/09	506.00	.00	M 12	.00		506.00
000279	12145100	007	CRITICAL CARE BED			S04/01/09	399.00	.00	M 12	.00		399.00
000285	12145100	001	CYF CART OLYMPUS CART #8313110			S04/01/09	32.00	.00	M 12	.00		32.00
000292	12145100	001	DCP PLATE SET			S04/01/09	135.00	.00	M 12	.00		135.00
000303	12145100	001	DELIC BABCOCK FORCEPS 5-1/2			S04/01/09	16.00	.00	M 12	.00		16.00
000354	12145100	001	DHS STANDARD IMPANT SET			S04/01/09	189.00	.00	M 12	.00		189.00
000361	12145100	005	DIGITAL PEDIATRIC SCAL LBS/KG 727102S			S04/01/09	48.00	.00	M 12	.00		48.00
000367	12145100	001	DOCUMENTATION CART 9600			S04/01/09	113.00	.00	M 12	.00		113.00
000368	12145100	001	DOCUMENTATION CART W/ARM 9604			S04/01/09	183.00	.00	M 12	.00		183.00
000369	12145100	026	DOUBLE SIDED 14X17 FIDELITY CASSETTES			S04/01/09	27.00	.00	M 12	.00		27.00
000370	12145100	026	DOUBLE SIDED 14X17 FIDELITY CASSETTES			S04/01/09	27.00	.00	M 12	.00		27.00
000371	12145100	054	DOWNS FLO GENERATOR 9250			S04/01/09	27.00	.00	M 12	.00		27.00
000374	12145100	007	DUAL PRESS MOD(8344CPU)SPACELAB12343S			S04/01/09	65.00	.00	M 12	.00		65.00
000375	12145100	007	DUAL PRESS MOD(8344CPU)SPACELAB12344S			S04/01/09	65.00	.00	M 12	.00		65.00
000376	12145100	007	DUAL PRESS MOD(8344CPU)SPACELAB12368S			S04/01/09	65.00	.00	M 12	.00		65.00
000378	12145100	080	DU-O-VAC SUCTION UNIT COMPLETE E/R			S04/01/09	16.00	.00	M 12	.00		16.00
000380	12145100	001	DYNAMIC HIP SCREW INSTRUMENT			S04/01/09	92.00	.00	M 12	.00		92.00
000381	12145100	001	E D II DESIGNER STRETCHER STRYKER			S04/01/09	135.00	.00	M 12	.00		135.00
000382	12145100	007	ECG/ARR 3 MODULE SPACELAB SN 13747			S04/01/09	97.00	.00	M 12	.00		97.00
000383	12145100	007	ECG/ARR 3 MODULE SPACELAB SN 13931			S04/01/09	119.00	.00	M 12	.00		119.00
000385	12145100	044	ECHO SCANNER			S04/01/09	83515.00	.00	M 96	869.95	10439.40	70465.93
000387	12145100	007	EGG/ARR 3 MODULE SPACELAB SN 13930			S04/01/09	119.00	.00	M 12	.00		119.00
000392	12145100	001	ELECTRASURGICAL GENERATOR			S04/01/09	216.00	.00	M 12	.00		216.00
000402	12145100	001	ELECTROSURGICAL GENERATOR S/L2G18673S			S04/01/09	189.00	.00	M 12	.00		189.00
000405	12145100	026	EMERGENCY CRASH CART			S04/01/09	151.00	.00	M 12	.00		151.00
000406	12145100	028	EMERGENCY CRASH CART			S04/01/09	151.00	.00	M 12	.00		151.00

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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.
000409	12145100	001	EMERSON PUMP S/N 89343 FOR SURGERY	S04/01/09	38.00	.00 M 12	.00			38.00
000410	12145100	001	EMERSON PUMP SERIAL 55030608915155JSS	S04/01/09	32.00	.00 M 12	.00			32.00
000411	12145100	001	ENDOSCOPY CART	S04/01/09	259.00	.00 M 12	.00			259.00
000442	12145100	926	EXAM TABLE BAXTER RITTER 104 SN46709S	S04/01/09	43.00	.00 M 12	.00			43.00
000443	12145100	926	EXAM TABLE BAXTER SNE46739	S04/01/09	43.00	.00 M 12	.00			43.00
000444	12145100	926	EXAM TABLE-61906SP4-BAXTER	S04/01/09	43.00	.00 M 12	.00			43.00
000445	12145100	062	EXERCISE BIKE SN PC2162D	S04/01/09	11.00	.00 M 12	.00			11.00
000475	12145100	001	FLASH PACK STERILIZATION CONTAINER	S04/01/09	70.00	.00 M 12	.00			70.00
000476	12145100	001	FLASH STERILIZER	S01/21/10	10249.00	.00 M120	85.41	1024.92		6149.52
000479	12145100	001	FMS PUMP CONTROL UNIT/CART	S04/01/09	129.00	.00 M 12	.00			129.00
000482	12145100	001	FORCEPS	S04/01/09	65.00	.00 M 12	.00			65.00
000483	12145100	926	FORCEPS FOERSTER SPONGE	S04/01/09	.00	.00 M 12	.00			.00
000488	12145100	062	FREIGHT/TRACTION COMP 98-38	S04/01/09	48.00	.00 M 12	.00			48.00
000503	12145100	926	GOOSENEC LAMP TOMAC(2)	S04/01/09	5.00	.00 M 12	.00			5.00
000514	12145100	005	HILL ROM BED	S04/01/09	156.00	.00 M 12	.00			156.00
000515	12145100	005	HILL ROM BED	S04/01/09	156.00	.00 M 12	.00			156.00
000516	12145100	005	HILL ROM BED	S04/01/09	156.00	.00 M 12	.00			156.00
000517	12145100	005	HILL ROM BED	S04/01/09	156.00	.00 M 12	.00			156.00
000518	12145100	005	HILL ROM BED	S04/01/09	156.00	.00 M 12	.00			156.00
000519	12145100	005	HILL ROM BED	S04/01/09	156.00	.00 M 12	.00			156.00
000520	12145100	062	HI-LO TREATMENT TABLE	S04/01/09	113.00	.00 M 12	.00			113.00
000523	12145100	036	HOOD/LAMINAIRE FLOW	S04/01/09	259.00	.00 M 12	.00			259.00
000525	12145100	005	HOSPIRA LIFECARE PCA PUMP	S12/21/09	2700.00	.00 M120	22.50	270.00		1620.00
000549	12145100	062	HYDRAFITNESS UNIT PHYSICAL THERAPY	S04/01/09	189.00	.00 M 12	.00			189.00
000550	12145100	005	HYDRALIC PAT LIFTER W/3 SLINGS JAPRES	S04/01/09	59.00	.00 M 12	.00			59.00
000551	12145100	029	HYDRAULIC STRETCHER	S04/01/09	119.00	.00 M 12	.00			119.00
000552	12145100	062	HYDROCOLLATOR COL-PAC C2 #3091	S04/01/09	22.00	.00 M 12	.00			22.00
000553	12145100	062	HYDROCOLLATOR S/N 37766	S04/01/09	48.00	.00 M 12	.00			48.00
000554	12145100	001	HYFREATOR BIRTCHON S/NHU081C10895	S04/01/09	43.00	.00 M 12	.00			43.00
000577	12145100	007	ICU TOTAL CARE BEDS (2)	S04/01/09	9160.00	.00 M 48	.00			9160.00
000579	12145100	080	IMEX FREEDOP SYSTEM	S04/01/09	86.00	.00 M 12	.00			86.00
000582	12145100	036	INCUBATOR AHS H6581	S04/01/09	32.00	.00 M 12	.00			32.00
000584	12145100	080	INFANT WARMER SKIN TEMP PROBE	S04/01/09	237.00	.00 M 12	.00			237.00
000585	12145100	001	INFUSOR O R PUMP	S04/01/09	189.00	.00 M 12	.00			189.00
000589	12145100	001	INSTRUMENTS FOR SURGERY BREEN BAXTERS	S04/01/09	32.00	.00 M 12	.00			32.00
000590	12145100	001	INSUFFLATOR HIGH FLOW	S04/01/09	350.00	.00 M 12	.00			350.00
000597	12145100	001	IRRIGATION CONSOLE	S04/11/11	2250.00	.00 M 48	.00	140.40		2250.00
000598	12145100	005	ISOLATION CART	S04/01/09	38.00	.00 M 12	.00			38.00
000599	12145100	005	ISOLATION CART	S04/01/09	38.00	.00 M 12	.00			38.00
000600	12145100	922	ISOLATION CART	S04/01/09	27.00	.00 M 12	.00			27.00
000604	12145100	001	IV STAND	S04/01/09	70.00	.00 M 12	.00			70.00
000605	12145100	001	KERATOMETER ARM-MARCO-1216	S04/01/09	16.00	.00 M 12	.00			16.00
000606	12145100	001	KERATOMETER-B&L-23587GY	S04/01/09	54.00	.00 M 12	.00			54.00
000614	12145100	028	KODAK X-OMATIC IDENTIFICATION CAMERAS	S04/01/09	113.00	.00 M 12	.00			113.00
000618	12145100	028	LAB 355 A DUPLICATOR 705702 MODEL NOS	S04/01/09	54.00	.00 M 12	.00			54.00
000627	12145100	036	LABOFUGE AHS 72300006	S04/01/09	102.00	.00 M 12	.00			102.00
000628	12145100	036	LABOFUGE-SCIENTIFIC-S#143481-M#2502	S04/01/09	54.00	.00 M 12	.00			54.00

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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.
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000637	12145100	022	LARYNGOSCOPE MCGRATH VIDEO		S04/01/09	4375.00	.00 M 72	.00	182.52	4375.00
000638	12145100	080	LARYNGOSCOPE MCGRATH VIDEO		S04/01/09	4375.00	.00 M 72	.00	182.52	4375.00
000647	12145100	063	LEAD BRICKS NUCLER SOURCE & SERV INCS		S04/01/09	43.00	.00 M 12	.00		43.00
000650	12145100	001	LENSMETER-MARCO-26621		S04/01/09	38.00	.00 M 12	.00		38.00
000651	12145100	005	LIFE CARE PCA		S02/18/11	2700.00	.00 M 48	.00	56.25	2700.00
000654	12145100	005	LIFT PT TITAN HIGH CAP 1000 LB		S05/01/11	9653.00	.00 M 84	114.92	1379.04	6550.44
000663	12145100	005	LIONVILLE MEDICATION CART 624-D		S04/01/09	70.00	.00 M 12	.00		70.00
000667	12145100	001	MAGNIFYING LOUPE OWEN MINOR SURG		S04/01/09	16.00	.00 M 12	.00		16.00
000673	12145100	926	MAYO INSTRUMENT TABLE CHORME 224-857		S04/01/09	5.00	.00 M 12	.00		5.00
000679	12145100	062	ME-710 ULTRASOUND UNIT S/N61F3550		S04/01/09	59.00	.00 M 12	.00		59.00
000684	12145100	005	MED CART LIONVILLE, M#624-D,S#11795		S04/01/09	65.00	.00 M 12	.00		65.00
000685	12145100	005	MED CART LIONVILLE, M#624-D,S#11796		S04/01/09	65.00	.00 M 12	.00		65.00
000686	12145100	005	MED/SURG BED M835 S/N835-46N-16		S04/01/09	108.00	.00 M 12	.00		108.00
000687	12145100	005	MED/SURG BED M835 S/N835-46N-17		S04/01/09	108.00	.00 M 12	.00		108.00
000688	12145100	005	MED/SURG BED M835 S/N835-46N-18		S04/01/09	108.00	.00 M 12	.00		108.00
000689	12145100	005	MED/SURG BED M835 S/N835-46N-19		S04/01/09	108.00	.00 M 12	.00		108.00
000690	12145100	005	MED/SURG BED M835 S/N835-46N-21		S04/01/09	108.00	.00 M 12	.00		108.00
000691	12145100	005	MED/SURG BED M835 S/N835-46N-44		S04/01/09	108.00	.00 M 12	.00		108.00
000692	12145100	005	MED/SURG BED M835 S/N835-46N-56		S04/01/09	108.00	.00 M 12	.00		108.00
000693	12145100	005	MED/SURG BED M835 S/N835-46N-58		S04/01/09	108.00	.00 M 12	.00		108.00
000694	12145100	005	MED/SURG BED M835 S/N835-46N-59		S04/01/09	108.00	.00 M 12	.00		108.00
000695	12145100	005	MED/SURG BED M835 S/N835-46N-60		S04/01/09	108.00	.00 M 12	.00		108.00
000696	12145100	005	MED/SURG BED M835 S/N835-46N-67		S04/01/09	108.00	.00 M 12	.00		108.00
000697	12145100	005	MED/SURG BED M835 S/N835-46N-68		S04/01/09	108.00	.00 M 12	.00		108.00
000698	12145100	005	MED/SURG BED M835 S/N835-46N-69		S04/01/09	108.00	.00 M 12	.00		108.00
000699	12145100	005	MED/SURG BED M835 S/N835-46N-70		S04/01/09	108.00	.00 M 12	.00		108.00
000700	12145100	005	MED/SURG BED M835 S/N835-46N-72		S04/01/09	108.00	.00 M 12	.00		108.00
000701	12145100	005	MEDICATION CART		S04/01/09	140.00	.00 M 12	.00		140.00
000702	12145100	005	MEDICATION CART		S04/01/09	119.00	.00 M 12	.00		119.00
000703	12145100	005	MEDICATION CART BLUE 624-D		S04/01/09	86.00	.00 M 12	.00		86.00
000704	12145100	036	MEDIFUGE BAXTER S#44934		S04/01/09	22.00	.00 M 12	.00		22.00
000712	12145100	062	MICRODXNE-INTELECT 500 EGS UNIT 1611		S04/01/09	70.00	.00 M 12	.00		70.00
000724	12145100	001	MISC ORTHO INSTRUMENTS		S04/01/09	129.00	.00 M 12	.00		129.00
000725	12145100	080	MISC SURG INSTRUMENTS		S04/01/09	27.00	.00 M 12	.00		27.00
000729	12145100	028	MOBILE CASS/FILM CART GRAY PICKER XRS		S04/01/09	22.00	.00 M 12	.00		22.00
000734	12145100	028	MOBILE X-RAY BARRIER		S04/01/09	119.00	.00 M 12	.00		119.00
000735	12145100	025	MOBILE X-RAY BARRIER 56-6030T		S04/01/09	92.00	.00 M 12	.00		92.00
000763	12145100	001	MOTOR DRIVE DRILL U		S10/18/10	2780.00	.00 M 48	.00		2780.00
000766	12145100	005	MULTISEN PULSE MODULE		S04/01/09	291.00	.00 M 12	.00		291.00
000770	12145100	005	NARCOTIC CABINET		S04/01/09	22.00	.00 M 12	.00		22.00
000771	12145100	007	NARCOTIC CABINET DOUBLE DOOR CB ICU		S04/01/09	16.00	.00 M 12	.00		16.00
000773	12145100	001	NEZHAT DORSEY PUMP SYSTEM		S04/01/09	151.00	.00 M 12	.00		151.00
000775	12145100	080	NIDP MONITOR/CUFF		S04/01/09	135.00	.00 M 12	.00		135.00
000781	12145100	001	O/R MONITOR & RECORDER MODULE		S04/01/09	1401.00	.00 M 12	.00		1401.00
000786	12145100	054	OHIO TENT-SN AECD00571		S04/01/09	27.00	.00 M 12	.00		27.00
000787	12145100	054	OHIO TENT-SN AECF01529B		S04/01/09	11.00	.00 M 12	.00		11.00
000788	12145100	054	OHIO TENT-SN AECH001300		S04/01/09	27.00	.00 M 12	.00		27.00

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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.
000789	12145100	054	OHIO TENT-SN AECH01087		S04/01/09	11.00	.00	M 12	.00		11.00
000790	12145100	054	OHIO TENT-SN AECH0116T		S04/01/09	11.00	.00	M 12	.00		11.00
000794	12145100	001	OPHTHALMOSCOPE-TOPCON-545499		S04/01/09	27.00	.00	M 12	.00		27.00
000797	12145100	001	OR TABLE W/STANDARD ACCESORY PACKAGES		S04/01/09	12225.00	.00	M 72	.00	509.47	12225.00
000799	12145100	001	ORTHO EQUIPMENT		S04/01/09	3583.00	.00	M 12	.00		3583.00
000800	12145100	001	ORTHO EQUIPMENT		S04/01/09	3804.00	.00	M 12	.00		3804.00
000801	12145100	001	ORTHO EQUIPMENT		S04/01/09	1083.00	.00	M 12	.00		1083.00
000802	12145100	001	ORTHO SHELVING		S04/01/09	81.00	.00	M 12	.00		81.00
000803	12145100	001	ORTHOPEDIC SURGERY EQUIPMENT		S04/01/09	189.00	.00	M 12	.00		189.00
000806	12145100	001	OTW DILATATION SYSTEM		S04/01/09	97.00	.00	M 12	.00		97.00
000808	12145100	005	OVERBED TABLE W/DELUXE VANITY MI		S04/01/09	11.00	.00	M 12	.00		11.00
000809	12145100	005	OVERBED TABLE W/DELUXE VANITY MI		S04/01/09	11.00	.00	M 12	.00		11.00
000810	12145100	005	OVERBED TABLE W/DELUXE VANITY MI		S04/01/09	11.00	.00	M 12	.00		11.00
000811	12145100	005	OVERBED TABLE W/DELUXE VANITY MI		S04/01/09	11.00	.00	M 12	.00		11.00
000812	12145100	005	OVERBED TABLE W/DELUXE VANITY MI		S04/01/09	11.00	.00	M 12	.00		11.00
000813	12145100	005	OVERBED TABLE W/DELUXE VANITY MI		S04/01/09	11.00	.00	M 12	.00		11.00
000814	12145100	005	OVERBED TABLE W/DELUXE VANITY MI		S04/01/09	11.00	.00	M 12	.00		11.00
000815	12145100	005	OVERBED TABLE W/DELUXE VANITY MI		S04/01/09	11.00	.00	M 12	.00		11.00
000816	12145100	005	OVERBED TABLE W/DELUXE VANITY MI		S04/01/09	11.00	.00	M 12	.00		11.00
000817	12145100	005	OVERBED TABLE W/DELUXE VANITY MI		S04/01/09	11.00	.00	M 12	.00		11.00
000818	12145100	005	OVERBED TABLE W/DELUXE VANITY MI		S04/01/09	11.00	.00	M 12	.00		11.00
000819	12145100	005	OVERBED TABLE W/DELUXE VANITY MI		S04/01/09	16.00	.00	M 12	.00		16.00
000820	12145100	007	OVERBED TABLE W/DELUXE VANITY MI		S04/01/09	11.00	.00	M 12	.00		11.00
000822	12145100	054	OXIMETER N A 3740 FM ZU04344		S04/01/09	108.00	.00	M 12	.00		108.00
000824	12145100	001	PACU STRETCHER 10-00017		S04/01/09	189.00	.00	M 12	.00		189.00
000826	12145100	036	PANEL 3 INTECON 72300003		S04/01/09	16.00	.00	M 12	.00		16.00
000827	12145100	036	PANEL 3 INTECON 72300003		S04/01/09	11.00	.00	M 12	.00		11.00
000828	12145100	036	PANEL 3 INTECON 72300003		S04/01/09	11.00	.00	M 12	.00		11.00
000829	12145100	036	PANEL 3 INTECON 72300003		S04/01/09	11.00	.00	M 12	.00		11.00
000830	12145100	036	PANEL 3 INTECON 72300003		S04/01/09	11.00	.00	M 12	.00		11.00
000842	12145100	005	PATIENT BEDS (3)		S04/01/09	1094.00	.00	M 12	.00		1094.00
000847	12145100	005	PCA II PUMP S/N 510304PC		S04/01/09	172.00	.00	M 12	.00		172.00
000848	12145100	005	PCA II PUMP S/N 510377PC		S04/01/09	172.00	.00	M 12	.00		172.00
000857	12145100	080	PEDIATRIC CRASH CART ER		S04/01/09	851.00	.00	M 72	.00	35.42	851.00
000861	12145100	001	PHOROPTOR REFRACTOR-REICHERT-103807		S04/01/09	145.00	.00	M 12	.00		145.00
000872	12145100	007	PLUSE GENERATOR-M#5375-S#CE1009512R		S04/01/09	70.00	.00	M 12	.00		70.00
000876	12145100	001	POWER LIFTER		S04/01/09	135.00	.00	M 12	.00		135.00
000877	12145100	001	POWERCLAVE LOADING CART,B71153		S04/01/09	48.00	.00	M 12	.00		48.00
000878	12145100	054	PREMIER MEDICATION CARTS (2)		S04/01/09	1255.00	.00	M 72	.00	52.32	1255.00
000882	12145100	005	PROCEDURAL RECLINER		S04/01/09	232.00	.00	M 12	.00		232.00
000883	12145100	005	PROCEDURAL RECLINER AND PATIENT TRAYS		S04/01/09	253.00	.00	M 12	.00		253.00
000884	12145100	028	PROCESSOR/FILM		S04/01/09	598.00	.00	M 12	.00		598.00
000885	12145100	028	PROCESSOR/FILM		S04/01/09	533.00	.00	M 12	.00		533.00
000886	12145100	001	PROCTO SET COMPLETE		S04/01/09	22.00	.00	M 12	.00		22.00
000887	12145100	001	PROJECTOCHART-REICHERT-105777		S04/01/09	22.00	.00	M 12	.00		22.00
000889	12145100	001	PULSAVAC III		S04/01/09	178.00	.00	M 12	.00		178.00
000891	12145100	054	PULSE OXIMETER		S04/01/09	54.00	.00	M 12	.00		54.00

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TAG	ASSET	LOCA.	DESCRIPTION----	SERIAL NUMBER-----	ACQUIRED MET DATE	PURCHASE VALUE	SALVAGE VALUE LIFE	DEPREC.	FISCAL DEPREC.	ACCUM DEPR.
000893	12145100	054	PULSE OXIMETER NELLCOR N-10	20231646S	04/01/09	70.00	.00 M 12	.00		70.00
000894	12145100	054	PULSE OXIMETER S/N FMQW01538		S04/01/09	81.00	.00 M 12	.00		81.00
000897	12145100	001	Q4000 LIGHT SOURCE		S04/01/09	275.00	.00 M 12	.00		275.00
000898	12145100	044	QSTRESS SYSTEM STANDARD		S06/15/10	17703.52	.00 M120	147.53	1770.36	9884.51
000904	12145100	001	RECOVERY ROOM PACU STRETCHER		S04/01/09	172.00	.00 M 12	.00		172.00
000912	12145100	001	RENNCO LIFT SEALER NE501	AMSCO VENDOS	04/01/09	54.00	.00 M 12	.00		54.00
000914	12145100	062	RESPOND II NEUROMUSCULAR STIMULATOR		S04/01/09	27.00	.00 M 12	.00		27.00
000918	12145100	036	RH VIEW BOX		S04/01/09	11.00	.00 M 12	.00		11.00
000919	12145100	007	RK 1000K THERMA UNIT SN#1001003 N/S		S04/01/09	189.00	.00 M 12	.00		189.00
000921	12145100	036	ROTATOR BAXTER H72300008		S04/01/09	48.00	.00 M 12	.00		48.00
000923	12145100	036	ROTOR-SCIENTIFIC-CAT#2070		S04/01/09	27.00	.00 M 12	.00		27.00
000928	12145100	005	SCALE DIGITAL WEIGH		S05/01/11	1882.00	.00 M 48	.00	156.76	1882.00
000935	12145100	001	SCREW SET		S04/01/09	140.00	.00 M 12	.00		140.00
000940	12145100	025	SENEGRAPH DMR SYSTEM- MAMMOGRAPHY		S04/01/09	59.00	.00 M 12	.00		59.00
000941	12145100	025	SENEGRAPH DMR SYSTEM-MAMMO (SURVEY)		S04/01/09	248.00	.00 M 12	.00		248.00
000948	12145100	001	SHAMPAINE DELIVERY TABLE		S04/01/09	162.00	.00 M 12	.00		162.00
000949	12145100	001	SHEATH OBUTURATOR 21 FR		S04/01/09	32.00	.00 M 12	.00		32.00
000961	12145100	001	SM FRAG COMBND INST/IMPL SET		S04/01/09	237.00	.00 M 12	.00		237.00
000962	12145100	001	SMALL AIR DRILL SET		S04/01/09	156.00	.00 M 12	.00		156.00
000968	12145100	001	SNUGGLER MICRO TRAY 41-0318 MODEL		S04/01/09	16.00	.00 M 12	.00		16.00
000975	12145100	036	SPECTROPHOTOMETER BAXTER H6581		S04/01/09	92.00	.00 M 12	.00		92.00
000981	12145100	001	STAND FOR P O C		S04/01/09	59.00	.00 M 12	.00		59.00
000986	12145100	001	STEAM STERILIZER (O R )		S04/01/09	13632.00	.00 M 36	.00		13632.00
000989	12145100	054	STERILE DRIER		S04/01/09	329.00	.00 M 12	.00		329.00
000993	12145100	001	STERILIZER SUCTION STAND		S04/01/09	162.00	.00 M 12	.00		162.00
000994	12145100	001	STERILIZER/PROCESSOR		S04/01/09	991.00	.00 M 12	.00		991.00
000996	12145100	001	STIRRUP SYSTEM		S04/01/09	269.00	.00 M 12	.00		269.00
000997	12145100	926	STOOL PECAN MODEL 3519		S04/01/09	11.00	.00 M 12	.00		11.00
000998	12145100	926	STOOL PECAN MODEL 3519		S04/01/09	11.00	.00 M 12	.00		11.00
001000	12145100	044	STRESS TEST SYSTEM		S04/01/09	630.00	.00 M 12	.00		630.00
001001	12145100	001	STRETCHER		S04/01/09	43.00	.00 M 12	.00		43.00
001002	12145100	001	STRETCHER		S04/01/09	43.00	.00 M 12	.00		43.00
001004	12145100	080	STRETCHERS ADV SERIES (3)		S04/01/09	684.00	.00 M 12	.00		684.00
001006	12145100	054	SUCTION REGULATOR GFFU10173		S04/01/09	16.00	.00 M 12	.00		16.00
001008	12145100	001	SUCTION UNIT PORTABLE S/N 2193 40014S		04/01/09	32.00	.00 M 12	.00		32.00
001012	12145100	001	SURGICAL FLASH PAK		S08/28/09	1660.00	.00 M120	13.83	165.96	1051.09
001013	12145100	001	SURGICAL INSTRUMENTS		S04/01/09	32.00	.00 M 12	.00		32.00
001014	12145100	001	SURGICAL INSTRUMENTS(11)		S04/01/09	54.00	.00 M 12	.00		54.00
001015	12145100	001	SURGICAL INSTRUMENTS(36)		S04/01/09	81.00	.00 M 12	.00		81.00
001016	12145100	001	SURGICAL INSTRUMENTS-STORZ		S04/01/09	59.00	.00 M 12	.00		59.00
001017	12145100	001	SURGICAL INSTRUMENTS-WALTER LOREN		S04/01/09	577.00	.00 M 12	.00		577.00
001018	12145100	001	SURGISTAT-FOOTSWITCH-GENERATOR		S04/01/09	97.00	.00 M 12	.00		97.00
001019	12145100	025	SURVEY FOR NEW MAMMOGRAPHY UNIT		S04/01/09	70.00	.00 M 12	.00		70.00
001020	12145100	063	SURVEY METER-DETECTOR #62605-#052620S		04/01/09	16.00	.00 M 12	.00		16.00
001023	12145100	005	SYRINGE PUMP		S04/01/09	156.00	.00 M 12	.00		156.00
001031	12145100	908	TECH REFRESH PROJECT (DIGIT CONNECTIS		04/01/09	851.00	.00 M 60	.00		851.00
001032	12145100	908	TECH REFRESH SERVER & RACKS		S04/01/09	2408.00	.00 M 60	.00		2408.00



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001033	12145100	001	TED SCD CONTROLLER-KENDALL-S#E001927S04/01/09			59.00	.00 M 12	.00		59.00
001034	12145100	007	TELEMETRY SYSTEM		S04/01/09	5814.00	.00 M 12	.00		5814.00
001053	12145100	080	TONO PEN AVIA APPLANATION TONOMETER		S04/01/09	1859.00	.00 M 72	.00	77.42	1859.00
001054	12145100	001	TONOMETER		S04/01/09	22.00	.00 M 12	.00		22.00
001055	12145100	062	TOTAL GYM		S04/01/09	210.00	.00 M 12	.00		210.00
001057	12145100	062	TRACTION COMPONENTS		S04/01/09	431.00	.00 M 12	.00		431.00
001058	12145100	062	TRACTION TABLE TRU-TRAC #8977		S04/01/09	48.00	.00 M 12	.00		48.00
001059	12145100	062	TRACTION TABLE & STOOLS		S04/01/09	404.00	.00 M 12	.00		404.00
001060	12145100	001	TRANSDUCER DATASCOPE MDL 0682000040		S04/01/09	.00	.00 M 12	.00		.00
001061	12145100	044	TRANSESOPHAGEAL STIMULATOR MODEL 7A		S04/01/09	183.00	.00 M 12	.00		183.00
001062	12145100	001	TRANSFER CARRIAGE SER # A71171		S04/01/09	32.00	.00 M 12	.00		32.00
001067	12145100	926	TRAY INSTR		S04/01/09	.00	.00 M 12	.00		.00
001070	12145100	062	TREATMENT TABLE		S04/01/09	11.00	.00 M 12	.00		11.00
001073	12145100	062	TURBINE METRO MED SN 13291F		S04/01/09	27.00	.00 M 12	.00		27.00
001082	12145100	029	U/S STRETCHER DELIVERY		S04/01/09	16.00	.00 M 12	.00		16.00
001085	12145100	001	ULTRASONIC PHACO HANDPIECE S90-2000-		S04/01/09	178.00	.00 M 12	.00		178.00
001086	12145100	062	ULTRASOUND/EGSCHATTANOOGASN 5266		S04/01/09	108.00	.00 M 12	.00		108.00
001087	12145100	062	ULTRASOUND-ESTIM		S04/01/09	97.00	.00 M 12	.00		97.00
001088	12145100	062	ULTRASOUND-ESTIM		S04/01/09	97.00	.00 M 12	.00		97.00
001089	12145100	063	ULTRAVENT AEROSOL SHIELD		S04/01/09	38.00	.00 M 12	.00		38.00
001095	12145100	054	VACCUUM REGULATOR		S04/01/09	70.00	.00 M 12	.00		70.00
001100	12145100	001	VC-2 115B SYSTEM (D&C SUCTION)		S04/01/09	286.00	.00 M 12	.00		286.00
001103	12145100	054	VENTILATOR		S04/01/09	862.00	.00 M 12	.00		862.00
001104	12145100	054	VENTILATOR		S04/01/09	916.00	.00 M 12	.00		916.00
001105	12145100	054	VENTILATOR		S04/01/09	5657.00	.00 M 84	67.35	808.20	5455.31
001106	12145100	054	VENTILATOR		S04/01/09	5657.00	.00 M 84	67.35	808.20	5455.31
001107	12145100	054	VENTILATOR		S04/01/09	5657.00	.00 M 84	67.35	808.20	5455.31
001120	12145100	080	VITAL CHECK #4200		S04/01/09	113.00	.00 M 12	.00		113.00
001134	12145100	001	WARMING CABINET MC 5520 FOR SURGERY		S04/01/09	189.00	.00 M 12	.00		189.00
001135	12145100	054	WASHER/PASTEURMATIC		S04/01/09	760.00	.00 M 12	.00		760.00
001136	12145100	926	WASTE RECEPT WHITE ENAMEL		S04/01/09	5.00	.00 M 12	.00		5.00
001137	12145100	926	WASTE RECEPT WHITE ENAMEL		S04/01/09	5.00	.00 M 12	.00		5.00
001138	12145100	926	WASTE RECEPT WHITE ENAMEL		S04/01/09	5.00	.00 M 12	.00		5.00
001140	12145100	028	WATER WASH PUMP STATION		S04/01/09	189.00	.00 M 12	.00		189.00
001142	12145100	044	WEIGHT SET AND STAND		S04/01/09	38.00	.00 M 12	.00		38.00
001154	12145100	001	WIRE INSTRUMENT SET		S04/01/09	113.00	.00 M 12	.00		113.00
001161	12145100	028	WORKSTATIONS - PACS (2)		S04/01/09	2753.00	.00 M 72	.00	114.47	2753.00
001162	12145100	028	WORKSTATIONS - PACS (2) W/BARCO MONIS		S04/01/09	11503.00	.00 M108	106.51	1278.12	8627.30
001169	12145100	025	XRAY MACH/MAMMO		S04/01/09	4564.00	.00 M 12	.00		4564.00
001176	12145100	001	ZIMMER ELECTRIC DERMATOME KIT S/N302S		S04/01/09	221.00	.00 M 12	.00		221.00
001178	12145100	005	BED - HILL-ROM CAREASSIST ES		S05/19/11	6856.25	.00 M120	57.14	685.68	3199.84
001182	12145100	001	STERIL PROC SYS 405169		S02/03/12	17522.79	.00 M120	146.02	1752.24	6862.94
001183	12145100	001	STERIL PROC SYS 405170		S02/03/12	17522.78	.00 M120	146.02	1752.24	6862.94
001200	12145100	044	EKG 113260168948		S07/16/13	4012.80	.00 M120	33.44	401.28	1003.20
001201	12145100	044	EKG 113260168948		S07/16/13	4012.80	.00 M120	33.44	401.28	1003.20
001202	12145100	036	ANALYZER 240512		S11/07/13	1990.35	.00 M120	16.59	199.08	431.34
					#ITEMS= 328	466243.29	.00	3214.74	40457.08	381619.74

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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.
-----											
			BEGINNING BALANCE	#ITEMS=	328	466243.29	.00		3214.74	40457.08	381619.74
			ASSETS ACQUIRED	#ITEMS=		.00	.00		.00	.00	.00
			ASSETS REMOVED	#ITEMS=		.00	.00		.00	.00	.00
			ENDING BALANCE	#ITEMS=	328	466243.29	.00		3214.74	40457.08	381619.74

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TAG	ASSET	LOCA.	DESCRIPTION----	SERIAL NUMBER-----	ACQUIRED MET DATE	PURCHASE VALUE	SALVAGE VALUE LIFE	DEPREC.	FISCAL DEPREC.	ACCUM DEPR.
000062	12145150	044	6732 HOLTER RECORDER		S04/01/09	1482.00	.00 M 12	.00		1482.00
000067	12145150	036	8 CH CELL COUNTER - FISCHER SCIENTIFS		S04/01/09	22.00	.00 M 12	.00		22.00
000099	12145150	022	ANESTHESIA MACHINE		S04/01/09	22269.00	.00 M 48	.00		22269.00
000100	12145150	022	ANESTHESIA MACHINE		S04/01/09	25362.00	.00 M 60	.00		25362.00
000145	12145150	036	BINOC SCOPE AHS H6581		S04/01/09	129.00	.00 M 12	.00		129.00
000146	12145150	036	BINOC SCOPE AHS H6581		S04/01/09	129.00	.00 M 12	.00		129.00
000147	12145150	036	BINOC SCOPE AHS H6581		S04/01/09	129.00	.00 M 12	.00		129.00
000148	12145150	036	BINOC SCOPE AHS H6581		S04/01/09	129.00	.00 M 12	.00		129.00
000199	12145150	036	CENTRIFUGE		S04/01/09	129.00	.00 M 12	.00		129.00
000200	12145150	926	CENTRIFUGE		S04/01/09	32.00	.00 M 12	.00		32.00
000201	12145150	036	CENTRIFUGE AHS 72300006		S04/01/09	113.00	.00 M 12	.00		113.00
000202	12145150	036	CENTRIFUGE AHS H6581		S04/01/09	38.00	.00 M 12	.00		38.00
000203	12145150	036	CENTRIFUGE AHS H6581		S04/01/09	27.00	.00 M 12	.00		27.00
000204	12145150	036	CENTRIFUGE,AMER DADE, MOD #716		S04/01/09	162.00	.00 M 12	.00		162.00
000205	12145150	036	CENTRIFUGE/INCUBATOR		S04/01/09	1056.00	.00 M 24	.00		1056.00
000287	12145150	036	DADE AUTO CENTRIFUGE H6581 AHS		S04/01/09	172.00	.00 M 12	.00		172.00
000299	12145150	080	DEFIBRILLATOR		S04/01/09	377.00	.00 M 12	.00		377.00
000384	12145150	044	ECHO BED S/N 593003		S04/01/09	329.00	.00 M 12	.00		329.00
000388	12145150	044	EKG MACHINE		S04/01/09	760.00	.00 M 12	.00		760.00
000389	12145150	044	EKG MACHINE		S04/01/09	426.00	.00 M 12	.00		426.00
000390	12145150	044	EKG MACHINE		S04/01/09	523.00	.00 M 12	.00		523.00
000417	12145150	080	ER STRETCHER 93072707		S04/01/09	167.00	.00 M 12	.00		167.00
000418	12145150	080	ER STRETCHER 93072708		S04/01/09	167.00	.00 M 12	.00		167.00
000419	12145150	080	ER STRETCHER 93072709		S04/01/09	167.00	.00 M 12	.00		167.00
000501	12145150	926	GLUCOMETER		S04/01/09	11.00	.00 M 12	.00		11.00
000502	12145150	926	GLUCOMETER II BLOOD AMES 101-139		S04/01/09	11.00	.00 M 12	.00		11.00
000507	12145150	001	HARMONIC SCALPEL		S07/06/09	3374.50	.00 M120	28.12	337.44	2193.37
000508	12145150	001	HARMONIC SCALPEL		S04/01/09	13470.00	.00 M 96	140.31	1683.72	11365.13
000586	12145150	026	INJECTOR		S04/01/09	981.00	.00 M 12	.00		981.00
000587	12145150	028	INJECTOR		S04/01/09	674.00	.00 M 12	.00		674.00
000626	12145150	036	LABAFUGE 400 CENTRIFUGE		S04/01/09	787.00	.00 M 24	.00		787.00
000674	12145150	007	MC-3 STRETCHER S/N 0232340		S04/01/09	65.00	.00 M 12	.00		65.00
000715	12145150	926	MICROSCOPE MEDICAL STUDENT 100-164		S04/01/09	43.00	.00 M 12	.00		43.00
000945	12145150	036	SERO-FUGE II AL5287		S04/01/09	11.00	.00 M 12	.00		11.00
000984	12145150	062	STARTRAC TREADMILL		S04/01/09	383.00	.00 M 12	.00		383.00
001056	12145150	001	TOURNIQUET		S04/01/09	399.00	.00 M 12	.00		399.00
001068	12145150	063	TREADMILL		S04/01/09	32.00	.00 M 12	.00		32.00
001069	12145150	044	TREADMILL QUINTON M#00208-008		S04/01/09	216.00	.00 M 12	.00		216.00
001180	12145150	036	CELL WASHER		S12/14/11	7824.77	.00 M 84	93.15	1117.80	4564.35
001185	12145150		REFRIGERATOR		S04/19/12	4400.72	.00 M 84	52.39	628.68	2357.55
001186	12145150	026	CT		S05/10/12	208481.80	.00 M 84	2481.93	29783.16	109204.92
001190	12145150		STRETCHER	1208030990	S09/11/12	5228.00	.00 M 84	62.24	746.88	2489.60
001191	12145150		PATIENT LIFT	ML7340	S09/07/12	3708.42	.00 M 84	44.15	529.80	1766.00
001193	12145150		PODIATRY CHAIR	120424031	S08/16/12	7480.00	.00 M 84	89.05	1068.60	3651.05
001194	12145150		PODIATRY CHAIR	120627014	S08/16/12	6627.50	.00 M 84	78.90	946.80	3234.90
001195	12145150		PODIATRY CHAIR	120627015	S08/16/12	6627.50	.00 M 84	78.90	946.80	3234.90
001196	12145150		LIFE PAK DEFIB	9251416010	S09/06/12	7150.00	.00 M 84	85.12	1021.44	3404.80

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NUMBER	NUMBER	LOCA.	DESCRIPTION---SERIAL NUMBER-----	MET	DATE	VALUE	VALUE LIFE	DEPREC.	DEPREC.
001199	12145150		LIFE PAK DEFIB		S04/19/13	6890.00	.00 M 84	82.02	2706.66
001203	12145150	005	BLADDER SCANNER B3106004		S12/31/13	9130.00	.00 M 84	108.69	2717.25
001209	12145150		JEWETT REFRG LAB		S05/01/15	5802.51	.00 M 84	69.08	552.64
				#ITEMS=	50	354104.72	.00	3494.05	211352.12
			BEGINNING BALANCE	#ITEMS=	50	354104.72	.00	3494.05	211352.12
			ASSETS ACQUIRED	#ITEMS=		.00	.00	.00	.00
			ASSETS REMOVED	#ITEMS=		.00	.00	.00	.00
			ENDING BALANCE	#ITEMS=	50	354104.72	.00	3494.05	211352.12

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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.
000011	12145175	001	1 SET LAPAROSCOPIC INST REDDIC OLSE	S04/01/09	873.00	.00 M 12	.00			873.00
000012	12145175	001	10 MM LAPAROSCOPE	S04/01/09	189.00	.00 M 12	.00			189.00
000024	12145175	080	2 - GYNNE ER STRETCHERS	S04/01/09	4844.00	.00 M 60	.00			4844.00
000037	12145175	080	3 EA IV PENDANT OHMEDA H00011100	S04/01/09	11.00	.00 M 12	.00			11.00
000064	12145175	001	7 ESOPHAGOSCOPIC SURGICAL INSTRUMENTS	S04/01/09	70.00	.00 M 12	.00			70.00
000097	12145175	054	ANALYZER/BLOOD GAS	S04/01/09	1616.00	.00 M 48	.00			1616.00
000098	12145175	054	ANALYZER/BLOOD GAS	S04/01/09	1616.00	.00 M 48	.00			1616.00
000106	12145175	029	APLIO ULTRASOUND IMAGING SYSTEM	S01/27/11	92312.00	.00 M 48	.00			92312.00
000107	12145175	044	APNEA MONITOR INSTALL	S04/01/09	27.00	.00 M 12	.00			27.00
000108	12145175	054	APNEA MONITOR RECORDER	S04/01/09	81.00	.00 M 12	.00			81.00
000116	12145175	007	A-V SEQUENTIAL PULSE GENERATOR EHL01S	S04/01/09	124.00	.00 M 12	.00			124.00
000143	12145175	007	BF5A E5807 ULTRASONIC STETHSCOPE	S04/01/09	27.00	.00 M 12	.00			27.00
000144	12145175	007	BF5A E5808 ULTRASONIC STETHSCOPE	S04/01/09	27.00	.00 M 12	.00			27.00
000151	12145175	001	BIPHASIC DEFIB (O R )	S04/01/09	1094.00	.00 M 12	.00			1094.00
000159	12145175	028	BONE DENSITOMETRY UNIT	S04/01/09	22544.00	.00 M 36	.00			22544.00
000166	12145175	001	BRONCHOFIBERSCOPE OLYMPUS S#2511225	S04/01/09	296.00	.00 M 12	.00			296.00
000167	12145175	001	BRONCHOSCOPE-ESOPH FIBER-	S04/01/09	135.00	.00 M 12	.00			135.00
000168	12145175	001	BRONCSCOPE	S04/01/09	824.00	.00 M 12	.00			824.00
000179	12145175	063	CAMRERA/GAMMA	S04/01/09	27431.00	.00 M 12	.00			27431.00
000233	12145175	036	CMI I400 INTOXILYZER W/ PRINTER	S04/01/09	614.00	.00 M 36	.00			614.00
000234	12145175	063	CO-57 SHEET SOURCE CS137 UPTAKE PROBS	S04/01/09	361.00	.00 M 12	.00			361.00
000248	12145175	001	COLONOFIBERSCOPE	S04/01/09	663.00	.00 M 12	.00			663.00
000249	12145175	001	COLONOSCOPE	S04/01/09	329.00	.00 M 12	.00			329.00
000284	12145175	001	CURON S400 (STRETTA)	S04/01/09	5555.00	.00 M 48	.00			5555.00
000286	12145175	001	CYSTOFIBERSCOPE	S04/01/09	226.00	.00 M 12	.00			226.00
000297	12145175	001	DEFIBRILLATOR	S04/01/09	539.00	.00 M 12	.00			539.00
000298	12145175	044	DEFIBRILLATOR	S04/01/09	981.00	.00 M 12	.00			981.00
000300	12145175	080	DEFIBRILLATOR	S04/01/09	242.00	.00 M 12	.00			242.00
000301	12145175	007	DEFIBRILLATOR	S04/01/09	431.00	.00 M 12	.00			431.00
000302	12145175	028	DEFIBRILLATOR - BIPHASIC	S04/01/09	1094.00	.00 M 12	.00			1094.00
000305	12145175	001	DERMATOME	S04/01/09	3427.00	.00 M 48	.00			3427.00
000362	12145175	044	DIGITAL RECORDER	S04/01/09	205.00	.00 M 12	.00			205.00
000377	12145175	054	DU-O-VAC ASSY W/REG T3-100 CU FARLEYS	S04/01/09	16.00	.00 M 12	.00			16.00
000401	12145175	001	ELECTRONIC VIDEO GASTROSCOPE	S04/01/09	2004.00	.00 M 12	.00			2004.00
000441	12145175	080	EXAM LIGHT (ER)	S04/01/09	291.00	.00 M 36	.00			291.00
000451	12145175	001	EXTRA LONG LIGHT GUIDE	S04/01/09	38.00	.00 M 12	.00			38.00
000472	12145175	028	FILM PROCESSOR REPAIRS	S04/01/09	291.00	.00 M 12	.00			291.00
000485	12145175	001	FRACTURE TABLE	S04/01/09	3508.00	.00 M 48	.00			3508.00
000487	12145175	063	FREIGHT ON CER 9847	S04/01/09	248.00	.00 M 12	.00			248.00
000497	12145175	028	GE PACS SYSTEM	S04/01/09	95891.00	.00 M 36	.00			95891.00
000498	12145175	028	GE TRUVISION ILLUM/BRIGHT	S04/01/09	339.00	.00 M 12	.00			339.00
000499	12145175	018	GENICOM 3880S SERIAL MATRIX PRINTER	S04/01/09	835.00	.00 M 48	.00			835.00
000524	12145175	001	HOPKINSII 30DGR AUTOCLV LPRSCP 10MMXS	S04/01/09	490.00	.00 M 12	.00			490.00
000578	12145175	028	IMAGER/LASER	S04/01/09	1573.00	.00 M 12	.00			1573.00
000607	12145175	001	KIDDE TOURNIQUET W/ 4 CFS#9626	S04/01/09	22.00	.00 M 12	.00			22.00
000653	12145175	080	LIFEPAK 12 DEFIB/MONITOR	S04/01/09	695.00	.00 M 12	.00			695.00
000664	12145175	005	LIONVILLE MEDICATION CARTS-600 SERIES	S04/01/09	3249.00	.00 M 48	.00			3249.00

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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.
000666	12145175	007	LP20E PKG LIFEPAK 20 DEFIBRILLATOR	S09/23/10	9326.50	.00 M 48	.00			9326.50
000714	12145175	001	MICROSCOPE & ACCESSORIES	S04/01/09	841.00	.00 M 12	.00			841.00
000718	12145175	080	MINOR OR LIGHT SYBRONH000112	S04/01/09	43.00	.00 M 12	.00			43.00
000719	12145175	080	MINOR OR LIGHT SYBRONH000112	S04/01/09	43.00	.00 M 12	.00			43.00
000720	12145175	080	MINOR OR LIGHT SYBRONH000112	S04/01/09	43.00	.00 M 12	.00			43.00
000733	12145175	063	MOBILE STRESS MONITOR	S04/01/09	948.00	.00 M 12	.00			948.00
000737	12145175	063	MODEL 412 B/P MONITOR	S04/01/09	205.00	.00 M 12	.00			205.00
000746	12145175	054	MONITOR O2 OHMEDA S#AALM04091	S04/01/09	27.00	.00 M 12	.00			27.00
000767	12145175	007	MULTISENSOR PULSE OXIMETER	S04/01/09	313.00	.00 M 12	.00			313.00
000774	12145175	005	NIDP MONITOR/CUFF	S04/01/09	264.00	.00 M 12	.00			264.00
000777	12145175	063	NUC MED UPS & ACCUTOR PLUS BL PRESS	S04/01/09	3222.00	.00 M 48	.00			3222.00
000782	12145175	054	O2 MONITORS	S04/01/09	97.00	.00 M 12	.00			97.00
000805	12145175	001	OSF-2 SIGMOIDOFIBERSCOPE S/N2000487	S04/01/09	172.00	.00 M 12	.00			172.00
000807	12145175	082	OUTPATIENT CDT/LAN ANTENNAS	S04/01/09	377.00	.00 M 12	.00			377.00
000856	12145175	054	PEDIATRIC AEROSOL TENTS (3)	S04/01/09	744.00	.00 M 12	.00			744.00
000867	12145175	028	PIGG-O-STAT IMMOBILIZER	S04/01/09	210.00	.00 M 12	.00			210.00
000890	12145175	054	PULSE OX MONITOR	S04/01/09	145.00	.00 M 12	.00			145.00
000892	12145175	007	PULSE OXIMETER & ACCESSORIES 4837	S04/01/09	135.00	.00 M 12	.00			135.00
000899	12145175	063	RADIOISOTOPE COUNTER	S04/01/09	226.00	.00 M 12	.00			226.00
000902	12145175	001	RANGER BLOOD/FLUID WARMING UNIT	S04/01/09	393.00	.00 M 60	.00			393.00
000931	12145175	001	SCB CO2 20L ELECTRONIC ENDOFLATOR KIS10/27/10	S04/01/09	7490.00	.00 M 48	.00			7490.00
000934	12145175	063	SCREEN & FILM CASSETTE	S04/01/09	59.00	.00 M 12	.00			59.00
000960	12145175	036	SLIDE STAINER	S04/01/09	253.00	.00 M 12	.00			253.00
000978	12145175	054	SPIROMETER MICROLAB BASIC	S04/01/09	593.00	.00 M 36	.00			593.00
000990	12145175	001	STERILIZER (INSTALL/DEINSTALL)	S04/01/09	727.00	.00 M 36	.00			727.00
001003	12145175	080	STRETCHER/HYDR	S04/01/09	2021.00	.00 M 60	.00			2021.00
001007	12145175	007	SUCTION REGULATOR GFFU10175	S04/01/09	16.00	.00 M 12	.00			16.00
001010	12145175	001	SURGERY LIGHTS	S04/01/09	5259.00	.00 M 60	.00			5259.00
001028	12145175	001	TABLE/OR	S04/01/09	6336.00	.00 M 48	.00			6336.00
001046	12145175	036	THYROID UPTAKE	S04/01/09	447.00	.00 M 12	.00			447.00
001063	12145175	001	TRANSFER CLINER MODEL # 680 STRETCHS	S04/01/09	447.00	.00 M 36	.00			447.00
001114	12145175	001	VIDEO COLONOSCOPE	S04/01/09	3044.00	.00 M 12	.00			3044.00
001117	12145175	044	VISION PREMIER 5LD DIGIT RECORDER W/S07/15/10	S07/15/10	1596.00	.00 M 48	.00			1596.00
001118	12145175	044	VISION PREMIER 5LD DIGIT RECORDER W/S11/18/09	S11/18/09	1780.60	.00 M 48	.00			1780.60
001119	12145175	044	VISION PREMIER HOLTER MONITOR	S04/01/09	129.00	.00 M 12	.00			129.00
001122	12145175	054	VOLUME MONITOR-FAJR00297	S04/01/09	38.00	.00 M 12	.00			38.00
001141	12145175	005	WATERLOO FULL ACCESS #ER-2000 R	S04/01/09	145.00	.00 M 12	.00			145.00
001155	12145175	012	WIRELESS EMAR CISCO SYSTEMS	S04/01/09	2053.00	.00 M 60	.00			2053.00
001165	12145175	063	XENON TRAP	S04/01/09	339.00	.00 M 12	.00			339.00
001168	12145175	028	XRAY MACH/C-ARM	S04/01/09	10437.00	.00 M 12	.00			10437.00
001170	12145175	028	X-RAY MACH/PORTABLE	S04/01/09	1568.00	.00 M 12	.00			1568.00
001171	12145175	028	XRAY MACH/PORTABLE	S04/01/09	2252.00	.00 M 12	.00			2252.00
001172	12145175	028	XRAY MACH/RADIOGRAPHIC	S04/01/09	10938.00	.00 M 12	.00			10938.00
001173	12145175	028	XRAY MACHINE/R & F	S04/01/09	23729.00	.00 M 12	.00			23729.00
001181	12145175		SCALE DIGITAL	S12/15/11	1754.68	.00 M 48	.00		401.96	1754.68
001192	12145175		SPOT THERMOMETE 201209631	S08/07/12	1746.48	.00 M 48	36.39		436.68	1491.99
001197	12145175		DIGITAL RECORDER 9251416010	S09/06/12	1882.63	.00 M 48	39.22		470.64	1608.02

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001204	12145175	090	SLICER, MANUAL 12" BERKEL	S06/11/14	1391.51	.00	M 48	28.99	347.88	550.81
001205	12145175	001	STRLZR CNTL UPGRADE	S10/31/14	20609.76	.00	M 48	429.37	5152.44	6440.55
			#ITEMS=	96	405154.16	.00		533.97	6809.60	389615.15
			BEGINNING BALANCE	#ITEMS=	96	405154.16	.00	533.97	6809.60	389615.15
			ASSETS ACQUIRED	#ITEMS=		.00	.00	.00	.00	.00
			ASSETS REMOVED	#ITEMS=		.00	.00	.00	.00	.00
			ENDING BALANCE	#ITEMS=	96	405154.16	.00	533.97	6809.60	389615.15

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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.
001189	12145648		CPSI MU SOFTWARE			S06/01/12	104200.00	.00	M 84	1240.48	14885.76	53340.64
001206	12145648	908	CPSI MU STAGE II			S12/01/14	124585.00	.00	M 48	2595.52	31146.24	33741.76
001207	12145648		CPSI ADDITION			S12/31/14	108882.00	.00	M 48	2268.38	29488.94	29488.94
				#ITEMS=	3		337667.00	.00		6104.38	75520.94	116571.34
			BEGINNING BALANCE	#ITEMS=	3		337667.00	.00		6104.38	75520.94	116571.34
			ASSETS ACQUIRED	#ITEMS=			.00	.00		.00	.00	.00
			ASSETS REMOVED	#ITEMS=			.00	.00		.00	.00	.00
			ENDING BALANCE	#ITEMS=	3		337667.00	.00		6104.38	75520.94	116571.34



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000002	12146000	900	% EA LOCKERS 12 SHELVES		S04/01/09	65.00	.00 M 12	.00		65.00
000003	12146000	900	(1) INT SIGN ARCH ID #3830		S04/01/09	5.00	.00 M 12	.00		5.00
000007	12146000	830	(4) 500 WATT QUARTZ LIGHTS & INSTALLS		S04/01/09	43.00	.00 M 12	.00		43.00
000010	12146000	036	1 EA WINDOW TOPPER SCHEEL 7230013		S04/01/09	5.00	.00 M 12	.00		5.00
000013	12146000	900	127648 SHELVING 48X 76		S04/01/09	393.00	.00 M 12	.00		393.00
000015	12146000	036	1321 CHAIR IDA 72300002		S04/01/09	16.00	.00 M 12	.00		16.00
000016	12146000	036	1321 CHAIR IDA 72300002		S04/01/09	16.00	.00 M 12	.00		16.00
000017	12146000	036	1321 CHAIR IDA 72300002		S04/01/09	16.00	.00 M 12	.00		16.00
000018	12146000	036	1321 CHAIR IDA 72300002		S04/01/09	16.00	.00 M 12	.00		16.00
000019	12146000	036	1336 CHAIR IDA 72300002		S04/01/09	16.00	.00 M 12	.00		16.00
000025	12146000	036	2 EA REFRIG W/ FREEZER WHIRLPOOL		S04/01/09	16.00	.00 M 12	.00		16.00
000026	12146000	036	2 EA REFRIG W/FRZR WHIRLPOOL 72300-1S		S04/01/09	16.00	.00 M 12	.00		16.00
000032	12146000	922	24 STACK CHAIRS 1400-UF3		S04/01/09	108.00	.00 M 12	.00		108.00
000036	12146000	090	28 CHAIRS INTECOM		S04/01/09	162.00	.00 M 12	.00		162.00
000042	12146000	900	3/SEAT PANEL HUBBUCH MN854-3/000		S04/01/09	38.00	.00 M 12	.00		38.00
000046	12146000	900	4 END TABLES MN855/000		S04/01/09	38.00	.00 M 12	.00		38.00
000048	12146000	830	4 LITEBOX LANTERNS RA-2313		S04/01/09	27.00	.00 M 12	.00		27.00
000057	12146000	090	512-1 SLICER		S04/01/09	92.00	.00 M 12	.00		92.00
000058	12146000	900	5X6 PAN FACE FOR SIGN		S04/01/09	113.00	.00 M 12	.00		113.00
000059	12146000	840	6 DRW FILE STEELMASTER GW2636BLA		S04/01/09	16.00	.00 M 12	.00		16.00
000065	12146000	090	7 TABLES INTECOM MN D-30		S04/01/09	54.00	.00 M 12	.00		54.00
000068	12146000	900	88LF38 OK LATERAL FILE 2 DRW UNT OFFS		S04/01/09	32.00	.00 M 12	.00		32.00
000069	12146000	900	9347 DRY ERASE BOARD WITH FRAME		S04/01/09	27.00	.00 M 12	.00		27.00
000115	12146000	810	AUTOMATIC SCRUBBER BA5321 BATTER/CHAS		S04/01/09	582.00	.00 M 12	.00		582.00
000155	12146000	036	BLD COLL CHAIR AHS 72300006		S04/01/09	22.00	.00 M 12	.00		22.00
000161	12146000	900	BOOKCASE UOS #CBC2739A0		S04/01/09	16.00	.00 M 12	.00		16.00
000162	12146000	044	BOOKCASE-INTERCON		S04/01/09	11.00	.00 M 12	.00		11.00
000165	12146000	900	BRASS LAMP		S04/01/09	11.00	.00 M 12	.00		11.00
000172	12146000	810	BURNISHER		S04/01/09	345.00	.00 M 12	.00		345.00
000173	12146000	840	CABINET & BOOK SHELF UNIT MED RECORDS		S04/01/09	59.00	.00 M 12	.00		59.00
000174	12146000	830	CABINET WITH FORMICA COVERED SHELVES		S04/01/09	22.00	.00 M 12	.00		22.00
000187	12146000	810	CARPET SHAMPOOER		S04/01/09	22.00	.00 M 12	.00		22.00
000190	12146000	810	CARPETWIN 16XP UPRI VACUUM 323002		S04/01/09	27.00	.00 M 12	.00		27.00
000191	12146000	090	CASH REGISTER MA-79 S/N 1S-504775		S04/01/09	22.00	.00 M 12	.00		22.00
000195	12146000	601	CEG-350L LIGHT OAK WORKSTATION		S04/01/09	22.00	.00 M 12	.00		22.00
000208	12146000	900	CHAIR AND CREDENZA		S04/01/09	27.00	.00 M 12	.00		27.00
000209	12146000	900	CHAIR BLUE(2) 376HJJ82		S04/01/09	22.00	.00 M 12	.00		22.00
000211	12146000	001	CHAIR-MARCO-821460		S04/01/09	162.00	.00 M 12	.00		162.00
000212	12146000	062	CHAIRS		S04/01/09	22.00	.00 M 12	.00		22.00
000213	12146000	926	CHAIRS		S04/01/09	11.00	.00 M 12	.00		11.00
000214	12146000	840	CHAIRS		S04/01/09	5.00	.00 M 12	.00		5.00
000215	12146000	840	CHAIRS		S04/01/09	5.00	.00 M 12	.00		5.00
000217	12146000	917	CHAIRWRLD CREDENZA OAK		S04/01/09	22.00	.00 M 12	.00		22.00
000218	12146000	001	CHARIR SWIVEL BLACK		S04/01/09	5.00	.00 M 12	.00		5.00
000219	12146000	080	CHARTING TABLE		S04/01/09	27.00	.00 M 12	.00		27.00
000220	12146000	080	CHARTING TABLE		S04/01/09	27.00	.00 M 12	.00		27.00
000221	12146000	080	CHARTING TABLE		S04/01/09	27.00	.00 M 12	.00		27.00

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000222	12146000	001	CHARTING TABLE MAUVE OAK		S04/01/09	27.00	.00 M 12	.00		27.00
000223	12146000	001	CHARTING TABLE MAUVE OAK		S04/01/09	27.00	.00 M 12	.00		27.00
000224	12146000	007	CHARTING TABLE MAUVE OAK		S04/01/09	27.00	.00 M 12	.00		27.00
000225	12146000	007	CHARTING TABLE PN 100 MAUVE OAK		S04/01/09	27.00	.00 M 12	.00		27.00
000272	12146000	090	COUNTER TOP ICE DISPENSER W/ FILTER		S04/01/09	1153.00	.00 M 60	.00		1153.00
000277	12146000	926	CREDENAZ-KIMBALL-5200		S04/01/09	32.00	.00 M 12	.00		32.00
000278	12146000	900	CREDENZA-UNITED OFF-52-2072DPO		S04/01/09	32.00	.00 M 12	.00		32.00
000293	12146000	090	DEAN FRY MASTER DEEP FAT FRYER		S04/01/09	1589.00	.00 M 72	.00	66.17	1589.00
000306	12146000	902	DESK - B/O MGR		S04/01/09	43.00	.00 M 12	.00		43.00
000307	12146000	036	DESK - LAB DIRECTOR		S04/01/09	32.00	.00 M 12	.00		32.00
000308	12146000	926	DESK AMER BUS-#HON31001WL		S04/01/09	11.00	.00 M 12	.00		11.00
000309	12146000	926	DESK AMER BUS-#HON31001WL		S04/01/09	11.00	.00 M 12	.00		11.00
000310	12146000	926	DESK AND CHAIRS		S04/01/09	27.00	.00 M 12	.00		27.00
000311	12146000	036	DESK CHAIR INTECON 7230003		S04/01/09	16.00	.00 M 12	.00		16.00
000312	12146000	062	DESK DP BLACK		S04/01/09	11.00	.00 M 12	.00		11.00
000313	12146000	926	DESK POWER SOURCE		S04/01/09	11.00	.00 M 12	.00		11.00
000314	12146000	830	DESK STATION		S04/01/09	27.00	.00 M 12	.00		27.00
000316	12146000	905	DESK W/RETURN 60X30 LEFT		S04/01/09	22.00	.00 M 12	.00		22.00
000317	12146000	840	DESK AMERICAN BUSINESS 31172L-WK		S04/01/09	22.00	.00 M 12	.00		22.00
000318	12146000	926	DESK KIMBALL-5200		S04/01/09	32.00	.00 M 12	.00		32.00
000319	12146000	916	DESKAMER BUS SUPPLYMOD#HON33055		S04/01/09	16.00	.00 M 12	.00		16.00
000373	12146000	810	DRYER S#M84975551 WHIRLPL M#LA5700XSS		S04/01/09	11.00	.00 M 12	.00		11.00
000393	12146000	090	ELECTRIC CONVECTION OVEN		S04/01/09	1541.00	.00 M 72	.00	64.37	1541.00
000395	12146000	090	ELECTRIC HOT FOOD BUFFET		S04/01/09	232.00	.00 M 12	.00		232.00
000397	12146000	001	ELECTRONIC LOCKS FOR SURGERY		S04/01/09	269.00	.00 M 12	.00		269.00
000416	12146000	080	ER FURNITURE		S04/01/09	97.00	.00 M 12	.00		97.00
000458	12146000	044	FILE CABINET		S04/01/09	5.00	.00 M 12	.00		5.00
000459	12146000	916	FILE CABINET		S04/01/09	5.00	.00 M 12	.00		5.00
000460	12146000	900	FILE CABINET		S04/01/09	5.00	.00 M 12	.00		5.00
000461	12146000	916	FILE CABINET 4 DRWR		S04/01/09	5.00	.00 M 12	.00		5.00
000462	12146000	926	FILE CABINET AND DESK		S04/01/09	16.00	.00 M 12	.00		16.00
000463	12146000	900	FILE CABINET HON-142		S04/01/09	5.00	.00 M 12	.00		5.00
000464	12146000	917	FILE CABINET CHAIR		S04/01/09	5.00	.00 M 12	.00		5.00
000465	12146000	001	FILE CABINET GREEN		S04/01/09	5.00	.00 M 12	.00		5.00
000466	12146000	830	FILE CABINET INTECON SC 830-401-DV		S04/01/09	16.00	.00 M 12	.00		16.00
000468	12146000	840	FILE CABINET/4 DRAWER-AMERICAN BUS		S04/01/09	16.00	.00 M 12	.00		16.00
000469	12146000	902	FILE CABINETS(5) CHAIRS DESK		S04/01/09	38.00	.00 M 12	.00		38.00
000471	12146000	840	FILE/MAG AISLE 10 FT W/7 DBL 1 SNGL		S04/01/09	442.00	.00 M 12	.00		442.00
000474	12146000	917	FIRE PROOF FILING CABINET 4-DRAWER		S04/01/09	38.00	.00 M 12	.00		38.00
000480	12146000	090	FOOD CART S#11972 M#TE121962 BAXTER		S04/01/09	81.00	.00 M 12	.00		81.00
000481	12146000	090	FOOD CART S#11973 M#TE121962 BAXTER		S04/01/09	81.00	.00 M 12	.00		81.00
000489	12146000	090	FRYER VULCAN-HART SN 86H891		S04/01/09	43.00	.00 M 12	.00		43.00
000491	12146000	900	FURNITURE FOR MOB		S04/01/09	393.00	.00 M 12	.00		393.00
000493	12146000	090	GARB DISPOSER RED GOAT SN 012084H01		S04/01/09	22.00	.00 M 12	.00		22.00
000495	12146000	090	GARLAND OVEN CONVECTION-STANDARD FNSS		S04/01/09	129.00	.00 M 12	.00		129.00
000496	12146000	830	GAS GRILL 1021 COOK SPACE		S04/01/09	16.00	.00 M 12	.00		16.00
000500	12146000	830	GENIE LIFT #8 GENIE IND M#8		S04/01/09	22.00	.00 M 12	.00		22.00

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000511	12146000	090	HEATER AHS	SN-60249-96558-020	S04/01/09	102.00	.00	M 12	.00		102.00
000512	12146000	926	HIFILE BASE & TOP-44011BWE-45110BWE		S04/01/09	16.00	.00	M 12	.00		16.00
000513	12146000	005	HIGHBACK CHAIRS(5)		S04/01/09	22.00	.00	M 12	.00		22.00
000521	12146000	900	HON 1583-HH BOOKCASE		S04/01/09	16.00	.00	M 12	.00		16.00
000522	12146000	900	HON 1583-HH WORKSTATION		S04/01/09	11.00	.00	M 12	.00		11.00
000570	12146000	090	ICE MACHINE		S04/01/09	145.00	.00	M 12	.00		145.00
000571	12146000	080	ICE MACHINE (E R )		S04/01/09	269.00	.00	M 12	.00		269.00
000572	12146000	830	ICE MACHINE (MAINTENANCE)		S04/01/09	156.00	.00	M 12	.00		156.00
000581	12146000	830	INCREASE CAPABILITY AIR CONDITION SYS		S04/01/09	205.00	.00	M 12	.00		205.00
000583	12146000	830	IDENTIFICATION SIGNS 21 PLAQUES		S04/01/09	43.00	.00	M 12	.00		43.00
000595	12146000	830	INTERNAL SIGNS ARCHITECTURAL IDENT		IS04/01/09	189.00	.00	M 12	.00		189.00
000596	12146000	900	INTRANET 10 USERS-HOME HEALTH		S04/01/09	366.00	.00	M 96	3.81	45.72	308.63
000608	12146000	900	KIMBALL BOOKCASE, UNITED OFFICE,CBC2S		S04/01/09	16.00	.00	M 12	.00		16.00
000609	12146000	900	KIMBALL DESK-UNITED OFF-52-3672DPO		S04/01/09	32.00	.00	M 12	.00		32.00
000617	12146000	810	LA5700XSW WASHER		S04/01/09	16.00	.00	M 12	.00		16.00
000621	12146000	036	LAB DIRECTOR CHAIR		S04/01/09	16.00	.00	M 12	.00		16.00
000623	12146000	036	LAB REFRIG AHS 72300006		S04/01/09	113.00	.00	M 12	.00		113.00
000624	12146000	036	LAB REFRIG AHS 72300006		S04/01/09	65.00	.00	M 12	.00		65.00
000631	12146000	900	LAMPS-ICU RENOVATION		S04/01/09	11.00	.00	M 12	.00		11.00
000640	12146000	080	LAT FILE CAB STEEL CASE,M#830401DV		S04/01/09	11.00	.00	M 12	.00		11.00
000641	12146000	900	LAT FILE CAB STEEL CASE,M#830401DV		S04/01/09	11.00	.00	M 12	.00		11.00
000642	12146000	601	LATERAL FILE CABINET HON401E		S04/01/09	32.00	.00	M 12	.00		32.00
000643	12146000	601	LATERAL FILE CABINET HON417E		S04/01/09	32.00	.00	M 12	.00		32.00
000645	12146000	926	LAZ BOY CHAIR-92067		S04/01/09	22.00	.00	M 12	.00		22.00
000646	12146000	830	LAZ BOY CHAIR-UNITED OFF-92067		S04/01/09	22.00	.00	M 12	.00		22.00
000655	12146000	001	LIGHT SOURCE XENON		S04/01/09	275.00	.00	M 12	.00		275.00
000662	12146000	810	LINEN HAMPER		S04/01/09	16.00	.00	M 12	.00		16.00
000665	12146000	900	LOVE SEAT AND CHAIRS		S04/01/09	22.00	.00	M 12	.00		22.00
000669	12146000	090	MANITOWAC 3 DOOR FREEZER AV3A/FS3		S04/01/09	162.00	.00	M 12	.00		162.00
000675	12146000	840	MD 6024PP DESK SGL 24X60 TOP SURF 27S		S04/01/09	32.00	.00	M 12	.00		32.00
000676	12146000	840	MD6024LRP DESK SGL 24X60		S04/01/09	27.00	.00	M 12	.00		27.00
000677	12146000	840	MD6024LRP DESK SGL 24X60		S04/01/09	27.00	.00	M 12	.00		27.00
000678	12146000	840	MD6024LRP DESK SGL 24X60		S04/01/09	27.00	.00	M 12	.00		27.00
000736	12146000	810	MOBILMATIC SCRUBBER S/N #1122423		S04/01/09	129.00	.00	M 12	.00		129.00
000741	12146000	036	MODULAR FURNITURE		S04/01/09	329.00	.00	M 12	.00		329.00
000780	12146000	036	O/P REG DESK		S04/01/09	32.00	.00	M 12	.00		32.00
000783	12146000	900	OAK DESK 52 2030 LPO		S04/01/09	27.00	.00	M 12	.00		27.00
000784	12146000	830	OCH SIGNS		S04/01/09	242.00	.00	M 12	.00		242.00
000785	12146000	905	OFFICE FURNITURE		S04/01/09	48.00	.00	M 12	.00		48.00
000793	12146000	080	OPERATIONAL SWIVEL GRAY CHAIR		S04/01/09	16.00	.00	M 12	.00		16.00
000821	12146000	900	OVERHEAD PROJECTOR		S04/01/09	22.00	.00	M 12	.00		22.00
000845	12146000	005	PATIENT ROOM FURNITURE		S04/01/09	3098.00	.00	M 12	.00		3098.00
000862	12146000	005	PHYSICIAN'S ROUND TABLE MAUVE OAK		S04/01/09	27.00	.00	M 12	.00		27.00
000863	12146000	005	PHYSICIAN'S ROUND TABLE MAUVE OAK		S04/01/09	27.00	.00	M 12	.00		27.00
000864	12146000	005	PHYSICIAN'S ROUND TABLE MAUVE OAK		S04/01/09	27.00	.00	M 12	.00		27.00
000865	12146000	005	PHYSICIAN'S ROUND TABLE MAUVE OAK		S04/01/09	27.00	.00	M 12	.00		27.00
000868	12146000	036	PIPET WASHER DRYER AHS 72300006		S04/01/09	22.00	.00	M 12	.00		22.00

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000870	12146000	900	PLANTERS, INTECON		S04/01/09	38.00	.00 M 12	.00		38.00
000871	12146000	090	PLANTERS,INTECON,MN F/S 722		S04/01/09	11.00	.00 M 12	.00		11.00
000888	12146000	005	PT ROOM FURNITURE-LOBACK & HIBACK	CHS04/01/09		345.00	.00 M 12	.00		345.00
000896	12146000	075	PYLON SIGN		S05/19/11	6970.00	.00 M 60	116.17	1394.04	6505.52
000900	12146000	090	RANGE 36 RESTAURANT		S04/01/09	221.00	.00 M 12	.00		221.00
000901	12146000	090	RANGE-36L77R-01M-0AA-00CC VULCAN-HT		S04/01/09	22.00	.00 M 12	.00		22.00
000905	12146000	830	RED FLAMMABLE LIQUID STORAGE CABINETS		S04/01/09	32.00	.00 M 12	.00		32.00
000906	12146000	900	REFRIGERATOR		S04/01/09	5.00	.00 M 12	.00		5.00
000907	12146000	036	REFRIGERATOR (LAB)		S04/01/09	151.00	.00 M 12	.00		151.00
000908	12146000	900	REFRIGERATOR 1 72 CU FT		S04/01/09	5.00	.00 M 12	.00		5.00
000909	12146000	012	REFRIGERATOR 24 CU FT 110 R3872-1A		S04/01/09	129.00	.00 M 12	.00		129.00
000910	12146000	090	REFRIGERATOR CONTINENTAL SN 18326274S		S04/01/09	59.00	.00 M 12	.00		59.00
000926	12146000	900	ROYAL BLUE STOOL		S04/01/09	11.00	.00 M 12	.00		11.00
000937	12146000	916	SECRETERIAL CHAIR		S04/01/09	5.00	.00 M 12	.00		5.00
000938	12146000	917	SECRETERIAL CHAIR AND DESK		S04/01/09	16.00	.00 M 12	.00		16.00
000939	12146000	840	SECRETERIAL CHAIRS(5)		S04/01/09	16.00	.00 M 12	.00		16.00
000950	12146000	090	SHELF UNITS AND SHELVES GRAINGER		S04/01/09	70.00	.00 M 12	.00		70.00
000951	12146000	900	SHELVING CABINET		S04/01/09	38.00	.00 M 12	.00		38.00
000955	12146000	900	SIDE ARM CHAIRS(2)		S04/01/09	11.00	.00 M 12	.00		11.00
000956	12146000	900	SIGN DESIGNSMEDICAL PLAZA SIGN		S04/01/09	22.00	.00 M 12	.00		22.00
000957	12146000	900	SIGNAGE ARCHID 723002003		S04/01/09	22.00	.00 M 12	.00		22.00
000958	12146000	900	SIGNS ARCH ID 71292003		S04/01/09	70.00	.00 M 12	.00		70.00
000979	12146000	005	STAFF STATION		S09/03/09	1998.00	.00 M120	16.65	199.80	1265.40
000980	12146000	090	STAIN STL STEAMR W/28 STAND W/PAN SLS		S04/01/09	1185.00	.00 M 60	.00		1185.00
000982	12146000	900	STANDING CABINET FOR CONFERENCE RM		S04/01/09	48.00	.00 M 12	.00		48.00
000983	12146000	001	STAND-MARCO-12771		S04/01/09	135.00	.00 M 12	.00		135.00
000985	12146000	090	STATIONARY HOT FOOD TABLE ELECTRIC		S04/01/09	81.00	.00 M 12	.00		81.00
000987	12146000	900	STEEL BOOKCASE(4)		S04/01/09	32.00	.00 M 12	.00		32.00
000999	12146000	830	STORAGE BUILDING		S04/01/09	1088.00	.00 M120	9.07	108.84	734.64
001009	12146000	830	SUCTION VACUUM PUMP & ACCESSORIES		S04/01/09	571.00	.00 M 12	.00		571.00
001021	12146000	900	SW TILT CHAIR INTECON 454-221M BLGRNS		S04/01/09	22.00	.00 M 12	.00		22.00
001027	12146000	900	TABLE FOR THE CONFERENCE ROOM		S04/01/09	27.00	.00 M 12	.00		27.00
001045	12146000	036	THONET TABLE IDA 72300-*2		S04/01/09	5.00	.00 M 12	.00		5.00
001048	12146000	908	TIME CLOCK		S03/30/09	4200.00	.00 M120	35.00	420.00	2835.00
001050	12146000	090	TOASTER SAVORY SN#RT0000257		S04/01/09	22.00	.00 M 12	.00		22.00
001096	12146000	810	VACUUM ADVANCE MACH SER #925065 2/83S		S04/01/09	16.00	.00 M 12	.00		16.00
001098	12146000	810	VACUUM CLEANER GENESIS LXE UPRIGHT		S04/01/09	27.00	.00 M 12	.00		27.00
001123	12146000	090	VULCAN HART DISHWASHER BAXTER 3D20TFS		S04/01/09	264.00	.00 M 12	.00		264.00
001124	12146000	090	VULCAN HART STEAMER TABLE TOP		S04/01/09	145.00	.00 M 12	.00		145.00
001126	12146000		WALK-IN COOLERS/FREEZERS		S04/01/09	2969.00	.00 M 60	.00		2969.00
001129	12146000	900	WALL UNIT BOOKCASE FOR MED PLAZA		S04/01/09	22.00	.00 M 12	.00		22.00
001143	12146000	090	WELL STEAM TABLE		S04/14/11	1992.69	.00 M 60	33.21	398.52	1892.97
001144	12146000	810	WET VAC FLOOR MACHINE S/N 18701		S04/01/09	16.00	.00 M 12	.00		16.00
001151	12146000	810	WHIRLAMATIC BURNISHER 20UHS ADVANCE		S04/01/09	43.00	.00 M 12	.00		43.00
001152	12146000	900	WHITEHALL CHAIR 2 EA		S04/01/09	16.00	.00 M 12	.00		16.00
001153	12146000	810	WINDRS FILTRONIC BURNISHER SN262125		S04/01/09	102.00	.00 M 12	.00		102.00
001156	12146000	036	WK CHAIR INTERSTATE 7230014		S04/01/09	22.00	.00 M 12	.00		22.00

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001157	12146000	036	WK CHAIR INTERSTATE 7230014	S04/01/09	22.00	.00	M 12	.00		22.00
001158	12146000	036	WK CHAIR INTERSTATE 7230014	S04/01/09	22.00	.00	M 12	.00		22.00
001159	12146000	916	WOOD FILE CABINET	S04/01/09	11.00	.00	M 12	.00		11.00
001160	12146000	840	WORK STATION & CABINETS / MED	RECORS04/01/09	70.00	.00	M 12	.00		70.00
001164	12146000	001	XENON LIGHT SOURCE	S04/01/09	302.00	.00	M 12	.00		302.00
				#ITEMS=	193	39930.69	.00	213.91	2697.46	36858.16
BEGINNING BALANCE				#ITEMS=	193	39930.69	.00	213.91	2697.46	36858.16
ASSETS ACQUIRED				#ITEMS=		.00	.00	.00	.00	.00
ASSETS REMOVED				#ITEMS=		.00	.00	.00	.00	.00
ENDING BALANCE				#ITEMS=	193	39930.69	.00	213.91	2697.46	36858.16

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000001	12146075	036	SLIDE STAINER		S04/01/09	1816.00	.00	M 24	.00		1816.00
000014	12146075	830	13 LOUNGE CHAIRS C5606 LOBBY RENOVATS		S04/01/09	172.00	.00	M 12	.00		172.00
000023	12146075	830	19 PHILLIPS TELEVISIONS"		S04/01/09	690.00	.00	M 12	.00		690.00
000027	12146075	830	2 PR DRAPES CAFETERIA RENOVATION		S04/01/09	27.00	.00	M 12	.00		27.00
000028	12146075	028	2/SEAT PANEL HUBBUCH MN854-2/000		S04/01/09	27.00	.00	M 12	.00		27.00
000029	12146075	028	2/SEAT PANEL HUBBUCH MN854-2/000		S04/01/09	27.00	.00	M 12	.00		27.00
000030	12146075	900	20 MISC EQUIPMENT		S04/01/09	22.00	.00	M 12	.00		22.00
000031	12146075	830	2007 CHEVROLET SILVERADO C1500		S01/05/10	9498.43	.00	M 48	.00		9498.43
000035	12146075	005	25 IV EQUIPMENT STANDS		S04/01/09	216.00	.00	M 12	.00		216.00
000040	12146075	028	3/SEAT PANEL HUBBUCH MN854-3/000		S04/01/09	38.00	.00	M 12	.00		38.00
000041	12146075	028	3/SEAT PANEL HUBBUCH MN854-3/000		S04/01/09	38.00	.00	M 12	.00		38.00
000044	12146075		4 CHANNEL DICTATE STATION S/N176010		S04/01/09	27.00	.00	M 12	.00		27.00
000045	12146075	922	4 DRAWER YELLOW ISOLATION CART AY400S		S04/01/09	32.00	.00	M 12	.00		32.00
000049	12146075	830	4 MISC EQUIPMENT		S04/01/09	86.00	.00	M 12	.00		86.00
000050	12146075	840	4 SELECT DICTATE TERMINAL M-177169		S04/01/09	16.00	.00	M 12	.00		16.00
000051	12146075	080	4 WAY DICTAPHONE		S04/01/09	11.00	.00	M 12	.00		11.00
000052	12146075	001	4 WAY DICTAPHONE 176010		S04/01/09	11.00	.00	M 12	.00		11.00
000054	12146075	830	4CHANNEL DUAL LINE DAC COMM CONN CORS		S04/01/09	70.00	.00	M 12	.00		70.00
000056	12146075	005	4-WAY DICTAPHONE		S04/01/09	11.00	.00	M 12	.00		11.00
000060	12146075	830	6 FRAMES AND MATTED ART WORK PAINTINS		S04/01/09	86.00	.00	M 12	.00		86.00
000061	12146075	830	63 MISC EQUIPMENT		S04/01/09	92.00	.00	M 12	.00		92.00
000066	12146075	810	72P/PSL6 BULK DELVIERY TRUCK CART		S04/01/09	27.00	.00	M 12	.00		27.00
000070	12146075	026	A/C UNIT (WALL-MOUNTED)		S04/01/09	205.00	.00	M 12	.00		205.00
000071	12146075	601	A/V SECURITY & MOBILITY VIDEO CENTERS		S04/01/09	16.00	.00	M 12	.00		16.00
000073	12146075	902	ABI PCI CABLE		S04/01/09	22.00	.00	M 12	.00		22.00
000074	12146075	908	ABI SNGL LINE TSTER IO-51810868-01		S04/01/09	5.00	.00	M 12	.00		5.00
000078	12146075	022	ACCUTORR DATASCOPE SER#10347 11/82		S04/01/09	81.00	.00	M 12	.00		81.00
000081	12146075	025	ACR APPLICATION FEE 98-50		S04/01/09	156.00	.00	M 12	.00		156.00
000083	12146075	001	ADDRESSOGRAPH 1690768		S04/01/09	11.00	.00	M 12	.00		11.00
000084	12146075	810	ADVANCED FLOOR BUFFER		S04/01/09	92.00	.00	M 12	.00		92.00
000087	12146075	082	ADVANTAGE STRETCHER		S04/01/09	178.00	.00	M 12	.00		178.00
000088	12146075	830	AIR COMPR XER6418 S/N01072H-014039		S04/01/09	16.00	.00	M 12	.00		16.00
000089	12146075	917	ALASER 1000 PRINTER		S04/01/09	38.00	.00	M 12	.00		38.00
000096	12146075	830	ANALYZER DYNATECH NEVADA MOD# 431F		S04/01/09	54.00	.00	M 12	.00		54.00
000105	12146075	902	ANX PCI CABLE		S04/01/09	5.00	.00	M 12	.00		5.00
000110	12146075	810	AUTO FLOOR SCRUBBER		S04/01/09	242.00	.00	M 12	.00		242.00
000117	12146075	900	BACTI HANG WKSURF INTERST 7230014		S04/01/09	54.00	.00	M 12	.00		54.00
000122	12146075	005	BED CONTROL		S04/01/09	81.00	.00	M 12	.00		81.00
000153	12146075	022	BIS MONITOR (2)		S04/01/09	1983.00	.00	M 24	.00		1983.00
000163	12146075	001	BOOKWALTER BASIC SET		S04/01/09	372.00	.00	M 12	.00		372.00
000164	12146075	926	BOTTLE DROPPING 125ML GLASS		S04/01/09	.00	.00	M 12	.00		.00
000171	12146075	830	BULK DELIVERY TRUCK RED CASTER		S04/01/09	32.00	.00	M 12	.00		32.00
000178	12146075	001	CAMERA SYSTEM-LIGHT		S04/01/09	1234.00	.00	M 12	.00		1234.00
000180	12146075	840	CANON FAX MACHINE/MEMORY UBL44784		S04/01/09	145.00	.00	M 12	.00		145.00
000182	12146075	922	CARLINE MANIKEN LF3650 AB 1700		S04/01/09	108.00	.00	M 12	.00		108.00
000183	12146075	005	CAROUSELIST HOSPITAL PROD IT#605160		S04/01/09	38.00	.00	M 12	.00		38.00
000184	12146075	830	CARPET 67 YDS LOBBY RENOVATIONS		S04/01/09	81.00	.00	M 12	.00		81.00

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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.
000185	12146075	830	CARPET 74 YDS CAFETERIA RENOVATIONS	S04/01/09	102.00	.00 M 12	.00		102.00	
000186	12146075	900	CARPET FOR CONFERENCE ROOM	S04/01/09	59.00	.00 M 12	.00		59.00	
000189	12146075	840	CARPETING 51664 MEDICAL RECORDS	S04/01/09	75.00	.00 M 12	.00		75.00	
000207	12146075	830	CHAIN-SAW/PROMAC10-10/BOB'S SAW SHOPS	S04/01/09	11.00	.00 M 12	.00		11.00	
000216	12146075	001	CHAIRS SWIVEL BLACK(2)	S04/01/09	5.00	.00 M 12	.00		5.00	
000227	12146075	900	CHEM HANG WSKSURF SYS INTER 7230014	S04/01/09	22.00	.00 M 12	.00		22.00	
000228	12146075	900	CHEM SK SURFACE INTERSTATE 014	S04/01/09	16.00	.00 M 12	.00		16.00	
000229	12146075	900	CHEM SK SURFACE INTERSTATE 014	S04/01/09	16.00	.00 M 12	.00		16.00	
000231	12146075	900	CIRCUIT RACK W/PACK-AT&T	S04/01/09	167.00	.00 M 12	.00		167.00	
000251	12146075	026	COMPUTER (CT BONE SCAN)	S04/01/09	129.00	.00 M 12	.00		129.00	
000252	12146075	601	COMPUTER 486SX125 24982	S04/01/09	86.00	.00 M 12	.00		86.00	
000255	12146075	036	COMPUTER EQUIPMENT	S04/01/09	172.00	.00 M 12	.00		172.00	
000256	12146075	902	COMPUTER EQUIPMENT	S04/01/09	97.00	.00 M 12	.00		97.00	
000257	12146075	905	COMPUTER EQUIPMENT	S04/01/09	221.00	.00 M 12	.00		221.00	
000258	12146075	905	COMPUTER EQUIPMENT	S04/01/09	216.00	.00 M 12	.00		216.00	
000263	12146075	018	COMPUTER SYSTEM - PURCHASING & AP	S04/01/09	684.00	.00 M 12	.00		684.00	
000267	12146075	926	CONTROLLER ATT MERLIN 410	S04/01/09	16.00	.00 M 12	.00		16.00	
000269	12146075	036	COPIER S/N71P-167405 5018	S04/01/09	54.00	.00 M 12	.00		54.00	
000273	12146075	090	CPAQ PERSONAL COMPUTER SYSTEM	S04/01/09	129.00	.00 M 12	.00		129.00	
000281	12146075	840	CRT WORKSTATION AM BUS SUPLY 6295	S04/01/09	16.00	.00 M 12	.00		16.00	
000283	12146075	005	CUBICAL CURTAINS	S04/01/09	54.00	.00 M 12	.00		54.00	
000290	12146075	908	DATM-E899000 BARCODE LA 05050166	S04/01/09	70.00	.00 M 12	.00		70.00	
000291	12146075	926	DAZOR LAMP	S04/01/09	11.00	.00 M 12	.00		11.00	
000294	12146075	900	DEDICATION PLAQUE	S04/01/09	48.00	.00 M 12	.00		48.00	
000295	12146075	830	DEFIBR ENERGY MTR 429B #429B-08551	S04/01/09	48.00	.00 M 12	.00		48.00	
000304	12146075	922	DELIVERY TRUCK RED ALL SWIVEL CASTERS	S04/01/09	22.00	.00 M 12	.00		22.00	
000315	12146075	036	DESK TOP COPIER AMRCN BUSNS 7230012	S04/01/09	54.00	.00 M 12	.00		54.00	
000320	12146075	028	DESKINTECONSN 330600AB 6030	S04/01/09	16.00	.00 M 12	.00		16.00	
000321	12146075	908	DG 18743 STAND	S04/01/09	65.00	.00 M 12	.00		65.00	
000322	12146075	908	DG 3COM 3C1627-1 LINKBUILDER	S04/01/09	38.00	.00 M 12	.00		38.00	
000323	12146075	908	DG 40093 REMOTE HRDWRPLATFORM	S04/01/09	189.00	.00 M 12	.00		189.00	
000324	12146075	908	DG 40093 ROUTER IB3000 3C5823C	S04/01/09	189.00	.00 M 12	.00		189.00	
000325	12146075	908	DG 40341 OPTIC TRNSCVR MOD 3C1206-5	S04/01/09	11.00	.00 M 12	.00		11.00	
000326	12146075	908	DG 40341 OPTIC TRNSCVR MOD 3C1206-5	S04/01/09	11.00	.00 M 12	.00		11.00	
000327	12146075	908	DG 40399 3COM 3C1681	S04/01/09	5.00	.00 M 12	.00		5.00	
000328	12146075	908	DG 40581 NTBBLDR 4SLOT CHASSIS 3C6000S	S04/01/09	97.00	.00 M 12	.00		97.00	
000329	12146075	908	DG 40582 NTBBLDR COMM ENGINE 3C6010	S04/01/09	162.00	.00 M 12	.00		162.00	
000330	12146075	908	DG 40585 NTBBLDR SERIAL CARD 3C6022A	S04/01/09	59.00	.00 M 12	.00		59.00	
000331	12146075	908	DG 40835 3COM 3C16670	S04/01/09	27.00	.00 M 12	.00		27.00	
000332	12146075	908	DG 4846 CS/2600 TERM SERVER 3C5411	S04/01/09	86.00	.00 M 12	.00		86.00	
000333	12146075	908	DG 4846 CS/2600 TERM SERVER 3C5411	S04/01/09	86.00	.00 M 12	.00		86.00	
000335	12146075	908	DG 5221ET3 H/H COMPUTER 3YR WTY/SERVS	S04/01/09	38.00	.00 M 12	.00		38.00	
000336	12146075	908	DG 5221ET3 H/H COMPUTER 3YR WTY/SERVS	S04/01/09	38.00	.00 M 12	.00		38.00	
000337	12146075	908	DG 5221ET3 H/H COMPUTER 3YR WTY/SERVS	S04/01/09	38.00	.00 M 12	.00		38.00	
000338	12146075	908	DG 5221ET3 H/H COMPUTER 3YR WTY/SERVS	S04/01/09	38.00	.00 M 12	.00		38.00	
000339	12146075	908	DG 5221ET3 H/H COMPUTER 3YR WTY/SERVS	S04/01/09	38.00	.00 M 12	.00		38.00	
000340	12146075	908	DG 5221ET3 H/H COMPUTER 3YR WTY/SERVS	S04/01/09	38.00	.00 M 12	.00		38.00	

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000341	12146075	908	DG 5221ET3 H/H COMPUTER 3YR WTY/SERVS04/01/09			38.00	.00	M 12	.00		38.00
000342	12146075	908	DG 5221ET3 H/H COMPUTER 3YR WTY/SERVS04/01/09			38.00	.00	M 12	.00		38.00
000343	12146075	908	DG 5221ET3 H/H COMPUTER 3YR WTY/SERVS04/01/09			38.00	.00	M 12	.00		38.00
000344	12146075	908	DG 5221ET3 H/H COMPUTER 3YR WTY/SERVS04/01/09			38.00	.00	M 12	.00		38.00
000345	12146075	908	DG 60035R PRISM 3000 DSU	S04/01/09		221.00	.00	M 12	.00		221.00
000346	12146075	908	DG 60035R PRISM 3000 DSU	S04/01/09		221.00	.00	M 12	.00		221.00
000348	12146075	908	DG SERVICE BRIDGE ENCLOSURE	S04/01/09		124.00	.00	M 12	.00		124.00
000349	12146075	908	DG40344 FMS 10BASET LINKBLR MGMT MODS04/01/09			27.00	.00	M 12	.00		27.00
000350	12146075	908	DG40345 APK 40840 FMS 10BASET 48PORTS04/01/09			108.00	.00	M 12	.00		108.00
000351	12146075	908	DG40584FL NETBLDR DUAL ETHERNET CARDS04/01/09			75.00	.00	M 12	.00		75.00
000352	12146075	908	DG40647V7C NETBLDR SOFTWARE 3C6447	S04/01/09		11.00	.00	M 12	.00		11.00
000353	12146075	908	DG40648V7C NETBLDR SOFTWARE 3C6441	S04/01/09		38.00	.00	M 12	.00		38.00
000355	12146075	028	DICTAPHONE EXETALK PLUS S#016354	S04/01/09		32.00	.00	M 12	.00		32.00
000356	12146075	840	DICTAPHONE TRANSCRIBER S/N 043140	S04/01/09		27.00	.00	M 12	.00		27.00
000357	12146075	840	DICTATE STATION MEDICAL RECORDS	S04/01/09		16.00	.00	M 12	.00		16.00
000358	12146075	840	DICTATION SYSTEM	S04/01/09		97.00	.00	M 12	.00		97.00
000359	12146075	044	DICTATION UNIT DICTAPHONE SN 015913	S04/01/09		32.00	.00	M 12	.00		32.00
000360	12146075	840	DIGITAL DICTATION SYSTEM	S04/01/09		1827.00	.00	M 12	.00		1827.00
000379	12146075	022	DUPACO HEMOKINETOTERM WITH ALARM	S04/01/09		54.00	.00	M 12	.00		54.00
000386	12146075	063	ECT SOFTWARE/STIMULTANIETY/BULLSEYE	S04/01/09		819.00	.00	M 12	.00		819.00
000398	12146075	005	ELECTRONIC THERM-IVAC S# 34702XK	S04/01/09		11.00	.00	M 12	.00		11.00
000399	12146075	005	ELECTRONIC THERM-IVAC S# 34704XM	S04/01/09		11.00	.00	M 12	.00		11.00
000400	12146075	005	ELECTRONIC THERM-IVAC S# 34915XQ	S04/01/09		11.00	.00	M 12	.00		11.00
000403	12146075	005	EMAR EQUIP LIONVILLE I POINT 3 CARTSS04/01/09			14990.00	.00	M 24	.00		14990.00
000404	12146075	005	EMAR EQUIPMENT	S04/01/09		787.00	.00	M 24	.00		787.00
000412	12146075	001	ENDOSCOPY VIDEO PRINTER	S04/01/09		86.00	.00	M 12	.00		86.00
000413	12146075	012	ENVIRALAB ENVIRCO MOD #10166 S#16929S04/01/09			102.00	.00	M 12	.00		102.00
000414	12146075	900	EPSON DFX 5000+ PRINTER	S04/01/09		490.00	.00	M 96	5.10	61.20	413.14
000415	12146075	908	EPSON PROJECTOR	S04/01/09		318.00	.00	M 12	.00		318.00
000452	12146075	005	F505A ICE DISPENSER W/5A	S04/01/09		167.00	.00	M 12	.00		167.00
000453	12146075	036	FABRIC INTERCOM 762300003	S04/01/09		5.00	.00	M 12	.00		5.00
000454	12146075	902	FAX MACHINE SHARP UX1100	S04/01/09		22.00	.00	M 12	.00		22.00
000455	12146075	830	FEATHERSTONE ABODE 45 YDS CAFETERIA	S04/01/09		16.00	.00	M 12	.00		16.00
000456	12146075	830	FEATHERSTONE ABODE 45YD LOBBY RENOVAS04/01/09			16.00	.00	M 12	.00		16.00
000457	12146075	001	FG15U 51634 FORCEP	S04/01/09		16.00	.00	M 12	.00		16.00
000467	12146075	018	FILE CABINET INTECON SC 830-401-DV	S04/01/09		16.00	.00	M 12	.00		16.00
000470	12146075	908	FILE SERVER (NETWORK)	S04/01/09		657.00	.00	M 12	.00		657.00
000473	12146075	830	FIRE EVACUATION MAPS	S04/01/09		54.00	.00	M 12	.00		54.00
000477	12146075	830	FLOORING	S04/01/09		129.00	.00	M 12	.00		129.00
000478	12146075	082	FLOURO STRETCHER	S04/01/09		232.00	.00	M 12	.00		232.00
000490	12146075	900	FSI K210 KERNEL LIC SOFTWARE	S04/01/09		5.00	.00	M 12	.00		5.00
000492	12146075	840	FUSION DICTATE DICTAPHONE W/PACS	S03/02/10		24449.90	.00	M 48	.00		24449.90
000494	12146075	090	GARBAGE DISPOSAL	S04/01/09		183.00	.00	M 12	.00		183.00
000506	12146075	063	H2503DG COLLIMATOR/C-EQUAL SOFTWARE	S04/01/09		533.00	.00	M 12	.00		533.00
000509	12146075	900	HAYES V SERIES 9600 MODEM	S04/01/09		27.00	.00	M 12	.00		27.00
000510	12146075	908	HEALTHSTREAM COMPUTERS	S04/01/09		280.00	.00	M 12	.00		280.00
000530	12146075	080	HP LASER JET 4050N	S04/01/09		194.00	.00	M 12	.00		194.00



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NUMBER	NUMBER	LOCA.	DESCRIPTION----	SERIAL NUMBER-----	MET DATE	VALUE	VALUE LIFE	DEPREC.	DEPREC.	DEPR.
000531	12146075	018	HP LASER PRINTER		S04/01/09	145.00	.00 M 12	.00		145.00
000535	12146075	900	HP-200 FAX MACHINE PLAIN PAPER		S04/01/09	48.00	.00 M 12	.00		48.00
000536	12146075	902	HPCD-E2005 LASERPRNT USCNO47147		S04/01/09	43.00	.00 M 12	.00		43.00
000537	12146075	902	HPCD-E2005 LASERPRNT USCNO47148		S04/01/09	43.00	.00 M 12	.00		43.00
000538	12146075	902	HPCD-E2005 LASERPRNT USCNO47164		S04/01/09	43.00	.00 M 12	.00		43.00
000539	12146075	902	HPCD-E2005 LASERPRNT USCNO47168		S04/01/09	43.00	.00 M 12	.00		43.00
000540	12146075	902	HPCD-E2005 LASERPRNT USCNO47170		S04/01/09	43.00	.00 M 12	.00		43.00
000541	12146075	902	HPCD-E2005 LASERPRNT USCNO47171		S04/01/09	43.00	.00 M 12	.00		43.00
000542	12146075	902	HPCD-E2005 LASERPRNT USCNO47173		S04/01/09	43.00	.00 M 12	.00		43.00
000543	12146075	902	HPCD-E2005 LASERPRNT USCNO47174		S04/01/09	43.00	.00 M 12	.00		43.00
000544	12146075	902	HPCD-E2005 LASERPRNT USCNO47202		S04/01/09	43.00	.00 M 12	.00		43.00
000545	12146075	908	HPCD-E2037 PRINTER USFB095997		S04/01/09	70.00	.00 M 12	.00		70.00
000546	12146075	908	HPCD-E2037 PRINTER USFB096002		S04/01/09	70.00	.00 M 12	.00		70.00
000547	12146075	908	HPCD-E2037 PRINTER USFC190687		S04/01/09	75.00	.00 M 12	.00		75.00
000548	12146075	908	HPS-7917 PRINTER 200074 200073		S04/01/09	129.00	.00 M 12	.00		129.00
000558	12146075	012	IBM WHEELWRITER 6 #DKNC8		S04/01/09	32.00	.00 M 12	.00		32.00
000559	12146075	090	IBM WHEELWRITER 6 6784 11-DDZP4		S04/01/09	32.00	.00 M 12	.00		32.00
000560	12146075	840	IBM WHEELWRITER 6 M/1433100 S/N01281S		S04/01/09	27.00	.00 M 12	.00		27.00
000561	12146075	917	IBM WHEELWRITER 6 S/N 0105342		S04/01/09	27.00	.00 M 12	.00		27.00
000562	12146075	028	IBM WHEELWRITER 6 S/N 0137667		S04/01/09	27.00	.00 M 12	.00		27.00
000563	12146075	900	IBM WHEELWRITER 6 S/N 110128125		S04/01/09	27.00	.00 M 12	.00		27.00
000564	12146075	926	IBM WHEELWRITER 6 SN188822		S04/01/09	27.00	.00 M 12	.00		27.00
000565	12146075	917	IBM WHEELWRITER COPY CORP SN 6057195S		S04/01/09	43.00	.00 M 12	.00		43.00
000566	12146075	601	IBM WHEELWRITER TYPEWRITER #36085508S		S04/01/09	38.00	.00 M 12	.00		38.00
000568	12146075	908	IBM-E2000 CONNECTOR 0913328001111830S		S04/01/09	16.00	.00 M 12	.00		16.00
000569	12146075	908	IBM-H4007 INTERFACE		S04/01/09	5.00	.00 M 12	.00		5.00
000573	12146075	005	ICE MACHINE 50# SYMPHONY DISPENSER		S04/01/09	1751.00	.00 M 60	.00		1751.00
000576	12146075	007	ICU MONITORING SYSTEM - 3 BED		S04/01/09	6471.00	.00 M 24	.00		6471.00
000580	12146075	080	IMEX POCKET DOP III SYSTEM G-27267		S04/01/09	32.00	.00 M 12	.00		32.00
000588	12146075	900	INSTALL NURSE CALL EXECUTONE 7129000S		S04/01/09	22.00	.00 M 12	.00		22.00
000592	12146075	036	INTERCOM		S04/01/09	11.00	.00 M 12	.00		11.00
000593	12146075	036	INTERCOM		S04/01/09	11.00	.00 M 12	.00		11.00
000601	12146075	005	IV POLE DARK BLUE BV-5284-13		S04/01/09	16.00	.00 M 12	.00		16.00
000602	12146075	005	IV POLE DARK BLUE BV-5284-13		S04/01/09	16.00	.00 M 12	.00		16.00
000603	12146075	005	IV POLE DARK BLUE BV-5284-13		S04/01/09	16.00	.00 M 12	.00		16.00
000615	12146075	036	KOVEN TECHONLOGY EQUIP		S04/01/09	205.00	.00 M 12	.00		205.00
000622	12146075	036	LAB FURNITURE		S04/01/09	339.00	.00 M 12	.00		339.00
000629	12146075	036	LABORATORY STORAGE BUILDING		S04/01/09	275.00	.00 M 12	.00		275.00
000630	12146075	830	LAMINATOR KIT JACKSON-HIRSH MAINT		S04/01/09	22.00	.00 M 12	.00		22.00
000632	12146075	908	LAN RETROFIT- Y2K		S04/01/09	178.00	.00 M 12	.00		178.00
000633	12146075	908	LAN/WAN REDESIGN		S04/01/09	124.00	.00 M 12	.00		124.00
000634	12146075	908	LAN/WAN REDESIGN		S04/01/09	113.00	.00 M 12	.00		113.00
000636	12146075	005	LANDRY VEIN LIGHT STARTER KIT		S04/01/09	22.00	.00 M 12	.00		22.00
000652	12146075	900	LIFE SAFETY DISPLAY AI 730542001		S04/01/09	22.00	.00 M 12	.00		22.00
000668	12146075	001	MAJOR SURGICAL LIGHTS X2		S04/01/09	1972.00	.00 M 24	.00		1972.00
000671	12146075	900	MATRIX PRINTER		S04/01/09	409.00	.00 M 12	.00		409.00
000672	12146075	005	MATTRESSES FOR NURSING		S04/01/09	232.00	.00 M 12	.00		232.00

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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.
000711	12146075	028	MEDREX EXAMINERJ H RICHSN	1867	S04/01/09	129.00	.00 M 12	.00	129.00
000716	12146075	036	MICROWAVE GEAP	72300009	S04/01/09	11.00	.00 M 12	.00	11.00
000721	12146075	900	MINOR SURGICAL LIGHT S/N#LN960291		S04/01/09	75.00	.00 M 12	.00	75.00
000730	12146075	900	MOBILE RADIO AND ACESS		S04/01/09	32.00	.00 M 12	.00	32.00
000731	12146075	900	MOBILE RADIO AND ACESS		S04/01/09	32.00	.00 M 12	.00	32.00
000732	12146075	900	MOBILE RADIO AND ACESS		S04/01/09	32.00	.00 M 12	.00	32.00
000738	12146075	090	MODEL G2200 REACH IN FREEZER		S04/01/09	1175.00	.00 M 48	.00	1175.00
000742	12146075	018	MONARCH MARKING GUN 1180 PURCHASING		S04/01/09	22.00	.00 M 12	.00	22.00
000743	12146075	001	MONITOR 19		S04/01/09	124.00	.00 M 12	.00	124.00
000744	12146075	001	MONITOR 19		S04/01/09	119.00	.00 M 12	.00	119.00
000745	12146075	001	MONITOR 19		S04/01/09	119.00	.00 M 12	.00	119.00
000747	12146075	012	MONITOR/CAMERA/RECORDER		S04/01/09	129.00	.00 M 12	.00	129.00
000748	12146075	001	MONITOR/PATIENT		S04/01/09	474.00	.00 M 12	.00	474.00
000749	12146075	022	MONITOR/PATIENT		S04/01/09	647.00	.00 M 12	.00	647.00
000750	12146075	022	MONITOR/PATIENT		S04/01/09	647.00	.00 M 12	.00	647.00
000751	12146075	080	MONITOR/PATIENT		S04/01/09	512.00	.00 M 12	.00	512.00
000752	12146075	908	MOTO 49210 NMS S/N 9684345		S04/01/09	54.00	.00 M 12	.00	54.00
000753	12146075	908	MOTO 49210 NMS S/N 9684346		S04/01/09	54.00	.00 M 12	.00	54.00
000754	12146075	902	MOTO FASTALK II MODEM 4635909		S04/01/09	5.00	.00 M 12	.00	5.00
000755	12146075	902	MOTO FASTALK II MODEM 4637373		S04/01/09	5.00	.00 M 12	.00	5.00
000756	12146075	902	MOTO FASTALK II MODEM 4648189		S04/01/09	5.00	.00 M 12	.00	5.00
000757	12146075	902	MOTO FASTALK II MODEM 4648268		S04/01/09	5.00	.00 M 12	.00	5.00
000758	12146075	902	MOTO FASTALK II MODEM 4648269		S04/01/09	5.00	.00 M 12	.00	5.00
000759	12146075	902	MOTO FASTALK II MODEM 4649768		S04/01/09	5.00	.00 M 12	.00	5.00
000760	12146075	902	MOTO FASTALK II MODEM 4649987		S04/01/09	5.00	.00 M 12	.00	5.00
000761	12146075	902	MOTO FASTALK II MODEM 4650697		S04/01/09	5.00	.00 M 12	.00	5.00
000762	12146075	902	MOTO FASTALK II MODEM 4650817		S04/01/09	5.00	.00 M 12	.00	5.00
000765	12146075	012	MULTI USER UPGRADE FOR MEDICS		S04/01/09	129.00	.00 M 12	.00	129.00
000768	12146075	830	MURATONE WALL COVERING CAFETERIA RENS		S04/01/09	11.00	.00 M 12	.00	11.00
000769	12146075	080	MVS BASE NPH20 SERIAL 8105667 RADIO		S04/01/09	113.00	.00 M 12	.00	113.00
000772	12146075	908	NETWORK SWITCH (I/S)		S04/01/09	242.00	.00 M 12	.00	242.00
000791	12146075	012	OKIDATA 321 PRINTER		S04/01/09	27.00	.00 M 12	.00	27.00
000792	12146075	900	OLYMPUS OM-F CAMERA & ACCESSORIES		S04/01/09	16.00	.00 M 12	.00	16.00
000804	12146075	926	ORTHOSCOPE THROAT ILLUMINATOR		S04/01/09	5.00	.00 M 12	.00	5.00
000823	12146075	028	PACS SYSTEM SWITCH		S04/01/09	2953.00	.00 M 24	.00	2953.00
000825	12146075	917	PAN KX 4100 SHREDDER, PAPER AUTO-FEES		S04/01/09	70.00	.00 M 12	.00	70.00
000831	12146075	840	PANEL/WORKSTATION SYSTEMS		S04/01/09	323.00	.00 M 12	.00	323.00
000841	12146075	922	PATIENT ARRHYTHMIA SIMULATOR AA750		S04/01/09	54.00	.00 M 12	.00	54.00
000850	12146075	908	PCR HPCD E2037 LSRJET PTR USFC095875S		S04/01/09	70.00	.00 M 12	.00	70.00
000851	12146075	908	PCR HPCD E2037 LSRJET PTR USFC095877S		S04/01/09	70.00	.00 M 12	.00	70.00
000852	12146075	908	PCR HPCD E2037 PRTR USFB055712		S04/01/09	97.00	.00 M 12	.00	97.00
000853	12146075	908	PCR HPCD E2037 PRTR USFC074855		S04/01/09	97.00	.00 M 12	.00	97.00
000854	12146075	902	PCRI MODEM CABLE		S04/01/09	.00	.00 M 12	.00	.00
000855	12146075	908	PCS FROM CANCELLED CBO PROJECT		S04/01/09	2225.00	.00 M 12	.00	2225.00
000858	12146075	916	PERSONAL COMPUTER		S04/01/09	102.00	.00 M 12	.00	102.00
000859	12146075	012	PHARM LINK - SOFTWARE		S04/01/09	4310.00	.00 M 12	.00	4310.00
000860	12146075	900	PHONE SYSTEM		S04/01/09	8050.00	.00 M 12	.00	8050.00

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000866	12146075	005	PHYSIO CONTROL LIFEPAK		S04/01/09	199.00	.00	M 12	.00		199.00
000869	12146075	036	PLAIN PAPER FAX S/R#8T7-015305		S04/01/09	86.00	.00	M 12	.00		86.00
000873	12146075	018	PNEU GRAY CLERICAL CHAIR		S04/01/09	16.00	.00	M 12	.00		16.00
000874	12146075	922	PORTABLE RADIO S/N829151608		S04/01/09	38.00	.00	M 12	.00		38.00
000875	12146075	902	POSTGE METER #122982		S04/01/09	22.00	.00	M 12	.00		22.00
000879	12146075	080	PRINTER STAND		S04/01/09	27.00	.00	M 12	.00		27.00
000880	12146075	908	PRINTERS		S04/01/09	172.00	.00	M 12	.00		172.00
000881	12146075	001	PRINTER-VIDEO		S04/01/09	92.00	.00	M 12	.00		92.00
000895	12146075	080	PULSE OXIMETER W/PRINTER S/N20254712S		S04/01/09	59.00	.00	M 12	.00		59.00
000916	12146075	922	RESUSCI ANNE-LA150005		S04/01/09	32.00	.00	M 12	.00		32.00
000917	12146075	922	RESUSCI BABY-LA140002		S04/01/09	22.00	.00	M 12	.00		22.00
000922	12146075	036	ROTOR AHS 72300006		S04/01/09	22.00	.00	M 12	.00		22.00
000927	12146075	840	S/N 139835 DICTAPHONE STD TRANSCRIBES		S04/01/09	32.00	.00	M 12	.00		32.00
000932	12146075	005	SCOTSMAN CD200E1A CUBE DISPENSER		S04/01/09	70.00	.00	M 12	.00		70.00
000933	12146075	005	SCOTSMAN CM250AE1E CUBER		S04/01/09	43.00	.00	M 12	.00		43.00
000942	12146075	036	SERIAL NO 110074791 IBM WHEELWTR 6		S04/01/09	27.00	.00	M 12	.00		27.00
000943	12146075	905	SERIAL NO 110074854 IBM WHEELWTR 6		S04/01/09	27.00	.00	M 12	.00		27.00
000947	12146075	900	SERVICE NORTH AMERICAN		S04/01/09	11.00	.00	M 12	.00		11.00
000952	12146075	900	SHREDDER CROSS CUT PRODUCTION		S04/01/09	48.00	.00	M 12	.00		48.00
000953	12146075	902	SHREDDER CROSS CUT PRODUCTION (3)		S04/01/09	383.00	.00	M 12	.00		383.00
000954	12146075	900	SHREDDER CROSS CUT PRODUCTION (LARGES		S04/01/09	286.00	.00	M 12	.00		286.00
000963	12146075	018	SMART PROJECT		S04/01/09	92.00	.00	M 12	.00		92.00
000964	12146075	018	SMART PROJECT		S04/01/09	162.00	.00	M 12	.00		162.00
000965	12146075	018	SMART PROJECT EQUIPMENT		S04/01/09	189.00	.00	M 12	.00		189.00
000967	12146075	830	SNAPPER WEED-EATER		S04/01/09	22.00	.00	M 12	.00		22.00
000972	12146075	001	SONY PRINTER S/N 12116		S04/01/09	97.00	.00	M 12	.00		97.00
000973	12146075	044	SONY VHS/VCR AND COLOR MONITOR		S04/01/09	302.00	.00	M 12	.00		302.00
000974	12146075	062	SPACE SAVER MAT PLATFORM PRESTON 223S		S04/01/09	54.00	.00	M 12	.00		54.00
000976	12146075	001	SPIRIT PAGER WITH CHARGER		S04/01/09	11.00	.00	M 12	.00		11.00
000977	12146075	022	SPIRIT PAGER WITH CHARGER		S04/01/09	11.00	.00	M 12	.00		11.00
000995	12146075	926	STETHOSCOPE DOUBLE HEAD PINK 215-939S		S04/01/09	.00	.00	M 12	.00		.00
001005	12146075	005	SUCTION REG VAC AHCL02527		S04/01/09	22.00	.00	M 12	.00		22.00
001011	12146075	001	SURGERY MONITOR		S04/01/09	1757.00	.00	M 24	.00		1757.00
001022	12146075	036	SWING OUT ROTOR AHS 72300006		S04/01/09	59.00	.00	M 12	.00		59.00
001024	12146075	830	T D D 2710 DIRECT CONNECTOR		S04/01/09	16.00	.00	M 12	.00		16.00
001025	12146075	840	TAB UNIT SPACEFINDER SYSTEM		S04/01/09	43.00	.00	M 12	.00		43.00
001026	12146075	005	TABLE AND CABINET BORG-WARNER 0228		S04/01/09	70.00	.00	M 12	.00		70.00
001029	12146075	908	TECH REFRESH 30DELL PC'S		S04/01/09	12258.00	.00	M 60	.00		12258.00
001030	12146075	908	TECH REFRESH CAB STACK - 1M		S04/01/09	18190.00	.00	M 24	.00		18190.00
001035	12146075	900	TELEPHONE DIGITAL PACK - UPGRADE		S04/01/09	1428.00	.00	M 24	.00		1428.00
001037	12146075	926	TELEPHONE MERLIN 5BT BLACK 3160111		S04/01/09	11.00	.00	M 12	.00		11.00
001038	12146075	926	TELEPHONE MERLIN 5BT BLACK 3160111		S04/01/09	11.00	.00	M 12	.00		11.00
001039	12146075	926	TELEPHONE MERLIN 5 BT BLACK 3160111		S04/01/09	11.00	.00	M 12	.00		11.00
001040	12146075	926	TELEPHONE MERLIN 5BT BLACK 3160111		S04/01/09	11.00	.00	M 12	.00		11.00
001041	12146075	926	TELEPHONE MERLIN 5BT BLACK 3160111		S04/01/09	11.00	.00	M 12	.00		11.00
001044	12146075	036	TEMP POWER MONITOR JEWETT H6580		S04/01/09	27.00	.00	M 12	.00		27.00
001049	12146075	036	TIME STAMP MODEL HA2G 130389		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.	
001064	12146075	908	TRANSFER CORP I/S PROJECT-6/99		S04/01/09	54.00	.00 M 12	.00		54.00	
001066	12146075	908	TRAVEL TO OAKDALE COMM HOSP		S04/01/09	113.00	.00 M 12	.00		113.00	
001071	12146075	830	TRUCK/PICKUP		S04/01/09	776.00	.00 M 12	.00		776.00	
001072	12146075	830	TRUCK/PICKUP		S04/01/09	9429.00	.00 M 84	112.25	1347.00	9092.25	
001074	12146075	916	TURBO MICROCHROME COMP W/IL SYST		S04/01/09	59.00	.00 M 12	.00		59.00	
001075	12146075		TV 19RP59 SAM'S WHOLESALE CLUB		S04/01/09	11.00	.00 M 12	.00		11.00	
001077	12146075	922	TV/VCR COMBO N/S		S04/01/09	22.00	.00 M 12	.00		22.00	
001078	12146075	922	TV/VCR COMBOI/E		S04/01/09	22.00	.00 M 12	.00		22.00	
001079	12146075	926	TWO SECTION VIEW BOX		S04/01/09	11.00	.00 M 12	.00		11.00	
001080	12146075	902	TYPEWRITER IBM #5 SN 1337571		S04/01/09	32.00	.00 M 12	.00		32.00	
001081	12146075	062	TYPEWRITER-IBM-SER# 0017489		S04/01/09	27.00	.00 M 12	.00		27.00	
001083	12146075	028	U-42 CHIP FOR MICRO PROCESSOR BOARD		S04/01/09	48.00	.00 M 12	.00		48.00	
001084	12146075	001	ULTRALIGHT HEADLIGHT		S04/01/09	436.00	.00 M 12	.00		436.00	
001090	12146075	007	UNINTERRUPTIBLE POWER SUPPLY 2917		S04/01/09	86.00	.00 M 12	.00		86.00	
001091	12146075	007	UNINTERRUPTIBLE POWER SUPPLY 41431		S04/01/09	86.00	.00 M 12	.00		86.00	
001092	12146075	012	UNIT DOSE PACKAGING MACHINE		S04/01/09	3098.00	.00 M 24	.00		3098.00	
001093	12146075	001	UNIVERSAL ARM/HAND TABLE		S04/01/09	92.00	.00 M 12	.00		92.00	
001094	12146075	054	UPGRADE 7200A-7200AE		S04/01/09	113.00	.00 M 12	.00		113.00	
001097	12146075	900	VACUUM CLEANER		S04/01/09	5.00	.00 M 12	.00		5.00	
001099	12146075	830	VACUUM SYSTEM		S04/01/09	32.00	.00 M 12	.00		32.00	
001101	12146075	007	VCR/TV COMBO AK85LV69641		S04/01/09	38.00	.00 M 12	.00		38.00	
001108	12146075	054	VENTILATOR CHIP-PRESSURE SUPPORT		S04/01/09	119.00	.00 M 12	.00		119.00	
001109	12146075	900	VHS-PLAYER RECORDER		S04/01/09	16.00	.00 M 12	.00		16.00	
001110	12146075	001	VIDEO CAMERA		S04/01/09	490.00	.00 M 12	.00		490.00	
001111	12146075	922	VIDEO CAMERA W/TRIPOD		S04/01/09	38.00	.00 M 12	.00		38.00	
001112	12146075	001	VIDEO CART S/N1092214C78		S04/01/09	172.00	.00 M 12	.00		172.00	
001113	12146075	001	VIDEO CASSETTE RECORDER B63501728		S04/01/09	81.00	.00 M 12	.00		81.00	
001121	12146075	900	VLI IMPRINTER SER #94050131		S04/01/09	129.00	.00 M 12	.00		129.00	
001125	12146075	908	W2K ACTIVE DIR NETWORK PROJECT-SOFTWS		S04/01/09	4332.00	.00 M 12	.00		4332.00	
001128	12146075	900	WALL PICTURES		S04/01/09	167.00	.00 M 12	.00		167.00	
001130	12146075	900	WALLCOVERIGN FASHION 723002001		S04/01/09	54.00	.00 M 12	.00		54.00	
001131	12146075	900	WALLCOVERING PACIFIC 723002004		S04/01/09	38.00	.00 M 12	.00		38.00	
001132	12146075	908	WAN REDESIGN		S04/01/09	124.00	.00 M 12	.00		124.00	
001139	12146075	036	WATER BATH AHS H6581		S04/01/09	16.00	.00 M 12	.00		16.00	
001145	12146075	830	WHEELWRITER #6 S/N0083482		S04/01/09	27.00	.00 M 12	.00		27.00	
001146	12146075	902	WHEELWRITER 35 #11-13128		S04/01/09	38.00	.00 M 12	.00		38.00	
001147	12146075	917	WHEELWRITER 6 IBM S		S04/01/09	27.00	.00 M 12	.00		27.00	
001148	12146075	018	WHEELWRITER 6 IBM S# 6130800		S04/01/09	32.00	.00 M 12	.00		32.00	
001149	12146075	018	WHEELWRITER 6 IBM S#6130438		S04/01/09	32.00	.00 M 12	.00		32.00	
001150	12146075	840	WHEELWRITER 6 IBM S#6130647		S04/01/09	32.00	.00 M 12	.00		32.00	
001177	12146075	908	NETWORK SERVER AND FIREWALL		S06/25/10	10978.55	.00 M 48	.00		10978.55	
001179	12146075	900	PHONE SWITCH EQUIP-ADTRAN PRI INTERFS		S11/03/11	6507.76	.00 M 48	.00	1355.72	6507.76	
001188	12146075		ROUTER		S06/27/12	1550.00	.00 M 48	32.29	387.48	1388.47	
001211	12146075	830	KAWASAKI MOWER 071714C002554		S09/22/15	3630.00	.00 M 48	75.63	302.52	302.52	
					#ITEMS=	326	186548.64	.00	225.27	3453.92	182646.02

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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=	326		186548.64	.00		225.27	3453.92	182646.02
			ASSETS ACQUIRED	#ITEMS=			.00	.00		.00	.00	.00
			ASSETS REMOVED	#ITEMS=			.00	.00		.00	.00	.00
			ENDING BALANCE	#ITEMS=	326		186548.64	.00		225.27	3453.92	182646.02

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TIME 08:24

OAKDALE COMMUNITY HOSPITAL  
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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.	DEPR.
-----										
000156	12147600		BLOOD GAS ANALYZER SIEMENS RAPIDLAB	S06/08/11		9000.00	.00 M 60	150.00	1800.00	8250.00
000157	12147600		BLOOD GAS ANALYZER SIEMENS RAPIDLAB	S06/08/11		9000.00	.00 M 60	150.00	1800.00	8250.00
000181	12147600		CAPITAL LEASE ECHO	S06/01/09		143269.00	.00 M 84	1705.58	20466.96	134740.84
000274	12147600		CPSI COMPUTER SYSTEM	S07/01/10		300000.00	.00 M 48	.00		300000.00
000717	12147600		MINDRAY TELEMETRY SYSTEM	S07/26/11		80000.00	.00 M 60	1333.33	15999.96	71999.82
001210	12147600	036	SIEMENS CHEM ANALYZER	S06/01/15		116160.00	.00 M 84	1382.86	9680.02	9680.02
001212	12147600		MP C5503 COPIER E184MC60685	S04/01/15		13970.00	.00 M 48	291.04	2619.36	2619.36
001213	12147600		MP C5503 COPIER E184MC60770	S04/01/15		13970.00	.00 M 48	291.04	2619.36	2619.36
001214	12147600		MP C5503 COPIER E184MC60462	S04/01/15		13970.00	.00 M 48	291.04	2619.36	2619.36
001215	12147600		MP C5503 COPIER E184MC60293	S04/01/15		13970.00	.00 M 48	291.04	2619.36	2619.36
001216	12147600		MP C5503 COPIER E184MC60913	S04/01/15		13970.00	.00 M 48	291.04	2619.36	2619.36
001217	12147600		MP C5503 COPIER E184MC60136	S04/01/15		13970.00	.00 M 48	291.04	2619.36	2619.36
001218	12147600		MP 301 COPIER W914PC84383	S04/01/15		2356.20	.00 M 48	49.09	441.81	441.81
001219	12147600		MP 301 COPIER W914PC04419	S04/01/15		2356.20	.00 M 48	49.09	441.81	441.81
001220	12147600		MP 301 COPIER W914PC84420	S04/01/15		2356.20	.00 M 48	49.09	441.81	441.81
001221	12147600		MEDDISPENSE MED MGMT SYST	S08/01/15		134750.60	.00 M 84	1604.17	8020.85	8020.85
001222	12147600		KARL STORZ VIDEO SYSTEM	S09/04/15		13297.79	.00 M 84	158.31	633.24	633.24
001223	12147600		KRLSTRZ HD CAM HEAD & LGT CBL	S09/04/15		14096.37	.00 M 84	167.81	671.24	671.24
001224	12147600		KRLSTRZ HD CAM HEAD & LGT 2 CBL	S09/04/15		14680.61	.00 M 84	174.77	699.08	699.08
001225	12147600		KRLSTRZ IMAGE CAPTURE DEVICE	S09/04/15		16691.26	.00 M 84	198.71	794.84	794.84
001226	12147600		KRLSTRZ XENON LIGHT SOURCE	S09/04/15		6635.41	.00 M 84	78.99	315.96	315.96
001227	12147600		KRLSTRZ XENON LGHT SRCE W/NSFLT N PUMS	S09/04/15		10634.21	.00 M 84	126.60	506.40	506.40
001228	12147600		KRLSTRZ INSUFFLATORS & ACCESSORIES	S09/04/15		10521.85	.00 M 84	125.26	501.04	501.04
001229	12147600		KRLSTRZ HD MONITOR & SCR N PROTECTOR	S09/04/15		4814.41	.00 M 84	57.31	229.24	229.24
001230	12147600		KRLSTRZ HD MONITOR & SCR N PROTECTOR	S09/04/15		4814.41	.00 M 84	57.31	229.24	229.24
001231	12147600		KRLSTRZ SONY LASER PRINTER	S09/04/15		1559.08	.00 M 84	18.56	74.24	74.24
001232	12147600		KRLSTRZ VIDEO CART	S09/04/15		3743.11	.00 M 84	44.56	178.24	178.24
001233	12147600		KRLSTRZ 2NDRY MONITOR STAND	S09/04/15		1326.68	.00 M 84	15.79	63.16	63.16
001234	12147600		KRLSTRZ VIDEO SCALING SYS & CBL S	S09/04/15		2283.53	.00 M 84	27.18	108.72	108.72
001235	12147600		KRLSTRZ LAPAROSCOPE 0 DEG 10X31	S09/04/15		2073.59	.00 M 84	24.69	98.76	98.76
001236	12147600		KRLSTRZ LAPAROSCOPE 0 DEG 10X31	S09/04/15		2073.59	.00 M 84	24.69	98.76	98.76
001237	12147600		KRLSTRZ LAPAROSCOPE 0 DEG 10X31	S09/04/15		2073.59	.00 M 84	24.69	98.76	98.76
001238	12147600		KRLSTRZ LAPAROSCOPE 30 DEG 10X31	S09/04/15		2073.59	.00 M 84	24.69	98.76	98.76
001239	12147600		KRLSTRZ LAPAROSCOPE 30 DEG 10X31	S09/04/15		2073.59	.00 M 84	24.69	98.76	98.76
001240	12147600		KRLSTRZ LAPAROSCOPE 0 DEG 5X29	S09/04/15		2073.59	.00 M 84	24.69	98.76	98.76
001241	12147600		KRLSTRZ LAPAROSCOPE 0 DEG 5X29	S09/04/15		2073.59	.00 M 84	24.69	98.76	98.76
001242	12147600		KRLSTRZ LAPAROSCOPE 30 DEG 5X29	S09/04/15		2073.59	.00 M 84	24.69	98.76	98.76
001243	12147600		KRLSTRZ LAPAROSCOPE 30 DEG 5X29	S09/04/15		2073.59	.00 M 84	24.69	98.76	98.76
001244	12147600		KRLSTRZ LAPAROSCOPE 45 DEG 10X31	S09/04/15		2073.59	.00 M 84	24.69	98.76	98.76
001245	12147600		KRLSTRZ PEDI GASTROSCOPE	S09/04/15		28542.48	.00 M 84	339.79	1359.16	1359.16
001246	12147600		KRLSTRZ ADULT VIDEO GASTROSCOPE	S09/04/15		26336.07	.00 M 84	313.52	1254.08	1254.08
001247	12147600		KRLSTRZ ADULT VIDEO GASTROSCOPE	S09/04/15		26336.07	.00 M 84	313.52	1254.08	1254.08
001248	12147600		KRLSTRZ VIDEO COLONOSCOPE	S09/04/15		26631.25	.00 M 84	317.04	1268.16	1268.16
001249	12147600		KRLSTRZ VIDEO COLONOSCOPE	S09/04/15		26631.25	.00 M 84	317.04	1268.16	1268.16
001250	12147600		KRLSTRZ BRONCHSCOPE	S09/04/15		11084.05	.00 M 84	131.95	527.80	527.80
001251	12147600		KRLSTRZ IMAGE ADPTR VIDEOSCOPIES	S09/04/15		1776.73	.00 M 84	21.15	84.60	84.60
001252	12147600		KRLSTRZ ADAPTOR FOR ENDOSCOPES	S09/04/15		1193.24	.00 M 84	14.21	56.84	56.84

RUN DATE 02/23/16  
TIME 08:24

OAKDALE COMMUNITY HOSPITAL  
FIXED ASSETS  
FROM 12/01/15 THRU 12/31/15

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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.	
001253	12147600		KRLSTRZ	CYSTOSCOPE	S09/04/15	4879.94	.00	M 84	58.09	232.36	232.36	
001254	12147600		KRLSTRZ	ENDO GI CART	S09/04/15	23769.81	.00	M 84	282.97	1131.88	1131.88	
001255	12147600		KRLSTRZ	SONY PRINTER FOR ENDO GI CARS	S09/04/15	1559.08	.00	M 84	18.56	74.24	74.24	
001256	12147600		KRLSTRZ	MONITOR STAND	S09/04/15	1545.60	.00	M 84	18.40	73.60	73.60	
001257	12147600		KRLSTRZ	VID SCLNG SYS&CBL FOR ENDOGIS	S09/04/15	2157.36	.00	M 84	25.68	102.72	102.72	
001258	12147600		KRLSTRZ	AIDA HD CONNECT WITH DVD	S09/04/15	16691.26	.00	M 84	198.71	794.84	794.84	
001259	12147600		KRLSTRZ	THERMOFLATOR UNIT	S09/04/15	7947.13	.00	M 84	94.61	378.44	378.44	
001260	12147600		KRLSTRZ	XENON LGT SRC FOR ENDO W/ADPS	S09/04/15	7372.45	.00	M 84	87.77	351.08	351.08	
001261	12147600		KRLSTRZ	STERRAD COMPATABLE	S09/04/15	3375.90	.00	M 84	40.19	160.76	160.76	
001262	12147600		STERIS	QUK CNCT&TRY FOR KRLSTRZ ENDOS	S09/04/15	4197.61	.00	M 84	49.97	199.88	199.88	
001263	12147600		MEDIVATORS	ENDO STRTS IRRGATORPUMPKRS	S09/04/15	1650.00	.00	M 84	19.64	78.56	78.56	
001264	12147600		MEDIVATORS	ENDO STRTS IRRGATORPUMPKRS	S09/04/15	1650.00	.00	M 84	19.64	78.56	78.56	
					#ITEMS=	59	1234230.10	.00	12399.96	91531.42	574705.16	
					BEGINNING BALANCE	#ITEMS=	59	1234230.10	.00	12399.96	91531.42	574705.16
					ASSETS ACQUIRED	#ITEMS=		.00	.00	.00	.00	.00
					ASSETS REMOVED	#ITEMS=		.00	.00	.00	.00	.00
					ENDING BALANCE	#ITEMS=	59	1234230.10	.00	12399.96	91531.42	574705.16

RUN DATE 02/23/16  
TIME 08:24

OAKDALE COMMUNITY HOSPITAL  
FIXED ASSETS  
FROM 12/01/15 THRU 12/31/15

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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.	DEPR.
-----												
					#ITEMS=	1165	5389287.92	.00		34195.95	357222.72	2617319.57
			BEGINNING BALANCE		#ITEMS=	1165	5389287.92	.00		34195.95	357222.72	2617319.57
			ASSETS ACQUIRED		#ITEMS=		.00	.00		.00	.00	.00
			ASSETS REMOVED		#ITEMS=		.00	.00		.00	.00	.00
			ENDING BALANCE		#ITEMS=	1165	5389287.92	.00		34195.95	357222.72	2617319.57



**PROGRESSIVE ACUTE CARE OAKDALE, LLC**

**Schedule G**

**EXHIBIT B**

<b>Party to Executory Contract/Lease</b>	<b>Contract/Lease Description</b>	<b>Description</b>	<b>Term Remaining</b>
eClinical Works eHub 2 Technology Drive Westborough, MA 01581	Date of Contract: 06/01/2012 Renewal Date: 06/01/2013 Yearly renewal.		
eClinical Works eHub 2 Technology Drive Westborough, MA 01581	Date of Contract: 10/23/2013 Renewal Date: 10/01/2014 Yearly renewal.		
GPN/Oakdale, LLC 504 Texas Street, Suite 200 Shreveport, LA 71101	Agreement for Emergency Medical Services dated 08/24/2015 Term: 3 years (beginning 09/01/2015 – 08/31/2018)	Independent Emergency Physician Services/Professional Medical and Administrative Services	29 months
Infostat, LLC PO Box 12910 Alexandria, LA 71315-2910	Business Associate Agreement dated 03/05/2012 Renewal Date: 03/05/2013 Yearly renewal.		
Joseph Binitha, MD 107 Hospital Drive Oakdale, LA 71463	Professional Services Agreement dated 01/01/2015 Renewal Date: 01/01/2017 Renews for one year.	Professional medical services.	
Karl Storz Endoscopy-America Karl Storz Capital PO Box 41602 Philadelphia, PA 19101-1602	Master Lease Agreement dated 06/17/2015 Term: 60 months	Medical Equipment: Endoscopy Camera/Video/Lighting Equipment	50 months
Mindray DS USA, Inc. 24312 Network Place Chicago, IL 60673-1243	Equipment Lease Agreement dated August 2011 Term: 60 months	Medical Equipment	4 months
Siemens Financial Services PO Box 2083 Carol Stream, IL 60132-2083	Equipment Lease dated 06/01/2015	Medical Equipment: (1) DX EXL	
Village of Elizabeth PO Box 457 Elizabeth, LA 70638	Date of Contract: 03/01/2013 Renewal Date: 03/01/2016 Renews every 3 years.	Lease of commercial property.	

**Fill in this information to identify the case:**Debtor name **Progressive Acute Care Oakdale, LLC**United States Bankruptcy Court for the: **WESTERN DISTRICT OF LOUISIANA**Case number (if known) **16-50742**☐ 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)**\$70,319,788.00****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****\$586,221.00****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 apply3.1. **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
Professional Archive Solutions PO Box 1966 Gonzales, LA 70707	Garnishment of Sabine State Bank Account Last 4 digits of account number: <u>5606</u>	05/02/2016	\$29,027.23

**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  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).	Dates of loss	Value of property lost

**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>\$6,426.00</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

**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

**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 provides****If debtor provides meals  
and housing, number of  
patients in debtor's care  
50-60**

15.1. **Oakdale Community  
Hospital  
130 N. Hospital Drive  
Oakdale, LA 71463**

**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

Owner's name and address	Location of the property	Describe the property	Value
Dauterive Hospital	Oakdale Community Hospital 103 N. Hospital Drive Oakdale, LA 71463	Hospital equipment (Stryker Equipment)	\$0.00

**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
---------------------------	-------------------------------------	--------------------	----------------

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
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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
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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-To
26a.1. Accountants of Progressive Acute Care	
26a.2. Suzette Fatula 2210 7th Street, Suite B Mandeville, LA 70471	thru 01/31/2016

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-To
26b.1. Erickson, Krentel & LaPorte, LLP 4227 Canal St, New Orleans, LA 70119	2014 Audit
26b.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 01**  
**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****Date of inventory****The dollar amount and basis (cost, market, or other basis) of each inventory**

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****Amount of money or description and value of property****Dates****Reason for providing the value**

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****Employer Identification number of the parent corporation****Progressive Acute Care, LLC****EIN: 26-2491719**



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

Oakdale Community Hospital					
CODE	NUMBER	DATE	AMOUNT	PAYEE	Reason
SSB	11758	3/31/2016	4,543.73	ABBOTT LABORATORIES/DIAGNOSTIC	Lab Supplies
SSB	11708	3/10/2016	7,366.53	AIR LIQUIDE AMERICA CORP	Oxygen
SSB	11727	3/17/2016	7,609.50	AIR LIQUIDE AMERICA CORP	Oxygen
SSB	11775	3/31/2016	7,484.54	AIR LIQUIDE AMERICA CORP	Oxygen
EFT	873	4/12/2016	1,911.99	ALLEN PARISH SCHOOL BOARD (TAX	2015 Property Taxes
EFT	879	4/25/2016	6,065.62	ALLEN PARISH SCHOOL BOARD (TAX	2016 Property Taxes
SSB	11800	4/21/2016	169.00	ALLEN PARISH SCHOOL BOARD (TAX	2017 Property Taxes
SSB	11850	5/5/2016	399.39	ALLEN PARISH SCHOOL BOARD (TAX	2018 Property Taxes
SSB	11819	4/29/2016	37,146.96	ALLEN PARISH SHERIFF DEPT	2019 Property Taxes
EFT	847	3/2/2016	6,273.86	AMERISOURCE BERGEN	Pharmacy
EFT	852	3/9/2016	4,479.45	AMERISOURCE BERGEN	Pharmacy
EFT	858	3/17/2016	7,903.67	AMERISOURCE BERGEN	Pharmacy
EFT	861	3/23/2016	7,726.98	AMERISOURCE BERGEN	Pharmacy
EFT	865	3/31/2016	6,089.92	AMERISOURCE BERGEN	Pharmacy
EFT	871	4/7/2016	5,242.29	AMERISOURCE BERGEN	Pharmacy
EFT	875	4/14/2016	12,760.72	AMERISOURCE BERGEN	Pharmacy
EFT	878	4/21/2016	13,431.45	AMERISOURCE BERGEN	Pharmacy
EFT	881	4/29/2016	8,474.40	AMERISOURCE BERGEN	Pharmacy
EFT	885	5/5/2016	4,904.14	AMERISOURCE BERGEN	Pharmacy
EFT	889	5/12/2016	5,307.63	AMERISOURCE BERGEN	Pharmacy
EFT	892	5/19/2016	11,215.27	AMERISOURCE BERGEN	Pharmacy
EFT	895	5/26/2016	3,340.13	AMERISOURCE BERGEN	Pharmacy
EFT	850	3/4/2016	1,456.10	AT & T	Telephone
EFT	855	3/17/2016	85.00	AT & T	Telephone
EFT	856	3/17/2016	409.43	AT & T	Telephone
EFT	870	4/7/2016	85.00	AT & T	Telephone
EFT	872	4/11/2016	2,079.48	AT & T	Telephone
EFT	874	4/13/2016	409.43	AT & T	Telephone
EFT	888	5/10/2016	2,362.76	AT & T	Telephone
EFT	891	5/18/2016	370.69	AT & T	Telephone
EFT	853	3/14/2016	1,556.73	AT&T	Telephone
EFT	854	3/14/2016	5,746.31	AT&T	Telephone

Oakdale Community Hospital					
CODE	NUMBER	DATE	AMOUNT	PAYEE	Reason
SSB	11862	5/10/2016	12,882.72	BAXTER HEALTHCARE/MED DELIVERY	Medical/Surgical Supplies
SSB	11698	3/2/2016	1,000.00	BC TECHNICAL, INC	Nuclear Medicine Service
SSB	11713	3/10/2016	1,000.00	BC TECHNICAL, INC	Nuclear Medicine Service
SSB	11773	3/31/2016	1,000.00	BC TECHNICAL, INC	Nuclear Medicine Service
SSB	11798	4/21/2016	6,271.40	BC TECHNICAL, INC	Nuclear Medicine Service
SSB	11726	3/17/2016	1,000.00	BC TECHNICAL, INC P	Nuclear Medicine Service
SSB	11879	5/18/2016	25,000.00	BLUE CROSS & BLUE SHIELD OF LA	Medical Insurance Premium
SSB	11896	5/25/2016	34,922.62	BLUE CROSS & BLUE SHIELD OF LA	Medical Insurance Premium
SSB	11770	3/31/2016	5,176.32	CARDINAL HEALTH 414 LLC	Medical Surgical Supplies
SSB	11815	4/28/2016	11,049.22	CARDINAL HEALTH 414 LLC	Medical Surgical Supplies
SSB	11749	3/31/2016	2,668.41	CARDINAL HEALTH MEDICAL PRODUC	Medical Surgical Supplies
SSB	11786	4/13/2016	4,247.36	CARDINAL HEALTH MEDICAL PRODUC	Medical Surgical Supplies
SSB	11816	4/28/2016	3,157.92	CARDINAL HEALTH MEDICAL PRODUC	Medical Surgical Supplies
SSB	11863	5/10/2016	4,983.97	CARDINAL HEALTH MEDICAL PRODUC	Medical Surgical Supplies
SSB	11881	5/19/2016	3,422.10	CARDINAL HEALTH MEDICAL PRODUC	Medical Surgical Supplies
EFT	864	3/30/2016	4,677.56	CENTERPOINT ENERGY RESOUR/ENTE	Gas
EFT	882	5/3/2016	2,185.55	CENTERPOINT ENERGY RESOUR/ENTE	Gas
SSB	11778	4/4/2016	17,883.62	CLECO	Electricity
EFT	859	3/21/2016	750.00	CPSI	Computer supplies
EFT	862	3/24/2016	-	CPSI	Computer supplies
EFT	880	4/25/2016	750.00	CPSI	Computer supplies
EFT	894	5/24/2016	750.00	CPSI	Computer supplies
SSB	11732	3/30/2016	16,362.55	CPSI	Computer Software Support fees
SSB	11846	4/29/2016	4,497.62	CPSI	Computer Software Support fees
SSB	11695	3/2/2016	3,552.66	DOERLE	Food
SSB	11707	3/10/2016	4,021.15	DOERLE	Food
SSB	11720	3/17/2016	3,521.48	DOERLE	Food
SSB	11730	3/24/2016	4,131.58	DOERLE	Food
SSB	11745	3/31/2016	4,092.11	DOERLE	Food
SSB	11785	4/13/2016	3,938.46	DOERLE	Food
SSB	11802	4/21/2016	4,503.24	DOERLE	Food
SSB	11827	4/29/2016	4,415.38	DOERLE	Food

Oakdale Community Hospital					
CODE	NUMBER	DATE	AMOUNT	PAYEE	Reason
SSB	11853	5/9/2016	4,357.65	DOERLE	Food
SSB	11897	5/25/2016	4,101.63	DOERLE	Food
EFT *	896	5/31/2016	54,530.00	GPN/OAKDALE LLC	ER Professional Fees
SSB	11706	3/8/2016	10,000.00	GPN/OAKDALE LLC	ER Professional Fees
SSB	11714	3/10/2016	10,000.00	GPN/OAKDALE LLC	ER Professional Fees
SSB	11715	3/14/2016	24,427.50	GPN/OAKDALE LLC	ER Professional Fees
SSB	11728	3/23/2016	15,000.00	GPN/OAKDALE LLC	ER Professional Fees
SSB	11734	3/31/2016	39,530.00	GPN/OAKDALE LLC	ER Professional Fees
SSB	11788	4/13/2016	13,632.50	GPN/OAKDALE LLC	ER Professional Fees
SSB	11797	4/18/2016	13,632.50	GPN/OAKDALE LLC	ER Professional Fees
SSB	11809	4/25/2016	13,632.50	GPN/OAKDALE LLC	ER Professional Fees
SSB	11831	4/29/2016	13,632.50	GPN/OAKDALE LLC	ER Professional Fees
SSB	11711	3/10/2016	1,415.30	JOHNSON&JOHNSON HEALTH CARE SY	Medical/Surgical Supplies
SSB	11724	3/17/2016	396.43	JOHNSON&JOHNSON HEALTH CARE SY	Medical/Surgical Supplies
SSB	11746	3/31/2016	4,042.95	JOHNSON&JOHNSON HEALTH CARE SY	Medical/Surgical Supplies
SSB	11784	4/13/2016	1,986.90	JOHNSON&JOHNSON HEALTH CARE SY	Medical/Surgical Supplies
SSB	11817	4/29/2016	3,139.92	JOHNSON&JOHNSON HEALTH CARE SY	Medical/Surgical Supplies
SSB	11851	5/5/2016	4,736.57	JOHNSON&JOHNSON HEALTH CARE SY	Medical/Surgical Supplies
SSB	11895	5/24/2016	1,662.66	JOHNSON&JOHNSON HEALTH CARE SY	Medical/Surgical Supplies
SSB	11781	4/11/2016	7,025.88	KARL STORZ ENDOSCOPY-AMERICA I	Equipment lease
SSB	11791	4/14/2016	367.25	KARL STORZ ENDOSCOPY-AMERICA I	Equipment lease
SSB	11805	4/21/2016	6,897.44	KARL STORZ ENDOSCOPY-AMERICA I	Equipment lease
SSB	11832	4/29/2016	6,511.01	KARL STORZ ENDOSCOPY-AMERICA I	Equipment lease
SSB	11854	5/9/2016	6,836.57	KARL STORZ ENDOSCOPY-AMERICA I	Equipment lease
SSB	11712	3/10/2016	2,500.00	LIFESHARE BLOOD CENTER	Blood
SSB	11772	3/31/2016	2,500.00	LIFESHARE BLOOD CENTER	Blood
SSB	11787	4/13/2016	2,500.00	LIFESHARE BLOOD CENTER	Blood
SSB	11847	4/29/2016	2,500.00	LIFESHARE BLOOD CENTER	Blood
EFT	860	3/22/2016	2,153.28	LOUISIANA DEPT OF REVENUE & TA	Sales Tax
EFT	869	4/6/2016	4,625.37	LOUISIANA DEPT OF REVENUE & TA	Sales Tax
SSB	11855	5/9/2016	6,385.00	MAJESTIC MEDICAL SOLUTIONS	Equipment Maintenance
SSB	11900	5/25/2016	500.00	MAJESTIC MEDICAL SOLUTIONS	Equipment Maintenance

Oakdale Community Hospital					
CODE	NUMBER	DATE	AMOUNT	PAYEE	Reason
SSB	11703	3/2/2016	6,757.86	MEDLINE INDUSTRIES INC	Medical/Surgical Supplies
SSB	11747	3/31/2016	4,815.25	MEDLINE INDUSTRIES INC	Medical/Surgical Supplies
SSB	11795	4/14/2016	4,166.06	MEDLINE INDUSTRIES INC	Medical/Surgical Supplies
SSB	11864	5/10/2016	3,876.09	MEDLINE INDUSTRIES INC	Medical/Surgical Supplies
SSB	11783	4/13/2016	6,572.02	MEDTRONIC USA INC	Medical/Surgical Supplies
SSB	11743	3/31/2016	14,658.58	OMEGA DIAGNOSTICS LLC	Lab supplies
SSB	11878	5/12/2016	16,503.14	OMEGA DIAGNOSTICS LLC	Lab supplies
SSB	11741	3/31/2016	6,060.00	PROFESSIONAL ANESTHESIA NETWORK	Anesthesia Professional Fees
SSB	11840	4/29/2016	6,480.00	PROFESSIONAL ANESTHESIA NETWORK	Anesthesia Professional Fees
SSB	11899	5/25/2016	6,150.00	PROFESSIONAL ANESTHESIA NETWORK	Anesthesia Professional Fees
EFT	884	5/5/2016	29,027.23	PROFESSIONAL ARCHIVE SOLUTIONS	Medical Record Storage
SSB	11774	3/31/2016	10,000.00	SHARED IMAGING, LLC	MRI Services
SSB	11874	5/10/2016	10,409.75	SHARED IMAGING, LLC	MRI Services
SSB	11699	3/2/2016	14,961.73	SIEMENS HEALTHCARE (BAYER	Lab supplies
SSB	11748	3/31/2016	8,367.53	SIEMENS HEALTHCARE (BAYER	Lab supplies
SSB	11875	5/10/2016	8,527.65	SIEMENS HEALTHCARE (BAYER	Lab supplies
EFT	876	4/18/2016	12,688.29	SIMPLEX GRINNELL LP	Medical Surgical Supplies
SSB	11841	4/29/2016	3,419.01	SOUTHERN TEXTILE SERVICES LLC	Linen Supplies
SSB	11857	5/9/2016	4,606.34	SOUTHERN TEXTILE SERVICES LLC	Linen Supplies
SSB	11769	3/31/2016	5,069.58	STERIS CORP	Sterilization svc
SSB	11789	4/14/2016	2,215.64	STERIS CORP	Sterilization svc
SSB	11842	4/29/2016	2,362.98	STERIS CORP	Sterilization svc
SSB	11858	5/9/2016	2,004.80	STERIS CORP	Sterilization svc
SSB	11700	3/2/2016	4,335.85	SYNERGY CARE	Physical Therapy
SSB	11744	3/31/2016	4,335.85	SYNERGY CARE	Physical Therapy
SSB	11794	4/14/2016	2,056.80	SYNERGY CARE	Physical Therapy
SSB	11877	5/10/2016	7,637.40	SYNERGY CARE	Physical Therapy
SSB	11721	3/17/2016	1,250.00	TOWN OF ELIZABETH	Building lease
SSB	11722	3/17/2016	141.97	TOWN OF ELIZABETH	Building lease
SSB	11750	3/31/2016	1,250.00	TOWN OF ELIZABETH	Building lease
SSB	11894	5/23/2016	95.63	TOWN OF ELIZABETH	Building lease
SSB	11904	5/27/2016	-	TOWN OF ELIZABETH	Building lease

Oakdale Community Hospital					
CODE	NUMBER	DATE	AMOUNT	PAYEE	Reason
SSB	11905	5/27/2016	38.06	TOWN OF ELIZABETH	Building lease
SSB	11906	5/27/2016	6,250.00	TOWN OF ELIZABETH	Building lease

**PROGRESSIVE ACUTE CARE OAKDALE, LLC**

**EXHIBIT B**

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
Getinge USA v. PAC-O	2015-318, Div. A	33 <sup>rd</sup> JDC, Parish of Allen, State of Louisiana	Consent Judgment 3/21/2016
Majestic Medical Solutions, LLC v. PAC-O	114,808, Div. A	23 <sup>rd</sup> JDC, Parish of Ascension, State of Louisiana	-Petition filed 12/29/2015 -Motion for Preliminary Default filed 2/16/2016
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
Professional Archive Solutions v. PAC-O	112867, Div. C	23 <sup>rd</sup> JDC, Parish of Ascension, State of Louisiana	-Petition filed 05/08/2015 -Judgment August 2015
Professional Archive Solutions v. PAC-O	115,927, Div. E	23 <sup>rd</sup> JDC, Parish of Ascension, State of Louisiana	Petition filed 05/04/2016
Siemens Financial Services, Inc. v. PAC-O	2016-167	33 <sup>rd</sup> JDC, Parish of Allen, State of Louisiana	Petition filed 4/22/2016
SSRM Enterprises, LLC d/b/a Credit Services of Southwest Louisiana v. PAC-O	2016-1927, Div. D	14 <sup>th</sup> JDC, Parish of Calcasieu, State of Louisiana	Petition filed 5/11/2016
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-O in the amount of \$322,252.04 (dated 03/03/2016)