

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK**

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In re

Chapter 11

LONG BEACH MEDICAL CENTER, et al.¹,

Case No. 14-70593 (AST)

Debtors.

(Jointly Administered)

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**ORDER PURSUANT TO 11 U.S.C. §§ 105(a) AND 503(a) AND FED. R. BANKR. P. 2002
AND 3003(c)(3) (I) ESTABLISHING DEADLINE TO FILE ADMINISTRATIVE
EXPENSE CLAIMS AND PROCEDURES RELATING THERETO AND (II)
APPROVING FORM AND MANNER OF NOTICE THEREOF**

Upon the ex parte application (the “Application”) of Long Beach Medical Center (“LBMC” or the “Hospital”) and Long Beach Memorial Nursing Home, Inc. d/b/a The Komanoff Center for Geriatric and Rehabilitative Medicine (the “Nursing Home” or “Komanoff”), as debtors-in-possession (each a “Debtor”, and collectively sometimes referred to as the “Debtors”) in these chapter 11 cases pursuant to sections 105(a) and 503(a) of chapter 11 of title 11 of the United States Code (the “Bankruptcy Code”) and Rules 2002 and 3003(c)(3) of the Federal Rules of Bankruptcy Procedure (the “Bankruptcy Rules”) for entry of an order (i) establishing a deadline to file postpetition administrative expense claims and procedures relating thereto, (ii) approving the form and manner of notice of the bar date, and (iii) approving the proposed model proof of claim form, and it appearing that the relief requested is in the best interests of the Debtors, their estates, and creditors and that adequate notice has been given and that no further notice is necessary; and after due deliberation and good and sufficient cause appearing therefor, it is hereby

¹ The debtors in these chapter 11 cases, along with the last four digits of each debtor’s federal tax identification number include: Long Beach Medical Center (5084) and Long Beach Memorial Nursing Home, Inc. dba The Komanoff Center for Geriatric and Rehabilitative Medicine (3422).

ORDERED, that except as otherwise provided herein, all persons and entities that assert entitlement to administrative priority status under sections 503 (excluding holders of claims under section 503(b)(9)²) and/or 507 of the Bankruptcy Code (collectively, the “Administrative Expense Claims”) that arose on or after the Petition Date, February 19, 2014, up to and including June 30, 2016 (the “First Administrative Period”) shall file a proof of such claim (an “Administrative Expense Proof of Claim”) so that it is received on or before **October 19 14, 2016** (the “Administrative Claims Bar Date”); and it is further

ORDERED, that the following Procedures for the filing of Administrative Expense Proofs of Claim shall apply:

- a. Administrative Expense Proofs of Claim must conform substantially to the form annexed hereto as Exhibit “2” (the “Administrative Expense Proof of Claim Form”);
- b. Administrative Expense Proofs of Claim either must be filed (i) by delivering the original Administrative Expense Proof of Claim by U.S. Postal Service so as to be received by the Debtors’ Court-approved claims and noticing agent, Garden City Group, LLC (“GCG”) on or before the Administrative Claims Bar Date to Long Beach Medical Center, c/o GCG, Inc., P.O. Box 10040, Dublin, Ohio 43017-6640; or (iii) by delivering the original Administrative Expense Proof of Claim by hand or overnight mail so as to be received on or before the Administrative Claims Bar Date to Long Beach Medical Center, c/o GCG, Inc., 5151 Blazer Parkway, Suite A, Dublin, Ohio 43017;
- c. Administrative Expense Proofs of Claim will be deemed filed only when received by GCG and timely filed only if actually received by GCG on or before the Administrative Claims Bar Date. Administrative Expense Proofs of Claim may not be delivered electronically or by facsimile, telecopy, or electronic mail transmission
- d. Administrative Expense Proofs of Claim must (i) be signed by the claimant, or, if the claimant is not an individual, by an authorized agent of the

² Persons and entities asserting administrative claims pursuant to section 503(b)(9) of the Bankruptcy Code are required to comply with the deadlines established by the General Bar Date Order. *See* Order Establishing Deadline for Filing Proofs of Claim and Directing the Form and Manner Of Notice (ECF No. 41) (the “General Bar Date Order”).

claimant under penalty of perjury; (ii) set forth with specificity the legal and factual bases for the alleged claim; (iii) include supporting documentation (if voluminous, attach a summary) or explain as to why documentation is not available; ~~and (iv) be in the English language; and (v) be denominated in United States currency (using the exchange rate, if applicable, as of the Commencement Date); and~~

- e. Administrative Expense Proofs of Claim must specify by name and case number the Debtor against which the Administrative Expense Claim is filed; if the holder asserts an Administrative Expense Claim against more than one Debtor or has Administrative Expense Claims against different Debtors, a separate Administrative Expense Proof of Claim must be filed with respect to each Debtor; and it is further

ORDERED, that the following persons or entities need **not** file an Administrative Expense Proof of Claim on or prior to the Administrative Claims Bar Date:

- a. any person or entity that already has filed an Administrative Expense Proof of Claim against the Debtors in the above-captioned chapter 11 cases in a form substantially similar to the Administrative Expense Proof of Claim Form;
- b. any holder of an Administrative Expense Claim that heretofore has been allowed by Order of this Court;
- c. any person or entity whose Administrative Expense Claim has been paid in full by any of the Debtors;
- d. any holder of an Administrative Expense Claim for which specific deadlines previously have been fixed by this Court;
- e. Any Administrative Expense Claim held by the Office of the United States Trustee under section 1930(a)(6) of title 28, United States Code;
- f. any professional having a claim from or in connection with such professional's retention by an order of the Court pursuant to section 327, 328, 363 or 1103 of the Bankruptcy Code;
- g. any holder of a claim against MLAP, as appointed receiver for Komanoff, which arose after November 3, 2015 at 12:01 p.m.; and
- h. any Debtor, or affiliate (as defined in section 101(2) of the Bankruptcy Code) of any Debtor, having an Administrative Expense Claim against another Debtor or any affiliate of another Debtor.

ORDERED, that all holders of Administrative Expense Claims that fail to comply with this Order by timely filing an Administrative Expense Proof of Claim in appropriate form (a) shall not be treated as an administrative creditor with respect to such claim for the purposes of distribution, (b) shall be forever barred, estopped, and enjoined from asserting any such Administrative Expense Claim against the Debtors and their estates, and (c) each of the Debtors and their respective chapter 11 estates, successors, and assigns forever shall be discharged from any and all indebtedness or liability with respect to such Administrative Expense Claims; and it is further

ORDERED, that nothing herein shall not alter the requirement of retained professionals to file an application on notice for approval of fees and expenses pursuant to sections 330 and 331 of the Bankruptcy Code, Bankruptcy Rule 2016, the E.D.N.Y. Local Bankruptcy Rules, and the United States Trustee Fee Guidelines, and to schedule a hearing on the application to be heard by the Court; and it is further

ORDERED, that a copy of the notice substantially in the form annexed hereto as Exhibit “1” (the “Administrative Claims Bar Date Notice”) hereby is approved and shall be deemed adequate and sufficient if served by first-class mail at least sixty (60) days prior to the Administrative Claims Bar Date on:

- a. the Office of the U.S. Trustee;
- b. counsel for the Committee;
- c. all parties known to the Debtors as having an actual or potential Administrative Expense Claim against either of the Debtors’ estates;
- d. the Internal Revenue Service, the United States Attorney’s Office for the Eastern District of New York, and all other applicable Governmental Units;


- e. all parties that have requested notice pursuant to Bankruptcy Rule 2002 (as of the date of entry of the order); and
- f. such additional persons and entities deemed appropriate by the Debtors; and it is further

ORDERED, that the Debtors shall cause GCG to post the Administrative Claims Bar Date Notice and the Administrative Expense Proof of Claim Form on the website established by GCG for these chapter 11 cases: <http://cases.gcginc.com/lob/>; and it is further

ORDERED, that the Debtors and GCG are authorized and empowered to take such steps and perform such acts as may be necessary to implement and effectuate the terms of this Order.

Dated: August 18, 2016
Central Islip, New York





Alan S. Trust
United States Bankruptcy Judge

EXHIBIT 1

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK**

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In re

Chapter 11

LONG BEACH MEDICAL CENTER, et al.¹,

Case No. 14-70593 (AST)

Debtors.

(Jointly Administered)

-----X
**NOTICE OF DEADLINE REQUIRING FILING OF ADMINISTRATIVE EXPENSE
PROOFS OF CLAIM THAT AROSE, ACCRUED OR OTHERWISE BECAME
PAYABLE FROM FEBRUARY 19, 2014 THROUGH JUNE 30, 2016**

**TO ALL CREDITORS, PARTIES IN INTEREST AND GOVERNMENTAL
UNITS THAT MAY HAVE AN ADMINISTRATIVE CLAIM
AGAINST THE DEBTORS:**

The United States Bankruptcy Court for the Eastern District of New York (the “Court”) has entered an Order (the “Administrative Claims Bar Date”) establishing **October 14, 2016** as the last date for each person or entity to file requests for allowance and payment of administrative claims (an “Administrative Expense Claim”) against Long Beach Medical Center and Long Beach Memorial Nursing Home, Inc. dba The Komanoff Center for Geriatric and Rehabilitative Medicine (collectively, the “Debtors”) which arose on or after February 19, 2014 (the “Commencement Date”) up to and including June 30, 2016 (the “First Administrative Period”) except for those holders of the claims listed in Section 4 below. **Such Administrative Expense Claims shall be deemed filed only when they are actually received.** With respect to any Administrative Claims that arise, accrue or otherwise become payable after June 30, 2016, the Court will fix a supplemental bar date. You will receive notice of that date at a later time.

1. WHO MUST FILE AN ADMINISTRATIVE EXPENSE CLAIM

THE ADMINISTRATIVE BAR DATE DOES NOT APPLY TO CLAIMS THAT AROSE BEFORE FEBRUARY 19, 2014 AS A SEPARATE BAR DATE HAS PREVIOUSLY BEEN ESTABLISHED FOR SUCH CLAIMS, AND YOU DO NOT NEED TO FILE AN ADMINISTRATIVE EXPENSE PROOF OF CLAIM FORM.

YOU SHOULD NOT FILE AN ADMINISTRATIVE EXPENSE CLAIM FORM IF YOU DO NOT HAVE AN ADMINISTRATIVE EXPENSE CLAIM AGAINST THE DEBTORS, OR IF THE ADMINISTRATIVE CLAIM YOU HELD AGAINST THE DEBTORS HAS ALREADY BEEN PAID IN FULL.

¹ The debtors in these chapter 11 cases, along with the last four digits of each debtor’s federal tax identification number include: Long Beach Medical Center (5084) and Long Beach Memorial Nursing Home, Inc. dba The Komanoff Center for Geriatric and Rehabilitative Medicine (3422).

THIS NOTICE IS BEING SENT TO MANY PERSONS AND ENTITIES THAT HAVE HAD SOME RELATIONSHIP WITH OR MAY HAVE DONE BUSINESS WITH THE DEBTORS. SOME RECIPIENTS OF THIS NOTICE MAY NOT HAVE AN UNPAID ADMINISTRATIVE EXPENSE CLAIM. THE FACT THAT YOU HAVE RECEIVED THIS NOTICE DOES NOT MEAN YOU HAVE A CLAIM OR THAT THE DEBTORS OR THE COURT BELIEVE THAT YOU HAVE A CLAIM.

You MUST file an Administrative Expense Claim to share in distributions from the Debtors' bankruptcy estates if you have a claim that arose during the First Administrative Period of February 19, 2014 through June 30, 2016, and it is not one of the types of claims described in Section 4 below. Claims based on acts or omissions of the Debtors that occurred during the First Administrative Period (other than the type of claims described in Section 4 below), must be filed on or prior to the Administrative Claims Bar Date, even if such claims are not now fixed, liquidated or certain or did not mature or become fixed, liquidated or certain before June 30, 2016.

Under section 101(5) of the Bankruptcy Code and as used in this Notice, the word "claim" means: (a) a right to payment, whether or not such right is reduced to judgment, liquidated, unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal, equitable, secured, or unsecured; or (b) a right to an equitable remedy for breach of performance if such breach gives rise to a right to payment, whether or not such right to an equitable remedy is reduced to judgment, fixed, contingent, matured, unmatured, disputed, undisputed, secured, or unsecured.

11 U.S.C. § 503 defines administrative expense claims, in part, as all "necessary costs and expenses" of preserving the debtor's estate, including wages, salaries and commissions (and any taxes withheld from such wages, salaries or commissions). If you supplied goods or services to the Debtors during the period of February 19, 2014 through June 30, 2016, and have not been paid for those goods or services, then you may have an administrative claim. If you provided goods or services before February 19, 2014, then you do not have an administrative claim for those goods or services. Please consult your legal advisor if you have any uncertainty as to whether your proposed claim may constitute an administrative claim. The preceding explanation is intended to provide guidance, not to serve as legal advice.

For avoidance of doubt, for purposes of this Notice, Administrative Expense Claims do not include section 503(b)(9) claims which were subject to a general bar date order established pursuant to an Order of the Court entered on February 26, 2014 [Docket No. 41].

2. WHAT TO FILE

Enclosed is a proof of claim form for Administrative Expense Claims (the "Administrative Expense Claim Form") for use in these cases. Additional forms may be obtained at <http://cases.gcginc.com/lob/>.

All Administrative Expense Claims Forms must be signed by the claimant or by an authorized agent of the claimant, written in English, and be denominated in United States

currency (using the exchange rate, if applicable, as of the Commencement Date). It must set forth with specificity the legal and factual bases for the Administrative Expense Claim and contain any documents on which the Administrative Expense Claim is based.

Do not put your full social security numbers or taxpayer identification numbers, a complete birth date, the name of a minor, or a financial account number (only the last four (4) digits of such account number) on an Administrative Expense Claim Form.

Holders of Administrative Expense Claims against more than one Debtor must file a separate Administrative Expense Claim Forms against each Debtor.

3. WHEN AND WHERE TO FILE

All original Administrative Expense Claim Forms (and, where necessary, accompanying documentation) must be filed **so as to be actually received on or before October 14, 2016**, at the following addresses:

IF DELIVERED BY FIRST CLASS MAIL:	IF DELIVERED BY HAND OR OVERNIGHT DELIVERY:
Long Beach Medical Center c/o GCG, Inc., P.O. Box 10040 Dublin, Ohio 43017-6640	Long Beach Medical Center c/o GCG, Inc. 5151 Blazer Parkway, Suite A Dublin, Ohio 43017

Administrative Expense Claim Forms may not be delivered electronically or by facsimile, telecopy, or electronic mail transmission.

4. WHO NEED NOT FILE AN ADMINISTRATIVE EXPENSE CLAIM

The following persons or entities need **not** file an Administrative Expense Claim Form on or prior to the Administrative Claims Bar Date:

- a. any person or entity that already has filed an Administrative Expense Proof of Claim against the Debtors in the above-captioned chapter 11 cases in a form substantially similar to the Administrative Expense Proof of Claim Form;
- b. any holder of an Administrative Expense Claim that heretofore has been allowed by Order of this Court;
- c. any person or entity whose Administrative Expense Claim has been paid in full by any of the Debtors;
- d. any holder of an Administrative Expense Claim for which specific deadlines previously have been fixed by this Court;

- e. Any Administrative Expense Claim held by the Office of the United States Trustee under section 1930(a)(6) of title 28, United States Code;
- f. any professional having a claim from or in connection with such professional's retention by an order of the Court pursuant to section 327, 328, 363 or 1103 of the Bankruptcy Code;
- g. any holder of a claim against MLAP, as appointed receiver for Komanoff, which arose after November 3, 2015 at 12:01 p.m.; and
- h. any Debtor, or affiliate (as defined in section 101(2) of the Bankruptcy Code) of any Debtor, having an Administrative Expense Claim against another Debtor or any affiliate of another Debtor.

This Notice may be sent to many persons and entities that have had some relationship with or have done business with the Debtors but may not have an unpaid claim against the Debtors. The fact that you have received this Notice does not mean that you have an Administrative Expense Claim or any other type of claim or that the Debtors or the Court believe that you have a claim against the Debtors.

5. CONSEQUENCES OF FAILURE TO FILE AN ADMINISTRATIVE EXPENSE CLAIM FORM BY THE ADMINISTRATIVE CLAIMS BAR DATE

EXCEPT WITH RESPECT TO CLAIMS OF THE TYPE SET FORTH IN SECTION 4 ABOVE, ANY HOLDER OF AN ADMINISTRATIVE EXPENSE CLAIM THAT FAILS TO PROPERLY FILE AN ADMINISTRATIVE EXPENSE CLAIM FORM WITH PROPER SUPPORTING DOCUMENTATION ON OR BEFORE THE ADMINISTRATIVE BAR DATE, FOR ANY ADMINISTRATIVE EXPENSE CLAIMS AGAINST THE DEBTORS WILL BE FOREVER BARRED, ESTOPPED AND ENJOINED FROM ASSERTING SUCH CLAIM AGAINST THE DEBTORS, THEIR ESTATES OR THEIR PROPERTY, AND THE DEBTORS' ESTATES SHALL BE FOREVER DISCHARGED FROM ANY AND ALL INDEBTEDNESS OR LIABILITY WITH RESPECT TO SUCH CLAIM, AND THE POTENTIAL CLAIMANT SHALL NOT BE PERMITTED TO PARTICIPATE IN ANY DISTRIBUTION IN THE DEBTORS' CHAPTER 11 CASES ON ACCOUNT OF SUCH CLAIM OR TO RECEIVE FURTHER NOTICES REGARDING SUCH CLAIM.

A HOLDER OF A POTENTIAL ADMINISTRATIVE EXPENSE CLAIM AGAINST THE DEBTORS SHOULD CONSULT AN ATTORNEY REGARDING ANY MATTERS NOT COVERED BY THIS NOTICE, SUCH AS WHETHER THE HOLDER SHOULD FILE AN ADMINISTRATIVE EXPENSE CLAIM FORM.

Dated: Great Neck, New York
_____, 2016

BY ORDER OF THE COURT

GARFUNKEL WILD, P.C.
111 Great Neck Road
Great Neck, NY 11021
Telephone: (516) 393-2200
Facsimile: (516) 466-5964
Burton S. Weston
Adam T. Berkowitz
Phillip Khezri

*Counsel for the Debtors and
Debtors in Possession*

EXHIBIT 2



UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK	ADMINISTRATIVE EXPENSE PROOF OF CLAIM	Administrative Expense Bar Date TBD
Note: This form should only be used by claimants asserting an Administrative Expense arising between February 19, 2014 through June 30, 2016 (the "Administrative Claim Period"). THIS FORM SHOULD NOT BE USED FOR ANY CLAIMS THAT ARE NOT OF A KIND ENTITLED TO PRIORITY IN ACCORDANCE WITH 11 U.S.C. §§ 503(b) and 507(a)(2).		
Indicate Debtor(s) against which you assert a claim by checking the appropriate box(es) below.		
Name of Debtor (Check Only One): <input type="checkbox"/> Long Beach Medical Center <input type="checkbox"/> Long Beach Memorial Nursing Home d/b/a The Komanoff Center for Geriatric and Rehabilitative Medicine	Case No. 14-70593 14-70597	
Name of Creditor (The person or entity to whom the debtor owes money or property)	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your administrative expense claim. Attach copy of statement giving particulars.	
Name and Addresses Where Notices Should be Sent:	Check here if this claim: <input type="checkbox"/> replaces or <input type="checkbox"/> amends a previously filed administrative expense claim. Claim Number (if known): _____ Dated: _____	
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:		
1. BASIS FOR CLAIM: <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Personal Injury/Wrongful Death <input type="checkbox"/> Wages (Dates) _____ <input type="checkbox"/> Money loaned <input type="checkbox"/> Taxes <input type="checkbox"/> Retiree Benefits as Defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Other(Specify: _____)		
2. DATE DEBT WAS INCURRED (IF KNOWN):		
3. DESCRIPTION OF CLAIM (IF KNOWN):		
4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: \$ _____ (Total)		
5. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.	THIS SPACE IS FOR COURT USE ONLY	
6. SUPPORTING DOCUMENTS: <i>Attach copies of supporting documents</i> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. Do not send original documents. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
7. TIME-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
8. Signature: Check the appropriate box. <input type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004.) <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.) (Attach copy of power of attorney, if any)		
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.		
Print Name: _____ Title: _____ (Signature) _____ (Date) Company: _____ Address and telephone number (if different from notice address above): _____ _____ Telephone number: _____ email: _____		

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: **IF BY MAIL:** Long Beach Medical Center, c/o GCG, P.O. Box 10040, Dublin, Ohio 43017-6640. **IF BY HAND OR OVERNIGHT COURIER:** Long Beach Medical Center, c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.