

Fill in this information to identify the case:

Debtor name Progressive Acute Care Winn, LLC

United States Bankruptcy Court for the: WESTERN DISTRICT OF LOUISIANA

Case number (if known) 16-50743

☐ 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 Winn, LLC**United States Bankruptcy Court for the: **WESTERN DISTRICT OF LOUISIANA**Case number (if known) **16-50743**☐ 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)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ 1,475,000.00
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ 1,513,763.64
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ 2,988,763.64

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (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>	\$ 11,214,993.55
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 29,490.90
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 1,688,845.45
4. Total liabilities Lines 2 + 3a + 3b	\$ 12,933,329.90

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

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

Case number (if known) **16-50743**

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Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

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

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **Business First Bank**

Depository (Government and BCBS Elect Deposits)

3101

\$0.00

3.2. **Sabine State Bank**

Depository (Commercial A/R Deposits)

8199

\$50,826.64

3.3. **Sabine State Bank**

Checking

8318

\$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.

\$50,826.64

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

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

11. **Accounts receivable**

11a. 90 days old or less: 4,666,905.00 - 3,571,201.00 = \$1,095,704.00
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.

\$1,095,704.00

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				
	Inventory		\$0.00		\$367,233.00

23. **Total of Part 5.**

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

\$367,233.00

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.

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

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55.1. **301 West Boundary
Street, Winnfield, LA
71483
(value includes
FF&E)**

\$0.00

\$1,475,000.00

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.

\$1,475,000.00

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. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$50,826.64</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$1,095,704.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$367,233.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$1,475,000.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$1,513,763.64</u>	+ 91b. <u>\$1,475,000.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$2,988,763.64</u>

Fill in this information to identify the case:Debtor name **Progressive Acute Care Winn, LLC**United States Bankruptcy Court for the: **WESTERN DISTRICT OF LOUISIANA**Case number (if known) **16-50743**☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.☒ Yes. Fill in all of the information below.**Part 1: List Creditors Who Have Secured Claims****2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
2.1	Business First Bank Creditor's Name Attn: Robert Bond 8440 Jefferson Hwy, Suite 101 Baton Rouge, LA 70809 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <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 Real estate, accounts, FF&E. 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 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$10,500,000.00 \$0.00
2.2	The Schumacher Group Creditor's Name of Louisiana, Inc. PO Box 82368 Lafayette, LA 70598-2368 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property?	Describe debtor's property that is subject to a lien Schumacher Lawsuit (Judgment 03/03/2016) 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	\$417,144.75 \$0.00

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☒ No

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

☐ Contingent

☐ Unliquidated

☒ Disputed

2.3

**Winn Emergency Group,
LLC**

Creditor's Name

**PO Box 82368
Lafayette, LA 70598**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an
interest in the same property?

☒ No

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

Describe debtor's property that is subject to a lien

Schumacher Lawsuit (Judgment 03/03/2016)

\$297,848.80

\$0.00

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☒ Disputed

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

**\$11,214,993.
55**

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 **2.2**

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

Line **2.2**

Fill in this information to identify the case:Debtor name **Progressive Acute Care Winn, LLC**United States Bankruptcy Court for the: **WESTERN DISTRICT OF LOUISIANA**Case number (if known) **16-50743**☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address LA Dept. of Revenue & Taxation Sales Tax Division PO Box 3138 Baton Rouge, LA 70821	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	\$2,948.00	\$2,948.00
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address Winn Parish School Board PO Box 430 Winnfield, LA 71483	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	\$26,542.90	\$26,542.90
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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**

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3.1	Nonpriority creditor's name and mailing address A-1 Elevator, LLC PO Box 172 Calvin, LA 71410 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Contract Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$550.00
3.2	Nonpriority creditor's name and mailing address Abbott Laboratories Diagnostic PO Box 92679 Chicago, IL 60675-2679 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,404.73
3.3	Nonpriority creditor's name and mailing address Abbott Nutrition 75 Remittance Drive Suite 1310 Chicago, IL 60675 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,533.18
3.4	Nonpriority creditor's name and mailing address ACA Commercial Services, LLC 3616 Lee Street Alexandria, LA 71302 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
3.5	Nonpriority creditor's name and mailing address Achieve Medical Staffing PO Box 159 Dry Prong, LA 71423 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
3.6	Nonpriority creditor's name and mailing address Acme Poster Advertising, LLC PO Box 488 Natchitoches, LA 71458 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,544.00
3.7	Nonpriority creditor's name and mailing address ADCOM 2921 Avenue E East Arlington, TX 76011 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$700.00

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3.8	Nonpriority creditor's name and mailing address Advanced Emergency Medical Service, Inc. 900 Shreveport Road Minden, LA 71055 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Medical Transport Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,893.03
3.9	Nonpriority creditor's name and mailing address Advantage Office Products PO Box 126256 Benbrook, TX 76126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,015.43
3.10	Nonpriority creditor's name and mailing address AESCLAP PO Box 536404 Pittsburgh, PA 15253-5906 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,330.21
3.11	Nonpriority creditor's name and mailing address AFCO 5600 North River Road, Suite 400 Rosemont, IL 60018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Malpractice insurance. Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,641.57
3.12	Nonpriority creditor's name and mailing address Air Liquide America Corp. PO Box 301046 Dallas, TX 75303-1046 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36,556.46
3.13	Nonpriority creditor's name and mailing address AirClean Systems, Inc. 3248 Lake Woodard Drive Raleigh, NC 27604 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$853.58
3.14	Nonpriority creditor's name and mailing address Alcon Laboratories, Inc. PO Box 67775 Dallas, TX 75267-7775 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Medical/Surgical Supplies. Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,680.52

3.15	Nonpriority creditor's name and mailing address Alert Services Corporation PO Box 920215 Norcross, GA 30010 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.00
3.16	Nonpriority creditor's name and mailing address Alpha Source, Inc. PO Box 8811 Carol Stream, IL 60197-8811 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$296.16
3.17	Nonpriority creditor's name and mailing address American Association of Bioanalysts 205 West Levee Street Brownsville, TX 78520-5596 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$343.00
3.18	Nonpriority creditor's name and mailing address Angelene Bartley 3734 Pacton Alexandria Hwy Atlanta, LA 71404 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33.98
3.19	Nonpriority creditor's name and mailing address Angiodynamics PO Box 1549 Albany, NY 12201-1549 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,797.25
3.20	Nonpriority creditor's name and mailing address Applied Cardiac Systems 22912 El Pacifico Drive Laguna Hills, CA 92653 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$180.00
3.21	Nonpriority creditor's name and mailing address Apptix, Inc. Dept CH 17826 Palatine, IL 60055-7826 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,674.58

3.22	Nonpriority creditor's name and mailing address Arrow International, Inc. PO Box 60519 Charlotte, NC 28260 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,432.98
3.23	Nonpriority creditor's name and mailing address Artel, Inc. 25 Bradley Drive Westbrook, ME 04092 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$487.92
3.24	Nonpriority creditor's name and mailing address Associated Spring Raymond Dept CH 14115 Palatine, IL 60055-4115 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51.98
3.25	Nonpriority creditor's name and mailing address AT&T PO Box 105262 Atlanta, GA 30348-5262 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$247.72
3.26	Nonpriority creditor's name and mailing address AT&T PO Box 5095 Carol Stream, IL 60197-5095 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.78
3.27	Nonpriority creditor's name and mailing address AT&T Mobility National Account PO Box 6463 Carol Stream, IL 60197 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$581.04
3.28	Nonpriority creditor's name and mailing address Atmos Energy PO Box 790311 Saint Louis, MO 63179-0311 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>Gas</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,169.01

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3.29	Nonpriority creditor's name and mailing address Avaya, Inc. PO Box 5332 New York, NY 10087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,322.70
3.30	Nonpriority creditor's name and mailing address Bard Access Systems, Inc. PO Box 75767 Charlotte, NC 28275 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,128.20
3.31	Nonpriority creditor's name and mailing address Baton Rouge Radiology Group, Inc. Attn: Janet Hume PO Box 14530 Baton Rouge, LA 70898-4530 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,073.30
3.32	Nonpriority creditor's name and mailing address Bausch & Lomb, Inc. PO Box 641634 Pittsburgh, PA 15264-1643 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,427.04
3.33	Nonpriority creditor's name and mailing address Baxter Healthcare Corporation PO Box 730531 Dallas, TX 75373 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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	\$3,304.57
3.34	Nonpriority creditor's name and mailing address Bayer Healthcare PO Box 360172 Pittsburgh, PA 15251-6172 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$882.40
3.35	Nonpriority creditor's name and mailing address Bells Select 4009 Marathon Boulevard Austin, TX 78756 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,615.83

3.36	Nonpriority creditor's name and mailing address Benecom Technologies Attn: Accounts Receivable 4140 Poche Court West New Orleans, LA 70129 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$541.42
3.37	Nonpriority creditor's name and mailing address Betty Mills Company 2121 S. El Camino Real Suite C-120 San Mateo, CA 94403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,135.74
3.38	Nonpriority creditor's name and mailing address Biomedical Concepts, Inc. 801 Girod Street Mandeville, LA 70448 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,820.71
3.39	Nonpriority creditor's name and mailing address bioMérieux, Inc. 100 Rodolphe Street Durham, NC 27712 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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	\$4,434.58
3.40	Nonpriority creditor's name and mailing address Bodemuller the Printer, Inc. PO Box 27 Opelousas, LA 70571 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,154.30
3.41	Nonpriority creditor's name and mailing address Boston Scientific Corp. PO Box 951653 Dallas, TX 75395 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,233.95
3.42	Nonpriority creditor's name and mailing address Breazeale, Sachse & Wilson, LLP PO Box 3197 Baton Rouge, LA 70821-3197 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,042.55

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3.43	Nonpriority creditor's name and mailing address Brian Brewton 107 Dogwood Drive Winnfield, LA 71483 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$137.68
3.44	Nonpriority creditor's name and mailing address Brit Systems, Inc. 1909 Hi Line Drive Suite A Dallas, TX 75207 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,250.00
3.45	Nonpriority creditor's name and mailing address Brown Security Systems 437 Hwy 3191 Natchitoches, LA 71457 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,103.07
3.46	Nonpriority creditor's name and mailing address Cardinal Health PO Box 70609 Chicago, IL 60673 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66,070.34
3.47	Nonpriority creditor's name and mailing address Cardinal Health - Nuclear Nuclear Pharmacy Services PO Box 905488 Charlotte, NC 28290 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,637.78
3.48	Nonpriority creditor's name and mailing address Carefusion Solutions, LLC 25082 Network Place Chicago, IL 60673-1250 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53,838.37
3.49	Nonpriority creditor's name and mailing address CDW Government, Inc. 75 Remittance Drive Suite 1515 Chicago, IL 60675 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$886.78

3.50	Nonpriority creditor's name and mailing address Central Louisiana AHEC 2225 N. Bolton Avenue Alexandria, LA 71303-4408 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
3.51	Nonpriority creditor's name and mailing address Channelford Associates 2006 Channelford Road Westlake Village, CA 91361-3507 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,720.25
3.52	Nonpriority creditor's name and mailing address Cherokee Contracting, LLC 2383 Hwy 505 Jonesboro, LA 71251 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,050.00
3.53	Nonpriority creditor's name and mailing address CHS Spring Sports Booster Club PO Box 103 Calvin, LA 71410 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
3.54	Nonpriority creditor's name and mailing address City of Winnfield PO Drawer 312 Winnfield, LA 71483 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,825.20
3.55	Nonpriority creditor's name and mailing address Clarcor Air Filtration Product PO Box 404201 Atlanta, GA 30384 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$287.23
3.56	Nonpriority creditor's name and mailing address Clinical Health Products PO Box 425 Stratford, CT 06615 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$153.78

3.57	Nonpriority creditor's name and mailing address CLJ Paging PO Box 145 Winnfield, LA 71483 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,806.00
3.58	Nonpriority creditor's name and mailing address CMI, Inc. 2090 Reliable Parkway Chicago, IL 60686 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13.46
3.59	Nonpriority creditor's name and mailing address CMS Communications 722 Goddard Avenue Chesterfield, MO 63005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$310.00
3.60	Nonpriority creditor's name and mailing address Coburn's Supply Co., Inc. 3333 Broadway Alexandria, LA 71302 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$872.17
3.61	Nonpriority creditor's name and mailing address COLA 9881 Broken Land Parkway, Suite 200 Columbia, MD 21046 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,355.00
3.62	Nonpriority creditor's name and mailing address Communications Group 42 Westlake Avenue Auburn, NY 13021-3729 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$117.23
3.63	Nonpriority creditor's name and mailing address Cone Instruments, LLC 3261 Momentum Place Chicago, IL 60689-5332 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$987.50

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3.64	Nonpriority creditor's name and mailing address Conmed Corp. PO Box 6814 Church Street Station New York, NY 10249 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,075.98
3.65	Nonpriority creditor's name and mailing address Covidien PO Box 120823 Dallas, TX 75312-0823 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,248.55
3.66	Nonpriority creditor's name and mailing address CPI 10850 W. Park Place Suite 600 Milwaukee, WI 53224 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125.00
3.67	Nonpriority creditor's name and mailing address CPSI PO Box 850309 Mobile, AL 36685-0309 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Computer Software Support Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32,626.43
3.68	Nonpriority creditor's name and mailing address Culligan of Bossier City 3806 Karen Drive Bossier City, LA 71112-2629 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$825.00
3.69	Nonpriority creditor's name and mailing address Curbell Electronics, Inc. 62882 Collections Center Drive Chicago, IL 60693-0628 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$969.16
3.70	Nonpriority creditor's name and mailing address Dane Reeves Investments, LLC 450 Dogwood Harbor Jonesboro, LA 71251 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,120.00

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3.71	Nonpriority creditor's name and mailing address Dell Marketing, LP Attn: Co. Dell USA, LP PO Box 534118 Atlanta, GA 30353 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,454.46
3.72	Nonpriority creditor's name and mailing address Delta Pathology Group, LLC 3000 Knight Street, Suite 220 Building 5 Shreveport, LA 71105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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 Professional Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,421.89
3.73	Nonpriority creditor's name and mailing address Dept. of Health and Hospitals 628 N. 4th Street PO Box 4049 Baton Rouge, LA 70821-4049 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33.44
3.74	Nonpriority creditor's name and mailing address Diagnostica Stago, Inc. PO Box 416347 Boston, MA 02241-6347 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,141.08
3.75	Nonpriority creditor's name and mailing address Drager Medical, Inc. PO Box 347482 Pittsburgh, PA 15251-4482 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$154.95
3.76	Nonpriority creditor's name and mailing address E.L. Gremillion & Son, Inc. PO Box 8687 Alexandria, LA 71306 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$676.30
3.77	Nonpriority creditor's name and mailing address eClinicalworks, LLC PO Box 847950 Boston, MA 02284-7950 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>Computer Software Support</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,054.47

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3.78	Nonpriority creditor's name and mailing address Ed's Supply Co., Inc. 1327 East Block Street El Dorado, AR 71730 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,130.04
3.79	Nonpriority creditor's name and mailing address Enserv South Central, LLC PO Box 671308 Dallas, TX 75267 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Medical Waste Removal Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$366.19
3.80	Nonpriority creditor's name and mailing address Executive OfficeLinx 107 Melvyn Drive Monroe, LA 71203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,950.94
3.81	Nonpriority creditor's name and mailing address Executone Systems Company of LA, Inc. PO Box 15449 Baton Rouge, LA 70895 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$385.60
3.82	Nonpriority creditor's name and mailing address Federal Express Corp. PO Box 660481 Dallas, TX 75266 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$117.49
3.83	Nonpriority creditor's name and mailing address Flexible Informatics, LLC ABS Transaction Processing 19 Bala Avenue, Suite 203 Bala Cynwyd, PA 19004-3202 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,200.00
3.84	Nonpriority creditor's name and mailing address Flowers of Design Attn: Candace 105 West Lafayette Winnfield, LA 71483 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$193.38

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3.85	Nonpriority creditor's name and mailing address Four Rivers Software Systems 1501 Ardmore Boulevard 2nd Floor Pittsburgh, PA 15221 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,700.00
3.86	Nonpriority creditor's name and mailing address Gallini Medical Devices 6758 E. Paris Avenue SE Caledonia, MI 49316 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$381.00
3.87	Nonpriority creditor's name and mailing address Gannett Newspapers of Louisiana PO Box 677326 Dallas, TX 75267-7326 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,254.22
3.88	Nonpriority creditor's name and mailing address Garratt-Callahan Co. 50 Ingold Road Burlingame, CA 94010 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,312.08
3.89	Nonpriority creditor's name and mailing address GE Capital Corporation PO Box 740441 Atlanta, GA 30374-0441 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,802.33
3.90	Nonpriority creditor's name and mailing address GE Healthcare PO Box 96483 Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,149.29
3.91	Nonpriority creditor's name and mailing address Getinge USA, Inc. Attn: Accounts Receivable 1265 Solutions Center Acct# 171274021B Chicago, IL 60677-1002 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,328.45

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3.92	Nonpriority creditor's name and mailing address GI Supply, Inc. 200 Grandview Avenue Camp Hill, PA 17011-1706 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$496.00
3.93	Nonpriority creditor's name and mailing address Glaukos Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,881.00
3.94	Nonpriority creditor's name and mailing address Grainger Dept 867443244 PO Box 419267 Kansas City, MO 64141 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,011.35
3.95	Nonpriority creditor's name and mailing address Gulf Coast Office Products 5801 River Oaks Road South New Orleans, LA 70123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,747.32
3.96	Nonpriority creditor's name and mailing address Guy Brown Management, LLC PO Box 306156 Nashville, TN 37230-6156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,206.56
3.97	Nonpriority creditor's name and mailing address Hawkeye Medical, LLC 597 Tunica Drive W Marksville, LA 71351 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,051.68
3.98	Nonpriority creditor's name and mailing address HCPPro PO Box 5094 Brentwood, TN 37024 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$774.75

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3.99	Nonpriority creditor's name and mailing address Healogics Wound Care & Hyperbarics Services, Inc. 3087 Momentum Place Chicago, IL 60689 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$227,965.90
3.100	Nonpriority creditor's name and mailing address Healthcare Logistics, Inc. PO Box 400 Circleville, OH 43113-0400 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,475.28
3.101	Nonpriority creditor's name and mailing address Healthcare Resources, LLC PO Box 80622 Lafayette, LA 70598-0622 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,398.89
3.102	Nonpriority creditor's name and mailing address Helmer Scientific, Inc. 14400 Bergen Boulevard Noblesville, IN 46060 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,583.04
3.103	Nonpriority creditor's name and mailing address Hill Manufacturing Co., Inc. Attn: Lin 1500 Jonesboro Road SE Atlanta, GA 30315 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$713.50
3.104	Nonpriority creditor's name and mailing address Hill-Rom Co. PO Box 643592 Pittsburgh, PA 15264-3592 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,711.20
3.105	Nonpriority creditor's name and mailing address Hospira Worldwide, Inc. 75 Remittance Drive, Suite 6136 Chicago, IL 60675 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,225.49

3.106	Nonpriority creditor's name and mailing address Hott Wear Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,576.00
3.107	Nonpriority creditor's name and mailing address Hughes Network Systems PO Box 96874 Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$956.35
3.108	Nonpriority creditor's name and mailing address Infoware PO Box 2145 Madison, MS 39130 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,243.10
3.109	Nonpriority creditor's name and mailing address Integra Lifesciences PO Box 404129 Atlanta, GA 30384 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$827.81
3.110	Nonpriority creditor's name and mailing address J&J Exterminating PO Box 7363 Natchitoches, LA 71457 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,975.05
3.111	Nonpriority creditor's name and mailing address Jackson Parish Ambulance Services 115 Watts Street Jonesboro, LA 71251 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$931.90
3.112	Nonpriority creditor's name and mailing address Jefferson Sprinkler PO Box 129 Gretna, LA 70054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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	\$1,100.00

3.113	Nonpriority creditor's name and mailing address Jeromy Lawson 328 Zion Hill Church Road Winnfield, LA 71483 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.114	Nonpriority creditor's name and mailing address Johnson & Johnson Healthcare PO Box 406663 Atlanta, GA 30384-6663 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,574.63
3.115	Nonpriority creditor's name and mailing address Johnson Controls, Inc. PO Box 730068 Dallas, TX 75373 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$106,111.20
3.116	Nonpriority creditor's name and mailing address Kerma Medical Products, Inc. 215 Suburban Drive Suffolk, VA 23434 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,429.57
3.117	Nonpriority creditor's name and mailing address Kermit Simmons PO Box 525 Winnfield, LA 71483 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.00
3.118	Nonpriority creditor's name and mailing address Kiwanis Club of Winnfield 1605 W. Court Street Winnfield, LA 71483 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$180.00
3.119	Nonpriority creditor's name and mailing address Konica Minolta Medical Imaging USA, Inc. 411 Newark Pompton Turnpike Wayne, NJ 07470 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,571.98

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3.120	Nonpriority creditor's name and mailing address KVCL-FM 304 KVCL Road Winnfield, LA 71483 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,055.00
3.121	Nonpriority creditor's name and mailing address LA Credentials, LLC PO Box 92200 Albuquerque, NM 87199-2200 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,299.19
3.122	Nonpriority creditor's name and mailing address La Jagu Inn & Suites c/o Rodeway Inn & Suites Winnfield 5930 Hwy 167 N Winnfield, LA 71483 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$87.91
3.123	Nonpriority creditor's name and mailing address Laboratory Corp. of America PO Box 12140 Burlington, NC 27216-2140 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,547.25
3.124	Nonpriority creditor's name and mailing address Landauer, Inc. PO Box 809051 Chicago, IL 60680-9051 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$135.48
3.125	Nonpriority creditor's name and mailing address Langlinalis, Broussard & Kohlenberg PO Box 1123 Abbeville, LA 70511-1123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,420.00
3.126	Nonpriority creditor's name and mailing address Language Line Services PO Box 202564 Dallas, TX 75320 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$128.33

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3.127	Nonpriority creditor's name and mailing address Law Publications 15000 E. Beltwood Pkwy Addison, TX 75001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$599.00
3.128	Nonpriority creditor's name and mailing address Lifeshare Blood Centers PO Box 65270 Shreveport, LA 71136 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Blood Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,513.93
3.129	Nonpriority creditor's name and mailing address Lion's Club of Winnfield PO Box 842 Winnfield, LA 71483 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00
3.130	Nonpriority creditor's name and mailing address Lori Parker 301 W. Boundary Winnfield, LA 71483 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49.80
3.131	Nonpriority creditor's name and mailing address Lott Oil Company, Inc. PO Box 17 Natchitoches, LA 71458-0017 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$269.46
3.132	Nonpriority creditor's name and mailing address Louisiana Health Care Quality 8550 United Plaza Boulevard Suite 500 Baton Rouge, LA 70809 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,250.00
3.133	Nonpriority creditor's name and mailing address Louisiana Hospital Association Trust Funds 4646 Sherwood Common Boulevard Baton Rouge, LA 70816 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,284.18

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3.134	Nonpriority creditor's name and mailing address Maine Standards Company, LLC 221 US Route 1 Cumberland Foreside, ME 04110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$550.92
3.135	Nonpriority creditor's name and mailing address Majestic Medical Solutions, LLC 207 W. Eastbank Street Gonzales, LA 70737 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,248.26
3.136	Nonpriority creditor's name and mailing address Marsha Barnes PO Box 771 Tullos, LA 71479 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$501.00
3.137	Nonpriority creditor's name and mailing address McKesson Health Solutions 22423 Network Place Chicago, IL 60673 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,450.78
3.138	Nonpriority creditor's name and mailing address Med One Capital Funding 10712 South 1300 East Sandy, UT 84094 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Contract Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,289.55
3.139	Nonpriority creditor's name and mailing address Medibag Co., Inc. 3779 Dayton-Xenia Road Dayton, OH 45432 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,190.00
3.140	Nonpriority creditor's name and mailing address Medical Specialties, Inc. 676 Time Saver Avenue New Orleans, LA 70123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$785.86

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3.141	Nonpriority creditor's name and mailing address Medline Industries Dept. 1080 PO Box 121080 Dallas, TX 75312-1080 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,122.17
3.142	Nonpriority creditor's name and mailing address Meridian Bioscience Corp. 3471 River Hills Drive Cincinnati, OH 45244 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Contract Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,657.17
3.143	Nonpriority creditor's name and mailing address Meridian Rehabilitation PO Box 12995 Tallahassee, FL 32317 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$97,656.78
3.144	Nonpriority creditor's name and mailing address Microsurgical Technology PO Box 2679 Acct# 4487 Redmond, WA 98073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$854.99
3.145	Nonpriority creditor's name and mailing address Mid-American Research Chemical PO Box 927 Columbus, NE 68602-0927 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$944.48
3.146	Nonpriority creditor's name and mailing address Mike Butts 1189 Bodcau Station Road Haughton, LA 71037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,970.75
3.147	Nonpriority creditor's name and mailing address Millipore Corporation 2736 Paysphere Circle Chicago, IL 60674 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,296.44

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3.148	Nonpriority creditor's name and mailing address Mindray DS USA, Inc. 24312 Network Place Chicago, IL 60673-1243 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$135.73
3.149	Nonpriority creditor's name and mailing address Mobile Imaging Services, LLC PO Box 465 Marksville, LA 71351 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: MRI Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,755.61
3.150	Nonpriority creditor's name and mailing address Mobile Instrument Service 333 Walter Avenue Bellefontaine, OH 43311-1777 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,443.86
3.151	Nonpriority creditor's name and mailing address Moebiz 3177 Sterlington Road Monroe, LA 71203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.00
3.152	Nonpriority creditor's name and mailing address NAPA Auto Parts of Winnfield PO Drawer 829 Winnfield, LA 71483 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$145.36
3.153	Nonpriority creditor's name and mailing address Natchitoches Times Newspapers PO Box 448 Natchitoches, LA 71458 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$800.09
3.154	Nonpriority creditor's name and mailing address National Recall Alert Center PO Box 609 Marlton, NJ 08053 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$995.00

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3.155	Nonpriority creditor's name and mailing address Natus Medical, Inc. PO Box 39000 San Francisco, CA 94139 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$94.73
3.156	Nonpriority creditor's name and mailing address NCO Financial Systems Attn: Dallas 24886 Network Place Chicago, IL 60673-1248 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,118.50
3.157	Nonpriority creditor's name and mailing address Nichols Co. of Winnfield Shoppers Village 813 W. Court Street Winnfield, LA 71483 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$220.37
3.158	Nonpriority creditor's name and mailing address Nucleonics of Acadiana, LLC 131 N. Roclay Drive Lafayette, LA 70506 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Contract Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,800.00
3.159	Nonpriority creditor's name and mailing address Office Depot PO Box 88040 Chicago, IL 60680-1040 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,272.20
3.160	Nonpriority creditor's name and mailing address Office of State Fire Marshal Boiler Inspection Section 8181 Independence Boulevard Baton Rouge, LA 70806 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
3.161	Nonpriority creditor's name and mailing address Olympus America, Inc. Dept 0600 PO Box 120600 Dallas, TX 75312-0600 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$892.50

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3.162	Nonpriority creditor's name and mailing address Olympus Financial Services PO Box 200183 Pittsburgh, PA 15251-0183 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,713.23
3.163	Nonpriority creditor's name and mailing address Omega Diagnostics, LLC 2915 Missouri Avenue Shreveport, LA 71109 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Lab Supplies Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,281.36
3.164	Nonpriority creditor's name and mailing address ORKIN 920 South Drive Natchitoches, LA 71457 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$900.00
3.165	Nonpriority creditor's name and mailing address Patient Telephone Supply PO Box 84372 Baton Rouge, LA 70884 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$266.35
3.166	Nonpriority creditor's name and mailing address Pharmacy Services of Winnfield 100 Main Street Winnfield, LA 71483 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$128.69
3.167	Nonpriority creditor's name and mailing address Philips Medical Systems PO Box 100355 Atlanta, GA 30384-0355 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,147.40
3.168	Nonpriority creditor's name and mailing address Physician Sales & Service PO Box 741378 Atlanta, GA 30374-1378 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,771.72

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3.169	Nonpriority creditor's name and mailing address Physician Sales & Service PO Box 846260 Dallas, TX 75284-6260 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,530.58
3.170	Nonpriority creditor's name and mailing address Pioneer Biomedical, Inc. 5004 W. 112th Terrace Shawnee Mission, KS 66211-1777 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,640.00
3.171	Nonpriority creditor's name and mailing address Pitney Bowes Global Financial Services, LLC PO Box 371887 Pittsburgh, PA 15250-7887 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,129.84
3.172	Nonpriority creditor's name and mailing address Pitney Bowes, Inc. PO Box 371896 Pittsburgh, PA 15250-7896 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58.45
3.173	Nonpriority creditor's name and mailing address PMIC 4727 Wilshire Boulevard #300 Los Angeles, CA 90010 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.70
3.174	Nonpriority creditor's name and mailing address Porter's Industrial of LA 510 Benton Road Bossier City, LA 71111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,398.58
3.175	Nonpriority creditor's name and mailing address Precision Dynamics Corp. PO Box 71549 Chicago, IL 60694-1995 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$680.02

3.176	Nonpriority creditor's name and mailing address Premier Ace Hardware 5949 Hwy 167 Winnfield, LA 71483 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$413.36
3.177	Nonpriority creditor's name and mailing address Professional Archive Solutions PO Box 1966 Gonzales, LA 70707 Date(s) debt was incurred 05/08/2015 Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Lawsuit (Judgment August 2015) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,445.00
3.178	Nonpriority creditor's name and mailing address Progressive Waste Solutions PO Box 650231 Dallas, TX 75265 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$349.00
3.179	Nonpriority creditor's name and mailing address Purchase Power PO Box 371874 Pittsburgh, PA 15250-7874 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,230.01
3.180	Nonpriority creditor's name and mailing address PV Business Solutions 3600 S. State Road 7, Suite 204 Miramar, FL 33023 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$298.50
3.181	Nonpriority creditor's name and mailing address Quality Automatic Door Service Inc. PO Box 1539 Van, TX 75790 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,184.53
3.182	Nonpriority creditor's name and mailing address Rhein Medical, Inc. 5460 Beaumont Center Boulevard Suite 500 Tampa, FL 33634 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$687.00

3.183	Nonpriority creditor's name and mailing address Ricky Hendrix, MD 603 West Court Street Winnfield, LA 71483 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000.00
3.184	Nonpriority creditor's name and mailing address Rotary Club of Winnfield 7458 Hwy 126 Dodson, LA 71422 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$206.20
3.185	Nonpriority creditor's name and mailing address Ruhof Corp. 393 Sagamore Avenue Mineola, NY 11501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31.95
3.186	Nonpriority creditor's name and mailing address Schindler Elevator Corp. PO Box 93050 Chicago, IL 60673 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,034.99
3.187	Nonpriority creditor's name and mailing address Secon, Inc. 825 Kaliste Saloom Road, Suite 100 Brandywine Office Building 1 Lafayette, LA 70508 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$720.00
3.188	Nonpriority creditor's name and mailing address Secure Patient Delivery LLC 10 Olympic Street Kenner, LA 70065 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Transportation Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$310.00
3.189	Nonpriority creditor's name and mailing address Sharecor, LLC 2450 Severn Avenue Suite 210 Metairie, LA 70001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,910.50

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3.190	Nonpriority creditor's name and mailing address Shelton Properties, LLC PO Box 1437 Winnfield, LA 71483 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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>Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78,250.00
3.191	Nonpriority creditor's name and mailing address Shred-It USA, LLC PO Box 13574 New York, NY 10087-3574 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$407.00
3.192	Nonpriority creditor's name and mailing address Siemens Financial Services, Inc. PO Box 2083 Carol Stream, IL 60132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,753.49
3.193	Nonpriority creditor's name and mailing address Siemens Healthcare PO Box 121102 Dallas, TX 75312 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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	\$12,442.98
3.194	Nonpriority creditor's name and mailing address Simplex Grinnell Tyco Fire & Safety 220 Lynbrook Boulevard Shreveport, LA 71106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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	\$3,990.78
3.195	Nonpriority creditor's name and mailing address Solarwinds, Inc. 3711 S. MoPac Expressway Building 2 Austin, TX 78746 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$550.00
3.196	Nonpriority creditor's name and mailing address Southern Textile Services 3121 Masonic Drive Alexandria, LA 71301-4243 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim 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 Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,165.13

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3.197	Nonpriority creditor's name and mailing address Specialty Surgicial Instruments PO Box 759159 Attn: SSI Collections Baltimore, MD 21275 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$459.50
3.198	Nonpriority creditor's name and mailing address SpectraCorp Technologies Group 8131 LBJ Freeway Suite 360 Dallas, TX 75251 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,076.15
3.199	Nonpriority creditor's name and mailing address Standard Register Co. PO Box 840655 Dallas, TX 75284 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$857.21
3.200	Nonpriority creditor's name and mailing address Star West Labs, LLC PO Box 428 Elmwood Park, NJ 07407 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$307.25
3.201	Nonpriority creditor's name and mailing address Stericycle, Inc. PO Box 6575 Carol Stream, IL 60197-6575 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,280.20
3.202	Nonpriority creditor's name and mailing address Steris Corp. PO Box 676548 Dallas, TX 75267 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,165.28
3.203	Nonpriority creditor's name and mailing address Stryker Medical PO Box 93308 Chicago, IL 60673 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$565.87

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3.204	Nonpriority creditor's name and mailing address Stryker Sustainability Solutions 10232 South 51st Street Phoenix, AZ 85044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,639.08
3.205	Nonpriority creditor's name and mailing address Stryker/Endoscopy 5900 Optical Court Attn: c/o Stryker Sales San Jose, CA 95138 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,073.17
3.206	Nonpriority creditor's name and mailing address Suddenlink PO Box 660365 Dallas, TX 75266 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,309.99
3.207	Nonpriority creditor's name and mailing address Suddenlink Communications 701 W. Court Street Winnfield, LA 71483 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.00
3.208	Nonpriority creditor's name and mailing address Sysmex America, Inc. 28241 Network Place Chicago, IL 60673-1282 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,014.34
3.209	Nonpriority creditor's name and mailing address T-Systems, Inc. Dept. 2537 PO Box 122537 Dallas, TX 75312-2537 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,734.06
3.210	Nonpriority creditor's name and mailing address TEI Medical, Inc. 1000 Winter Street Suite 4900 Waltham, MA 02451 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,229.22

3.211	Nonpriority creditor's name and mailing address Teleflex Medical PO Box 601608 Charlotte, NC 28260 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$130.43
3.212	Nonpriority creditor's name and mailing address Terminix Processing Center PO Box 742592 Cincinnati, OH 45274 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$314.00
3.213	Nonpriority creditor's name and mailing address The Jackson Independent, Inc. PO Box 520 Jonesboro, LA 71251-0520 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$197.10
3.214	Nonpriority creditor's name and mailing address The Jena Times PO Box 3050 Jena, LA 71342 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,418.46
3.215	Nonpriority creditor's name and mailing address The Laundry Center 429 West Lafayette Winnfield, LA 71483 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.70
3.216	Nonpriority creditor's name and mailing address The Piney Woods Journal PO Box 190 Dodson, LA 71422 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$550.00
3.217	Nonpriority creditor's name and mailing address The Stretcher Pad Co. 580 Liverpool Drive Valley City, OH 44280 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,476.12

3.218	Nonpriority creditor's name and mailing address Tri-State Industrial Supply of LA PO Box 201 West Monroe, LA 71294 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,119.47
3.219	Nonpriority creditor's name and mailing address Tricare PGBA, LLC Tricare Tefunds Attn: Tricare South Region PO Box 100279 Columbia, SC 29202-3279 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$334.73
3.220	Nonpriority creditor's name and mailing address Trillium Technology, Inc. 317 S. Division Street, Suite 200 Ann Arbor, MI 48104-2203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$960.00
3.221	Nonpriority creditor's name and mailing address Trinity Sterile, Inc. 201 Kiley Drive (Acct # 2048) Salisbury, MD 21801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$135.21
3.222	Nonpriority creditor's name and mailing address USA Mobility Wireless PO Box 660770 Dallas, TX 75266 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$523.03
3.223	Nonpriority creditor's name and mailing address Valley Services, Inc. PO Box 742992 Atlanta, GA 30374-2992 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Food services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$225,281.10
3.224	Nonpriority creditor's name and mailing address Verathon, Inc. PO Box 935117 Atlanta, GA 31193-5117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,137.94

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3.225	Nonpriority creditor's name and mailing address Vorizon Labs PO Box 362 Callicoon Center, NY 12724 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,633.92
3.226	Nonpriority creditor's name and mailing address Walmart Community/GEMB PO Box 530934 Atlanta, GA 30353-0934 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,150.76
3.227	Nonpriority creditor's name and mailing address Welders Equipment, Inc. 1201 W. Park Avenue Eunice, LA 70535 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,950.20
3.228	Nonpriority creditor's name and mailing address Werfen USA, LLC PO Box 347934 Linwood, MA 01525-1493 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,230.76
3.229	Nonpriority creditor's name and mailing address Winn Chamber of Commerce PO Box 565 Winnfield, LA 71483 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$735.00
3.230	Nonpriority creditor's name and mailing address Winn Community Food Pantry PO Box 302 Winnfield, LA 71483 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.231	Nonpriority creditor's name and mailing address Winn Fuel Services, Inc. 300 West Court Street Winnfield, LA 71483 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11.00

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3.232	Nonpriority creditor's name and mailing address Winn Parish Enterprise PO Box 750 Winnfield, LA 71483 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$239.15
3.233	Nonpriority creditor's name and mailing address Winnfield Senior High School Quarterback Club PO Box 1028 Winnfield, LA 71483 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.234	Nonpriority creditor's name and mailing address WSHS Baseball Booster Club PO Box 1024 Winnfield, LA 71483 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.235	Nonpriority creditor's name and mailing address Xerox Corp. PO Box 650361 Dallas, TX 75265-0361 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,252.94
3.236	Nonpriority creditor's name and mailing address Zebra Technologies International , LLC 6048 Eagle Way Chicago, IL 60678-1060 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,009.78
3.237	Nonpriority creditor's name and mailing address Zones, Inc. PO Box 34740 Seattle, WA 98124-1740 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,236.85

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 Part1 or Part 2 is the
related creditor (if any) listed?

Last 4 digits of
account number, if
any

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	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	E. Trent McCarthy The McCarthy Law Firm 7922 Picardy Avenue Baton Rouge, LA 70809	Line <u>3.177</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	Med One Capital Funding, LLC PO Box 271128 Salt Lake City, UT 84127	Line <u>3.138</u> <input type="checkbox"/> Not listed. Explain _____	—
4.3	Richard A. Rozanski Wheelis & Rozanski, APLC PO Box 13199 Alexandria, LA 71315-3199	Line <u>3.99</u> <input type="checkbox"/> Not listed. Explain _____	—
4.4	Scott Falconer, Account Recover Manager Wagner, Falconer & Judd Fifth Street Towers 100 South Fifth Street, Suite 800 Minneapolis, MN 55402	Line <u>3.115</u> <input type="checkbox"/> Not listed. Explain _____	—
4.5	Scott M. Mansfield Taylor, Porter, Brooks & Phillips, LLP PO Box 2471 Baton Rouge, LA 70821	Line <u>3.135</u> <input type="checkbox"/> Not listed. Explain _____	—
4.6	Sudden Linki 701 W. Court Street Winnfield, LA 71483	Line <u>3.206</u> <input type="checkbox"/> Not listed. Explain _____	—
4.7	Winn Parish Sales and Use Tax Department PO Box 430 Winnfield, LA 71483	Line <u>2.2</u> <input type="checkbox"/> Not listed. Explain _____	—

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

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

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 29,490.90
5b. +	\$ 1,688,845.45
5c.	\$ 1,718,336.35

Fill in this information to identify the case:

Debtor name Progressive Acute Care Winn, LLC

United States Bankruptcy Court for the: WESTERN DISTRICT OF LOUISIANA

Case number (if known) 16-50743

☐ 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

See Exhibit A

Fill in this information to identify the case:Debtor name **Progressive Acute Care Winn, LLC**United States Bankruptcy Court for the: **WESTERN DISTRICT OF LOUISIANA**Case number (if known) **16-50743**☐ 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**

Winn Emergency Group, LLC

☒ D **2.3**
☐ E/F _____
☐ G _____

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

The Schumacher Group

☒ D **2.2**
☐ E/F _____
☐ G _____

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WINN PARISH MEDICAL CENTER
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ASSET GL# SEQUENCE

TAG NUMBER	ASSET NUMBER	LOCA.	DESCRIPTION-----	SERIAL NUMBER-----	MET	ACQUIRED DATE	PURCHASE VALUE	SALVAGE VALUE	LIFE	DEPREC.	FISCAL DEPREC.	ACCUM DEPR.
000493	11141610		LAND IMPROVEMENTS			S04/01/09	119356.00	.00	M180	663.09	7957.08	53710.86
					#ITEMS=	1	119356.00	.00		663.09	7957.08	53710.86
			BEGINNING BALANCE		#ITEMS=	1	119356.00	.00		663.09	7957.08	53710.86
			ASSETS ACQUIRED		#ITEMS=		.00	.00		.00	.00	.00
			ASSETS REMOVED		#ITEMS=		.00	.00		.00	.00	.00
			ENDING BALANCE		#ITEMS=	1	119356.00	.00		663.09	7957.08	53710.86

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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.
000051	11142620		ACOUSTIC CEILING PANELS		S04/01/09	10519.00	.00	M 84	125.23	1502.76	10143.60
000084	11142620		BLINDS - HORIZONTAL, MINI		S04/01/09	1050.00	.00	M 84	12.50	150.00	1012.50
000114	11142620		CARPETING		S04/01/09	157.00	.00	M 84	1.87	22.44	151.46
000115	11142620		CARPETING		S04/01/09	2871.00	.00	M 84	34.18	410.16	2768.57
000266	11142620		DISPLAY/NOTICE CASES		S04/01/09	1483.00	.00	M 84	17.65	211.80	1429.69
000269	11142620		DOCK BUMPERS		S04/01/09	45.00	.00	M 84	.54	6.48	43.70
000281	11142620		ELECTRIC WATER COOLERS S/S		S04/01/09	218.00	.00	M 84	2.60	31.20	210.56
000332	11142620		EXIT SIGNS		S04/01/09	31.00	.00	M 84	.37	4.44	29.96
000333	11142620		EXIT SIGNS		S04/01/09	313.00	.00	M 84	3.73	44.76	302.10
000334	11142620		EXTERIOR FLOOD LIGHT (BLDG MTD)		S04/01/09	764.00	.00	M 84	9.10	109.20	737.06
000338	11142620		FIRE EXTINGUISHERS		S04/01/09	19.00	.00	M 84	.23	2.76	18.60
000339	11142620		FIRE EXTINGUISHERS CABINETS		S04/01/09	57.00	.00	M 84	.68	8.16	55.07
000459	11142620		INTERIOR WINDOW WALLS IN DEMOUNTABLES		S04/01/09	244.00	.00	M 84	2.90	34.80	234.94
000542	11142620		LIGHTING - DECORATIVE ACCENT DOWN LIS		S04/01/09	36.00	.00	M 84	.43	5.16	34.82
000543	11142620		LIGHTING - DECORATIVE ACCENT DOWN LIS		S04/01/09	157.00	.00	M 84	1.87	22.44	151.46
000555	11142620		LOCKERS		S04/01/09	269.00	.00	M 84	3.20	38.40	259.22
000596	11142620		MIRROR DOME HALF		S04/01/09	106.00	.00	M 84	1.26	15.12	102.08
000597	11142620		MIRROR w/ SHELF		S04/01/09	86.00	.00	M 84	1.02	12.24	82.65
000598	11142620		MIRROR w/ SHELF		S04/01/09	1151.00	.00	M 84	13.70	164.40	1109.72
000666	11142620		PAPER TOWEL DISPENSER		S04/01/09	205.00	.00	M 84	2.44	29.28	197.64
000667	11142620		PAPER TOWEL DISPOSAL		S04/01/09	13.00	.00	M 84	.15	1.80	12.19
000832	11142620		TELEPHONE/PBX SYSTEM OUTLET		S04/01/09	665.00	.00	M 84	7.92	95.04	641.49
000840	11142620		TOILET ACCESSORIES		S04/01/09	145.00	.00	M 84	1.73	20.76	140.10
000841	11142620		TOILET ACCESSORIES		S04/01/09	259.00	.00	M 84	3.08	36.96	249.51
000842	11142620		TOILET PARTITIONS (HANDICAP)		S04/01/09	68.00	.00	M 84	.81	9.72	65.61
000863	11142620		VENDING MACHINE ELEC HOOK-UP		S04/01/09	8.00	.00	M 84	.04	1.14	8.00
000870	11142620		VINYL FLOOR TILE		S04/01/09	72.00	.00	M 84	.86	10.32	69.63
000871	11142620		VINYL FLOOR TILE		S04/01/09	9392.00	.00	M 84	111.81	1341.72	9056.47
000872	11142620		VINYL WALLCOVERING		S04/01/09	8386.00	.00	M 84	99.83	1197.96	8086.26
					#ITEMS=	29	38789.00	.00	461.73	5541.42	37404.66
BEGINNING BALANCE					#ITEMS=	29	38789.00	.00	461.73	5541.42	37404.66
ASSETS ACQUIRED					#ITEMS=		.00	.00	.00	.00	.00
ASSETS REMOVED					#ITEMS=		.00	.00	.00	.00	.00
ENDING BALANCE					#ITEMS=	29	38789.00	.00	461.73	5541.42	37404.66

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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.
000093	11142621		BUILDING IMPROVEMENTS- MAIN HOSPITALS	04/01/09	1142853.00	.00 M468	2441.99	29303.88	197801.36
000094	11142621		BUILDING IMPROVEMENTS- MOB	04/01/09	35245.00	.00 M468	75.31	903.72	6100.11
000929	11142621	056	OXYGEN LINE RAN TO HYPERBARIC UNIT	10/22/12	16800.00	.00 Y 39	35.90	430.80	1400.10
000933	11142621	056	RENOVATION FOR HYPERBARIC UNIT	10/22/12	117754.00	.00 Y 39	251.61	3019.32	9812.79
000952	11142621		BOILER	11/01/14	25400.00	.00 Y 20	105.83	1269.96	1375.79
			#ITEMS=	5	1338052.00	.00	2910.64	34927.68	216490.15
			BEGINNING BALANCE	#ITEMS=	5	1338052.00	.00	2910.64	34927.68
			ASSETS ACQUIRED	#ITEMS=		.00	.00	.00	.00
			ASSETS REMOVED	#ITEMS=		.00	.00	.00	.00
			ENDING BALANCE	#ITEMS=	5	1338052.00	.00	2910.64	34927.68

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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.
000064	11142622		AUTOMATIC AMBULANCE ENTRY DOOR\OPERAS04/01/09	1848.00	.00	M 60	.00	1848.00
000065	11142622		AUTOMATIC AMBULANCE ENTRY DOORS S04/01/09	5504.00	.00	M 60	.00	5504.00
000066	11142622		AUTOMATIC DOOR\OPERATORS S04/01/09	4619.00	.00	M 60	.00	4619.00
000067	11142622		AUTOMATIC DOORS - PATIENT CARE S04/01/09	1594.00	.00	M 60	.00	1594.00
000097	11142622		CABINETRY - BASE S04/01/09	1287.00	.00	M 60	.00	1287.00
000098	11142622		CABINETRY - BASE S04/01/09	2611.00	.00	M 60	.00	2611.00
000099	11142622		CABINETRY - BASE - SINK BASE S04/01/09	2545.00	.00	M 60	.00	2545.00
000100	11142622		CABINETRY - COUNTER TOPS S04/01/09	95.00	.00	M 60	.00	95.00
000101	11142622		CABINETRY - COUNTER TOPS S04/01/09	402.00	.00	M 60	.00	402.00
000102	11142622		CABINETRY - COUNTER TOPS S/S S04/01/09	329.00	.00	M 60	.00	329.00
000103	11142622		CABINETRY - FULL HEIGHT S04/01/09	712.00	.00	M 60	.00	712.00
000104	11142622		CABINETRY - FULL HEIGHT METAL S04/01/09	366.00	.00	M 60	.00	366.00
000105	11142622		CABINETRY - WALL S04/01/09	1335.00	.00	M 60	.00	1335.00
000118	11142622		CASHIERS WINDOW S04/01/09	144.00	.00	M 60	.00	144.00
000120	11142622		CEILING MTD CUBICLE TRACKS S04/01/09	116.00	.00	M 60	.00	116.00
000121	11142622		CEILING MTD IV TRACKS S04/01/09	522.00	.00	M 60	.00	522.00
000134	11142622		CLINICAL SINKS (SOILED UTILITY BASINS04/01/09	85.00	.00	M 60	.00	85.00
000135	11142622		CLINICAL SINKS (SOILED UTILITY BASINS04/01/09	150.00	.00	M 60	.00	150.00
000164	11142622		COMPUTER DATA OUTLET S04/01/09	30.00	.00	M 60	.00	30.00
000165	11142622		COMPUTER DATA OUTLET S04/01/09	2820.00	.00	M 60	.00	2820.00
000167	11142622		COMPUTER RM AC - 5 TON UNIT S04/01/09	1513.00	.00	M 60	.00	1513.00
000168	11142622		COMPUTER RM ELEC HOOKUP S04/01/09	1.00	.00	M 60	.00	1.00
000196	11142622		CRITICAL CARE OUTLET S04/01/09	103.00	.00	M 60	.00	103.00
000199	11142622		CT SUITE ELEC. HOOK-UPS S04/01/09	1197.00	.00	M 60	.00	1197.00
000265	11142622		DISHWASHER ELEC HOOK-UP S04/01/09	59.00	.00	M 60	.00	59.00
000280	11142622		ELASPED TIME INDICATING CLOCK S04/01/09	162.00	.00	M 60	.00	162.00
000283	11142622		EMERGENCY EYEWASH S04/01/09	49.00	.00	M 60	.00	49.00
000284	11142622		EMERGENCY GENERATOR SYSTEM - (150 KWS04/01/09	2908.00	.00	M 60	.00	2908.00
000285	11142622		EMERGENCY SHOWER S04/01/09	52.00	.00	M 60	.00	52.00
000329	11142622		EXHAUST FAN-LAB HOOD S04/01/09	75.00	.00	M 60	.00	75.00
000330	11142622		EXHAUST FAN-PHARMACY S04/01/09	55.00	.00	M 60	.00	55.00
000331	11142622		EXHAUST FANS-OR/RECOVERY S04/01/09	166.00	.00	M 60	.00	166.00
000395	11142622		HOSPITAL EQUIP ELEC (SERVICE & DIST)S04/01/09	10063.00	.00	M 60	.00	10063.00
000396	11142622		HOSPITAL EQUIP. SUPPORTS S04/01/09	52.00	.00	M 60	.00	52.00
000397	11142622		HOSPITAL EQUIPMENT ELEC CONNECTIONS S04/01/09	10063.00	.00	M 60	.00	10063.00
000405	11142622		HUMIDIFIERS - OR /PATIENT RELATED ARS04/01/09	1405.00	.00	M 60	.00	1405.00
000423	11142622		ICE MACHINE ELEC HOOK-UP S04/01/09	32.00	.00	M 60	.00	32.00
000424	11142622		ICE MACHINE PLBG HOOK-UP S04/01/09	51.00	.00	M 60	.00	51.00
000458	11142622		INTERIOR OBSERVATION WINDOWS S04/01/09	48.00	.00	M 60	.00	48.00
000472	11142622		KITCHEN EQUIP ELEC HOOK-UP S04/01/09	931.00	.00	M 60	.00	931.00
000473	11142622		KITCHEN EQUIP PLUMBING HOOK-UP S04/01/09	1126.00	.00	M 60	.00	1126.00
000474	11142622		KITCHEN HOOD S04/01/09	848.00	.00	M 60	.00	848.00
000475	11142622		KITCHEN HOOD FIRE EXT. SYS S04/01/09	3618.00	.00	M 60	.00	3618.00
000476	11142622		KITCHEN MAKE-UP AIR UNITS S04/01/09	801.00	.00	M 60	.00	801.00
000480	11142622		LAB COUNTERTOP-ACID RESIST. S04/01/09	863.00	.00	M 60	.00	863.00
000481	11142622		LAB SINKS S04/01/09	811.00	.00	M 60	.00	811.00
000484	11142622		LAB WALL CABINETS METAL S04/01/09	1868.00	.00	M 60	.00	1868.00

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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.
000505	11142622		LAVATORY WALL HUNG	VITREOUS	S04/01/09	448.00	.00	M 60	.00		448.00
000516	11142622		LEAD LINED	DOORS	S04/01/09	10.00	.00	M 60	.00		10.00
000517	11142622		LEAD LINED	WALLS	S04/01/09	3035.00	.00	M 60	.00		3035.00
000544	11142622		LIGHTING - FLUORESCENT	TASK LT	S04/01/09	525.00	.00	M 60	.00		525.00
000545	11142622		LIGHTING - PATIENT	CORRIDOR NIGHT	LS04/01/09	147.00	.00	M 60	.00		147.00
000546	11142622		LIGHTING - PATIENT	EXAM LIGHT HOOK-US	S04/01/09	88.00	.00	M 60	.00		88.00
000547	11142622		LIGHTING - PATIENT	EXAM LTS	S04/01/09	1292.00	.00	M 60	.00		1292.00
000548	11142622		LIGHTING - PATIENT	NIGHT LT	S04/01/09	881.00	.00	M 60	.00		881.00
000572	11142622		MASTER	CLOCK SYSTEM	S04/01/09	431.00	.00	M 60	.00		431.00
000574	11142622		MED GAS - COMPRESSOR	ELECTRICAL HOOKS	S04/01/09	82.00	.00	M 60	.00		82.00
000575	11142622		MED GAS - DUPLEX	AIR COMPRESSOR	S04/01/09	1405.00	.00	M 60	.00		1405.00
000576	11142622		MED GAS	SYSTEM	S04/01/09	9248.00	.00	M 60	.00		9248.00
000577	11142622		MED VAC	SYSTEM DUPLEX PUMP UNIT	S04/01/09	2047.00	.00	M 60	.00		2047.00
000637	11142622		NURSE	CALL SYSTEM	S04/01/09	1614.00	.00	M 60	.00		1614.00
000638	11142622		NURSES	STATION / RECEPTION DESKS	S04/01/09	2180.00	.00	M 60	.00		2180.00
000654	11142622		OR	LIGHT HOOK-UP	S04/01/09	370.00	.00	M 60	.00		370.00
000655	11142622		OR	LIGHT STRUCTURAL SUPPORTS	S04/01/09	4.00	.00	M 60	.00		4.00
000656	11142622		OR/SURGERY	CABINETS	S04/01/09	173.00	.00	M 60	.00		173.00
000669	11142622		PAT.	HEADWALL UNITS	S04/01/09	23054.00	.00	M 60	.00		23054.00
000670	11142622		PAT.	AREA BATHTUBS	S04/01/09	1261.00	.00	M 60	.00		1261.00
000671	11142622		PAT.	BATH-LAVATORY/WALL HUNG	S04/01/09	1272.00	.00	M 60	.00		1272.00
000672	11142622		PAT.	BATH-SHOWER	S04/01/09	2085.00	.00	M 60	.00		2085.00
000673	11142622		PAT.	BATH-WATER CLOSET	S04/01/09	2683.00	.00	M 60	.00		2683.00
000674	11142622		PAT.	RM SLIDING GLASS DR	S04/01/09	1118.00	.00	M 60	.00		1118.00
000675	11142622		PAT.	RM TOILET ACCESSORIES	S04/01/09	2005.00	.00	M 60	.00		2005.00
000676	11142622		PAT.	RM WARDROBE CABINETS	S04/01/09	1703.00	.00	M 60	.00		1703.00
000679	11142622		PATIENT	MONITORING SYSTEM CONNECTIONS	S04/01/09	249.00	.00	M 60	.00		249.00
000680	11142622		PATIENT	OVERBED LIGHTS	S04/01/09	1250.00	.00	M 60	.00		1250.00
000701	11142622		PHYSICAL	THERAPY TUB HOOK-UP	S04/01/09	46.00	.00	M 60	.00		46.00
000726	11142622		RECEPTION	DESK	S04/01/09	162.00	.00	M 60	.00		162.00
000727	11142622		RECEPTION	DESK	S04/01/09	574.00	.00	M 60	.00		574.00
000752	11142622		SCRUB	STATION VITREOUS	S04/01/09	356.00	.00	M 60	.00		356.00
000766	11142622		SIGNAGE-	INTERIOR	S04/01/09	16.00	.00	M 60	.00		16.00
000767	11142622		SIGNAGE-	INTERIOR	S04/01/09	332.00	.00	M 60	.00		332.00
000768	11142622		SINKS	CERAMIC IN COUNTER	S04/01/09	109.00	.00	M 60	.00		109.00
000769	11142622		SINKS	SS IN COUNTER - DOUBLE BASIN	S04/01/09	255.00	.00	M 60	.00		255.00
000770	11142622		SINKS	SS IN COUNTER - SINGLE BASIN,	S04/01/09	311.00	.00	M 60	.00		311.00
000771	11142622		SINKS	SS IN COUNTER - SINGLE BASIN,	S04/01/09	975.00	.00	M 60	.00		975.00
000804	11142622		SOUND/INTERCOM	SYSTEM	S04/01/09	4562.00	.00	M 60	.00		4562.00
000809	11142622		STERILIZER	ELEC HOOK-UP	S04/01/09	111.00	.00	M 60	.00		111.00
000811	11142622		STERILIZER	PLBG HOOK-UP	S04/01/09	571.00	.00	M 60	.00		571.00
000849	11142622		TV	ANTENNA SYSTEM	S04/01/09	247.00	.00	M 60	.00		247.00
000880	11142622		WALK-IN	COOLERS/FREEZERS	S04/01/09	1741.00	.00	M 60	.00		1741.00
000881	11142622		WALL	BUMPER RAIL	S04/01/09	1616.00	.00	M 60	.00		1616.00
000883	11142622		WARMING	CABINET ELEC. HOOK-UPS	S04/01/09	48.00	.00	M 60	.00		48.00
000900	11142622		X-RAY	OUTLET - EQUIP/PORTABLE	S04/01/09	50.00	.00	M 60	.00		50.00
000901	11142622		X-RAY	SUITE EQUIP ELEC HOOK-UP	S04/01/09	976.00	.00	M 60	.00		976.00

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TAG	ASSET			ACQUIRED	PURCHASE	SALVAGE		FISCAL	ACCUM
NUMBER	NUMBER	LOCA.	DESCRIPTION---SERIAL NUMBER-----	MET	DATE	VALUE	VALUE	LIFE	DEPREC.
000902	11142622		X-RAY VIEW WINDOWS		S04/01/09	988.00		.00	M 60
								.00	
				#ITEMS=	95	140740.00		.00	
								.00	
			BEGINNING BALANCE	#ITEMS=	95	140740.00		.00	
			ASSETS ACQUIRED	#ITEMS=		.00		.00	
			ASSETS REMOVED	#ITEMS=		.00		.00	
			ENDING BALANCE	#ITEMS=	95	140740.00		.00	

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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.
000296	11144100	908	ER PHONE CONSOLE		S04/01/09	442.00	.00 M 24	.00		442.00
000699	11144100	908	PHONE SYSTEM		S04/01/09	9790.00	.00 M 12	.00		9790.00
					#ITEMS= 2	10232.00	.00	.00	.00	10232.00
			BEGINNING BALANCE		#ITEMS= 2	10232.00	.00	.00	.00	10232.00
			ASSETS ACQUIRED		#ITEMS=	.00	.00	.00	.00	.00
			ASSETS REMOVED		#ITEMS=	.00	.00	.00	.00	.00
			ENDING BALANCE		#ITEMS= 2	10232.00	.00	.00	.00	10232.00

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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.
000879	11144631	080	WALK IN COOLER/FREEZER	S04/01/09	8357.00	.00	M 12	.00		8357.00
000925	11144631	001	STERILIZER SS1E 402047	S07/16/12	23196.54	.00	Y 10	193.30	2319.60	7925.30
000927	11144631	028	CT SCANNER - 14 50494	S09/05/12	252762.76	.00	Y 7	3009.08	36108.96	119119.94
000935	11144631	830	GENERATOR ONAN 350 KW	S11/26/12	93937.13	.00	Y 10	782.81	9393.72	29746.78
000939	11144631	005	TELEMETRY UPGRADE-HRSA	S02/13/13	13550.00	.00	Y 7	161.31	1935.72	5645.85
000947	11144631	001	GETINGE WASHER	S04/14/14	40361.79	.00	Y 10	336.35	4036.20	7063.35
000949	11144631	026	WALL STAND CASSETTE TRAY	S05/01/14	3713.71	.00	Y 4	77.37	928.44	1547.40
000951	11144631		GE PROTEUS TUBE MX100 90 DEGREE	S09/09/14	13146.76	.00	M 48	273.89	3286.68	4382.24
000954	11144631	026	CT TUBE	S04/29/14	144780.64	.00	M 84	1723.58	20682.96	36195.17
000956	11144631	036	HVAC UNIT	S05/06/15	114944.00	.00	M120	957.87	7662.96	7662.96
			#ITEMS=	10	708750.33	.00		7515.56	86355.24	227645.99
			BEGINNING BALANCE	#ITEMS=	10	708750.33	.00	7515.56	86355.24	227645.99
			ASSETS ACQUIRED	#ITEMS=		.00	.00	.00	.00	.00
			ASSETS REMOVED	#ITEMS=		.00	.00	.00	.00	.00
			ENDING BALANCE	#ITEMS=	10	708750.33	.00	7515.56	86355.24	227645.99

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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.
000001	11145100	090	11			S04/01/09	65.00	.00	M 12	.00		65.00
000004	11145100	001	10MM-LAPEROSCOPE-STRYKER-38011			S04/01/09	216.00	.00	M 12	.00		216.00
000005	11145100	028	10X12 PROTECT GRID-PICKER-257584			S04/01/09	40.00	.00	M 12	.00		40.00
000006	11145100	001	110V 4P CHARGER-STRYKER			S04/01/09	100.00	.00	M 12	.00		100.00
000007	11145100	028	14X17 PROTECT GRID-PICKER-257668			S04/01/09	65.00	.00	M 12	.00		65.00
000009	11145100	900	2 EA ARTWORK SACKFIELD 72242002			S04/01/09	27.00	.00	M 12	.00		27.00
000011	11145100	900	2 EA FRAME CRATE SACKFIELD 7224202			S04/01/09	22.00	.00	M 12	.00		22.00
000012	11145100	830	INSTALLATION OF 0905770151			S08/03/09	5284.00	.00	M180	29.36	352.32	2260.70
000013	11145100	001	22F-G129 SHEATH/OBTURATOR-CIRC			S04/01/09	30.00	.00	M 12	.00		30.00
000015	11145100	001	25FR SHEATH/OBTURATOR-G125-CIRCON			S04/01/09	35.00	.00	M 12	.00		35.00
000017	11145100	001	30MM LASER COUPLER-STRYKER-77702011			S04/01/09	74.00	.00	M 12	.00		74.00
000018	11145100	001	35CM RIGID SIGMOIDSOPE W/SNARE			S04/01/09	30.00	.00	M 12	.00		30.00
000019	11145100	005	36 PATIENT BEDS			S04/01/09	43568.00	.00	M 36	.00		43568.00
000020	11145100	001	3-CHIP CAMERA/COUPLER			S04/01/09	1359.00	.00	M 12	.00		1359.00
000030	11145100	062	4 CHANNEL INTEL 8464/9708/13632			S04/01/09	2234.00	.00	M 72	.00	92.95	2234.00
000031	11145100	810	435461 BURNISHER 032183			S04/01/09	43.00	.00	M 12	.00		43.00
000035	11145100	005	53333 KANGROO FEEDING PUMP 330			S04/01/09	100.00	.00	M 12	.00		100.00
000036	11145100	005	53333 KANGROO FEEDING PUMP 330			S04/01/09	100.00	.00	M 12	.00		100.00
000037	11145100	001	5MM LAPAROSCOPE 524422			S04/01/09	1809.00	.00	M 72	.00	75.07	1809.00
000039	11145100	001	70DEGREE LATERAL TELESCOPE-CIRCON			S04/01/09	115.00	.00	M 12	.00		115.00
000040	11145100	001	A2437 SHEATH 11FR-OLYMPUS			S04/01/09	30.00	.00	M 12	.00		30.00
000041	11145100	001	A2446 OR TELESCOPE-OLYMPUS-010005			S04/01/09	165.00	.00	M 12	.00		165.00
000043	11145100	005	ACCUTORR 3/PRINTER-DATASCOPE-7201-F1			S04/01/09	150.00	.00	M 12	.00		150.00
000044	11145100	005	ACCUTORR 3/PRINTER-DATASCOPE-7213F1			S04/01/09	150.00	.00	M 12	.00		150.00
000045	11145100	001	ACCUTORR PLUS			S05/23/11	1495.00	.00	M 48	.00	124.40	1495.00
000046	11145100	001	ACCUTORR PLUS			S05/23/11	1495.00	.00	M 48	.00	124.40	1495.00
000047	11145100	001	ACCUTORR PLUS			S05/23/11	1495.00	.00	M 48	.00	124.40	1495.00
000048	11145100	001	ACCUTORR PLUS			S05/23/11	1495.00	.00	M 48	.00	124.40	1495.00
000049	11145100	001	ACCUTORR PLUS			S05/23/11	1495.00	.00	M 48	.00	124.40	1495.00
000050	11145100	908	ACME T169437 CONST VOLT REGULATOR			S04/01/09	140.00	.00	M 12	.00		140.00
000052	11145100	080	ADJUST SWIVEL STOOL-BLACK			S04/01/09	16.00	.00	M 12	.00		16.00
000053	11145100	080	ADJUST SWIVEL STOOL-BLACK			S04/01/09	16.00	.00	M 12	.00		16.00
000055	11145100	001	ALLIG FORCEPS & ASSECS			S04/01/09	30.00	.00	M 12	.00		30.00
000057	11145100	090	ANSUL R-102 RESTRU CHEMICAL SYSTEM			S04/01/09	145.00	.00	M 12	.00		145.00
000061	11145100	687	ARRHYTHMIA TUTOR-AT11			S04/01/09	20.00	.00	M 12	.00		20.00
000068	11145100	062	BAILEY PARALLEL BARS-HITECH CO			S04/01/09	43.00	.00	M 12	.00		43.00
000072	11145100	001	BASIC VACPAC 5PIECE SET			S04/01/09	40.00	.00	M 12	.00		40.00
000075	11145100	007	BED/ICU (2)			S04/01/09	8590.00	.00	M 48	.00		8590.00
000076	11145100	007	BED/ICU (3)			S04/01/09	15765.00	.00	M 60	.00		15765.00
000078	11145100	001	BIOPSY FORCEP INSUL-LINVATEC-114666			S04/01/09	30.00	.00	M 12	.00		30.00
000079	11145100	001	BIOPSY FORCEPS & ASSEC			S04/01/09	40.00	.00	M 12	.00		40.00
000080	11145100	001	BIOPSY FORCEPS-# 8213-CIRCON			S04/01/09	55.00	.00	M 12	.00		55.00
000081	11145100	001	BIOPTY BIOPSY INSTRU-1400-BARD			S04/01/09	85.00	.00	M 12	.00		85.00
000082	11145100	054	BIPAP- BACKUP VENTILATOR			S04/01/09	1665.00	.00	M 24	.00		1665.00
000085	11145100	058	BLOOD BANK REFRIGERATOR			S04/01/09	329.00	.00	M 12	.00		329.00
000086	11145100	036	BLOOD DRAWING CHAIR			S04/01/09	275.00	.00	M 24	.00		275.00
000087	11145100	001	BOOK WALTER RET 110-731			S10/29/09	6500.00	.00	M 84	77.38	928.56	5803.50

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000089	11145100	001	BRONCHOSCOPE		S04/01/09	1822.00	.00	M 12	.00		1822.00
000091	11145100	062	BUCKSKIN TREATMENT TABLE/B411		S04/01/09	16.00	.00	M 12	.00		16.00
000092	11145100	062	BUCKSKIN TREATMENT TABLE/B432		S04/01/09	22.00	.00	M 12	.00		22.00
000095	11145100	810	BURNISHER-WHIRLAMATIC-2500-#387852		S04/01/09	129.00	.00	M 12	.00		129.00
000106	11145100	063	CALIBRATOR/ISOTOPE		S04/01/09	323.00	.00	M 12	.00		323.00
000107	11145100	080	CAMERA MONITOR SYS-BROWNS SECURITY		S04/01/09	16.00	.00	M 12	.00		16.00
000108	11145100	080	CAMERA MONITOR SYS-BROWNS SECURITY		S04/01/09	16.00	.00	M 12	.00		16.00
000109	11145100	080	CAMERA MONITOR SYSTEM/BROWNS SECURITS		S04/01/09	16.00	.00	M 12	.00		16.00
000110	11145100	063	CAMERA/GAMMA		S04/01/09	25351.00	.00	M 12	.00		25351.00
000113	11145100	007	CARDIAC OUTPUT PARAMETER MODULE MOD		S04/01/09	210.00	.00	M 12	.00		210.00
000116	11145100	810	CARPETWIN 14 VACUMN		S04/01/09	16.00	.00	M 12	.00		16.00
000123	11145100	036	CENTRA-W CELL W 1798		S04/01/09	221.00	.00	M 12	.00		221.00
000127	11145100	005	CENTURY A BED-HIL/ROM-835EA50		S04/01/09	175.00	.00	M 12	.00		175.00
000128	11145100	005	CENTURY A BED-HIL/ROM-835EA50		S04/01/09	145.00	.00	M 12	.00		145.00
000129	11145100	900	CHAPEL FURNITURE(PEWS & STANDS)		S04/01/09	1886.00	.00	M 48	.00		1886.00
000131	11145100	001	CIRCON XENON LI 02B1330A0806		S10/29/09	700.00	.00	M 84	8.33	99.96	624.76
000132	11145100	001	CLE-F10 OES LIGHT SOURCE 7633035		S04/01/09	235.00	.00	M 12	.00		235.00
000139	11145100	007	CO2PARAMETER MODULE-HEWLETT-M1016A		S04/01/09	175.00	.00	M 12	.00		175.00
000163	11145100	062	COMPRESSION PUMP--#4324-SN#2847		S04/01/09	81.00	.00	M 12	.00		81.00
000175	11145100	005	CONT SOFA-HEATHER TEAL-AKIN-6329		S04/01/09	125.00	.00	M 12	.00		125.00
000190	11145100	005	COUNTER CHART RACK		S04/01/09	35.00	.00	M 12	.00		35.00
000192	11145100	922	CPR MANIKIN-AA6001-ARMSTRONG MED		S04/01/09	43.00	.00	M 12	.00		43.00
000193	11145100	922	CPR MANIKIN-AA6001-ARMSTRONG MED		S04/01/09	43.00	.00	M 12	.00		43.00
000197	11145100	001	CRYOSURG SYS-LEISEGANG-LM900-#J204		S04/01/09	100.00	.00	M 12	.00		100.00
000201	11145100	900	DAE ING CHR IDA 72242001		S04/01/09	22.00	.00	M 12	.00		22.00
000202	11145100	900	DAE ING CHR IDA 72242001		S04/01/09	22.00	.00	M 12	.00		22.00
000203	11145100	900	DAE ING CHR IDA 72242001		S04/01/09	22.00	.00	M 12	.00		22.00
000204	11145100	900	DAE ING CHR IDA 72242001		S04/01/09	22.00	.00	M 12	.00		22.00
000205	11145100	900	DAE ING CHR IDA 72242001		S04/01/09	22.00	.00	M 12	.00		22.00
000206	11145100	900	DAE ING CHR IDA 72242001		S04/01/09	22.00	.00	M 12	.00		22.00
000207	11145100	900	DAE ING CHR IDA 72242001		S04/01/09	22.00	.00	M 12	.00		22.00
000208	11145100	900	DAE ING CHR IDA 72242001		S04/01/09	22.00	.00	M 12	.00		22.00
000215	11145100	007	DEFIBRILLATOR		S04/01/09	1699.00	.00	M 12	.00		1699.00
000228	11145100	001	DERMATOME POWER HANDLE-BAXTER		S04/01/09	20.00	.00	M 12	.00		20.00
000230	11145100	900	DESK/EXECUTIVE-KIMBELL 52C7282LW		S04/01/09	92.00	.00	M 12	.00		92.00
000231	11145100	005	DESK-60X30-HONP325G52S		S04/01/09	40.00	.00	M 12	.00		40.00
000262	11145100	001	DIGITAL UROFLOW STATION #52710		S04/01/09	154.00	.00	M 12	.00		154.00
000264	11145100	007	DINAMAP STAND-CRITIKON-902 CR0902		S04/01/09	185.00	.00	M 12	.00		185.00
000267	11145100	001	DISS FORCEPS STRAIGHT-LASER-STRYKER		S04/01/09	30.00	.00	M 12	.00		30.00
000268	11145100	001	DISS FORCEPS-LEFT-LASER-STRYKER		S04/01/09	30.00	.00	M 12	.00		30.00
000270	11145100	915	DOUBLE PRINTER STAND-SFHV1		S04/01/09	16.00	.00	M 12	.00		16.00
000271	11145100	915	DROP/IN SAFE		S04/01/09	16.00	.00	M 12	.00		16.00
000274	11145100	050	ECHO TABLE-AMER ECHO-#70001/817		S04/01/09	124.00	.00	M 12	.00		124.00
000276	11145100	044	EKG MACHINE		S04/01/09	517.00	.00	M 12	.00		517.00
000286	11145100	001	EMG MODULE WITH AUDIO #52953		S04/01/09	154.00	.00	M 12	.00		154.00
000287	11145100	900	EMT 2110 AG TRANSCEIVER		S04/01/09	108.00	.00	M 12	.00		108.00
000288	11145100	001	ENDO CART-OLYMPUS-#55385-#121728		S04/01/09	196.00	.00	M 12	.00		196.00

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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.
000289	11145100	001	ENDO LIGHT SOURCE		S04/01/09	536.00	.00	M 12	.00		536.00
000290	11145100	001	ENDO VIDEO MONITOR-OLYMPUS-SR#7249364		S04/01/09	128.00	.00	M 12	.00		128.00
000291	11145100	001	ENDOSCOPIC VIDEO CART-#S535242		S04/01/09	252.00	.00	M 12	.00		252.00
000295	11145100	080	ER CARE STRETCHER-W ACCES-STRYKER		S04/01/09	172.00	.00	M 12	.00		172.00
000319	11145100	054	EVITAXL ICU VENTILATOR		S04/01/09	11728.00	.00	M108	108.59	1303.08	8795.81
000322	11145100	900	EXAM TABLE W/ASSYS-DR SANDERS		S04/01/09	32.00	.00	M 12	.00		32.00
000323	11145100	900	EXAM TABLE W/ASSYS-DR SANDERS		S04/01/09	32.00	.00	M 12	.00		32.00
000324	11145100	900	EXAM TABLE W/ASSYS-DR SANDERS		S04/01/09	32.00	.00	M 12	.00		32.00
000325	11145100	001	EXCALIBUR ESU CART		S04/01/09	30.00	.00	M 12	.00		30.00
000326	11145100	001	EXCALIBUR ESU-ASPEN-605200001		S04/01/09	285.00	.00	M 12	.00		285.00
000327	11145100	600	EXECUTIVE DESK SET-UNITED OFFICE		S04/01/09	75.00	.00	M 12	.00		75.00
000335	11145100	001	EXTRACTION GRASPER-LASER-STRYKER		S04/01/09	30.00	.00	M 12	.00		30.00
000337	11145100	840	F-10 BLACK MICROFILM CABINET		S04/01/09	81.00	.00	M 12	.00		81.00
000342	11145100	830	FLOOR PAINT STRIPER /DIRECT SAFETY		S04/01/09	16.00	.00	M 12	.00		16.00
000344	11145100	080	FOLD TO HEAD CRANK STRECTCHER		S04/01/09	210.00	.00	M 12	.00		210.00
000347	11145100	001	FOROBLIQUE TELE ASSY-CIRCON-FO8168M		S04/01/09	115.00	.00	M 12	.00		115.00
000358	11145100	028	FVS ILLUMINATOR-PICKER-2502316		S04/01/09	153.00	.00	M 12	.00		153.00
000359	11145100	090	GARLAND GAS RANGE-G2843RC-329520		S04/01/09	140.00	.00	M 12	.00		140.00
000360	11145100	001	GASPING FORCEPS & ASSEC		S04/01/09	65.00	.00	M 12	.00		65.00
000362	11145100	001	GASTROVIDEOSCOPE		S04/01/09	1297.00	.00	M 12	.00		1297.00
000371	11145100	005	GOMCO ASPIRATOR-01120400-BAXTER		S04/01/09	20.00	.00	M 12	.00		20.00
000372	11145100	005	GOMCO ASPIRATOR-01120400-BAXTER		S04/01/09	20.00	.00	M 12	.00		20.00
000373	11145100	612	GOMCO CONST/INTER SUCTION-L7090		S04/01/09	100.00	.00	M 12	.00		100.00
000374	11145100	612	GOMCO CONST/INTER SUCTION-L7091		S04/01/09	100.00	.00	M 12	.00		100.00
000375	11145100	005	GOMCO CONSTANT INTER PUMP-1326030		S04/01/09	75.00	.00	M 12	.00		75.00
000377	11145100	001	HASSON CURV FCPS-LINVATEC-113502		S04/01/09	30.00	.00	M 12	.00		30.00
000381	11145100	005	HEARSIM 2000-LAERDAL-#260000		S04/01/09	120.00	.00	M 12	.00		120.00
000382	11145100	036	HEMATOLOGY BINOCULAR MICROSCOPE		S04/01/09	216.00	.00	M 12	.00		216.00
000383	11145100	036	HEMO/BINARY MICROSCOPE		S04/01/09	216.00	.00	M 12	.00		216.00
000384	11145100	001	HENDRICKSON LITHOTRITE-G192-CIRCON		S04/01/09	164.00	.00	M 12	.00		164.00
000385	11145100	001	HENLY POPLITEAL RETRACTOR		S04/01/09	20.00	.00	M 12	.00		20.00
000386	11145100	001	HENLY POPLITEAL RETRACTOR		S04/01/09	20.00	.00	M 12	.00		20.00
000388	11145100	830	HIGH PRESSUE WASHER-BRISTER-5HP		S04/01/09	32.00	.00	M 12	.00		32.00
000389	11145100	062	HI-LO/EXTRA WIDE TABLE-AT8442		S04/01/09	65.00	.00	M 12	.00		65.00
000393	11145100	080	HORIZON STRETCHER-HAUSTED		S04/01/09	194.00	.00	M 12	.00		194.00
000394	11145100	080	HORIZON STRETCHER-HAUSTED		S04/01/09	194.00	.00	M 12	.00		194.00
000398	11145100	036	HOTPOINT REFRIG-14'-2 DOOR		S04/01/09	27.00	.00	M 12	.00		27.00
000406	11145100	001	HYFRECACTOR-REV F-733SW-BIRTCHER		S04/01/09	85.00	.00	M 12	.00		85.00
000427	11145100	090	ICE TEA BREWER		S04/01/09	16.00	.00	M 12	.00		16.00
000428	11145100	007	ICU TELEMETRY SYSTEM		S04/01/09	17425.00	.00	M 24	.00		17425.00
000430	11145100	050	IMAGEVUE/VERSION 2-NOVA-6070/722519		S04/01/09	119.00	.00	M 12	.00		119.00
000433	11145100	001	INCISION RETRACTOR-ZIMMER 403323		S04/01/09	30.00	.00	M 12	.00		30.00
000438	11145100	001	INSUFFLATOR-LASER-STRYKER-620020000		S04/01/09	299.00	.00	M 12	.00		299.00
000439	11145100	005	INTER/CONT WALL SUCTION-OHMEDA		S04/01/09	30.00	.00	M 12	.00		30.00
000440	11145100	005	INTER/CONT WALL SUCTION-OHMEDA		S04/01/09	30.00	.00	M 12	.00		30.00
000441	11145100	005	INTER/CONT WALL SUCTION-OHMEDA		S04/01/09	30.00	.00	M 12	.00		30.00
000442	11145100	005	INTER/CONT WALL SUCTION-OHMEDA		S04/01/09	30.00	.00	M 12	.00		30.00

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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.
000443	11145100	005	INTER/CONT WALL SUCTION-OHMEDA			S04/01/09	30.00	.00	M 12	.00		30.00
000444	11145100	005	INTER/CONT WALL SUCTION-OHMEDA			S04/01/09	30.00	.00	M 12	.00		30.00
000445	11145100	005	INTER/CONT WALL SUCTION-OHMEDA			S04/01/09	30.00	.00	M 12	.00		30.00
000446	11145100	005	INTER/CONT WALL SUCTION-OHMEDA			S04/01/09	30.00	.00	M 12	.00		30.00
000447	11145100	005	INTER/CONT WALL SUCTION-OHMEDA			S04/01/09	30.00	.00	M 12	.00		30.00
000448	11145100	005	INTER/CONT WALL SUCTION-OHMEDA			S04/01/09	30.00	.00	M 12	.00		30.00
000449	11145100	005	INTER/CONT WALL SUCTION-OHMEDA			S04/01/09	30.00	.00	M 12	.00		30.00
000450	11145100	005	INTER/CONT WALL SUCTION-OHMEDA			S04/01/09	30.00	.00	M 12	.00		30.00
000451	11145100	005	INTER/CONT WALL SUCTION-OHMEDA			S04/01/09	30.00	.00	M 12	.00		30.00
000452	11145100	005	INTER/CONT WALL SUCTION-OHMEDA			S04/01/09	30.00	.00	M 12	.00		30.00
000453	11145100	005	INTER/CONT WALL SUCTION-OHMEDA			S04/01/09	30.00	.00	M 12	.00		30.00
000454	11145100	005	INTER/CONT WALL SUCTION-OHMEDA			S04/01/09	30.00	.00	M 12	.00		30.00
000455	11145100	005	INTER/CONT WALL SUCTION-OHMEDA			S04/01/09	30.00	.00	M 12	.00		30.00
000456	11145100	005	INTER/CONT WALL SUCTION-OHMEDA			S04/01/09	30.00	.00	M 12	.00		30.00
000460	11145100	005	INTERMITTANT SUCTION UNIT-OHIO			S04/01/09	20.00	.00	M 12	.00		20.00
000461	11145100	005	INTERMITTANT SUCTION UNIT-OHIO			S04/01/09	20.00	.00	M 12	.00		20.00
000462	11145100	005	INTERMITTANT SUCTION UNIT-OHIO			S04/01/09	20.00	.00	M 12	.00		20.00
000463	11145100	005	INTERMITTANT SUCTION UNIT-OHIO			S04/01/09	35.00	.00	M 12	.00		35.00
000464	11145100	036	INTOXILYZER/ALCOHOL-I400-			S04/01/09	92.00	.00	M 12	.00		92.00
000466	11145100	007	INVASIVE BP MODULE-MOD 1006A HP			S04/01/09	55.00	.00	M 12	.00		55.00
000467	11145100	007	INVASIVE BP MODULE-MOD 1006A HP			S04/01/09	55.00	.00	M 12	.00		55.00
000468	11145100	007	INVASIVE BP MODULE-MOD 1006A HP			S04/01/09	55.00	.00	M 12	.00		55.00
000469	11145100	007	INVASIVE BP MODULE-MOD 1006A HP			S04/01/09	55.00	.00	M 12	.00		55.00
000470	11145100	007	INVASIVE BP MODULE-MOD 1006A HP			S04/01/09	55.00	.00	M 12	.00		55.00
000471	11145100	005	KANGAROO 330 FEED PUMP-5/3333			S04/01/09	30.00	.00	M 12	.00		30.00
000477	11145100	005	KODAK PROJECT CAROUSEL -1125251/4400			S04/01/09	20.00	.00	M 12	.00		20.00
000485	11145100	012	LAMINAR FLOW GLOVEBOX ISOLATOR			S04/01/09	11509.00	.00	M 60	.00		11509.00
000486	11145100	080	LAMP OVERHEAD			S04/01/09	38.00	.00	M 12	.00		38.00
000487	11145100	900	LAMP TABLE IDA 72242001			S04/01/09	22.00	.00	M 12	.00		22.00
000488	11145100	900	LAMP TABLE IDA 72242001			S04/01/09	22.00	.00	M 12	.00		22.00
000490	11145100	840	LAN SERVER-MATRIX-SBS 340			S04/01/09	162.00	.00	M 12	.00		162.00
000494	11145100	001	LAPRASCOPE 10MM-LASER-STRYKER			S04/01/09	189.00	.00	M 12	.00		189.00
000496	11145100	001	LASER CHIP CAMERA-STRYKER-7770000			S04/01/09	965.00	.00	M 12	.00		965.00
000501	11145100	900	LATERAL 4 DRAWER BLACK FILE			S04/01/09	27.00	.00	M 12	.00		27.00
000502	11145100	923	LATERAL BLACK FILE-INTECON-836461HF			S04/01/09	22.00	.00	M 12	.00		22.00
000503	11145100	916	LATERAL FILE/4 DRAWER-BROWN-INTECON			S04/01/09	22.00	.00	M 12	.00		22.00
000504	11145100	810	LAUNDRY BINS & LIDS			S04/01/09	765.00	.00	M 24	.00		765.00
000506	11145100	005	LAZ CHAIR/VINYL/INDIGO-95301			S04/01/09	30.00	.00	M 12	.00		30.00
000507	11145100	005	LAZ CHAIR/VINYL/INDIGO-95301			S04/01/09	30.00	.00	M 12	.00		30.00
000508	11145100	005	LAZ CHAIR-VINYL/INDIGO-95301			S04/01/09	30.00	.00	M 12	.00		30.00
000509	11145100	005	LAZ CHAIR-VINYL/INDIGO-95301			S04/01/09	30.00	.00	M 12	.00		30.00
000510	11145100	005	LAZ CHAIR-VINYL/INDIGO-95301			S04/01/09	30.00	.00	M 12	.00		30.00
000511	11145100	005	LAZ CHAIR-VINYL/INDIGO-95301			S04/01/09	30.00	.00	M 12	.00		30.00
000512	11145100	005	LC4 IV PUMP-ABBOTT-0074250604			S04/01/09	255.00	.00	M 12	.00		255.00
000513	11145100	005	LC4 IV PUMP-ABBOTT-0074250604			S04/01/09	255.00	.00	M 12	.00		255.00
000514	11145100	005	LC4 IV PUMP-ABBOTT-0074250604			S04/01/09	255.00	.00	M 12	.00		255.00
000515	11145100	005	LC4 IV PUMP-ABBOTT-0074250604			S04/01/09	255.00	.00	M 12	.00		255.00

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NUMBER	NUMBER	LOCA.	DESCRIPTION----	SERIAL NUMBER-----	MET DATE	VALUE	VALUE LIFE	DEPREC.	DEPREC.	DEPR.
<hr/>										
000518	11145100	001	LEKSELL RONGEUR-3331-ZIMMER		S04/01/09	20.00	.00 M 12	.00		20.00
000519	11145100	900	LEVOLOR BLINDS-STAND TEXTILE-LOBBY		S04/01/09	54.00	.00 M 12	.00		54.00
000520	11145100	005	LIFE CARE PUMP-ABBOTT-MODEL #4P		S04/01/09	75.00	.00 M 12	.00		75.00
000521	11145100	005	LIFE CARE PUMP-ABBOTT-MODEL#4P		S04/01/09	75.00	.00 M 12	.00		75.00
000522	11145100	005	LIFE CARE PUMP-ABBOTT-MODEL-4P		S04/01/09	75.00	.00 M 12	.00		75.00
000532	11145100	080	LIFEPAK-BSS-PHYSIO-018594		S04/01/09	59.00	.00 M 12	.00		59.00
000533	11145100	080	LIFEPAK 20 DEFIBRILLATOR		S04/01/09	4293.00	.00 M 48	.00		4293.00
000538	11145100	005	LIFT CHAIR		S04/01/09	653.00	.00 M 12	.00		653.00
000539	11145100	005	LIFT/SCALE HYGIENE CHAIR		S04/01/09	1286.00	.00 M 12	.00		1286.00
000554	11145100	001	LITE-LAPARSCOPE-AUTO SUTURE-2MM		S04/01/09	299.00	.00 M 12	.00		299.00
000556	11145100	840	LOVE SEAT		S04/01/09	22.00	.00 M 12	.00		22.00
000557	11145100	001	LS-10 OES LECTURESCOPE 2704443		S04/01/09	155.00	.00 M 12	.00		155.00
000558	11145100	005	MAGNAVOX 20		S04/01/09	20.00	.00 M 12	.00		20.00
000559	11145100	005	MAGNAVOX 20		S04/01/09	20.00	.00 M 12	.00		20.00
000560	11145100	900	MAHOGANY DESK SET		S04/01/09	54.00	.00 M 12	.00		54.00
000561	11145100	900	MAHOGANY EXEC DESK SET-UNITED OFFICES		S04/01/09	226.00	.00 M 12	.00		226.00
000569	11145100	028	MAMMO ACCRED PHANTOM-#18220-NUC ASSOS		S04/01/09	40.00	.00 M 12	.00		40.00
000571	11145100	090	MANUAL ICE DISPENSER-REMCOR-TJ90E		S04/01/09	65.00	.00 M 12	.00		65.00
000573	11145100	830	MCQUAY AIR COOLED CHILLER		S09/22/09	47505.00	.00 M120	395.88	4750.56	30086.86
000588	11145100	062	MEDTRONIC ECLIPSE TENS UNIT7723UR		S04/01/09	16.00	.00 M 12	.00		16.00
000589	11145100	062	MEDTRONIC ECLIPSE TENS UNIT7723UR		S04/01/09	16.00	.00 M 12	.00		16.00
000590	11145100	840	MEDVIEW OPTICAL DRIVE-LANIER-4051601		S04/01/09	151.00	.00 M 12	.00		151.00
000592	11145100	001	METZENBAUM SCISSOR-LINVATEC-114708		S04/01/09	30.00	.00 M 12	.00		30.00
000594	11145100	001	MICROLENS FOROBLIQUE SCOPE/REPAIR		S04/01/09	106.00	.00 M 12	.00		106.00
000602	11145100	090	MIXER/ATTACH-KITCHEN AID-K55SWH		S04/01/09	16.00	.00 M 12	.00		16.00
000603	11145100	090	MIXER-HOBART-#D300		S04/01/09	199.00	.00 M 12	.00		199.00
000604	11145100	001	MIXTER DIS FCPS-LINVATEC-114073		S04/01/09	30.00	.00 M 12	.00		30.00
000606	11145100	062	MOBILE STYLE PATIENT LIFT		S04/01/09	275.00	.00 M 12	.00		275.00
000607	11145100	080	MOBILE SURG LITES-MDT-2410M-A0410M02		S04/01/09	65.00	.00 M 12	.00		65.00
000619	11145100	062	MONARK REHAP TRAINER-881E		S04/01/09	48.00	.00 M 12	.00		48.00
000621	11145100	080	MONITOR SYSTEM-BROWNS SECURITY		S04/01/09	81.00	.00 M 12	.00		81.00
000622	11145100	001	MONITOR/PATIENT		S04/01/09	2057.00	.00 M 24	.00		2057.00
000623	11145100	001	MONITOR/PATIENT		S04/01/09	2057.00	.00 M 24	.00		2057.00
000632	11145100	054	NELLCOR PULSE OXIMETER-#NE073200		S04/01/09	108.00	.00 M 12	.00		108.00
000633	11145100	908	NETCHEX TIMECLO 0916532		S04/01/09	1400.00	.00 M 84	16.67	200.04	1350.24
000634	11145100	908	NETCHEX TIMECLO 0916534		S04/01/09	1400.00	.00 M 84	16.67	200.04	1350.24
000635	11145100	908	NETCHEX TIMECLO 0916535		S04/01/09	1400.00	.00 M 84	16.67	200.04	1350.24
000636	11145100	830	NRP CVI RECOVERY UNIT-ACME-107489		S04/01/09	65.00	.00 M 12	.00		65.00
000639	11145100	900	OAK CHART HOLDERS AND 7TIER LETTER		SS04/01/09	86.00	.00 M 12	.00		86.00
000640	11145100	600	OAK DESK SET		S04/01/09	80.00	.00 M 12	.00		80.00
000641	11145100	900	OAK EXEC DESK SET		S04/01/09	38.00	.00 M 12	.00		38.00
000642	11145100	900	OAK EXEC DESK SET		S04/01/09	38.00	.00 M 12	.00		38.00
000643	11145100	080	OB/GYN PROC.STRECHER-STRYKER-#1060		S04/01/09	307.00	.00 M 12	.00		307.00
000646	11145100	001	OLYMPUS CLK-3 LIGHT SOURCE		S04/01/09	40.00	.00 M 12	.00		40.00
000647	11145100	001	OLYMPUS-TELESCOPE O-A-2245		S04/01/09	144.00	.00 M 12	.00		144.00
000648	11145100	001	OP90 II REAMER-STRYKER		S04/01/09	175.00	.00 M 12	.00		175.00
000649	11145100	001	OP90 II SAGITTAL-STRYKER		S04/01/09	165.00	.00 M 12	.00		165.00

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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.
000651	11145100	005	OPHTHALMOSCOPE HNDLS-OWENS		S04/01/09	20.00	.00 M 12	.00		20.00
000652	11145100	005	OPHTHALMOSCOPE HNDLS-OWENS		S04/01/09	20.00	.00 M 12	.00		20.00
000653	11145100	001	OR ALBANRAN BRIDGE 25FR-CIRCON-G155		S04/01/09	45.00	.00 M 12	.00		45.00
000657	11145100	001	ORTHEPEDIC PUMP W/VAC-JACOBS		S04/01/09	100.00	.00 M 12	.00		100.00
000658	11145100	001	ORTHOPEDIC BONE INSTRUMENT-DEPUY		S04/01/09	40.00	.00 M 12	.00		40.00
000659	11145100	001	OTIS URETHROTOME-GU 4140-BAXTER		S04/01/09	30.00	.00 M 12	.00		30.00
000660	11145100	054	OXIMETER-OHMEDA-#3760--03801000082		S04/01/09	129.00	.00 M 12	.00		129.00
000663	11145100	005	PAIN CONTROL PUMP BAXTER IV SYSTEM		S04/01/09	225.00	.00 M 12	.00		225.00
000668	11145100	054	PASTEURIZATION UNIT		S04/01/09	3567.00	.00 M 24	.00		3567.00
000678	11145100	080	PATIENT MONITOR SYSTEM W/4 V24C PATIS04		S04/01/09	3847.00	.00 M 12	.00		3847.00
000688	11145100	054	PED AEROSOL TENT-OHMEDA-03040154		S04/01/09	140.00	.00 M 12	.00		140.00
000689	11145100	054	PED AEROSOL TENT-OHMEDA-03040154		S04/01/09	140.00	.00 M 12	.00		140.00
000690	11145100	054	PED AEROSOL TENT-OHMEDA-03040154		S04/01/09	140.00	.00 M 12	.00		140.00
000692	11145100	001	PED SHEATH-CIRCON G311		S04/01/09	40.00	.00 M 12	.00		40.00
000694	11145100	001	PEDI BRONCHOSCOPE		S04/01/09	545.00	.00 M 12	.00		545.00
000703	11145100	080	POCKET DOPPLER - IMEX MED SYSTEMS		S04/01/09	32.00	.00 M 12	.00		32.00
000704	11145100	062	PODIATRY WHRPOOL-ARJO-A040200		S04/01/09	119.00	.00 M 12	.00		119.00
000707	11145100	028	PORTABLE X-RAY MACHINE		S04/01/09	3738.00	.00 M 12	.00		3738.00
000716	11145100	005	PT BEDS-BORG WARNER		S04/01/09	100.00	.00 M 12	.00		100.00
000717	11145100	005	PT BEDS-BORG WARNER		S04/01/09	100.00	.00 M 12	.00		100.00
000719	11145100	005	PT RM/AC UNIT-UNITRANE-#B12DE03		S04/01/09	75.00	.00 M 12	.00		75.00
000721	11145100	054	PULMONARY FUNCTION MACHINE		S04/01/09	2543.00	.00 M 12	.00		2543.00
000725	11145100	001	RAT FORECPS & ASSEC		S04/01/09	35.00	.00 M 12	.00		35.00
000729	11145100	090	RED GOAT DISPOSER-BARING-A112P-RA		S04/01/09	54.00	.00 M 12	.00		54.00
000730	11145100	090	RED GOAT FOOD DISPOSER		S04/01/09	43.00	.00 M 12	.00		43.00
000732	11145100	012	REFRIGERATOR/CURTIN MATH-48.9 CUBIT		S04/01/09	225.00	.00 M 12	.00		225.00
000734	11145100	001	RESECTOSCOPE SHEATH-OBTURATOR		S04/01/09	40.00	.00 M 12	.00		40.00
000736	11145100	005	RESUSCI JUNIOR-AA2500-ARMSTRONG		S04/01/09	35.00	.00 M 12	.00		35.00
000737	11145100	001	RETENTION GASPER-LASER-STRYKER		S04/01/09	30.00	.00 M 12	.00		30.00
000738	11145100	001	RETENTION GSPER-LASER-STRYKER		S04/01/09	30.00	.00 M 12	.00		30.00
000739	11145100	001	RETRACTOR/CHISELS/CLAMPS-ZIMMER		S04/01/09	85.00	.00 M 12	.00		85.00
000742	11145100	005	ROTO CHART CADDY--63303-CARSTENS		S04/01/09	75.00	.00 M 12	.00		75.00
000743	11145100	810	RUBBERMAID TILT TRUCK		S04/01/09	32.00	.00 M 12	.00		32.00
000744	11145100	090	RUBBERMAID TILT TRUCK W/LID		S04/01/09	38.00	.00 M 12	.00		38.00
000745	11145100	012	SAFE		S04/01/09	75.00	.00 M 12	.00		75.00
000750	11145100	090	SCOTSMAN ICE MACHINE/DISPENSER		S04/01/09	1894.00	.00 M 72	.00	78.65	1894.00
000751	11145100	005	SCOTSMAN ICE MACHINE/DISPENSOR		S04/01/09	1850.00	.00 M 72	.00	77.35	1850.00
000755	11145100	005	SECURITY DIGI BASIC 4 CAMERA-BROWNS		S04/01/09	30.00	.00 M 12	.00		30.00
000756	11145100	005	SECURITY DIGI BASIC 4 CAMERA-BROWNS		S04/01/09	30.00	.00 M 12	.00		30.00
000757	11145100	005	SECURITY DIGI BASIC 4 CAMERA-BROWNS		S04/01/09	30.00	.00 M 12	.00		30.00
000758	11145100	005	SECURITY DIGI BASIC 4 CAMERA-BROWNS		S04/01/09	30.00	.00 M 12	.00		30.00
000759	11145100	005	SECURITY DIGI BASIC 4 CAMERA-BROWNS		S04/01/09	30.00	.00 M 12	.00		30.00
000760	11145100	005	SECURITY DIGI BASIC 4 MONITOR-BROWNS		S04/01/09	30.00	.00 M 12	.00		30.00
000761	11145100	830	SEWER ROOTER MACHINE		S04/01/09	43.00	.00 M 12	.00		43.00
000763	11145100	080	SIDE ARM CHAIR/TABLE-MUNSON-OAK		S04/01/09	38.00	.00 M 12	.00		38.00
000764	11145100	080	SIDE ARM CHAIR-MUNSON-OAK		S04/01/09	38.00	.00 M 12	.00		38.00
000772	11145100	005	SLEEPER COUCH-DURFOLD-DL-27		S04/01/09	45.00	.00 M 12	.00		45.00

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000773	11145100	005	SLEEPER COUCH-DURFOLD-DL-27		S04/01/09	45.00	.00	M 12	.00		45.00
000774	11145100	005	SLEEPER COUCH-DURFOLD-DL-27		S04/01/09	45.00	.00	M 12	.00		45.00
000775	11145100	005	SLEEPER COUCH-DURFOLD-DL-27		S04/01/09	45.00	.00	M 12	.00		45.00
000776	11145100	005	SLEEPER COUCH-DURFOLD-DL-27		S04/01/09	45.00	.00	M 12	.00		45.00
000777	11145100	005	SLEEPER COUCH-DURFOLD-DL-27		S04/01/09	45.00	.00	M 12	.00		45.00
000778	11145100	005	SLEEPER COUCH-DURFOLD-DL-27		S04/01/09	45.00	.00	M 12	.00		45.00
000779	11145100	005	SLEEPER COUCH-DURFOLD-DL-27		S04/01/09	45.00	.00	M 12	.00		45.00
000780	11145100	005	SLEEPER COUCH-DURFOLD-DL-27		S04/01/09	45.00	.00	M 12	.00		45.00
000781	11145100	005	SLEEPER COUCH-DURFOLD-DL-27		S04/01/09	45.00	.00	M 12	.00		45.00
000782	11145100	005	SLEEPER COUCH-DURFOLD-DL-27		S04/01/09	45.00	.00	M 12	.00		45.00
000783	11145100	005	SLEEPER COUCH-DURFOLD-DL-27		S04/01/09	45.00	.00	M 12	.00		45.00
000784	11145100	005	SLEEPER COUCH-DURFOLD-DL-27		S04/01/09	45.00	.00	M 12	.00		45.00
000785	11145100	005	SLEEPER COUCH-DURFOLD-DL-27		S04/01/09	45.00	.00	M 12	.00		45.00
000786	11145100	005	SLEEPER COUCH-DURFOLD-DL-27		S04/01/09	45.00	.00	M 12	.00		45.00
000787	11145100	005	SLEEPER COUCH-DURFOLD-DL-27		S04/01/09	45.00	.00	M 12	.00		45.00
000788	11145100	005	SLEEPER COUCH-DURFOLD-DL-27		S04/01/09	45.00	.00	M 12	.00		45.00
000789	11145100	005	SLEEPER COUCH-DURFOLD-DL-27		S04/01/09	45.00	.00	M 12	.00		45.00
000790	11145100	005	SLEEPER COUCH-DURFOLD-DL-27		S04/01/09	45.00	.00	M 12	.00		45.00
000791	11145100	005	SLEEPER COUCH-DURFOLD-DL-27		S04/01/09	45.00	.00	M 12	.00		45.00
000792	11145100	005	SLINGSCALE-SN#9719-SCALE TRONIX		S04/01/09	175.00	.00	M 12	.00		175.00
000793	11145100	900	SMALL AUTOCLAVE-DR SANDERS		S04/01/09	43.00	.00	M 12	.00		43.00
000802	11145100	001	SONY 13 MONITOR-LASER-STRYKER		S04/01/09	85.00	.00	M 12	.00		85.00
000803	11145100	001	SONY 19 MONITOR-LASER-STRYKER		S04/01/09	189.00	.00	M 12	.00		189.00
000806	11145100	905	SQA ADMITTING MODULE WORKSTATIONS		S04/01/09	2846.00	.00	M 72	.00	118.45	2846.00
000808	11145100	001	STERILIZER		S04/01/09	17558.00	.00	M 84	209.02	2508.24	16930.65
000810	11145100	001	STERILIZER MODERNIZATION		S04/01/09	7628.00	.00	M 48	.00		7628.00
000813	11145100	080	STETCHER/HYDR.		S04/01/09	1385.00	.00	M 36	.00		1385.00
000814	11145100	080	STETCHER/HYDR.		S04/01/09	1385.00	.00	M 36	.00		1385.00
000815	11145100	001	STRAIGHT SCISSORS-LASER-STRYKER		S04/01/09	20.00	.00	M 12	.00		20.00
000816	11145100	001	STRETCHER		S04/01/09	35.00	.00	M 12	.00		35.00
000819	11145100	001	STRETCHER/HORIZON-HAUSTED		S04/01/09	294.00	.00	M 12	.00		294.00
000820	11145100	001	SUCTION COAG ELEC UNIT & ASSEC		S04/01/09	65.00	.00	M 12	.00		65.00
000821	11145100	001	SURGERY TABLE		S04/01/09	531.00	.00	M 12	.00		531.00
000822	11145100	001	SURGERY TABLE - REFURBISHED		S04/01/09	863.00	.00	M 24	.00		863.00
000823	11145100	001	SURGICAL LIGHT-MDT/CASTLE-20611		S04/01/09	536.00	.00	M 12	.00		536.00
000824	11145100	001	SURGICAL LIGHT-MDT/CASTLE-20611		S04/01/09	536.00	.00	M 12	.00		536.00
000825	11145100	001	SURGICAL LIGHT-MDT/CASTLE-2410C		S04/01/09	65.00	.00	M 12	.00		65.00
000826	11145100	840	TAB TRAC SYSTEM SELVING		S04/01/09	2633.00	.00	M 48	.00		2633.00
000827	11145100	900	TABLE IDA 72242001		S04/01/09	22.00	.00	M 12	.00		22.00
000829	11145100	090	TEKNOR MULTI MAT-BUCKELEW		S04/01/09	81.00	.00	M 12	.00		81.00
000833	11145100	007	TEMP PARAMETER MODULE-MOD M1029A HP		S04/01/09	40.00	.00	M 12	.00		40.00
000834	11145100	007	TEMP PARAMETER MODULE-MOD M1029A HP		S04/01/09	40.00	.00	M 12	.00		40.00
000847	11145100	001	TRIPOD GRASP FORCEPS-FG 45U-OLYMPUS		S04/01/09	20.00	.00	M 12	.00		20.00
000850	11145100	080	TWO SEATER ARM CHAIR-MUNSON-OAK		S04/01/09	38.00	.00	M 12	.00		38.00
000858	11145100	912	UTILITY CART-INTERMETRO-MW306		S04/01/09	22.00	.00	M 12	.00		22.00
000859	11145100	912	UTILITY CART-INTERMETRO-MW306		S04/01/09	22.00	.00	M 12	.00		22.00
000860	11145100	912	UTILITY CART-INTERMETRO-MW306		S04/01/09	22.00	.00	M 12	.00		22.00

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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.
000864	11145100	007	VENT MARK 7 CCU		S04/01/09	145.00	.00	M 12	.00		145.00
000865	11145100	054	VENTILATOR		S04/01/09	889.00	.00	M 12	.00		889.00
000866	11145100	054	VENTILATOR		S04/01/09	889.00	.00	M 12	.00		889.00
000867	11145100	054	VENTILATOR		S04/01/09	11755.00	.00	M 96	122.45	1469.40	9918.43
000868	11145100	090	VICTORY 2 DOOR REFRIG.-#C9226V127		S04/01/09	108.00	.00	M 12	.00		108.00
000873	11145100	001	VISUAL OBTURATOR-CIRCON #G161		S04/01/09	20.00	.00	M 12	.00		20.00
000875	11145100	090	VULCAN HART CONVECTION OVEN		S04/01/09	183.00	.00	M 12	.00		183.00
000876	11145100	090	VULCAN HART DEEP FAT FRYER #ERD-50		S04/01/09	156.00	.00	M 12	.00		156.00
000877	11145100	090	VULCAN HART DEEP FAT FRYER #ERD-50		S04/01/09	156.00	.00	M 12	.00		156.00
000878	11145100	900	W9LP6020 VALENCIA LATERAL FILE		S04/01/09	43.00	.00	M 12	.00		43.00
000882	11145100	005	WALL SUCTION (VACUUM)		S04/01/09	650.00	.00	M 12	.00		650.00
000885	11145100	005	WHEELCHAIR/BLUE-THERADYNE-#EAC22012		S04/01/09	30.00	.00	M 12	.00		30.00
000886	11145100	080	WHEELCHAIR/BLUE-THERADYNE-#EAC22012		S04/01/09	27.00	.00	M 12	.00		27.00
000893	11145100	062	WHIRLPOOL MOBILE & TABLE COMBINATIONS		S04/01/09	194.00	.00	M 12	.00		194.00
000894	11145100	840	WORKSTATION 2-MATRIX-SBS333		S04/01/09	216.00	.00	M 12	.00		216.00
000896	11145100	001	XENON-LASER-STRYKER-22130000		S04/01/09	316.00	.00	M 12	.00		316.00
000898	11145100	028	XRAY FILM SHELVING-PICKER-170594		S04/01/09	20.00	.00	M 12	.00		20.00
000899	11145100	028	XRAY FILM SHELVING-PICKER-170594		S04/01/09	20.00	.00	M 12	.00		20.00
000930	11145100	056	MTI CHAIR STAND 120802043		S10/22/12	6025.00	.00	Y 10	50.21	602.52	1958.19
000931	11145100	056	MTI CHAIR WIDE 120424038		S10/22/12	6800.00	.00	Y 10	56.67	680.04	2210.13
000943	11145100	058	BLOOD BANK REFR 2008588		S03/10/14	7583.04	.00	Y 10	63.19	758.28	1390.18
000945	11145100	062	INTELECT LEGEND 403187265		S03/13/14	2511.59	.00	Y 10	20.93	251.16	460.46
000946	11145100	005	SMART LIFT 600LBS		S03/11/14	6093.12	.00	Y 10	50.78	609.36	1117.16
					#ITEMS=	352	352591.75	.00	1242.80	15978.07	303956.55
BEGINNING BALANCE					#ITEMS=	352	352591.75	.00	1242.80	15978.07	303956.55
ASSETS ACQUIRED					#ITEMS=		.00	.00	.00	.00	.00
ASSETS REMOVED					#ITEMS=		.00	.00	.00	.00	.00
ENDING BALANCE					#ITEMS=	352	352591.75	.00	1242.80	15978.07	303956.55

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TAG	ASSET	LOCA.	DESCRIPTION----	SERIAL NUMBER-----	ACQUIRED	PURCHASE	SALVAGE	LIFE	DEPREC.	FISCAL	ACCUM
NUMBER	NUMBER				MET DATE	VALUE	VALUE			DEPREC.	DEPR.
000056	11145150	001	ANESTHESIA MACHINES (2)		S04/01/09	45259.00	.00	M 48	.00		45259.00
000090	11145150	001	BRONCHOSCOPE		S04/01/09	1650.00	.00	M 12	.00		1650.00
000119	11145150	001	CATARACT MIRCROSCOPE		S04/01/09	1585.00	.00	M 12	.00		1585.00
000133	11145150	062	CLIMBER EQUIPMENT		S04/01/09	178.00	.00	M 12	.00		178.00
000153	11145150	062	COMBO U/S MACHINE W/SOUNDHEAD		S04/01/09	286.00	.00	M 12	.00		286.00
000195	11145150	028	CR READER		S10/30/10	43641.00	.00	M 48	.00		43641.00
000210	11145150	080	DATASCOPE BLOOD PRESSURE MONITOR		S04/01/09	275.00	.00	M 12	.00		275.00
000211	11145150	080	DATASCOPE BLOOD PRESSURE MONITOR		S04/01/09	275.00	.00	M 12	.00		275.00
000212	11145150	080	DATASCOPE BLOOD PRESSURE MONITOR		S04/01/09	275.00	.00	M 12	.00		275.00
000214	11145150	062	DEFIBRILATOR		S04/01/09	242.00	.00	M 12	.00		242.00
000218	11145150	005	DEFIBRILATORS WITH ADAPTERS (3)		S04/01/09	1450.00	.00	M 12	.00		1450.00
000277	11145150	044	EKG MACHINE		S04/01/09	550.00	.00	M 12	.00		550.00
000278	11145150	044	EKG MACHINE WIT SCD08011020PA		S04/01/09	5340.00	.00	M 72	.00	222.30	5340.00
000279	11145150	044	EKG MACHINE WIT SCD0811048PA		S04/01/09	5340.00	.00	M 72	.00	222.30	5340.00
000282	11145150	001	ELECTROSURGICAL UNIT		S04/01/09	7119.00	.00	M 84	84.75	1017.00	6864.75
000320	11145150	062	EXAM TABLE & CROME STOOL		S04/01/09	81.00	.00	M 12	.00		81.00
000343	11145150	062	FLUIDOTHERAPY MACHINCE		S04/01/09	404.00	.00	M 12	.00		404.00
000361	11145150	001	GASTROSCOPE		S04/01/09	2153.00	.00	M 12	.00		2153.00
000392	11145150	080	HORIZON STRETCHER		S04/01/09	259.00	.00	M 12	.00		259.00
000421	11145150	090	ICE MACHINE		S04/01/09	194.00	.00	M 12	.00		194.00
000540	11145150	001	LIGHT/OR		S04/01/09	350.00	.00	M 12	.00		350.00
000605	11145150	062	MOBILE STORAGE UNIT/CABINET		S04/01/09	119.00	.00	M 12	.00		119.00
000624	11145150	001	MONITOR/PATIENT		S04/01/09	606.00	.00	M 12	.00		606.00
000625	11145150	001	MONITOR/PATIENT		S04/01/09	2573.00	.00	M 24	.00		2573.00
000650	11145150	900	OPHTHALMOSCOPE		S04/01/09	75.00	.00	M 12	.00		75.00
000698	11145150	001	PHACO EMULSIFIER		S04/01/09	28470.00	.00	M 72	.00	1186.05	28470.00
000728	11145150	062	RECUMBENT SQUAT SYSTEM		S04/01/09	409.00	.00	M 12	.00		409.00
000749	11145150	090	SCOTSMAN ICE MACHINE		S04/01/09	151.00	.00	M 12	.00		151.00
000762	11145150	001	SHOULDER HOLDER FOR SURGERY		S04/01/09	196.00	.00	M 12	.00		196.00
000805	11145150	054	SPIROMETER-VMZ-SENSORMEDICS		S04/01/09	259.00	.00	M 12	.00		259.00
000807	11145150	900	STEP STOOL		S04/01/09	97.00	.00	M 12	.00		97.00
000812	11145150	001	STERILIZER/PROCESSOR		S04/01/09	4454.00	.00	M 48	.00		4454.00
000817	11145150	028	STRETCHER		S04/01/09	413.00	.00	M 12	.00		413.00
000818	11145150	080	STRETCHER NEW ER - CIP RECLASS		S04/01/09	458.00	.00	M 12	.00		458.00
000844	11145150	054	TREADMILL - TRANSFER FROM RMC		S04/01/09	587.00	.00	M 12	.00		587.00
000846	11145150	062	TREATMENT TABLE		S04/01/09	65.00	.00	M 12	.00		65.00
000852	11145150	062	UBE BIKE		S04/01/09	226.00	.00	M 12	.00		226.00
000928	11145150	036	MICROSCOPE, NIK 202049		S10/10/12	2700.80	.00	Y 7	32.15	385.80	1253.85
000932	11145150	056	ALL-IN-ONE PRINTER		S10/22/12	2051.50	.00	Y 7	24.42	293.04	952.38
000941	11145150	036	REFRIGERATOR 49 7751477		S08/06/13	4025.15	.00	Y 7	47.92	575.04	1389.68
000948	11145150	054	HOLTER REPORTER SW967		S04/23/14	5860.00	.00	M 84	69.76	837.12	1464.96
#ITEMS=					41	170701.45	.00		259.00	4738.65	160870.62

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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=	41		170701.45	.00		259.00	4738.65	160870.62
			ASSETS ACQUIRED	#ITEMS=			.00	.00		.00	.00	.00
			ASSETS REMOVED	#ITEMS=			.00	.00		.00	.00	.00
			ENDING BALANCE	#ITEMS=	41		170701.45	.00		259.00	4738.65	160870.62

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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.
00940	11145175		ACCUVEIN #1	AV13120481	S05/28/13	5044.66	.00	Y 4	105.10	1261.20	3363.20
00941	11145175		ACCUVEIN #2	AV13120514	S05/28/13	5044.66	.00	Y 4	105.10	1261.20	3363.20
00942	11145175		ACCUVEIN #3	AV13120409	S05/28/13	5044.66	.00	Y 4	105.10	1261.20	3363.20
000038	11145175	908	6TB ETH DISK AND SECURICAM CAMERA		S04/06/10	6936.63	.00	M 84	82.58	990.96	5698.02
000042	11145175	005	ACCUATOR DATASCOPE BLOOD PRESSURE	MOS04/01/09		275.00	.00	M 12	.00		275.00
000054	11145175	036	AIRCLEAR DUCTLE	0925416370	S02/17/10	4692.00	.00	M 84	55.86	670.32	3966.06
000063	11145175	810	AUTO SCRUB FLOOR SCRUBBER		S04/01/09	399.00	.00	M 12	.00		399.00
000083	11145175	001	BIPOLAR FOOTSWITCH		S04/01/10	20165.00	.00	M 84	240.06	2880.72	16564.14
000136	11145175	830	CLOSED CIRCUIT SECURTIY CAMERA		S04/01/09	248.00	.00	M 12	.00		248.00
000138	11145175	007	CO2 TRANSDUCER		S04/01/09	125.00	.00	M 12	.00		125.00
000151	11145175	001	COLONOSCOPE		S04/01/09	4368.00	.00	M 12	.00		4368.00
000200	11145175	080	CURTAINS NEW ER - CIP RECLASS		S04/01/09	151.00	.00	M 12	.00		151.00
000216	11145175	001	DEFIBRILLATOR		S04/01/09	1472.00	.00	M 12	.00		1472.00
000292	11145175	001	ENDOSOPY SUITE (PROCESSOR, LIGHT	S04/01/09		5971.00	.00	M 12	.00		5971.00
000321	11145175	900	EXAM TABLE AND XRAY ILLUMINATOR		S04/01/09	81.00	.00	M 12	.00		81.00
000336	11145175	810	EXTRACTOR INSTRUMENT		S04/01/09	119.00	.00	M 12	.00		119.00
000340	11145175	007	FLAKE ICE MACHI	09081320013272	S08/31/09	2250.00	.00	M 84	26.79	321.48	2062.81
000341	11145175	810	FLOOR MACHINE		S04/01/09	172.00	.00	M 12	.00		172.00
000348	11145175	830	FOUNDER OF HOSPITAL		S04/01/09	113.00	.00	M 12	.00		113.00
000429	11145175	050	IMAGEVUE/DCR MODEUM-NOVA-6070/7272/		S04/01/09	59.00	.00	M 12	.00		59.00
000434	11145175	900	INDUSTRIAL SHREDDER		S04/01/09	189.00	.00	M 12	.00		189.00
000435	11145175	900	INDUSTRIAL SHREDDER CROSSCUT		S04/01/09	296.00	.00	M 12	.00		296.00
000534	11145175	080	LIFEPAK 20 DEFI	37410503	S04/01/09	1099.00	.00	M 12	.00		1099.00
000537	11145175	900	LIFEPAK 500 AED		S04/01/09	302.00	.00	M 12	.00		302.00
000600	11145175	905	MITA COPIER MODEL DC3060		S04/01/09	280.00	.00	M 12	.00		280.00
000702	11145175	036	PIPETTE CALIBRATOR		S04/01/09	4612.00	.00	M 96	48.04	576.48	3891.26
000708	11145175	028	PORTABLE X-RAY MACHINE		S04/01/09	4448.00	.00	M 12	.00		4448.00
000709	11145175	028	PORTABLE X-RAY MACHINE		S04/01/09	8307.00	.00	M 36	.00		8307.00
000718	11145175	062	PT CPS COMBO UNIT		S04/01/09	189.00	.00	M 12	.00		189.00
000720	11145175	062	PT/OT/ST SPECIALTY CLINIC SIGNAGE		S04/01/09	108.00	.00	M 12	.00		108.00
000723	11145175	028	RADIOLOGY ROOM #2		S04/01/09	45252.00	.00	M 48	.00		45252.00
000746	11145175	005	SAFETY ADAPTER		S04/01/09	85.00	.00	M 12	.00		85.00
000748	11145175	830	SCISSOR LIFT		S01/06/10	2289.00	.00	M 84	27.25	327.00	1962.00
000801	11145175	007	SONOSITE PORTAB	030XON	S05/27/10	9980.00	.00	M 84	118.81	1425.72	8079.08
000830	11145175	005	TELEMETRY SYSTEM 8 BED UNIT		S04/01/09	6785.00	.00	M 12	.00		6785.00
000831	11145175	005	TELEMETRY SYSTEM/BED UPGRADE		S04/01/09	777.00	.00	M 12	.00		777.00
000836	11145175	001	THERAPEUTIC VIDEO COLONOSCOPE		S04/01/09	2801.00	.00	M 12	.00		2801.00
000845	11145175	062	TREADMILL TR1800		S04/01/09	264.00	.00	M 12	.00		264.00
000895	11145175	063	XELERIS 2 DESKT	CZC912759V	S04/16/10	26461.00	.00	M 48	.00		26461.00
000919	11145175	080	N600 PULSE OX,	G12803623	S04/09/12	2995.00	.00	Y 4	62.40	748.80	2433.60
000920	11145175	830	PHILIPS TELEMET	4204A96523	S04/05/12	1055.00	.00	Y 4	21.98	263.76	857.22
000921	11145175	830	PHILIPS TELEMET	4515AB9484	S04/05/12	1055.00	.00	Y 4	21.98	263.76	857.22
000922	11145175	830	PHILIPS TELEMET	4204A95648	S04/05/12	1055.00	.00	Y 4	21.98	263.76	857.22
000923	11145175	080	BLADDERSCAN BVI	99295845	S05/16/12	6285.00	.00	Y 4	130.94	1571.28	5106.66
000936	11145175	005	GLUCOSE MONITOR QC MANAGER		S12/05/12	13581.55	.00	Y 4	282.95	3395.40	10469.15
000938	11145175	036	HORIZON CENTRIF	600113-5	S01/16/13	2564.52	.00	Y 4	53.43	641.16	1923.48
000940	11145175	001	VITAL SIGNS MON	969-003196	S06/18/13	2295.00	.00	Y 7	27.32	327.84	846.92

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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.
000942	11145175	036	ADVANTUS URINE KPS70241343	S12/20/13	6950.00	.00	Y 4	144.79	1737.48	3619.75
000944	11145175	062	FLOOR BIKE SCI- 572-000611	S03/11/14	3610.00	.00	Y 4	75.21	902.52	1654.62
000950	11145175	001	SONY MAVIGRAPH A702379	S08/25/14	2750.00	.00	M 48	57.29	687.48	973.93
000955	11145175	054	BIKE RECUMBENT	S02/28/14	3223.50	.00	M 84	38.38	460.56	1134.00
000957	11145175	080	GLIDESCOPE W/CA AN152627	S05/18/15	13987.60	.00	M 48	291.41	2331.28	2331.28
000958	11145175	080	LIFEPAK 20 DEFIBRILLATOR	S06/15/15	10838.50	.00	M 48	225.80	1580.60	1580.60
			#ITEMS=	53	249500.28	.00		2370.55	26151.96	198154.62
			BEGINNING BALANCE	#ITEMS=	53	249500.28	.00	2370.55	26151.96	198154.62
			ASSETS ACQUIRED	#ITEMS=		.00	.00	.00	.00	.00
			ASSETS REMOVED	#ITEMS=		.00	.00	.00	.00	.00
			ENDING BALANCE	#ITEMS=	53	249500.28	.00	2370.55	26151.96	198154.62

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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.
000562	11145259	908	MAJOR MOVABLE EQUIPMENT <THAN \$10,000	S04/01/09		2144.00	.00	M	60	.00		2144.00
000710	11145259	900	PPM EQUIPMENT	S04/01/09		162.00	.00	M	12	.00		162.00
				#ITEMS=	2	2306.00	.00			.00	.00	2306.00
			BEGINNING BALANCE	#ITEMS=	2	2306.00	.00			.00	.00	2306.00
			ASSETS ACQUIRED	#ITEMS=		.00	.00			.00	.00	.00
			ASSETS REMOVED	#ITEMS=		.00	.00			.00	.00	.00
			ENDING BALANCE	#ITEMS=	2	2306.00	.00			.00	.00	2306.00

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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.
000125	11145359	036	CENTRIFUGE MEGAFUGE		S04/01/09	2091.00	.00	M 72	.00	87.22	2091.00
000217	11145359	005	DEFIBRILLATOR-H	US00469176	S04/01/09	4000.00	.00	M 48	.00		4000.00
000273	11145359	062	DYNAMOMETER	S02170	S04/01/09	851.00	.00	M 72	.00	35.42	851.00
000328	11145359	062	EXERCISE EQUIP - 2 STATION		S04/01/09	1347.00	.00	M 60	.00		1347.00
000563	11145359	005	MAJOR MOVABLE LESS THAN 10,000 NOVEMS	S04/01/09	8500.00	.00	M 48	.00			8500.00
000564	11145359	036	MAJOR MOVEABLE EQUIPMENT < 10000	JUS04/01/09	3405.00	.00	M 72	.00	141.97		3405.00
000565	11145359	900	MAJOR MOVEABLE EQUIPMENT LESS THAN \$	S04/01/09	7683.00	.00	M 60	.00			7683.00
000566	11145359	062	MAJOR MOVEABLE EQUIPMENT LESS THAN 1	S04/01/09	1396.00	.00	M 48	.00			1396.00
000567	11145359	001	MAJOR MOVEABLE EQUIPMENT LESS THAN 1	S04/01/09	860.00	.00	M 48	.00			860.00
000568	11145359	005	MAJOR MOVEABLE EQUIPMENT LESS THAN 1	S04/01/09	27500.00	.00	M 60	.00			27500.00
000731	11145359	036	GLASS DOOR CHEM	987328	S08/31/09	2155.00	.00	M 84	25.65	307.80	1975.07
000837	11145359	036	THERMO PLASMA F V18T-136494-VT		S04/01/09	2274.00	.00	M 72	.00	94.95	2274.00
000848	11145359	062	TRITON 6872 TRACTION PACKAGE		S04/01/09	4197.00	.00	M108	38.86	466.32	3147.67
					#ITEMS= 13	66259.00	.00		64.51	1133.68	65029.74
			BEGINNING BALANCE		#ITEMS= 13	66259.00	.00		64.51	1133.68	65029.74
			ASSETS ACQUIRED		#ITEMS=	.00	.00		.00	.00	.00
			ASSETS REMOVED		#ITEMS=	.00	.00		.00	.00	.00
			ENDING BALANCE		#ITEMS= 13	66259.00	.00		64.51	1133.68	65029.74

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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.
000924	11145648	908	MEANINGFUL USE		S06/01/12	105461.69	.00 M 84	1255.50	15066.00	53986.50
000926	11145648	056	WCC WIRELESS PC 1578G2U		S09/17/12	1109.97	.00 M 48	23.12	277.44	924.80
000934	11145648	908	SERVER		S10/22/12	1868.90	.00 Y 4	38.94	467.28	1518.66
000953	11145648		CPSI PHYSICIANS DOC		S07/01/14	127892.20	.00 Y 4	2664.42	31973.04	47956.57
000971	11145648		CPSI SOFTWARE ADDITION		S12/31/14	54084.00	.00 M 48	1126.75	14647.75	14647.75
				#ITEMS=	5	290416.76	.00	5108.73	62431.51	119034.28
			BEGINNING BALANCE	#ITEMS=	5	290416.76	.00	5108.73	62431.51	119034.28
			ASSETS ACQUIRED	#ITEMS=		.00	.00	.00	.00	.00
			ASSETS REMOVED	#ITEMS=		.00	.00	.00	.00	.00
			ENDING BALANCE	#ITEMS=	5	290416.76	.00	5108.73	62431.51	119034.28

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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.
000096	11146100	905	BUSINESS OFFICE WORKSTATIONS	S04/01/09	6670.00	.00 M 96	69.48	833.76	5627.87
000357	11146100	080	FURNITURE NEW ER - RECLASS CIP	S04/01/09	1449.00	.00 M 36	.00		1449.00
000578	11146100	840	MEDICAL RECORD CODERS OFFICE FURNITUS	S04/01/09	857.00	.00 M 36	.00		857.00
000579	11146100	840	MEDICAL RECORD FURNITURE	S04/01/09	1692.00	.00 M 36	.00		1692.00
000645	11146100	900	OFFICE FURNITURE ADMINISTRATION	S04/01/09	1142.00	.00 M 24	.00		1142.00
			#ITEMS=	5	11810.00	.00	69.48	833.76	10767.87
			BEGINNING BALANCE	#ITEMS=	5	11810.00	.00	69.48	833.76
			ASSETS ACQUIRED	#ITEMS=		.00	.00	.00	.00
			ASSETS REMOVED	#ITEMS=		.00	.00	.00	.00
			ENDING BALANCE	#ITEMS=	5	11810.00	.00	69.48	833.76

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000148	11146175	909	CODEX UDS FASTALK MODEM S/N 46403	S04/01/09	11.00	.00	M 12	.00		11.00
000213	11146175	909	DATM-E899000 04510096 BARCODE	S04/01/09	70.00	.00	M 12	.00		70.00
000222	11146175	908	DELL LAPTOPS	S04/01/09	760.00	.00	M 12	.00		760.00
000224	11146175	923	DELL LATITUDE LAPTOP	S04/01/09	264.00	.00	M 12	.00		264.00
000225	11146175	908	DELL SERVER	S04/01/09	577.00	.00	M 12	.00		577.00
000226	11146175	908	DELL SERVER	S04/01/09	706.00	.00	M 12	.00		706.00
000229	11146175	916	DESK W/ RETURN, BOOKCASE & LATERAL FS	S04/01/09	436.00	.00	M 12	.00		436.00
000233	11146175	917	DESKS W/RETURN & HUTCHES (2) MAHOGANS	S04/01/09	318.00	.00	M 12	.00		318.00
000407	11146175	908	I/C TECH REFRESH CORE NETWORK GEAR	S04/01/09	27705.00	.00	M 36	.00		27705.00
000457	11146175	908	INTERCOMPANY TECH REFRESH BLACK BOX	S04/01/09	8788.00	.00	M 36	.00		8788.00
000489	11146175	908	LAN EQUIPMENT I/C ADDITIONAL	S04/01/09	151.00	.00	M 12	.00		151.00
000700	11146175	908	PHONE SYSTEM NEW ER - RECLASS CIP	S04/01/09	124.00	.00	M 12	.00		124.00
000795	11146175	908	SMART UNIX IS ALLOCATION	S04/01/09	92.00	.00	M 12	.00		92.00
000828	11146175	080	TASKALFA 300CI 05615	S08/08/09	35054.00	.00	M 84	417.31	5007.72	32132.87
000906	11146175	830	Z-TURN 54" CUT MOWER	S02/08/10	3253.92	.00	M 84	38.74	464.88	2750.54
000907	11146175	001	TASKALFA 300CI COLOR COPIER	S09/01/11	5416.67	.00	M 48	.00	902.68	5416.67
000908	11146175	905	TASKALFA 300CI COLOR COPIER	S09/01/11	5416.67	.00	M 48	.00	902.68	5416.67
000909	11146175	005	KYOCERA KM-3050 COPIER	S09/01/11	5416.67	.00	M 48	.00	902.68	5416.67
000910	11146175	798	LEXMARK XS463DE COPIER	S09/01/11	5416.67	.00	M 48	.00	902.68	5416.67
000911	11146175	915	KYOCERA KM-1820 COPIER	S09/01/11	5416.67	.00	M 48	.00	902.68	5416.67
000912	11146175	036	KYOCERA KM-2050 COPIER	S09/01/11	5416.67	.00	M 48	.00	902.68	5416.67
000913	11146175	902	KYOCERA KM-3060 COPIER	S09/01/11	5416.67	.00	M 48	.00	902.68	5416.67
000914	11146175	900	TASKALFA 300CI COLOR COPIER	S09/01/11	5416.67	.00	M 48	.00	902.68	5416.67
000915	11146175	840	KYOCERA KM-3050 COPIER	S09/01/11	5416.66	.00	M 48	.00	902.67	5416.66
000916	11146175	028	LEXMARK XS463DE COPIER	S09/01/11	5416.66	.00	M 48	.00	902.67	5416.66
000917	11146175	762	LEXMARK XS463DE COPIER	S09/01/11	5416.66	.00	M 48	.00	902.67	5416.66
000918	11146175	080	KYOCERA TASKALF ERSETTLEMENT	S09/01/11	5416.66	.00	M 48	.00	902.67	5416.66
000937	11146175	810	BUFFER PRO03777 SWMM2000-3	S12/05/12	1288.00	.00	Y 7	15.33	183.96	567.21
				#ITEMS=	28	144597.92	.00	471.38	16488.68	140452.62
BEGINNING BALANCE				#ITEMS=	28	144597.92	.00	471.38	16488.68	140452.62
ASSETS ACQUIRED				#ITEMS=		.00	.00	.00	.00	.00
ASSETS REMOVED				#ITEMS=		.00	.00	.00	.00	.00
ENDING BALANCE				#ITEMS=	28	144597.92	.00	471.38	16488.68	140452.62

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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.	
000350	11146259	908	FURN & OFFICE EQUIPMENT LESS THAN 10S04/01/09		4192.00	.00 M 60	.00		4192.00	
000352	11146259	908	FURNITURE AND OFFICE EQUIPMENT <THAS04/01/09		12091.00	.00 M 60	.00		12091.00	
000353	11146259	900	FURNITURE & OFFICE EQUIPMENT < 10000S04/01/09		2527.00	.00 M 72	.00	105.12	2527.00	
000356	11146259	900	FURNITURE AND OFFICE EQUIPMENT< 1000S04/01/09		1088.00	.00 M 60	.00		1088.00	
			#ITEMS=	4	19898.00	.00	.00	105.12	19898.00	
			BEGINNING BALANCE	#ITEMS=	4	19898.00	.00	.00	105.12	19898.00
			ASSETS ACQUIRED	#ITEMS=		.00	.00	.00	.00	
			ASSETS REMOVED	#ITEMS=		.00	.00	.00	.00	
			ENDING BALANCE	#ITEMS=	4	19898.00	.00	.00	105.12	19898.00

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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.
000008	11146359	080	16 ARM CHAIRS-MUNSON-#4020-ER WAIT		S04/01/09	140.00	.00	M 12	.00		140.00
000010	11146359	900	2 EA BRASS LAMP IDA 72242001		S04/01/09	11.00	.00	M 12	.00		11.00
000032	11146359	810	44 CUBICLE CURTAINS-STANDARD TEXTILES		S04/01/09	178.00	.00	M 12	.00		178.00
000349	11146359	900	FURN & OFFICE EQUIP LESS THAN 10000		S04/01/09	3130.00	.00	M 60	.00		3130.00
000351	11146359	900	FURNITURE AND OFFICE EQUIPMENT < 10S		S04/01/09	765.00	.00	M 60	.00		765.00
000354	11146359	090	FURNITURE AND OFFICE EQUIPMENT LESS		S04/01/09	1783.00	.00	M 60	.00		1783.00
000355	11146359	908	FURNITURE AND OFFICE EQUIPMENT LESS		S04/01/09	4057.00	.00	M 60	.00		4057.00
000391	11146359	840	HON 5720 CHAIR		S04/01/09	5.00	.00	M 12	.00		5.00
000570	11146359	900	MANGO TREE IDA 72242001		S04/01/09	16.00	.00	M 12	.00		16.00
000644	11146359	600	OFFICE EQUIP. & FURNISHING LESS THANS		S04/01/09	525.00	.00	M 48	.00		525.00
000677	11146359	653	PATIENT ARM CHAIRS (8)-U301/302-IDA		S04/01/09	125.00	.00	M 12	.00		125.00
000711	11146359	900	PPM EQUIPMENT		S04/01/09	48.00	.00	M 12	.00		48.00
000765	11146359	611	SIDE ARM CHAIRS (11)-AZURE/L4020SA3		S04/01/09	145.00	.00	M 12	.00		145.00
				#ITEMS=	13	10928.00	.00		.00	.00	10928.00
			BEGINNING BALANCE	#ITEMS=	13	10928.00	.00		.00	.00	10928.00
			ASSETS ACQUIRED	#ITEMS=		.00	.00		.00	.00	.00
			ASSETS REMOVED	#ITEMS=		.00	.00		.00	.00	.00
			ENDING BALANCE	#ITEMS=	13	10928.00	.00		.00	.00	10928.00

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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.
000843	11147647	029	TOSHIBA ULTRASOUND		S12/15/09	111895.00	.00	M 84	1332.08	15984.96	94639.74
000959	11147647	036	SIEMENS CHEMISTRY ANALYZER DX EXL		S01/01/15	136250.00	.00	M 84	1622.02	19464.27	19464.27
000960	11147647	012	COPIER RICOH SA E185M56001		S07/01/15	12691.96	.00	M 48	264.42	1586.52	1586.52
000961	11147647	012	COPIER RICOH SA E185M560020		S07/01/15	12691.96	.00	M 48	264.42	1586.52	1586.52
000962	11147647	012	COPIER RICOH SA E185M560149		S07/01/15	12691.96	.00	M 48	264.42	1586.52	1586.52
000963	11147647	012	COPIER RICOH SA E185M560296		S07/01/15	12691.96	.00	M 48	264.42	1586.52	1586.52
000964	11147647	012	COPIER RICOH SA E185M560265		S07/01/15	12691.96	.00	M 48	264.42	1586.52	1586.52
000965	11147647	908	COPIER RICOH SA E185M560182		S07/01/15	12691.96	.00	M 48	264.42	1586.52	1586.52
000966	11147647	908	COPIER RICOH SA W915P206099		S07/01/15	2071.21	.00	M 48	43.15	258.90	258.90
000967	11147647	908	COPIER RICOH SA W915P305111		S07/01/15	2071.21	.00	M 48	43.15	258.90	258.90
000968	11147647	908	COPIER RICOH SA W915P305101		S07/01/15	1047.96	.00	M 48	21.83	194.94	194.94
000969	11147647	908	COPIER RICOH SA W915P206101		S07/01/15	2071.21	.00	M 48	43.15	258.90	258.90
000970	11147647	012	MED DISPENSE MED SYSTEM		S08/01/15	158932.08	.00	M 84	1892.05	9460.25	9460.25
					#ITEMS= 13	490490.43	.00		6583.95	55400.24	134055.02
			BEGINNING BALANCE		#ITEMS= 13	490490.43	.00		6583.95	55400.24	134055.02
			ASSETS ACQUIRED		#ITEMS=	.00	.00		.00	.00	.00
			ASSETS REMOVED		#ITEMS=	.00	.00		.00	.00	.00
			ENDING BALANCE		#ITEMS= 13	490490.43	.00		6583.95	55400.24	134055.02

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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.
000346	11147648	001	FORCE TRIAD ENERGY PLATFORM		S12/15/09	17688.75	.00	M 84	210.58	2526.96	15988.78
				#ITEMS=	1	17688.75	.00		210.58	2526.96	15988.78
			BEGINNING BALANCE	#ITEMS=	1	17688.75	.00		210.58	2526.96	15988.78
			ASSETS ACQUIRED	#ITEMS=		.00	.00		.00	.00	.00
			ASSETS REMOVED	#ITEMS=		.00	.00		.00	.00	.00
			ENDING BALANCE	#ITEMS=	1	17688.75	.00		210.58	2526.96	15988.78

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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.
000194	11147649	908	CPSI COMPUTER SYSTEM		S05/12/10	300000.00	.00 M 48	.00	300000.00
				#ITEMS=	1	300000.00	.00	.00	300000.00
			BEGINNING BALANCE	#ITEMS=	1	300000.00	.00	.00	300000.00
			ASSETS ACQUIRED	#ITEMS=		.00	.00	.00	.00
			ASSETS REMOVED	#ITEMS=		.00	.00	.00	.00
			ENDING BALANCE	#ITEMS=	1	300000.00	.00	.00	300000.00

RUN DATE 02/23/16
TIME 08:37

WINN PARISH MEDICAL CENTER
FIXED ASSETS
FROM 12/01/15 THRU 12/31/15

PAGE 31
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.

				#ITEMS=	673	4483107.67	.00		27932.00	320570.05	2167665.76
			BEGINNING BALANCE	#ITEMS=	673	4483107.67	.00		27932.00	320570.05	2167665.76
			ASSETS ACQUIRED	#ITEMS=		.00	.00		.00	.00	.00
			ASSETS REMOVED	#ITEMS=		.00	.00		.00	.00	.00
			ENDING BALANCE	#ITEMS=	673	4483107.67	.00		27932.00	320570.05	2167665.76

PROGRESSIVE ACUTE CARE WINN, LLC

Schedule G

EXHIBIT B

Party to Executory Contract/Lease	Contract/Lease Description	Description	Term Remaining
A-1 Elevator, LLC PO Box 172 Calvin, LA 71410	Full Maintenance Contract dated 06/01/2015	Equipment: (2) Dover Hydraulic Passenger Elevators	
Advanced Emergency Medical Service, Inc. 900 Shreveport Road Minden, LA 71055	Contract Transport Agreement dated 02/21/2011 Term: Beginning 03/01/2011 (automatically renewed annually per agreement)	Patient Transport Services	
Alcon Laboratories, Inc. PO Box 67775 Dallas, TX 75267-7775	Consignment Agreement dated 01/26/2012	On-site Storage of Consigned Products	
AmerisourceBergen Drug Corporation PO Box 905812 Charlotte, NC 28290-5812	Master Distribution Agreement, including Facility Commitment Agreement dated 10/01/2008 Term: Through 08/31/2013	Pharmaceutical Products Distribution Services	Expired
Baton Rouge Radiology Group, Inc. Attn: Janet Hume PO Box 14530 Baton Rouge, LA 70898-4530	Radiology Services and Coverage Agreement dated July 2010 Term: Beginning 09/01/2010 (automatically renewed annually per agreement)	Professional Radiology Services	
Baxter Healthcare Corporation PO Box 730531 Dallas, TX 75373	Baxter Sevoflurane Vaporizer Placement Agreement dated June 2010 Term: 3 years (automatically renewed annually per agreement)	Medical Equipment: Sevoflurane Vaporizers and Cassettes	
Cardinal Health - Nuclear Nuclear Pharmacy Services PO Box 905488 Charlotte, NC 28290	Full Service Software SYNtrac Agreement dated 04/24/2007 Term: 3 years (automatically renewed annually per agreement)	Nuclear Pharmacy Services/Radiopharmaceutical Products	
Delta Pathology Group, LLC 3000 Knight Street, Suite 220 Building 5 Shreveport, LA 70115	Medical Director and Anatomic Pathology Services Agreement dated 07/01/2012 Term: 5 years (07/01/2012 – 06/30/2017)	Specimen Processing Services/Clinical Laboratory Medical Management	14 months

Dr. James Lee 100 S. Magnolia Street Winnfield, LA 71483	Dated of contract: 02/01/2013 Renewed yearly	Professional medical services.	
Jefferson Sprinkler PO Box 129 Gretna, LA 70054	Date of Contract: 01/26/2010 Yearly renewal.	Fire sprinkler system.	
Lifeshare Blood Centers PO Box 65270 Shreveport, LA 71136-5270	Blood Service Agreement dated 01/01/2010 Term: 1 year (automatically renewed annually per agreement)	Blood/Blood Component Supplier and Laboratory Services	
Med One Capital Funding 10712 South 1300 East Sandy, UT 84094	Date of Contract: 05/10/2016 Renewal Date: 11/11/2017		
Meridian Bioscience Corp. 3471 River Hills Drive Cincinnati, OH 45244	Date of Contract: 05/24/2013 Renewal Date: 05/25/2016		
Mobile Imaging Services, LLC PO Box 465 Marksville, LA 71351	Service Agreement dated 09/17/2014 Term: 3 years (automatically renewed annually, but no more than 2 renewal terms)	Mobile MRI Services Medical Equipment: Mobile GE 1.5T Highspeed, plus MRI Unit	17 months
National Nurses of America 5820 Jackson Street Ext. Alexandria, LA 71303	Date of Contract: 04/25/2016 Automatic renewal.	Nursing staff/services.	
Nucleonics of Acadiana, LLC 131 N. Roelay Drive Lafayette, LA 70506	Date of Contract: 01/01/2015 Renews yearly, unless cancelled.		
Olympus America, Inc. Dept. 0600 PO Box 120600 Dallas, TX 75312-0600	Endo-Therapy Advantage Loan Agreement dated August 2006 Term: 36 months	Medical Equipment: Video Gastroscope, plus Accessories	Expired
Omega Diagnostics, LLC 2915 Missouri Avenue Shreveport, LA 71109	Services Agreement dated 01/01/2016 Term: 3 years (automatically renewed for 1 year after expiration of term per agreement)	Clinical Laboratory Services	32 months
Siemens Financial Services, Inc. PO Box 2083 Carol Stream, IL 60132	Equipment Lease Agreement dated October 2014 Term: 60 months	Medical Equipment: 1DX EXL with LM, plus Accessories	30 months
Simplex Grinnell Tyco Fire & Safety	Date of Contract: 11/01/2007		

220 Lynbrook Boulevard Shreveport, LA 71106	Renews automatically.		
Streck 7002 South 109 th Street Omaha, NE 68128	Date of Contract: 02/18/2014 Renewal Date: 02/18/2017 Automatic yearly renewal.		
Stryker Finance A Division of Stryker Sales Corporation 1901 Romence Road Parkway Portage, MI 49002	Short Form Lease Agreement dated September 2012 Term: 48 months	Misc. Medical Equipment and Software	5 months
Sysmex One Nelson C White Parkway Mundelein, IL 60060	Date of Contract: 01/01/2010 Automatic yearly renewal.		
WRAC 345 AJ Wyatt Loop Jonesboro, LA 71251	Date of Contract: 04/01/2011 Automatic yearly renewal.		

Fill in this information to identify the case:Debtor name **Progressive Acute Care Winn, LLC**United States Bankruptcy Court for the: **WESTERN DISTRICT OF LOUISIANA**Case number (if known) **16-50743**☐ 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)**\$59,682,778.00****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****\$314,217.00****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
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

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

☐ None.

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

8. Assignments and receivership

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

☒ None

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☒ None

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

☒ None**Description of the property lost and how the loss occurred****Amount of payments received for the loss**

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. **Steffes, Vingiello & McKenzie, LLC**
13702 Coursey Boulevard
Building 3
Baton Rouge, LA 70817**Attorney Fees/Expenses Incurred****02/09/2016 -**
05/31/2016**\$3,205.00****Email or website address****Who made the payment, if not debtor?**
Progressive Acute Care, LLC**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 providesIf debtor provides meals
and housing, number of
patients in debtor's care
50-60

15.1. **Winn Parish Medical Center**
301 Wes Boundary
Winnfield, LA 71483

HospitalLocation 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
Progressive Acute Care Dauterive, LLC		Hospira Pumps	\$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
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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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
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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. **Dana McGee
2210 7th Street, Suite B
Mandeville, LA 70471**

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
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26b.1. **Ericksen Krentel & LaPorte, LLP
4227 Canal Street
New Orleans, LA 70119**

2014 Audit

Name and address	Date of service From-To
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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**

26c.1. **Progressive Acute Care, LLC**
2210 7th Street, Suite B
Mandeville, LA 70471

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****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 Acuet 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

Winn Parish Medical Center

CODE	NUMBER	DATE	AMOUNT	PAYEE	Reason
SSB	11441	3/3/2016	1,598.40	ADVANCED EMS	Ambulance Transport
SSB	11483	3/18/2016	1,247.20	ADVANCED EMS	Ambulance Transport
SSB	11509	3/24/2016	851.40	ADVANCED EMS	Ambulance Transport
SSB	11553	4/14/2016	2,405.60	ADVANCED EMS	Ambulance Transport
SSB	11566	4/22/2016	2,421.60	ADVANCED EMS	Ambulance Transport
SSB	11469	3/8/2016	6,608.84	AFCO	Mal Practice Insurance
SSB	11531	4/5/2016	5,641.57	AFCO	Mal Practice Insurance
SSB	11600	5/4/2016	5,641.57	AFCO	Mal Practice Insurance
SSB	11619	5/12/2016	282.07	AFCO	Mal Practice Insurance
EFT	990313	3/14/2016	5,656.57	AFCO	Mal Practice Insurance
SSB	11529	4/1/2016	10,000.00	ALCON LABORATORIES INC	Medical/ Surgical Supplies
EFT	990320	3/31/2016	8,512.80	ALCON LABORATORIES INC	Medical/ Surgical Supplies
EFT	990321	3/31/2016	5,581.10	ALCON LABORATORIES INC	Medical/ Surgical Supplies
EFT	990322	3/31/2016	1,229.70	ALCON LABORATORIES INC	Medical/ Surgical Supplies
EFT	990311	3/2/2016	10,099.78	AMERISOURCEBERGEN DRUG CORP	Pharmacy
EFT	990312	3/9/2016	17,937.48	AMERISOURCEBERGEN DRUG CORP	Pharmacy
EFT	990314	3/16/2016	7,309.97	AMERISOURCEBERGEN DRUG CORP	Pharmacy
EFT	990316	3/23/2016	9,355.49	AMERISOURCEBERGEN DRUG CORP	Pharmacy
EFT	990317	3/30/2016	9,408.45	AMERISOURCEBERGEN DRUG CORP	Pharmacy
EFT	990318	3/30/2016	465.44	AMERISOURCEBERGEN DRUG CORP	Pharmacy
EFT	990319	3/30/2016	183.06	AMERISOURCEBERGEN DRUG CORP	Pharmacy
EFT	990323	4/6/2016	8,657.69	AMERISOURCEBERGEN DRUG CORP	Pharmacy
EFT	990324	4/14/2016	10,923.39	AMERISOURCEBERGEN DRUG CORP	Pharmacy
EFT	990325	4/18/2016	734.28	AMERISOURCEBERGEN DRUG CORP	Pharmacy
EFT	990326	4/20/2016	7,460.54	AMERISOURCEBERGEN DRUG CORP	Pharmacy
EFT	990327	4/27/2016	8,127.37	AMERISOURCEBERGEN DRUG CORP	Pharmacy
EFT	990328	4/27/2016	183.06	AMERISOURCEBERGEN DRUG CORP	Pharmacy
EFT	990329	4/27/2016	183.06	AMERISOURCEBERGEN DRUG CORP	Pharmacy
EFT	990330	4/27/2016	183.06	AMERISOURCEBERGEN DRUG CORP	Pharmacy
EFT	990332	5/4/2016	10,156.48	AMERISOURCEBERGEN DRUG CORP	Pharmacy

Winn Parish Medical Center

CODE	NUMBER	DATE	AMOUNT	PAYEE	Reason
EFT	990333	5/12/2016	8,488.90	AMERISOURCEBERGEN DRUG CORP	Pharmacy
EFT	990335	5/18/2016	13,557.29	AMERISOURCEBERGEN DRUG CORP	Pharmacy
EFT	990337	5/25/2016	4,011.59	AMERISOURCEBERGEN DRUG CORP	Pharmacy
EFT	990338	5/26/2016	183.06	AMERISOURCEBERGEN DRUG CORP	Pharmacy
SSB	11445	3/3/2016	2,629.05	ATMOS ENERGY	Gas
SSB	11489	3/18/2016	1,044.58	ATMOS ENERGY	Gas
SSB	11559	4/14/2016	2,244.54	ATMOS ENERGY	Gas
SSB	11584	4/28/2016	2,687.15	ATMOS ENERGY	Gas
SSB	11446	3/3/2016	2,393.85	BAXTER HEALTHCARE CORPORATION	Medical/ Surgical Supplies
SSB	11473	3/14/2016	2,417.07	BAXTER HEALTHCARE CORPORATION	Medical/ Surgical Supplies
SSB	11560	4/14/2016	3,614.81	BAXTER HEALTHCARE CORPORATION	Medical/ Surgical Supplies
SSB	11585	4/28/2016	3,570.06	BAXTER HEALTHCARE CORPORATION	Medical/ Surgical Supplies
SSB	11586	4/28/2016	2,174.29	BAXTER HEALTHCARE CORPORATION	Medical/ Surgical Supplies
SSB	11567	4/22/2016	13,523.36	BIOMERIEUX, INC	Lab Supplies
SSB	11628	5/18/2016	25,000.00	BLUE CROSS & BLUE SHIELD OF LA	Medical Insurance Premium
SSB	11659	5/24/2016	36,461.02	BLUE CROSS & BLUE SHIELD OF LA	Medical Insurance Premium
SSB	11480	3/14/2016	11,320.06	CITY OF WINNFIELD	electricity
SSB	11551	4/12/2016	12,008.57	CITY OF WINNFIELD	electricity
SSB	11617	5/11/2016	9,787.78	CITY OF WINNFIELD	electricity
SSB	11511	3/24/2016	16,246.78	CPSI	Computer Software Support
SSB	11561	4/14/2016	8,202.79	CPSI	Computer Software Support
EFT	990334	5/13/2016	750.00	CPSI	Computer Software Support
EFT	990336	5/18/2016	750.00	CPSI	Computer Software Support
EFT	990339	5/26/2016	750.00	CPSI	Computer Software Support
SSB	11587	4/28/2016	36,359.84	CRANFORD JORDAN	2015 Property Taxes
SSB	11462	3/3/2016	1,723.68	DELTA PATHOLOGY GROUP LLC	Lab Professional Fees
SSB	11505	3/18/2016	1,723.68	DELTA PATHOLOGY GROUP LLC	Lab Professional Fees
SSB	11548	4/7/2016	1,723.68	DELTA PATHOLOGY GROUP LLC	Lab Professional Fees
SSB	11579	4/22/2016	1,723.68	DELTA PATHOLOGY GROUP LLC	Lab Professional Fees
SSB	11611	5/6/2016	1,723.68	DELTA PATHOLOGY GROUP LLC	Lab Professional Fees
SSB	11495	3/18/2016	6,140.36	ECLINICALWORKS LLC	Computer Software support

Winn Parish Medical Center

CODE	NUMBER	DATE	AMOUNT	PAYEE	Reason
SSB	11572	4/22/2016	3,090.26	ECLINICALWORKS LLC	Computer Software support
SSB	11637	5/19/2016	3,313.98	ECLINICALWORKS LLC	Computer Software support
SSB	11523	3/28/2016	16,153.00	LIFESHARE BLOOD	Blood
SSB	11622	5/12/2016	10,135.00	LIFESHARE BLOOD	Blood
SSB	11476	3/14/2016	1,540.00	MOBILE IMAGING SERVICES,LLC	MRI Services
SSB	11516	3/24/2016	2,640.00	MOBILE IMAGING SERVICES,LLC	MRI Services
SSB	11541	4/7/2016	3,045.01	MOBILE IMAGING SERVICES,LLC	MRI Services
SSB	11588	4/28/2016	3,340.00	MOBILE IMAGING SERVICES,LLC	MRI Services
SSB	11615	5/10/2016	5,160.00	MOBILE IMAGING SERVICES,LLC	MRI Services
SSB	11639	5/19/2016	3,560.00	MOBILE IMAGING SERVICES,LLC	MRI Services
SSB	11463	3/3/2016	4,489.66	OMEGA DIAGNOSTICS LLC	Lab Supplies
SSB	11506	3/18/2016	4,489.66	OMEGA DIAGNOSTICS LLC	Lab Supplies
SSB	11549	4/7/2016	4,489.66	OMEGA DIAGNOSTICS LLC	Lab Supplies
SSB	11580	4/22/2016	4,489.66	OMEGA DIAGNOSTICS LLC	Lab Supplies
SSB	11612	5/6/2016	4,489.66	OMEGA DIAGNOSTICS LLC	Lab Supplies
SSB	11528	3/31/2016	11,247.50	SECURE PATIENT DELIVERY, LLC	Transportation svc
SSB	11482	3/14/2016	10,343.75	SHELTON PROPERTIES LLC	MOB lease
SSB	11470	3/10/2016	13,075.99	SIEMENS HEALTHCARE	Lab Supplies
SSB	11577	4/22/2016	7,144.12	SIEMENS HEALTHCARE	Lab Supplies
SSB	11481	3/14/2016	6,642.02	SOUTHERN TEXTILE SERVICES	Linen
SSB	11562	4/14/2016	6,293.99	SOUTHERN TEXTILE SERVICES	Linen
SSB	11597	4/28/2016	6,769.17	SOUTHERN TEXTILE SERVICES	Linen
SSB	11464	3/3/2016	8,200.00	VALLEY SERVICES, INC	Food Svc
SSB	11479	3/14/2016	8,200.00	VALLEY SERVICES, INC	Food Svc
SSB	11507	3/18/2016	8,200.00	VALLEY SERVICES, INC	Food Svc
SSB	11520	3/24/2016	8,200.00	VALLEY SERVICES, INC	Food Svc
SSB	11550	4/7/2016	8,200.00	VALLEY SERVICES, INC	Food Svc
SSB	11564	4/14/2016	8,200.00	VALLEY SERVICES, INC	Food Svc
SSB	11581	4/22/2016	8,200.00	VALLEY SERVICES, INC	Food Svc
SSB	11613	5/6/2016	8,200.00	VALLEY SERVICES, INC	Food Svc

PROGRESSIVE ACUTE CARE WINN, 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
NES Louisiana, Inc. v. PAC, PAC-D, PAC-A, PAC-O, PAC-W	2016-11642, Div. I	22 nd JDC, Parish of St. Tammany, State of Louisiana	Petition filed 4/19/2016
Professional Archive Solutions v. PAC-W	2015-221, Div. P	23 rd JDC, Parish of Ascension, State of Louisiana	-Petition filed 05/08/2015 -Judgment entered 8/18/2015
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 th JDC, Parish of Lafayette, State of Louisiana	Petition filed Nov. 2014 Judgment against PAC-W in the amount of \$417,144.75 (dated 03/03/2016)