

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF LOUISIANA
Lafayette Division**

IN RE:

CASE NO. 16-50740

PROGRESSIVE ACUTE CARE, LLC, et al.

CHAPTER 11

DEBTORS

JOINTLY ADMINISTERED

TABULATION OF VOTING

Progressive Acute Care, LLC, Progressive Acute Care Avoyelles, LLC, Progressive Acute Care Oakdale, LLC and Progressive Acute Care Winn, LLC, debtors and co-proponents of the *Joint Chapter 11 Plan of Orderly Liquidation for Progressive Acute Care, LLC, et al.* [P-465] dated March 14, 2017 (“the Plan”) in Case No. 16-50740 on the docket of this Court, through undersigned counsel, hereby certify that the following votes for and against the Plan were timely received by the balloting agent, Barbara B. Parsons, on or before the last day for submission of votes, June 20, 2017, at 5:00 p.m. CST, to wit:

AMOUNT ACCEPTS REJECTS

CLASS 1 – Priority Non-Tax Claims

CLASS 2 – Non-Lender Secured Claims

CLASS 3 – Allowed Secured Claim of Business First Bank \$10,300,000.00 X

CLASS 4 – Allowed General Unsecured Claims

Advanced Radiographics, Inc.	\$47,769.22	X	
Allen Emergency Group, LLC	\$572,320.16	X	
AT&T Corp.	\$7,819.11	X	
Avoyelles Emergency Group, LLC	\$448,264.06	X	
Ben E. Keith Company	\$4,958.07	X	
Brad Mabry	\$133,981.58	X	
Cardinal Health 200, LLC	\$422,332.56	X	
Cardinal Health 414, LLC	\$47,811.89	X	

Chrissy Buford	\$15,000.00	X	
Clayton Janise	\$3,345.00	X	
Communications Group	\$117.23	X	
C.R. Bard, Inc.	\$15,561.34	X	
CS Surgical, Inc.	\$1,322.40	X	
Regional Urology, LLC	\$891.00	X	
DataFile, Inc.	\$3,577.20	X	
Debbie Gage	\$1,820.00		X
Flynn Building Specialties, Inc.	\$575.00	X	
Gail Daigre	\$266.00	X	
GE Healthcare Datex	\$257.98	X	
GE Healthcare Diagnostic Imaging	\$26,674.46	X	
GE Healthcare Diagnostic Imaging	\$54,600.17	X	
GE Healthcare Monitoring Solutions	\$4,163.28	X	
GE Healthcare OEC	\$1,146.50	X	
Harmony Healthcare, LLC	\$8,418.50	X	
Iberia Emergency Group, LLC	\$510,194.29	X	
Iberia Physician Services, LLC	\$228,057.08	X	
LA Department of Health	\$145,739.73	X	
Lab Corp	\$25,780.47	X	
Life Share Blood Center	\$78,403.70	X	
Long's Products, LLC	\$1,981.64	X	
Louisiana Health Care Quality Forum	\$23,250.00	X	
Louisiana Health Care Quality Forum	\$23,250.00	X	
Louisiana Health Care Quality Forum	\$23,250.00	X	
Maine Standards Company, LLC	\$321.04	X	
Marcel's Upholstery	\$100.00	X	
MBA Medical, Inc.	\$1,038.00	X	
McKesson Health Solutions	\$15,809.02	X	
Omega Diagnostics, LLC	\$87,646.46	X	
Central Louisiana Surgical Hospital	\$8,000.00	X	
Performance Medical Group	\$10,598.70	X	
ReliaPath, LLC	\$38,117.16	X	
Southern Textile Services, LLC	\$71,377.10	X	
SpectraCorp	\$17,384.25	X	
Sysmex America, Inc.	\$160,300.32		X
TCF Equipment Finance	\$94,417.57	X	
Terrill Schannette	\$2,500.00		X
The Schumacher Group of Louisiana, Inc.	\$618,459.80	X	
The Schumacher Group of Louisiana, Inc.	\$448,264.06	X	
The SSI Group, LLC	\$25,632.63	X	
Winn Emergency Group, LLC	\$681,459.80	X	
Winnfield Kiwanis Club	\$135.00	X	

CLASS 5 – Intercompany Claims

CLASS 6 – Equity Interests

Summary of Votes

<u>Class 1 Non-Priority Tax Claims</u>	<u>Amount</u>
Total Votes: 0	\$0.00
Acceptances: 0	\$0.00
Rejections: 0	\$0.00

Class 1 is unimpaired and Holders are deemed to have accepted the Plan.

<u>Class 2 Non-Lender Secured Claims</u>	<u>Amount</u>
Total Votes: 0	\$0.00
Acceptances: 0	\$0.00
Rejections: 0	\$0.00

No ballots were cast for Class 2 Claims and no Class 2 Claims are believed to exist.

<u>Class 3 Allowed Secured Claim of Business First Bank</u>	<u>Amount</u>
Total Votes: 1	\$10,300,000.00
Acceptances: 1	\$10,300,000.00
Rejections: 0	\$ 0.00

Percentage in Number Accepting Plan:	100%
Percentage in Amount Accepting Plan:	100%

<u>Class 4 Allowed General Unsecured Claims</u>	<u>Amount</u>
Total Votes: 51	\$5,164,460.53
Acceptances: 48	\$4,999,840.21
Rejections: 3	\$ 164,620.32

Percentage in Number Accepting Plan:	94.12%
Percentage in Amount Accepting Plan:	96.81%

<u>Class 5 Intercompany Claims</u>	
Total Votes: 0	\$0.00
Acceptances: 0	\$0.00
Rejections: 0	\$0.00

On the Effective Date, all Class 5 Claims will be extinguished, and no holder of an Intercompany Claim will receive or retain any property or rights under the Plan on account of such Claim. Accordingly, Class 5 is deemed to have rejected the Plan.

Class 6 Equity Interests

Total Votes: 0	\$0.00
Acceptances: 0	\$0.00
Rejections: 0	\$0.00

All Equity Interests shall be canceled effective as of the Effective Date, and no holder of an Equity Interest shall receive or retain any property or rights under this Plan on account of its Equity Interests. Accordingly, Class 6 is deemed to have rejected the Plan.

Respectfully submitted,

By: /s/ Barbara B. Parsons
WILLIAM E. STEFFES (#12426)
BARBARA B. PARSONS (#28714)
STEFFES, VINGIELLO & McKENZIE, LLC
13702 Coursey Boulevard, Building 3
Baton Rouge, Louisiana 70817
Telephone: (225) 751-1751
Fax: (225) 751-1998
E-mail: bparsons@steffeslaw.com

Counsel for Progressive Acute Care, LLC, Progressive Acute Care Avoyelles, LLC, Progressive Acute Care Oakdale, LLC and Progressive Acute Care Winn, LLC, Debtors

ACCEPTANCE OR REJECTION OF THE PLAN

The undersigned holder of a Class 2 (), 3 (✓), 4 () Claim in the unpaid amount of \$ 10,300,000 hereby votes to:

Check one box only [✓] ACCEPT THE PLAN [] REJECT THE PLAN

Date: 6-13-17

Signature: Sharon S. Whitlow

Print Name: Sharon S. Whitlow

Company/Creditor: Business First Bank

Title (if appropriate): Attorney

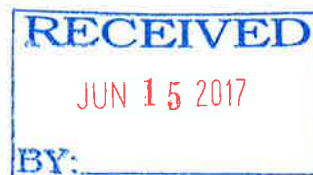
Address: 1800 City Farm, Bldg. 6, Baton Rouge, LA 70806

Telephone: (225) 922-5110

VOTING INFORMATION AND INSTRUCTIONS
FOR COMPLETING THE BALLOT

1. The enclosed Ballot is submitted to you to solicit your vote to accept or reject the Debtors' *Joint Chapter 11 Plan of Orderly Liquidation for Progressive Acute Care, LLC, et al.*, dated March 14, 2017 (the "Plan"), which is described in the First Amended Disclosure Statement, dated April 18, 2017 (the "Disclosure Statement"). **Please read the Plan dated March 14, 2017, and the Disclosure Statement carefully before completing the Ballot.**

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ACCEPTANCE OR REJECTION OF THE PLAN

The undersigned holder of a Class 2 (), 3 (), 4 (X) Claim in the unpaid amount of \$ 47,769.22 hereby votes to: *We also have an administrative claim in the amount of \$52,460.80 as of 6/1/17. This administrative*

Check one box only ☒ ACCEPT THE PLAN ☐ REJECT THE PLAN

Date: 6-13-17

Signature: *Harry A. Wells Jr.*

Print Name: Harry A. Wells Jr.

Company/Creditor: Advanced Radiographics Inc.

Title (if appropriate): President - CEO

Address: 1113 Ridge Rd, Duvon LA 70529

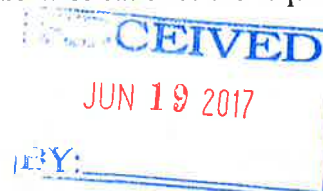
Telephone: 337-993-2050

X claim increases by \$2250 per month until such time as the medical records we are storing for the debtor will be destroyed. Therefore, as of 6/1/17 the total of the Class 4 & administrative claim is \$100,230.02

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ACCEPTANCE OR REJECTION OF THE PLAN

The undersigned holder of a Class 2 (), 3 (), 4 (✓) Claim in the unpaid amount of \$572,320.16* hereby votes to:

Check one box only [✓] ACCEPT THE PLAN [] REJECT THE PLAN

Date: 06/20/2017

Signature: 

Print Name: Ryan R. Domengeaux

Company/Creditor: Allen Emergency Group, LLC

Title (if appropriate): Enterprise Chief Risk Officer

Address: 200 Corporate Boulevard, Lafayette, LA, 70508

Telephone: 337-609-1255

*Claim No. 157, Case No. 16-50740, Claim No. 51, Case No. 16-50742

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ACCEPTANCE OR REJECTION OF THE PLAN

The undersigned holder of a Class 2 (), 3 (), 4 (X) Claim in the unpaid amount of \$ 7819.11 hereby votes to:

Check one box only [X] ACCEPT THE PLAN [] REJECT THE PLAN

Date: 5/3/17

Signature: Karen Cavagnaro

Print Name: Karen Cavagnaro

Company/Creditor: ATHT Corp.

Title (if appropriate): Lead Paralegal

Address: One ATHT Way - Room 3A104

Telephone: Bedminster NJ 07921

VOTING INFORMATION AND INSTRUCTIONS
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ACCEPTANCE OR REJECTION OF THE PLAN

The undersigned holder of a Class 2 (), 3 (), 4 (✓) Claim in the unpaid amount of \$448,264.06* hereby votes to:

Check one box only [✓] ACCEPT THE PLAN [] REJECT THE PLAN

Date: 06/20/2017

Signature: Ryan R. Domengeaux

Print Name: Ryan R. Domengeaux

Company/Creditor: Avoyelles Emergency Group, LLC

Title (if appropriate): Enterprise Chief Risk Officer

Address: 200 Corporate Boulevard, Lafayette, LA, 70508

Telephone: 337-609-1255

*Claim No. 158, Case No. 16-50740, Claim No. 44, Case No. 16-80584

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3. **To have your vote counted, you must complete, sign, and deliver the Ballot to Debtors' counsel on or before June 20, 2017, at 5:00 p.m. CST ("Voting Deadline"), unless**

ACCEPTANCE OR REJECTION OF THE PLAN

The undersigned holder of a Class 2 (), 3 (), 4 (X) Claim in the unpaid amount of \$ 4,958.07 hereby votes to:

Check one box only ☒ ACCEPT THE PLAN [] REJECT THE PLAN

Date: 5-2-2017

Signature: Richard Grasso

Print Name: Richard Grasso

Company/Creditor: Bon E. Keith Company

Title (if appropriate): V. P. of Credit

Address: P.O. Box 2628, Fort Worth, TX. 76113

Telephone: 817.759.6116

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ACCEPTANCE OR REJECTION OF THE PLAN

The undersigned holder of a Class 2 (), 3 (), 4 (X) Claim in the unpaid amount of \$ 133,981⁵⁸ hereby votes to:

Check one box only [X] ACCEPT THE PLAN [] REJECT THE PLAN

Date:

5/22/2017

* Signature:

Print Name:

Brad Mabry

Company/Creditor:

Title (if appropriate):

Address: 102 Kentville Circle, Lafayette, LA 70508

Telephone: 337-581-9881

Please note claimant also has:

1. 507(a)(4) Priority Claim = \$12,850
2. 507(a)(5) Priority Claim = \$9666.³⁵

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RECEIVED

MAY 25 2017

Page 2 of 3

ACCEPTANCE OR REJECTION OF THE PLAN

The undersigned holder of a Class 2 (), 3 (), 4 (X) Claim in the unpaid amount of \$ 422,332⁵⁶ hereby votes to:

Check one box only ☒ ACCEPT THE PLAN ☐ REJECT THE PLAN

Date: 5/3/17
Signature: Tyronza Walton
Print Name: Tyronza Walton
Company/Creditor: Cardinal Health 200, LLC
Title (if appropriate): Credit Manager
Address: 7000 Cardinal Place, Dublin, OH 43017
Telephone: (614) 553-3154

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Page 2 of 3

ACCEPTANCE OR REJECTION OF THE PLAN

The undersigned holder of a Class 2 (), 3 (), 4 (X) Claim in the unpaid amount of \$ 47,811⁸⁹ hereby votes to:

Check one box only [X] ACCEPT THE PLAN [] REJECT THE PLAN

Date: 5/4/2017

Signature: Stacy Tully

Print Name: Stacy Tully

Company/Creditor: Cardinal Health 414, LLC

Title (if appropriate): Credit Manager

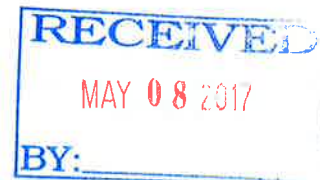
Address: 7000 Cardinal Place, Dublin, OH 43017

Telephone: (614) 822-4196

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Page 2 of 3

ACCEPTANCE OR REJECTION OF THE PLAN

The undersigned holder of a Class 2 (), 3 (), 4 (✓) Claim in the unpaid amount of \$ 15,000 hereby votes to:

Check one box only [✓] ACCEPT THE PLAN [] REJECT THE PLAN

Date: 5.8.17

Signature: Chrissy Buford

Print Name: Chrissy Buford

Company/Creditor: _____

Title (if appropriate): _____

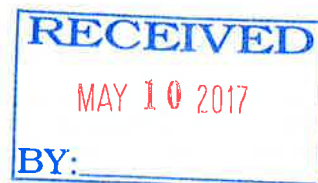
Address: 607 Peak Run Youngsville, LA 70592

Telephone: 337-201-0476

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ACCEPTANCE OR REJECTION OF THE PLAN

The undersigned holder of a Class 2 (), 3 (), 4 (✓) Claim in the unpaid amount of \$ 3345.00 hereby votes to:

Check one box only [✓] ACCEPT THE PLAN [] REJECT THE PLAN

Date: 6-12-17
Signature: [Signature]
Print Name: Clayton Janise
Company/Creditor: _____
Title (if appropriate): _____
Address: 207 Sulon Rd, Scott La 70583
Telephone: 337-278-0084

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ACCEPTANCE OR REJECTION OF THE PLAN

The undersigned holder of a Class 2 (), 3 (), 4 (X) Claim in the unpaid amount of \$ 117.23 hereby votes to:

Check one box only [X] ACCEPT THE PLAN [] REJECT THE PLAN

Date: 5/3/17
Signature: Suzanne Blowers
Print Name: Suzanne Blowers
Company/Creditor: Communications Group
Title (if appropriate): Customer Care Manager
Address: 42 Westlake Ave, Auburn, NY 13021
Telephone: 315.255.9125

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ACCEPTANCE OR REJECTION OF THE PLAN

The undersigned holder of a Class 2 (), 3 (), 4 (X) Claim in the unpaid amount of \$ 15,561.34 hereby votes to:

Check one box only [X] ACCEPT THE PLAN [] REJECT THE PLAN

Date: 5/5/2017

Signature: _____

Print Name: Greg Dadika

Company/Creditor: C. R. Bard, Inc.

Title (if appropriate): Authorized Signatory

Address: 730 Central Avenue, Murray Hill, NJ 07974

Telephone: (908) 277-8000

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2. The Plan can be confirmed by the Court and thereby made binding on you if it is accepted by the holders of two-thirds in amount and more than one-half in number of claims in each impaired class of creditors who are entitled to and actually vote on the Plan. If you are a creditor entitled to vote on the Plan, your vote will be counted in the amount set forth on the Proof of Claim filed by you or on your behalf or, if no claim has been filed, in the amount scheduled by the Debtors as undisputed, non-contingent and liquidated. In the event the requisite acceptances are not obtained, the Court may nevertheless confirm the Plan if the Court finds that the Plan accords fair and equitable treatment to the class or classes rejecting it and otherwise satisfies the requirements of §1129(b) of the Bankruptcy Code.



ACCEPTANCE OR REJECTION OF THE PLAN

The undersigned holder of a Class 2 (), 3 (), 4 (☒) Claim in the unpaid amount of \$ 1322.40 hereby votes to:

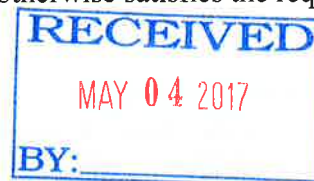
Check one box only ☒ ACCEPT THE PLAN ☐ REJECT THE PLAN

Date: 4/30/17
Signature: 
Print Name: CRAIG SIMPSON
Company/Creditor: CS SURGICAL INC
Title (if appropriate): PRESIDENT
Address: 662 WHITNEY DRIVE, SLIDELL, LA 70461
Telephone: 985-781-8292

VOTING INFORMATION AND INSTRUCTIONS FOR COMPLETING THE BALLOT

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ACCEPTANCE OR REJECTION OF THE PLAN

The undersigned holder of a Class 2 (), 3 (), 4 (X) Claim in the unpaid amount of \$ 891.00 hereby votes to:

Check one box only ☒ ACCEPT THE PLAN ☐ REJECT THE PLAN

Date: 5-26-17

Signature: Danielle Holmes

Print Name: Danielle Holmes

Company/Creditor: Regional Urology LLC

Title (if appropriate): _____

Address: 255 Bert Kouns, Shreveport, LA 71106

Telephone: 318-603-5471

VOTING INFORMATION AND INSTRUCTIONS FOR COMPLETING THE BALLOT

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ACCEPTANCE OR REJECTION OF THE PLAN

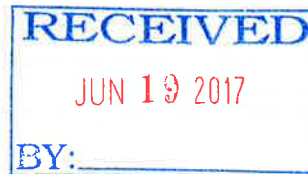
The undersigned holder of a Class 2 (), 3 (), 4 (X) Claim in the unpaid amount of \$ 3577.20 hereby votes to:

Check one box only [X] ACCEPT THE PLAN [] REJECT THE PLAN

Date: 6-13-17
Signature: [Signature]
Print Name: Harry A. Wells Jr.
Company/Creditor: DataFile Inc.
Title (if appropriate): President
Address: 1121 Ridge Rd Buson LA 70529
Telephone: 337-984-8532

VOTING INFORMATION AND INSTRUCTIONS FOR COMPLETING THE BALLOT

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Page 2 of 3

ACCEPTANCE OR REJECTION OF THE PLAN

The undersigned holder of a Class 2 (), 3 (), 4 (✓) Claim in the unpaid amount of \$ 1,820.00 hereby votes to:

Check one box only [] ACCEPT THE PLAN [✓] REJECT THE PLAN

Date: 5-11-2017

Signature: Debbie Gage

Print Name: Debbie Gage

Company/Creditor: Progressive Acute Care

Title (if appropriate): PBK

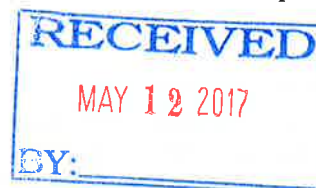
Address: 830 Morris Charles Jeanette, LA. 70544

Telephone: 337-422-1581

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Page 2 of 3

ACCEPTANCE OR REJECTION OF THE PLAN

The undersigned holder of a Class 2 (), 3 (), 4 (✓) Claim in the unpaid amount of \$ 575.00 hereby votes to:

Check one box only [✓] ACCEPT THE PLAN [] REJECT THE PLAN

Date: 4/29/17

Signature: _____

Print Name: John R. Flynn

Company/Creditor: Flynn Building Spec Inc

Title (if appropriate): President

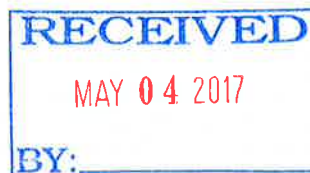
Address: 140 Wheelock Street Alex, LA 71301

Telephone: 318-443-7346

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Page 2 of 3

ACCEPTANCE OR REJECTION OF THE PLAN

The undersigned holder of a Class 2 (), 3 (), 4 (☒) Claim in the unpaid amount of \$ 266.00 hereby votes to:

Check one box only ☒ ACCEPT THE PLAN [] REJECT THE PLAN

Date: May 10 2017
Signature: Gail Daigne
Print Name: Gail Daigne
Company/Creditor: Gail Daigne
Title (if appropriate): Certified Sterile Processing Tech
Address: P.O. Box 91746
Telephone: (337) 412-4248

VOTING INFORMATION AND INSTRUCTIONS
FOR COMPLETING THE BALLOT

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Page 2 of 3

ACCEPTANCE OR REJECTION OF THE PLAN

The undersigned holder of a Class 2 (), 3 (), 4 (✓) Claim in the unpaid amount of \$ 257.98 hereby votes to:

Check one box only [X] ACCEPT THE PLAN [] REJECT THE PLAN

Date: 5/10/2017

Signature: [Signature]

Print Name: Michael B. Bach

Company/Creditor: GE Healthcare Datex

Title (if appropriate): Authorized Agent

Address: DeHaan & Bach, LPA, 25 Whitney Drive, Suite 106, Milford, OH 45150

Telephone: 513-247-7407 michaelb@dehaan-bach.com

VOTING INFORMATION AND INSTRUCTIONS
FOR COMPLETING THE BALLOT

1. The enclosed Ballot is submitted to you to solicit your vote to accept or reject the Debtors' *Joint Chapter 11 Plan of Orderly Liquidation for Progressive Acute Care, LLC, et al.*, dated March 14, 2017 (the "Plan"), which is described in the First Amended Disclosure Statement, dated April 18, 2017 (the "Disclosure Statement"). **Please read the Plan dated March 14, 2017, and the Disclosure Statement carefully before completing the Ballot.**

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ACCEPTANCE OR REJECTION OF THE PLAN

The undersigned holder of a Class 2 (), 3 (), 4 (✓) Claim in the unpaid amount of \$ 26,674.46 hereby votes to:

Check one box only [X] ACCEPT THE PLAN [] REJECT THE PLAN

Date: 5/10/2017

Signature: [Signature]

Print Name: Michael B. Bach

Company/Creditor: GE Healthcare Diagnostic Imaging

Title (if appropriate): Authorized Agent

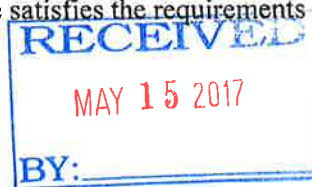
Address: DeHaan & Bach, LPA, 25 Whitney Drive, Suite 106, Milford, OH 45150

Telephone: 513-247-7407 michaelb@dehaan-bach.com

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FOR COMPLETING THE BALLOT

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ACCEPTANCE OR REJECTION OF THE PLAN

The undersigned holder of a Class 2 (), 3 (), 4 (X) Claim in the unpaid amount of \$ 54,600.17 hereby votes to:

Check one box only [X] ACCEPT THE PLAN [] REJECT THE PLAN

Date: 5/10/2017

Signature: [Signature]

Print Name: Michael B. Bach

Company/Creditor: GE Healthcare Diagnostic Imaging

Title (if appropriate): Authorized Agent

Address: DeHaan & Bach, LPA, 25 Whitney Drive, Suite 106, Milford, OH 45150

Telephone: 513-247-7407 michaelb@dehaan-bach.com

VOTING INFORMATION AND INSTRUCTIONS
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Page 2 of 3

ACCEPTANCE OR REJECTION OF THE PLAN

The undersigned holder of a Class 2 (), 3 (), 4 (✓) Claim in the unpaid amount of \$ 4,163.28 hereby votes to:

Check one box only [X] ACCEPT THE PLAN [] REJECT THE PLAN

Date: 5/10/2017

Signature: [Signature]

Print Name: Michael B. Bach

Company/Creditor: GE Healthcare Monitoring Solutions

Title (if appropriate): Authorized Agent

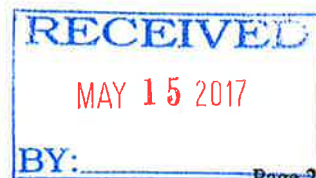
Address: DeHaan & Bach, LPA, 25 Whitney Drive, Suite 106, Milford, OH 45150

Telephone: 513-247-7407 michaelb@dehaan-bach.com

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Page 2 of 3

ACCEPTANCE OR REJECTION OF THE PLAN

The undersigned holder of a Class 2 (), 3 (), 4 (✓) Claim in the unpaid amount of \$ 1,146.50 hereby votes to:

Check one box only [X] ACCEPT THE PLAN [] REJECT THE PLAN

Date: 5/10/2017

Signature: [Signature]

Print Name: Michael B. Bach

Company/Creditor: GE Healthcare OEC

Title (if appropriate): Authorized Agent

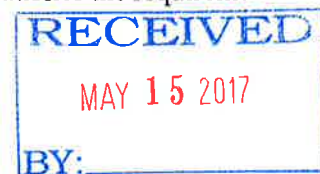
Address: DeHaan & Bach, LPA, 25 Whitney Drive, Suite 106, Milford, OH 45150

Telephone: 513-247-7407 michaelb@dehaan-bach.com

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Page 2 of 3

ACCEPTANCE OR REJECTION OF THE PLAN

The undersigned holder of a Class 2 (), 3 (), 4 (✓) Claim in the unpaid amount of \$ 8,418⁵⁰ hereby votes to:

Check one box only [✓] ACCEPT THE PLAN [] REJECT THE PLAN

Date:

5/16/2017

Signature: X

Print Name:

Christopher Brown

Company/Creditor:

Harmony Healthcare, LLC

Title (if appropriate):

CEO

Address:

2909 West Bay to Bay Blvd, Suite 500, Tampa, FL 33629

Telephone:

813-540-5386

VOTING INFORMATION AND INSTRUCTIONS FOR COMPLETING THE BALLOT

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RECEIVED

MAY 19 2017

Page 2 of 3

ACCEPTANCE OR REJECTION OF THE PLAN

The undersigned holder of a Class 2 (), 3 (), 4 (☒) Claim in the unpaid amount of \$510,194.29* hereby votes to:

Check one box only ☒ ACCEPT THE PLAN ☐ REJECT THE PLAN

Date: 06/20/2017

Signature: 

Print Name: Ryan R. Domengeaux

Company/Creditor: Iberia Emergency Group, LLC

Title (if appropriate): Enterprise Chief Risk Officer

Address: 200 Corporate Boulevard, Lafayette, LA, 70508

Telephone: 337-609-1255

*Claim No. 159, Case No. 16-50740

VOTING INFORMATION AND INSTRUCTIONS FOR COMPLETING THE BALLOT

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Page 2 of 3

ACCEPTANCE OR REJECTION OF THE PLAN

The undersigned holder of a Class 2 (), 3 (), 4 (✓) Claim in the unpaid amount of \$228,057.08* hereby votes to:

Check one box only [✓] ACCEPT THE PLAN [] REJECT THE PLAN

Date: 06/20/2017

Signature: Ryan R. Domengeaux

Print Name: Ryan R. Domengeaux

Company/Creditor: Iberia Physician Services, LLC

Title (if appropriate): Enterprise Chief Risk Officer

Address: 200 Corporate Boulevard, Lafayette, LA, 70508

Telephone: 337-609-1255

*Claim No. 160, Case No. 16-50740

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Page 2 of 3

ACCEPTANCE OR REJECTION OF THE PLAN

The undersigned holder of a Class 2 (), 3 (), 4 (☒) Claim in the unpaid amount of \$ 145,739⁷³ hereby votes to:

Check one box only [☒] ACCEPT THE PLAN [] REJECT THE PLAN

Date: 5-1-17

Signature: [Signature]

Print Name: STEVEN E. ADAMS

Company/Creditor: LA Department of Health

Title (if appropriate): Attorney

Address: 4845 JAMESTOWN AVE - Suite 204 - Baton Rouge, LA 70808

Telephone: 225 - 926 - 4333

VOTING INFORMATION AND INSTRUCTIONS
FOR COMPLETING THE BALLOT

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Page 2 of 3

ACCEPTANCE OR REJECTION OF THE PLAN

The undersigned holder of a Class 2 (), 3 (), 4 (X) Claim in the unpaid amount of \$ 25,780.47 hereby votes to:

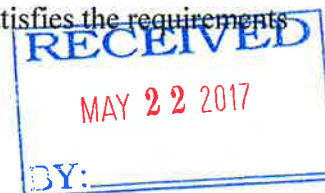
Check one box only [X] ACCEPT THE PLAN [] REJECT THE PLAN

Date: 5/12/17
Signature: [Signature]
Print Name: Karen L. Whitmer
Company/Creditor: Lab Corp
Title (if appropriate): Attorney
Address: Johnson Legal Network, PLLC
535 Wellington Way, Suite 380
Lexington, KY 40503
Telephone: 855-252-0093

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ACCEPTANCE OR REJECTION OF THE PLAN

The undersigned holder of a Class 2 (), 3 (), 4 (✓) Claim in the unpaid amount of \$ 78,403.70 hereby votes to:

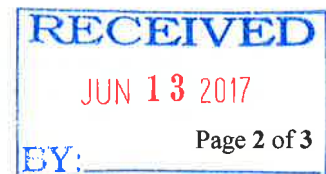
Check one box only [✓] ACCEPT THE PLAN [] REJECT THE PLAN

Date: 6-7-17
Signature: [Signature]
Print Name: Norbert Cratts
Company/Creditor: Lifeshare Blood Center
Title (if appropriate): Executive Director of Fiscal Services
Address: 8910 Linwood, Shreveport, LA 71106
Telephone: 318 673-1450

VOTING INFORMATION AND INSTRUCTIONS
FOR COMPLETING THE BALLOT

1. The enclosed Ballot is submitted to you to solicit your vote to accept or reject the Debtors' *Joint Chapter 11 Plan of Orderly Liquidation for Progressive Acute Care, LLC, et al.*, dated March 14, 2017 (the "Plan"), which is described in the First Amended Disclosure Statement, dated April 18, 2017 (the "Disclosure Statement"). **Please read the Plan dated March 14, 2017, and the Disclosure Statement carefully before completing the Ballot.**

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ACCEPTANCE OR REJECTION OF THE PLAN

The undersigned holder of a Class 2 (), 3 (), 4 (✓) Claim in the unpaid amount of \$ 1981.64 hereby votes to:

Check one box only [✓] ACCEPT THE PLAN [] REJECT THE PLAN

Date: 5/2/2017

Signature: Alice M Delaney

Print Name: Alice M Delaney

Company/Creditor: Long's Products, LLC.

Title (if appropriate): Accounts Receivable

Address: 2630 Broadway Avenue, Alexandria, LA 71302

Telephone: 318-443-0451

VOTING INFORMATION AND INSTRUCTIONS
FOR COMPLETING THE BALLOT

1. The enclosed Ballot is submitted to you to solicit your vote to accept or reject the Debtors' *Joint Chapter 11 Plan of Orderly Liquidation for Progressive Acute Care, LLC, et al.*, dated March 14, 2017 (the "Plan"), which is described in the First Amended Disclosure Statement, dated April 18, 2017 (the "Disclosure Statement"). **Please read the Plan dated March 14, 2017, and the Disclosure Statement carefully before completing the Ballot.**

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Page 2 of 3

ACCEPTANCE OR REJECTION OF THE PLAN

The undersigned holder of a Class 2 (), 3 (), 4 (✓) Claim in the unpaid amount of \$ 23,250.00* hereby votes to:

Check one box only [✓] ACCEPT THE PLAN [] REJECT THE PLAN

Date: 6/7/2017
Signature: Cindy Munn
Print Name: Cindy Munn
Company/Creditor: Louisiana Health Care Quality Forum
Title (if appropriate): CEO
Address: 8550 United Plaza Blvd., Suite 500 Baton Rouge, LA 70809
Telephone: 225-334-9299

* Claim No. 37-1, Case 16-50742

VOTING INFORMATION AND INSTRUCTIONS FOR COMPLETING THE BALLOT

1. The enclosed Ballot is submitted to you to solicit your vote to accept or reject the Debtors' *Joint Chapter 11 Plan of Orderly Liquidation for Progressive Acute Care, LLC, et al.*, dated March 14, 2017 (the "Plan"), which is described in the First Amended Disclosure Statement, dated April 18, 2017 (the "Disclosure Statement"). **Please read the Plan dated March 14, 2017, and the Disclosure Statement carefully before completing the Ballot.**

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ACCEPTANCE OR REJECTION OF THE PLAN

The undersigned holder of a Class 2 (), 3 (), 4 (✓) Claim in the unpaid amount of \$ 23,250.00* hereby votes to:

Check one box only [✓] ACCEPT THE PLAN [] REJECT THE PLAN

Date: 6/7/2017

Signature: Cindy Munn

Print Name: Cindy Munn

Company/Creditor: Louisiana Health Care Quality Forum

Title (if appropriate): CEO

Address: 8550 United Plaza Blvd., Suite 500 Baton Rouge, LA 70809

Telephone: 225-334-9299

* Claim No. 35-1, Case No. 16-80584

VOTING INFORMATION AND INSTRUCTIONS FOR COMPLETING THE BALLOT

1. The enclosed Ballot is submitted to you to solicit your vote to accept or reject the Debtors' *Joint Chapter 11 Plan of Orderly Liquidation for Progressive Acute Care, LLC, et al.*, dated March 14, 2017 (the "Plan"), which is described in the First Amended Disclosure Statement, dated April 18, 2017 (the "Disclosure Statement"). **Please read the Plan dated March 14, 2017, and the Disclosure Statement carefully before completing the Ballot.**

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Page 2 of 3

ACCEPTANCE OR REJECTION OF THE PLAN

The undersigned holder of a Class 2 (), 3 (), 4 (✓) Claim in the unpaid amount of \$ 23,250.00* hereby votes to:

Check one box only [✓] ACCEPT THE PLAN [] REJECT THE PLAN

Date: 6/7/2017
Signature: Cindy Munn
Print Name: Cindy Munn
Company/Creditor: Louisiana Health Care Quality Forum
Title (if appropriate): CEO
Address: 8550 United Plaza Blvd., Suite 500 Baton Rouge, LA 70809
Telephone: 225-334-9299

* Claim No. 29-1, Case No. 16-50743

VOTING INFORMATION AND INSTRUCTIONS FOR COMPLETING THE BALLOT

1. The enclosed Ballot is submitted to you to solicit your vote to accept or reject the Debtors' *Joint Chapter 11 Plan of Orderly Liquidation for Progressive Acute Care, LLC, et al.*, dated March 14, 2017 (the "Plan"), which is described in the First Amended Disclosure Statement, dated April 18, 2017 (the "Disclosure Statement"). **Please read the Plan dated March 14, 2017, and the Disclosure Statement carefully before completing the Ballot.**

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ACCEPTANCE OR REJECTION OF THE PLAN

The undersigned holder of a Class 2 (), 3 (), 4 (✓) Claim in the unpaid amount of \$ 321.04 hereby votes to:

Check one box only [X] ACCEPT THE PLAN [] REJECT THE PLAN

Date: 5.10.17

Signature: _____

Print Name: Jonathan R. Baldwin

Company/Creditor: Maine Standards Company, LLC

Title (if appropriate): Finance Controller, N.A.

Address: 221 US Route 1, Cumberland Foreside, ME 04110

Telephone: 207 892-1300

VOTING INFORMATION AND INSTRUCTIONS FOR COMPLETING THE BALLOT

1. The enclosed Ballot is submitted to you to solicit your vote to accept or reject the Debtors' *Joint Chapter 11 Plan of Orderly Liquidation for Progressive Acute Care, LLC, et al.*, dated March 14, 2017 (the "Plan"), which is described in the First Amended Disclosure Statement, dated April 18, 2017 (the "Disclosure Statement"). **Please read the Plan dated March 14, 2017, and the Disclosure Statement carefully before completing the Ballot.**

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Page 2 of 3

ACCEPTANCE OR REJECTION OF THE PLAN

The undersigned holder of a Class 2 (), 3 (), 4 (☒) Claim in the unpaid amount of \$ 100- hereby votes to:

Check one box only [☒] ACCEPT THE PLAN [] REJECT THE PLAN

Date: 5-25-17

Signature: [Signature]

Print Name: MARCEL THEROUX

Company/Creditor: MARCEL'S UPHOLSTERY

Title (if appropriate): OWNER

Address: 857 HWY 1191 MARKSVILLE LA 71351

Telephone: 318-253-9381

VOTING INFORMATION AND INSTRUCTIONS FOR COMPLETING THE BALLOT

1. The enclosed Ballot is submitted to you to solicit your vote to accept or reject the Debtors' *Joint Chapter 11 Plan of Orderly Liquidation for Progressive Acute Care, LLC, et al.*, dated March 14, 2017 (the "Plan"), which is described in the First Amended Disclosure Statement, dated April 18, 2017 (the "Disclosure Statement"). **Please read the Plan dated March 14, 2017, and the Disclosure Statement carefully before completing the Ballot.**

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RECEIVED
JUN 01 2017

ACCEPTANCE OR REJECTION OF THE PLAN

The undersigned holder of a Class 2 (), 3 (), 4 (✓) Claim in the unpaid amount of \$ 1,038 hereby votes to:

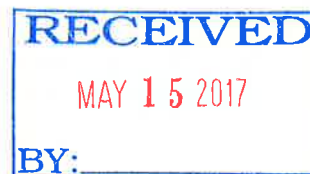
Check one box only [✓] ACCEPT THE PLAN [] REJECT THE PLAN

Date: 5-10-17
Signature: Laura Marquez
Print Name: Laura Marquez
Company/Creditor: MBA Medical, Inc.
Title (if appropriate): Office Manager
Address: 1509 Kuebel St Harahan, LA 70123
Telephone: 504-733-1077

VOTING INFORMATION AND INSTRUCTIONS
FOR COMPLETING THE BALLOT

1. The enclosed Ballot is submitted to you to solicit your vote to accept or reject the Debtors' *Joint Chapter 11 Plan of Orderly Liquidation for Progressive Acute Care, LLC, et al.*, dated March 14, 2017 (the "Plan"), which is described in the First Amended Disclosure Statement, dated April 18, 2017 (the "Disclosure Statement"). **Please read the Plan dated March 14, 2017, and the Disclosure Statement carefully before completing the Ballot.**

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Page 2 of 3

ACCEPTANCE OR REJECTION OF THE PLAN

The undersigned holder of a Class 2 (), 3 (), 4 (XX) Claim in the unpaid amount of \$15,809.02 hereby votes to:

Check one box only ☒ ACCEPT THE PLAN ☐ REJECT THE PLAN

Date: May 17, 2017

Signature: [Signature]

Print Name: John Dale Powers

Company/Creditor: McKesson Health Solutions

Title (if appropriate): _____

Address: P. O. Box 15948, Baton Rouge, LA 70895

Telephone: 225-928-1951

VOTING INFORMATION AND INSTRUCTIONS FOR COMPLETING THE BALLOT

1. The enclosed Ballot is submitted to you to solicit your vote to accept or reject the Debtors' *Joint Chapter 11 Plan of Orderly Liquidation for Progressive Acute Care, LLC, et al.*, dated March 14, 2017 (the "Plan"), which is described in the First Amended Disclosure Statement, dated April 18, 2017 (the "Disclosure Statement"). **Please read the Plan dated March 14, 2017, and the Disclosure Statement carefully before completing the Ballot.**

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ACCEPTANCE OR REJECTION OF THE PLAN

The undersigned holder of a Class 2 (), 3 (), 4 (✓) Claim in the unpaid amount of \$ 87,646.46 hereby votes to:

Check one box only [✓] ACCEPT THE PLAN [] REJECT THE PLAN

Date: 5/2/17

Signature: [Signature]

Print Name: Tray D. Raburn

Company/Creditor: Omega Diagnostics, LLC

Title (if appropriate): CFO

Address: 2915 Missouri Ave

Shreveport, LA 71109

Telephone: 318-671-5923

VOTING INFORMATION AND INSTRUCTIONS FOR COMPLETING THE BALLOT

1. The enclosed Ballot is submitted to you to solicit your vote to accept or reject the Debtors' *Joint Chapter 11 Plan of Orderly Liquidation for Progressive Acute Care, LLC, et al.*, dated March 14, 2017 (the "Plan"), which is described in the First Amended Disclosure Statement, dated April 18, 2017 (the "Disclosure Statement"). **Please read the Plan dated March 14, 2017, and the Disclosure Statement carefully before completing the Ballot.**

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Page 2 of 3

ACCEPTANCE OR REJECTION OF THE PLAN

The undersigned holder of a Class 2 (), 3 (), 4 (✓) Claim in the unpaid amount of \$ 8,000 hereby votes to:

Check one box only [✓] ACCEPT THE PLAN [] REJECT THE PLAN

Date: 5/25/17

Signature: Pamela Damaire / Joey Lemoine (child)

Print Name: Pamela Lemoine

Company/Creditor: Central Louisiana Surgical Hospital

Title (if appropriate): _____

Address: 651 N Bolton Ave, Alexandria, La. 71301

Telephone: (318) 443-3511

VOTING INFORMATION AND INSTRUCTIONS
FOR COMPLETING THE BALLOT

1. The enclosed Ballot is submitted to you to solicit your vote to accept or reject the Debtors' *Joint Chapter 11 Plan of Orderly Liquidation for Progressive Acute Care, LLC, et al.*, dated March 14, 2017 (the "Plan"), which is described in the First Amended Disclosure Statement, dated April 18, 2017 (the "Disclosure Statement"). **Please read the Plan dated March 14, 2017, and the Disclosure Statement carefully before completing the Ballot.**

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RECEIVED

MAY 30 2017

Page 2 of 3

ACCEPTANCE OR REJECTION OF THE PLAN

The undersigned holder of a Class 2 (), 3 (), 4 (☒) Claim in the unpaid amount of \$ 10,598.70 hereby votes to:

Check one box only [☒] ACCEPT THE PLAN [☐] REJECT THE PLAN

Date:

5/9/2017

Signature:

[Signature]

Print Name:

MERRICK MOUTON

Company/Creditor:

Performance Medical Group

Title (if appropriate):

Chairman

Address:

103 Deer Tree Dr Lafayette LA 70507

Telephone:

337-237-1924

VOTING INFORMATION AND INSTRUCTIONS
FOR COMPLETING THE BALLOT

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ACCEPTANCE OR REJECTION OF THE PLAN

The undersigned holder of a Class 2 (), 3 (), 4 (✓) Claim in the unpaid amount of \$ 38,117.16 hereby votes to:

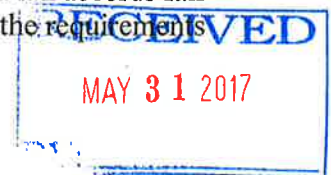
Check one box only [✓] ACCEPT THE PLAN [] REJECT THE PLAN

Date: 5/5/17
Signature: Deborah Lastrapes
Print Name: Deborah Lastrapes, MD
Company/Creditor: ReliaPath, LLC
Title (if appropriate): managing partner
Address: 1810 Bertrand Dr., Lafayette, LA 70506
Telephone: 337-233-1899

VOTING INFORMATION AND INSTRUCTIONS
FOR COMPLETING THE BALLOT

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ACCEPTANCE OR REJECTION OF THE PLAN

The undersigned holder of a Class 2 (), 3 (), 4 (✓) Claim in the unpaid amount of \$ 71,377.10 hereby votes to:

Check one box only [✓] ACCEPT THE PLAN [] REJECT THE PLAN

Date: 6/16/17
Signature: _____

Print Name: Adam Rubin

Company/Creditor: Southern Textile Services, LLC

Title (if appropriate): President

Address: 1819 B Memorial Drive, Alexandria, LA 71301

Telephone: 318-447-7977

VOTING INFORMATION AND INSTRUCTIONS FOR COMPLETING THE BALLOT

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Page 2 of 3

In re:)	Chapter 11
)	
PROGRESSIVE ACUTE CARE, LLC)	Case No. 16-50740

Southern Textile Services, LLC has 3 pre-petition claims which qualify to vote as CLASS 4 claims:

Avoyelles / Claim # 24 filed on 9/27/16 / \$35,637.58

Oakdale / Claim # 24 filed on 9/27/16 / \$16,083.34

Winn / Claim # 19 filed on 9/27/16 / \$19,626.18

Total pre-petition claims = \$ 71,377.10

ACCEPTANCE OR REJECTION OF THE PLAN

The undersigned holder of a Class 2 (), 3 (), 4 (X) Claim in the unpaid amount of \$ 160,300.32 hereby votes to:

Check one box only [] ACCEPT THE PLAN [X] REJECT THE PLAN

Date: 5/22/17

Signature: _____

Print Name: Rein F. Krammer, Attorney in Fact

Company/Creditor: Sysmex America, Inc.

Title (if appropriate): Attorney in Fact

Address: 203 North LaSalle Street, Suite 2500, Chicago, IL 60601

Telephone: 312-245-7500

VOTING INFORMATION AND INSTRUCTIONS FOR COMPLETING THE BALLOT

1. The enclosed Ballot is submitted to you to solicit your vote to accept or reject the Debtors' *Joint Chapter 11 Plan of Orderly Liquidation for Progressive Acute Care, LLC, et al.*, dated March 14, 2017 (the "Plan"), which is described in the First Amended Disclosure Statement, dated April 18, 2017 (the "Disclosure Statement"). **Please read the Plan dated March 14, 2017, and the Disclosure Statement carefully before completing the Ballot.**

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Page 2 of 3

ACCEPTANCE OR REJECTION OF THE PLAN

The undersigned holder of a Class 2 (), 3 (), 4 (X) Claim in the unpaid amount of \$ 17,384.25 hereby votes to:

Check one box only [X] ACCEPT THE PLAN [] REJECT THE PLAN

Date: 5/17/2017
Signature: Paul H. Hale
Print Name: Paul H. Hale
Company/Creditor: SpectraCorp
Title (if appropriate): CEO
Address: 8131 LBJ Frwy, Suite 360, Dallas, TX 75251
Telephone: 972-671-1700

VOTING INFORMATION AND INSTRUCTIONS
FOR COMPLETING THE BALLOT

1. The enclosed Ballot is submitted to you to solicit your vote to accept or reject the Debtors' *Joint Chapter 11 Plan of Orderly Liquidation for Progressive Acute Care, LLC, et al.*, dated March 14, 2017 (the "Plan"), which is described in the First Amended Disclosure Statement, dated April 18, 2017 (the "Disclosure Statement"). **Please read the Plan dated March 14, 2017, and the Disclosure Statement carefully before completing the Ballot.**

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ACCEPTANCE OR REJECTION OF THE PLAN

The undersigned holder of a Class 2 (), 3 (), 4 (X) Claim in the unpaid amount of \$ 94,417.57 hereby votes to:

Check one box only ☒ ACCEPT THE PLAN [] REJECT THE PLAN

Date: 5/14/17

Signature: [Signature]

Print Name: Dave Mulnix

Company/Creditor: TCF Equipment Finance

Title (if appropriate): AVP Portfolio

Address: 1111 West San Marzano Dr., Ste A2 West, Waterloo, IA 50701

Telephone: 877-332-5311

VOTING INFORMATION AND INSTRUCTIONS
FOR COMPLETING THE BALLOT

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ACCEPTANCE OR REJECTION OF THE PLAN

The undersigned holder of a Class 2 (), 3 (), 4 (☒) Claim in the unpaid amount of \$ 2,500.⁰⁰ hereby votes to:

Check one box only [] ACCEPT THE PLAN [☒] REJECT THE PLAN

Date: 5-11-17

Signature: Terrill Schannette

Print Name: Terrill Schannette

Company/Creditor: Progressive Acute Care

Title (if appropriate): Housekeeping

Address: 830 Morris Charles Jeanerette, La. 70544

Telephone: 337-380-1202

VOTING INFORMATION AND INSTRUCTIONS
FOR COMPLETING THE BALLOT

1. The enclosed Ballot is submitted to you to solicit your vote to accept or reject the Debtors' *Joint Chapter 11 Plan of Orderly Liquidation for Progressive Acute Care, LLC, et al.*, dated March 14, 2017 (the "Plan"), which is described in the First Amended Disclosure Statement, dated April 18, 2017 (the "Disclosure Statement"). **Please read the Plan dated March 14, 2017, and the Disclosure Statement carefully before completing the Ballot.**

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Page 2 of 3

ACCEPTANCE OR REJECTION OF THE PLAN

The undersigned holder of a Class 2 (), 3 (), 4 (✓) Claim in the unpaid amount of \$618,459.80* hereby votes to:

Check one box only [✓] ACCEPT THE PLAN [] REJECT THE PLAN

Date: 06/20/2017

Signature: 

Print Name: Ryan R. Domengeaux

Company/Creditor: The Schumacher Group of Louisiana, Inc.

Title (if appropriate): Enterprise Chief Risk Officer

Address: 200 Corporate Boulevard, Lafayette, LA, 70508

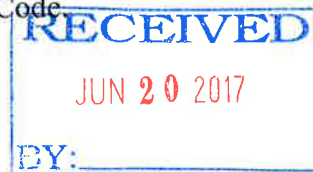
Telephone: 337-609-1255

*Claim No. 40, Case No. 16-50743

VOTING INFORMATION AND INSTRUCTIONS FOR COMPLETING THE BALLOT

1. The enclosed Ballot is submitted to you to solicit your vote to accept or reject the Debtors' *Joint Chapter 11 Plan of Orderly Liquidation for Progressive Acute Care, LLC, et al.*, dated March 14, 2017 (the "Plan"), which is described in the First Amended Disclosure Statement, dated April 18, 2017 (the "Disclosure Statement"). **Please read the Plan dated March 14, 2017, and the Disclosure Statement carefully before completing the Ballot.**

2. The Plan can be confirmed by the Court and thereby made binding on you if it is accepted by the holders of two-thirds in amount and more than one-half in number of claims in each impaired class of creditors who are entitled to and actually vote on the Plan. If you are a creditor entitled to vote on the Plan, your vote will be counted in the amount set forth on the Proof of Claim filed by you or on your behalf or, if no claim has been filed, in the amount scheduled by the Debtors as undisputed, non-contingent and liquidated. In the event the requisite acceptances are not obtained, the Court may nevertheless confirm the Plan if the Court finds that the Plan accords fair and equitable treatment to the class or classes rejecting it and otherwise satisfies the requirements of §1129(b) of the Bankruptcy Code.



Page 2 of 3

ACCEPTANCE OR REJECTION OF THE PLAN

The undersigned holder of a Class 2 (), 3 (), 4 (✓) Claim in the unpaid amount of \$448,264.06* hereby votes to:

Check one box only [✓] ACCEPT THE PLAN [] REJECT THE PLAN

Date: 06/20/2017

Signature: Ryan R. Domengeaux

Print Name: Ryan R. Domengeaux

Company/Creditor: The Schumacher Group of Louisiana, Inc.

Title (if appropriate): Enterprise Chief Risk Officer

Address: 200 Corporate Boulevard, Lafayette, LA, 70508

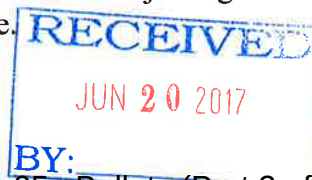
Telephone: 337-609-1255

*Claim No. 45, Case No. 16-80584

VOTING INFORMATION AND INSTRUCTIONS FOR COMPLETING THE BALLOT

1. The enclosed Ballot is submitted to you to solicit your vote to accept or reject the Debtors' *Joint Chapter 11 Plan of Orderly Liquidation for Progressive Acute Care, LLC, et al.*, dated March 14, 2017 (the "Plan"), which is described in the First Amended Disclosure Statement, dated April 18, 2017 (the "Disclosure Statement"). **Please read the Plan dated March 14, 2017, and the Disclosure Statement carefully before completing the Ballot.**

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ACCEPTANCE OR REJECTION OF THE PLAN

The undersigned holder of a Class 2 (), 3 (), 4 (✓) Claim in the unpaid amount of \$ 25,632.63* hereby votes to:

Check one box only [X] ACCEPT THE PLAN [] REJECT THE PLAN

Date: 5/2/17
Signature: [Signature]
Print Name: Terry Petanis
Company/Creditor: The SSI Group, LLC
Title (if appropriate): CFO
Address: 4721 Morrison Drive, Mobile, AL 36609
Telephone: 251-380-3992

*\$17,118.23 Proof of Claim mailed 6/22/16 + \$8,514.40 Administrative POC mailed 11/2/16

VOTING INFORMATION AND INSTRUCTIONS FOR COMPLETING THE BALLOT

1. The enclosed Ballot is submitted to you to solicit your vote to accept or reject the Debtors' Joint Chapter 11 Plan of Orderly Liquidation for Progressive Acute Care, LLC, et al., dated March 14, 2017 (the "Plan"), which is described in the First Amended Disclosure Statement, dated April 18, 2017 (the "Disclosure Statement"). **Please read the Plan dated March 14, 2017, and the Disclosure Statement carefully before completing the Ballot.**

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ACCEPTANCE OR REJECTION OF THE PLAN

The undersigned holder of a Class 2 (), 3 (), 4 (✓) Claim in the unpaid amount of \$681,459.80* hereby votes to:

Check one box only [✓] ACCEPT THE PLAN [] REJECT THE PLAN

Date: 06/20/2017

Signature: 

Print Name: Ryan R. Domengeaux

Company/Creditor: Winn Emergency Group, LLC

Title (if appropriate): Enterprise Chief Risk Officer

Address: 200 Corporate Boulevard, Lafayette, LA, 70508

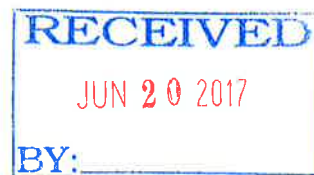
Telephone: 337-609-1255

*Claim No. 161, Case No. 16-50740 and Claim No. 39, Case No. 16-50743

VOTING INFORMATION AND INSTRUCTIONS FOR COMPLETING THE BALLOT

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ACCEPTANCE OR REJECTION OF THE PLAN

The undersigned holder of a Class 2 (), 3 (), 4 (✓) Claim in the unpaid amount of \$ 135⁰⁰ hereby votes to:

Check one box only ☒ ACCEPT THE PLAN ☐ REJECT THE PLAN

Date: 5-1-17
Signature: [Signature]
Print Name: Hughes D. Gaddis, Jr
Company/Creditor: Winnfield Kiwanis Club
Title (if appropriate): Secretary-Treasurer
Address: 1605 West Court St. Winnfield, La.
Telephone: 318-628-2781 71483

VOTING INFORMATION AND INSTRUCTIONS
FOR COMPLETING THE BALLOT

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