

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION**

In re:	§	Chapter 11
	§	
THE LASALLE GROUP, INC., <i>et al.</i> , ¹	§	Case No. 19-31484
	§	
Debtors.	§	(Jointly Administered)

**GLOBAL NOTES, METHODOLOGY AND SPECIFIC
DISCLOSURES REGARDING THE DEBTORS' SCHEDULES OF
ASSETS AND LIABILITIES AND STATEMENT OF FINANCIAL AFFAIRS**

Introduction

The LaSalle Group, Inc., West Houston Memory Care, LLC, Cinco Ranch Memory Care, LLC, Pearland Memory Care, LLC and Riverstone Memory Care, LLC (collectively, the “**Debtors**”) with the assistance of their advisors, have filed their respective Schedules of Assets and Liabilities (the “**Schedules**”) and Statements of Financial Affairs (the “**Statements**,” and together with the Schedules, the “**Schedules and Statements**”) with the United States Bankruptcy Court for the Northern District of Texas (the “**Bankruptcy Court**”), pursuant to section 521 of title 11 of the United States Code (the “**Bankruptcy Code**”) and Rule 1007 of the Federal Rules of Bankruptcy Procedure (the “**Bankruptcy Rules**”).

These Global Notes, Methodology, and Specific Disclosures Regarding the Debtors’ Schedules of Assets and Liabilities and Statement of Financial Affairs (the “**Global Notes**”) pertain to, are incorporated by reference in, and comprise an integral part of each Debtor’s Schedules and Statements. The Global Notes should be referred to, considered, and reviewed in connection with any review of the Schedules and Statements.

The Schedules and Statements do not purport to represent financial statements prepared in accordance with Generally Accepted Accounting Principles in the United States (“**GAAP**”), nor are they intended to be fully reconciled with the financial statements of each Debtor (whether publicly filed or otherwise). Additionally, the Schedules and Statements contain unaudited information that is subject to further review and potential adjustment, and reflect the Debtors’ reasonable efforts to report the assets and liabilities of each Debtor on an unconsolidated basis.

In preparing the Schedules and Statements, the Debtors relied upon information derived from their books and records that was available at the time of such preparation. Although the Debtors have made reasonable efforts to ensure the accuracy and completeness

¹ The Debtors in the Chapter 11 cases, along with the last four digits of each Debtor’s federal tax identification number, are set forth in the Order (I) Directing Joint Administration of Chapter 11 Cases, and (II) Granting Related Relief [Docket No. 35] and may also be found on the Debtors’ claims agent’s website at <https://www.donlinrecano.com/lasalle>. The Debtors’ mailing address is 545 E. John Carpenter Freeway, Suite 500, Irving, Texas 75062.

of such financial information, inadvertent errors or omissions, as well as the discovery of conflicting, revised, or subsequent information, may cause a material change to the Schedules and Statements.

The Debtors and their officers, employees, agents, attorneys, and financial advisors do not guarantee or warrant the accuracy or completeness of the data that is provided in the Schedules and Statements and shall not be liable for any loss or injury arising out of or caused in whole or in part by the acts, omissions, whether negligent or otherwise, in procuring, compiling, collecting, interpreting, reporting, communicating or delivering the information contained in the Schedules and Statements. Except as expressly required by the Bankruptcy Code, the Debtors and their officers, employees, agents, attorneys and financial advisors expressly do not undertake any obligation to update, modify, revise, or re-categorize the information provided in the Schedules and Statements or to notify any third party should the information be updated, modified, revised, or re-categorized. The Debtors, on behalf of themselves, their officers, employees, agents and advisors disclaim any liability to any third party arising out of or related to the information contained in the Schedules and Statements and reserve all rights with respect thereto.

The Schedules and Statements have been signed by an authorized representative of each of the Debtors. In reviewing and signing the Schedules and Statements, this representative relied upon the efforts, statements and representations of the Debtors' other personnel and professionals. The representative has not (and could not have) personally verified the accuracy of each such statement and representation, including, for example, statements and representations concerning amounts owed to creditors and their addresses.

Global Notes and Overview of Methodology

- 1. Reservation of Rights.** Reasonable efforts have been made to prepare and file complete and accurate Schedules and Statements; however, inadvertent errors or omissions may exist. The Debtors reserve all rights to amend or supplement the Schedules and Statements from time to time, in all respects, as may be necessary or appropriate, including, without limitation, the right to amend the Schedules and Statements with respect to any claim ("**Claim**") description, designation, or Debtor against which the Claim is asserted; dispute or otherwise assert offsets or defenses to any Claim reflected in the Schedules and Statements as to amount, liability, priority, status, or classification; subsequently designate any Claim as "disputed," "contingent," or "unliquidated;" or object to the extent, validity, enforceability, priority, or avoidability of any Claim. Any failure to designate a Claim in the Schedules and Statements as "disputed," "contingent," or "unliquidated" does not constitute an admission by the Debtors that such Claim or amount is not "disputed," "contingent," or "unliquidated." Listing a Claim does not constitute an admission of liability by the Debtor against which the Claim is listed or against any of the Debtors. Furthermore, nothing contained in the Schedules and Statements shall constitute a waiver of rights with respect to the Debtors' chapter 11 cases, including, without limitation, issues involving Claims, substantive consolidation, defenses, equitable subordination, recharacterization, and/or causes of action arising under the provisions of chapter 5 of the Bankruptcy Code, and any other relevant non-bankruptcy laws to recover assets or avoid transfers. Any specific reservation of rights contained elsewhere in the Global Notes does not limit in any respect the general

reservation of rights contained in this paragraph. Notwithstanding the foregoing, the Debtors shall not be required to update the Schedules and Statements.

The listing in the Schedules or Statements (including, without limitation, Schedule A/B, Schedule E/F or Statement 4) by the Debtors of any obligation between a Debtor and another Debtor is a statement of what appears in the Debtors' books and records and does not reflect any admission or conclusion of the Debtors regarding whether such amount would be allowed as a Claim or how such obligations may be classified and/or characterized in a plan of reorganization or by the Bankruptcy Court.

- 2. Description of Cases and "as of" Information Date.** On May 2, 2019 (the "**Petition Date**"), the Debtors filed voluntary petitions for relief under chapter 11 of the Bankruptcy Code. The Debtors are operating their businesses and managing their properties as debtors in possession pursuant to sections 1107(a) and 1108 of the Bankruptcy Code. On May 7, 2019, the Bankruptcy Court entered an order directing procedural consolidation and joint administration of the Debtors' chapter 11 cases [Docket No. 35].

The asset information provided in the Schedules and Statements, except as otherwise noted, represents the asset data of the Debtors as of April 30, 2019, and the liability information provided herein, except as otherwise noted, represents the liability data of the Debtors as of May 2, 2019.

- 3. Net Book Value of Assets.** It would be prohibitively expensive, unduly burdensome, and an inefficient use of estate assets for the Debtors to obtain current market valuations for all of their assets. Accordingly, unless otherwise indicated, the Debtors' Schedules and Statements reflect net book values as of April 30, 2019, in the Debtors' books and records. Additionally, because the book values of certain assets, may materially differ from their fair market values, they may be listed as undetermined amounts as of the Petition Date. Furthermore, as applicable, assets that have fully depreciated or were expensed for accounting purposes may not appear in the Schedules and Statements if they have no net book value.
- 4. Recharacterization.** Notwithstanding the Debtors' reasonable efforts to properly characterize, classify, categorize, or designate certain Claims, assets, executory contracts, unexpired leases, and other items reported in the Schedules and Statements, the Debtors may, nevertheless, have improperly characterized, classified, categorized, designated, or omitted certain items due to the complexity and size of the Debtors' businesses. Accordingly, the Debtors reserve all of their rights to recharacterize, reclassify, recategorize, redesignate, add, or delete items reported in the Schedules and Statements at a later time as is necessary or appropriate as additional information becomes available, including, without limitation, whether contracts or leases listed herein were deemed executory or unexpired as of the Petition Date and remain executory and unexpired postpetition.
- 5. Real Property and Personal Property-Leased.** In the ordinary course of their businesses, the Debtors leased real property and various articles of personal property, including, fixtures, and equipment, from certain third-party lessors. The Debtors have made reasonable efforts to list all such leases in the Schedules and Statements. The Debtors have made reasonable efforts to include lease obligations on Schedule D (secured

debt) to the extent applicable and to the extent the lessor filed a UCC-1. However, nothing in the Schedules or Statements is or shall be construed as an admission or determination as to the legal status of any lease (including whether to assume and assign or reject such lease or whether it is a true lease or a financing arrangement).

6. **Excluded Assets and Liabilities.** The Debtors have sought to allocate liabilities between the prepetition and post-petition periods based on the information and research conducted in connection with the preparation of the Schedules and Statements. As additional information becomes available and further research is conducted, the allocation of liabilities between the prepetition and post-petition periods may change.

The liabilities listed on the Schedules do not reflect any analysis of Claims under section 503(b)(9) of the Bankruptcy Code. Accordingly, the Debtors reserve all of their rights to dispute or challenge the validity of any asserted Claims under section 503(b)(9) of the Bankruptcy Code or the characterization of the structure of any such transaction or any document or instrument related to any creditor's Claim.

The Debtors have excluded certain categories of assets, tax accruals, and liabilities from the Schedules and Statements, including, without limitation, goodwill, accrued salaries, employee benefit accruals, and deferred gains. In addition, certain immaterial assets and liabilities may have been excluded.

The Bankruptcy Court has authorized the Debtors to pay, in their discretion, certain outstanding Claims on a post-petition basis. Prepetition liabilities which have been paid post-petition have been excluded from the Schedules and Statements. To the extent the Debtors pay any of the claims listed in the Schedules and Statements pursuant to any orders entered by the Bankruptcy Court, the Debtors reserve all rights to amend and supplement the Schedules and Statements and take other action, such as filing claims objections, as is necessary and appropriate to avoid overpayment or duplicate payment for such liabilities.

7. **Insiders.** Solely, for purposes of the Schedules and Statements, the Debtors define "insiders" to include the following: (a) directors; (b) senior level officers; (c) equity holders holding in excess of 5% of the voting securities of the Debtor entities; (d) non-debtor affiliates; and (e) relatives of any of the foregoing (to the extent known by the Debtors). Entities listed as "insiders" have been included for informational purposes and their inclusion shall not constitute an admission that those entities are insiders for purposes of section 101(31) of the Bankruptcy Code.
8. **Intellectual Property Rights.** The exclusion of any intellectual property shall not be construed as an admission that such intellectual property rights have been abandoned, terminated, assigned, expired by their terms, or otherwise transferred pursuant to a sale, acquisition, or other transaction. Conversely, inclusion of certain intellectual property shall not be construed to be an admission that such intellectual property rights have not been abandoned, terminated, assigned, expired by their terms, or otherwise transferred pursuant to a sale, acquisition, or other transaction.
9. **Intercompany and Other Transactions.** For certain reporting and internal accounting purposes, the Debtors record certain intercompany receivables and payables. Receivables and payables among the Debtors and its non-debtor affiliates are reported as assets on

Schedule A/B 77 or liabilities on Schedule E/F part 2, as appropriate (collectively, the “*Intercompany Claims*”). Intercompany Claims are reported as of April 30, 2019, updated, where practical, to reflect values as of the Petition Date for accounts that have had material changes since April 30, 2019. While the Debtors have used commercially reasonable efforts to ensure that the proper intercompany balance is attributed to each legal entity, the Debtors and their estates reserve all rights to amend the Intercompany Claims in the Schedules and Statements, including, without limitation, to change the characterization, classification, categorization or designation of such claims, including, but not limited to, the right to assert that any or all Intercompany Claims are, in fact, consolidated or otherwise properly assets or liabilities of a different Debtor entity. Although separate Schedules and Statements have been prepared and filed for each of the Debtors, certain of the information set forth in the Schedules and Statements has been prepared on a consolidated basis. As a result, the Schedules and Statements may not reflect all intercompany activity.

- 10. Executory Contracts and Unexpired Leases.** Although the Debtors made diligent attempts to attribute executory contracts and unexpired leases to their rightful Debtors, in certain instances, the Debtors may have inadvertently failed to do so due to the complexity and size of the Debtors’ businesses.

Moreover, other than real property leases reported in Schedule A/B 55, the Debtors have not necessarily set forth executory contracts and unexpired leases as assets in the Schedules and Statements, even though these contracts and leases may have some value to the Debtors’ estates. The Debtors’ executory contracts and unexpired leases have been set forth in Schedule G.

- 11. Materialman’s/Mechanic’s Liens.** The assets listed in the Schedules and Statements are presented without consideration of any materialman’s or mechanic’s liens.

- 12. Classifications.** Listing a Claim or contract on (a) Schedule D as “secured,” (b) Schedule E/F part 1 as “priority,” (c) Schedule E/F part 2 as “unsecured,” or (d) Schedule G as “executory” or “unexpired,” does not constitute an admission by the Debtors of the legal rights of the Claimant, or a waiver of the Debtors’ rights to recharacterize or reclassify such Claims or contracts or leases or to exercise their rights to setoff against such Claims.

- 13. Claims Description.** Schedules D and E/F permit each Debtor to designate a Claim as “disputed,” “contingent,” and/or “unliquidated.” Any failure to designate a Claim on a given Debtor’s Schedules and Statements as “disputed,” “contingent,” or “unliquidated” does not constitute an admission by that Debtor that such amount is not “disputed,” “contingent,” or “unliquidated,” or that such Claim is not subject to objection. Moreover, listing a Claim does not constitute an admission of liability by the Debtors.

- 14. Causes of Action.** Despite their reasonable efforts to identify all known assets, the Debtors may not have listed all of their causes of action or potential causes of action against third-parties as assets in the Schedules and Statements, including, without limitation, causes of actions arising under the provisions of chapter 5 of the Bankruptcy Code and any other relevant non-bankruptcy laws to recover assets or avoid transfers. The Debtors reserve all of their rights with respect to any cause of action (including avoidance actions), controversy, right of setoff, cross-Claim, counter-Claim, or

recoupment and any Claim on contracts or for breaches of duties imposed by law or in equity, demand, right, action, lien, indemnity, guaranty, suit, obligation, liability, damage, judgment, account, defense, power, privilege, license, and franchise of any kind or character whatsoever, known, unknown, fixed or contingent, matured or unmatured, suspected or unsuspected, liquidated or unliquidated, disputed or undisputed, secured or unsecured, assertable directly or derivatively, whether arising before, on, or after the Petition Date, in contract or in tort, in law, or in equity, or pursuant to any other theory of law (collectively, “**Causes of Action**”) they may have, and neither these Global Notes nor the Schedules and Statements shall be deemed a waiver of any Claims or Causes of Action or in any way prejudice or impair the assertion of such Claims or Causes of Action.

15. Summary of Significant Reporting Policies. The following is a summary of significant reporting policies:

- a. Undetermined Amounts. The description of an amount as “unknown,” “TBD” or “undetermined” is not intended to reflect upon the materiality of such amount.
- b. Totals. All totals that are included in the Schedules and Statements represent totals of all known amounts. To the extent there are unknown or undetermined amounts, the actual total may be different than the listed total.
- c. Liens. Property and equipment listed in the Schedules and Statements are presented without consideration of any liens that may attach (or have attached) to such property and equipment.

16. Estimates and Assumptions. Because of the timing of the filings, management was required to make certain estimates and assumptions that affected the reported amounts of these assets and liabilities. Actual amounts could differ from those estimates, perhaps materially.

17. Currency. Unless otherwise indicated, all amounts are reflected in U.S. dollars.

18. Intercompany. The listing in the Schedules or Statements (including, without limitation, Schedule A/B or Schedule E/F) by the Debtors of any obligation between a Debtor and another Debtor or a non-debtor affiliate is a statement of what appears in the Debtors’ books and records and does not reflect any admission or conclusion of the Debtors regarding whether such amount would be allowed as a Claim or how such obligations may be classified and/or characterized in a plan of reorganization or by the Bankruptcy Court.

19. Setoffs. The Debtors incur certain offsets and other similar rights during the ordinary course of business. Offsets in the ordinary course can result from various items, including, without limitation, intercompany transactions, pricing discrepancies, returns, refunds, warranties, debit memos, credits, and other disputes between the Debtors and their suppliers and/or customers. These offsets and other similar rights are consistent

with the ordinary course of business in the Debtors' industry and are not tracked separately. Therefore, although such offsets and other similar rights may have been accounted for when certain amounts were included in the Schedules, offsets are not independently accounted for, and as such, are or may be excluded from the Debtors' Schedules and Statements.

- 20. Resident Names and Addresses.** Resident names and addresses have been removed from the entries listed on the Schedules and Statements and have been replaced with reference to a unique resident number. Such redacted information is available upon request of the Office of the United States Trustee and the Bankruptcy Court. The Debtors will mail any required notice or other documents to the responsible parties' that have been designated by the residents for making medical, legal, and financial decisions.
- 21. Global Notes Control.** If the Schedules and Statements differ from these Global Notes, the Global Notes shall control.

Specific Disclosures with Respect to the Debtors' Schedules

Schedule A/B. All values set forth in Schedule A/B reflect the book value of the Debtors' assets as of April 30, 2019, unless otherwise noted below. Other than real property leases reported on Schedule A/B 55, the Debtors have not included leases and contracts on Schedule A/B. Leases and contracts are listed on Schedule G.

Schedule A/B 3. Cash values held in financial accounts are listed on Schedule A/B 3 as of May 2, 2019. Details with respect to the Debtors' cash management system and bank accounts are provided in the *Debtors' Emergency Motion Pursuant To Sections 105(A), 345(B), 363(C), And 364(A) Of The Bankruptcy Code For Authorization To (I) Continue To Use Existing Cash Management System, (II) Maintain Existing Bank Accounts, And (III) Waive Certain Deposit Guidelines* [Docket No. 9] (the "**Cash Management Motion**").

Schedule A/B 11. Accounts receivable do not include intercompany receivables. Intercompany receivables are reported in Schedule A/B 77.

Schedule A/B 15. Ownership interests in subsidiaries have been listed in Schedules A/B 15 as an undetermined amount because the fair market value of such ownership is dependent on numerous variables and factors and likely differs significantly from their net book value.

Schedule A/B 55. The Debtors have listed owned real property in Schedule A/B 55. The Debtors have also listed their real property leases in Schedule A/B 55.

Schedule A/B 63. The Debtors maintain a resident mailing list. The amount is listed as undetermined because the fair market value of such ownership cannot be determined.

Schedule A/B 74 & 75. In the ordinary course of their businesses, the Debtors may have accrued, or may subsequently accrue, certain rights to counter-Claims, setoffs, refunds, or warranty Claims. Additionally, certain of the Debtors may be a party to

pending litigation in which the Debtors have asserted, or may assert, Claims as a plaintiff or counter-Claims as a defendant. Because such Claims are unknown to the Debtors and not quantifiable as of the Petition Date, they are not listed on Schedule A/B 74 or 75. The Debtors' failure to list any contingent and/or unliquidated claim held by the Debtors in response to these questions shall not constitute a waiver, release, relinquishment, or forfeiture of such claim.

Schedule D. The Claims listed on Schedule D arose or were incurred on various dates; a determination of the date upon which each Claim arose or was incurred would be unduly burdensome and cost prohibitive. Accordingly, not all such dates are included. All Claims listed on Schedule D, however, appear to have been incurred before the Petition Date.

Reference to the applicable loan agreements and related documents is necessary for a complete description of the collateral and the nature, extent, and priority of liens. Nothing in the Global Notes or the Schedules and Statements shall be deemed a modification or interpretation of the terms of such agreements. Except as specifically stated on Schedule D, real property lessors, utility companies, and other parties that may hold security deposits have not been listed on Schedule D. Nothing herein shall be construed as an admission by the Debtors of the legal rights of the Claimant or a waiver of the Debtors' rights to recharacterize or reclassify such Claim or contract.

Moreover, the Debtors have not included on Schedule D parties that may believe their Claims are secured through setoff rights, letters of credit, surety bonds, or inchoate statutory lien rights.

Schedule E/F part 2. The Debtors have used reasonable efforts to report all general unsecured Claims against the Debtors on Schedule E/F part 2, based upon the Debtors' books and records as of the Petition Date.

Determining the date upon which each Claim on Schedule E/F part 2 was incurred or arose would be unduly burdensome and cost prohibitive and, therefore, the Debtors do not list a date for each Claim listed on Schedule E/F part 2. Furthermore, claims listed on Schedule E/F part 2 may have been aggregated by unique creditor name and remit to address and may include several dates of incurrence for the aggregate balance listed.

Schedule E/F part 2 contains information regarding pending litigation involving the Debtors. The dollar amount of potential Claims associated with any such pending litigation is listed as "undetermined" and marked as contingent, unliquidated, and disputed in the Schedules and Statements. Some of the litigation Claims listed on Schedule E/F may be subject to subordination pursuant to section 510 of the Bankruptcy Code. Schedule E/F part 2 also includes potential or threatened litigation claims. Any information contained in Schedule E/F part 2 with respect to such potential litigation shall not be a binding representation of the Debtors' liabilities with respect to any of the potential suits and proceedings included therein. The Debtors expressly incorporate by reference into Schedule E/F part 2 all parties to pending litigation listed in the Debtors' Statements 7, as contingent, unliquidated, and disputed claims, to the extent not already listed on Schedule E/F part 2.

Schedule E/F part 2 reflects the prepetition amounts owing to counterparties to executory contracts and unexpired leases. Such prepetition amounts, however, may be paid in connection with the assumption, or assumption and assignment, of executory contracts or

unexpired leases. Additionally, Schedule E/F part 2 does not include potential rejection damage Claims, if any, of the counterparties to executory contracts and unexpired leases that may be rejected.

In addition, to the extent a vendor or supplier invoices The LaSalle Group, Inc. directly for goods and services provided to the other Debtors, the Debtors have listed such vendor or supplier in Schedule E/F part 2 as either: (i) “The LaSalle Group, Inc. for the benefit of [vendor/supplier name];” (ii) “Lake Superior Contracting, LP for the benefit of”; (iii) TLG Family Management, for the benefit of”; (iv) The LaSalle Group, Inc. d/b/a Autumn Leaves”; or (v) “The LaSalle Group Inc. d/b/a Constant Care Family Management”. Accordingly, if a vendor or supplier cannot locate their name ALPHA sorted in Schedule E/F Part 2, they should review the section of Schedule E/F, part 2 beginning with the ALPHA sort as listed in items (i) through (v) above.

Schedule G. Certain information, such as the contact information of the counter-party, may not be included where such information could not be obtained using the Debtors’ reasonable efforts. Listing or omitting a contract or agreement on Schedule G does not constitute an admission that such contract or agreement is or is not an executory contract or unexpired lease, was in effect on the Petition Date, or is valid or enforceable. Certain of the leases and contracts listed on Schedule G may contain certain renewal options, guarantees of payment, indemnifications, options to purchase, rights of first refusal, and other miscellaneous rights. Such rights, powers, duties, and obligations are not set forth separately on Schedule G.

Certain confidentiality and non-disclosure agreements may not be listed on Schedule G.

Certain of the contracts and agreements listed on Schedule G may consist of several parts, including, purchase orders, amendments, restatements, waivers, letters, and other documents that may not be listed on Schedule G or that may be listed as a single entry. In some cases, the same supplier or provider appears multiple times on Schedule G. This multiple listing is intended to reflect distinct agreements between the applicable Debtor and such supplier or provider. The Debtors expressly reserve their rights to challenge whether such related materials constitute an executory contract, a single contract or agreement, or multiple, severable or separate contracts.

The contracts, agreements, and leases listed on Schedule G may have expired or may have been modified, amended, or supplemented from time to time by various amendments, restatements, waivers, estoppel certificates, letters, memoranda and other documents, instruments, and agreements that may not be listed therein despite the Debtors’ use of reasonable efforts to identify such documents. Further, unless otherwise specified on Schedule G, each executory contract or unexpired lease listed thereon shall include all exhibits, schedules, riders, modifications, declarations, amendments, supplements, attachments, restatements, or other agreements made directly or indirectly by any agreement, instrument, or other document that in any manner affects such executory contract or unexpired lease, without respect to whether such agreement, instrument, or other document is listed thereon.

In addition, the Debtors may have entered into various other types of agreements in the ordinary course of their businesses, such as subordination, nondisturbance, and attornment agreements, supplemental agreements, settlement agreements, amendments/letter agreements,

title agreements and confidentiality agreements. Such documents may not be set forth on Schedule G. Certain of the executory agreements may not have been memorialized and could be subject to dispute. Executory agreements that are oral in nature have not been included on the Schedule G.

Schedule H. For purposes of Schedule H, the Debtors that are either the principal obligors or guarantors under the prepetition debt facilities are listed as Co-Debtors on Schedule H. The Debtors may not have identified certain guarantees associated with the Debtors' executory contracts, unexpired leases, secured financings, debt instruments, and other such agreements.

In the ordinary course of their businesses, the Debtors may be involved in pending or threatened litigation. These matters may involve multiple plaintiffs and defendants, some or all of whom may assert cross-Claims and counter-Claims against other parties. Because the Debtors have treated all such Claims as contingent, disputed, or unliquidated, such Claims have not been set forth individually on Schedule H. Litigation matters can be found on each Debtor's Schedule E/F part 2 and Statement 7, as applicable.

Specific Disclosures with Respect to the Debtors' Statements

Statement 3. Statement 3 includes any disbursement or other transfer made by the Debtors within 90 days before the Petition Date except for those made to insiders (which payments appear in response to Statement question 4), employees, and bankruptcy professionals (which payments appear in Statement 11 and include any retainers paid to bankruptcy professionals). The amounts listed in Statement 3 reflect the Debtors' disbursements netted against any check level detail; thus, to the extent a disbursement was made to pay for multiple invoices, only one entry has been listed on Statement 3.

Statement 4. Statement 4 accounts for a respective Debtor's intercompany transactions, as well as other transfers to insiders as applicable. With respect to individuals, the amounts listed reflect the universe of payments and transfers to such individuals including compensation, bonus (if any), expense reimbursement, relocation reimbursement, and/or severance. Amounts paid on behalf of such employee for certain life and disability coverage, which coverage is provided to all of the Debtors' employees, has not been included.

Statement 5. Statement 5 excludes goods returned in the ordinary course of business.

Statement 7. Any information contained in Statement 7 shall not be a binding representation of the Debtors' liabilities with respect to any of the suits and proceedings identified therein. In addition, the Debtors have reported all pending and closed employee related actions within in one year of the Petition Date in Statement 7, but have not designated the specific employee related actions as pending or concluded as any analysis to determine said status would be time consuming and an inefficient use of estate assets.

Statement 10. The Debtors occasionally incur losses for a variety of reasons, including theft and property damage. The Debtors, however, may not have records of all such losses if such losses do not have a material impact on the Debtors' businesses or are not reported for insurance purposes.

Statement 11. Out of an abundance of caution, the Debtors have included payments to all professionals who have rendered any advice related the Debtors' bankruptcy

proceedings in Statement 11. However, it is possible that the disclosed fees also relate to other, non-bankruptcy related services, and may include services rendered to other parties.

Statement 26d. The Debtors have provided financial statements in the ordinary course of their businesses to numerous financial institutions, creditors, and other parties within two years immediately before the Petition Date. Considering the number of such recipients and the possibility that such information may have been shared with parties without the Debtors' knowledge or consent or subject to confidentiality agreements, the Debtors have not disclosed any parties that may have received such financial statements for the purposes of Statement 26d.

Statement 27. Debtors West Houston Memory Care, LLC, Cinco Ranch Memory Care, LLC, Pearland Memory Care, LLC and Riverstone Memory Care, LLC, do not "inventory" their personal property, food, medications, etc. Accordingly, no response is reported for these Debtors at Statement 27.

Statement 28. The Debtors have listed the special members and investor members in response to Statement 28. The special members and investor members listed on Statement 28 have been included for informational purposes and their inclusion shall not constitute an admission that those entities exercise control over the Debtors.

Statement 30. Unless otherwise indicated in a Debtor's specific response to Statement 30, the Debtors have included a comprehensive response to Statement 30 in Statement 4.

Fill in this information to identify the case:

Debtor name: West Houston Memory Care, LLC
United States Bankruptcy Court for the: Northern District of Texas
Case number (if known): 19-31485

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 Schedule A/B	\$4,690,064.00
1b.	Total personal property: Copy line 91A from Schedule A/B	\$159,410.93
1c.	Total of all property: Copy line 92 from Schedule A/B	\$4,849,474.93

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, Amount of claim, from line 3 of Schedule D	\$8,136,088.43
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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 Schedule E/F	\$282,181.71
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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 Schedule E/F	+ \$4,812,101.17
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4. Total liabilities

	Lines 2 + 3a + 3b	\$13,230,371.31
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Fill in this information to identify the case:

Debtor name: West Houston Memory Care, LLC
United States Bankruptcy Court for the: Northern District of Texas
Case number (if known): 19-31485

Check if this is an amended filing

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
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2. **Cash on hand**

2.1. PETTY CASH \$1.05

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	Current value of debtor's interest
3.1. DALLAS CAPITAL BANK 14185 DALLAS PARKWAY SUITE 200 DALLAS TX 75254	OPERATING	3495	\$37,388.39

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

Description	Name of institution	Type of account	Last 4 digits of account number	Current value of debtor's interest
4.1. _____	_____	_____	_____	\$ _____

5. **Total of part 1**

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

\$37,389.44

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

Debtor **West Houston Memory Care, LLC**

Case number (if known) **19-31485**

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit Current value of debtor's interest

7.1. UTILITY \$330.00
 CENTER POINT ENERGY
 PO BOX 4981
 HOUSTON TX 77210

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment Current value of debtor's interest

8.1. PROPERTY AND CASUALTY INSURANCE \$8,660.00
 PROPERTY AND CASUALTY INSURANCE CARRIERS

9. Total of part 2

Add lines 7 through 8. Copy the total to line 81.

\$8,990.00

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

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

Current value of debtor's interest

11. Accounts receivable

		Face amount	Doubtful or uncollectible accounts		
11a.	90 days old or less:	\$102,190.07	- \$3,758.58	= →	\$98,431.49
		Face amount	Doubtful or uncollectible accounts		
11b.	Over 90 days old:	\$357.23	- \$357.23	= →	\$0.00

12. Total of part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$98,431.49

Part 4: Investments

13. Does the debtor own any investments?

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

Valuation method used for current value **Current value of debtor's interest**

14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock

14.1. _____ \$ _____

Debtor **West Houston Memory Care, LLC**

Case number (if known) **19-31485**

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity _____ % of ownership _____ % _____ \$ _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe _____ \$ _____

17. Total of part 4

Add lines 14 through 16. Copy the total to line 83.

\$0.00

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				
19.1. _____	_____	\$ _____	_____	\$ _____
20. Work in progress				
20.1. _____	_____	\$ _____	_____	\$ _____
21. Finished goods, including goods held for resale				
21.1. _____	_____	\$ _____	_____	\$ _____

22. Other inventory or supplies

General description	Date of the last physical inventory	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
22.1. FOOD SUPPLIES FOR RESIDENTS	INVENTORY NEVER CONDUCTED	\$0.00	ESTIMATED LIQUIDATION VALUE	\$500.00
22.2. FIRST AID / MEDICAL SUPPLIES	INVENTORY NEVER CONDUCTED	\$0.00	ESTIMATED LIQUIDATION VALUE	\$500.00

23. Total of part 5

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

\$1,000.00

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: \$3,356.00 Valuation method: COST Current value: UNKNOWN

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

- No
- Yes

Debtor **West Houston Memory Care, LLC**

Case number (if known) **19-31485**

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.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested			
28.1. _____	\$ _____	_____	\$ _____
29. Farm animals. Examples: Livestock, poultry, farm-raised fish			
29.1. _____	\$ _____	_____	\$ _____
30. Farm machinery and equipment (Other than titled motor vehicles)			
30.1. _____	\$ _____	_____	\$ _____
31. Farm and fishing supplies, chemicals, and feed			
31.1. _____	\$ _____	_____	\$ _____
32. Other farming and fishing-related property not already listed in Part 6			
32.1. _____	\$ _____	_____	\$ _____
33. Total of part 6			\$0.00

Add lines 28 through 32. Copy the total to line 85.

34. Is the debtor a member of an agricultural cooperative?

- No
- Yes. Is any of the debtor's property stored at the cooperative?
 - No
 - Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

- No
- Yes Book value: \$ _____ Valuation method: _____ Current value: \$ _____

36. Is a depreciation schedule available for any of the property listed in Part 6?

- No
- Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- No
- Yes

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.

Debtor **West Houston Memory Care, LLC**

Case number (if known) **19-31485**

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			
39.1. BEDS, DRESSERS, SOFAS, CHAIRS, DINING TABLES FOR MEMORY CARE FACILITY	\$4,981.00	Estimated Liquidation Value	\$13,500.00
40. Office fixtures			
40.1. _____	\$ _____	_____	\$ _____
41. Office equipment, including all computer equipment and communication systems equipment and software			
	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
41.1. COMPUTER EQUIPMENT, HARDWARE, SOFTWARE	\$1,245.00	Estimated Liquidation Value	\$100.00
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			
42.1. _____	\$ _____	_____	\$ _____
43. Total of part 7			\$13,600.00

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

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

- No
- Yes

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

- No
- Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

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

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1. _____	\$ _____	_____	\$ _____
48. Watercraft, trailers, motors, and related accessories. Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1. _____	\$ _____	_____	\$ _____
49. Aircraft and accessories			
49.1. _____	\$ _____	_____	\$ _____
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
50.1. LAUNDRY EQUIPMENT	UNDETERMINED	_____	UNDETERMINED

Debtor **West Houston Memory Care, LLC**

Case number (if known) **19-31485**

51. Total of part 8

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

UNDETERMINED

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

- No
 Yes

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

- No
 Yes

Part 9: Real property

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

- No. Go to Part 10.
 Yes. Fill in the information below.

Description and location of property <small>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.</small>	Nature and extent of debtor's interest in property	Net book value of debtor's interest <small>(Where available)</small>	Valuation method used for current value	Current value of debtor's interest
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55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

55.1. HARRIS COUNTY #1213570010004; 2.613 ACRES OWNED \$6,436,330.00 Tax appraisal \$4,690,064.00
 MEMORY CARE FACILITY

1725 ELDRIDGE PARKWAY
 HOUSTON TX 77077

56. Total of part 9

Add the current value on lines 55. Copy the total to line 88.

\$4,690,064.00

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.

General description	Net book value of debtor's interest <small>(Where available)</small>	Valuation method used for current value	Current value of debtor's interest
---------------------	---	---	------------------------------------

60. Patents, copyrights, trademarks, and trade secrets

60.1. _____ \$ _____

Debtor **West Houston Memory Care, LLC**

Case number (if known) **19-31485**

61. Internet domain names and websites

	Net book value of debtor's interest	Valuation method	Current value of debtor's interest
61.1. _____	\$ _____	_____	\$ _____

62. Licenses, franchises, and royalties

62.1. AUTUMN LEAVES TRADEMARK LICENSE AGREEMENT	UNKNOWN	_____	UNKNOWN
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63. Customer lists, mailing lists, or other compilations

63.1. RESIDENT LIST	UNKNOWN	_____	UNKNOWN
---------------------	---------	-------	---------

64. Other intangibles, or intellectual property

64.1. _____	\$ _____	_____	\$ _____
-------------	----------	-------	----------

65. Goodwill

65.1. _____	\$ _____	_____	\$ _____
-------------	----------	-------	----------

66. Total of part 10

Add lines 60 through 65. Copy the total to line 89.

UNKNOWN

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- No
 Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- No
 Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- No
 Yes

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.

Current value of debtor's interest

71. Notes receivable

Description (include name of obligor)	Total face amount	Doubtful or uncollectible amount	Current value of debtor's interest
71.1. _____	\$ _____	- \$ _____	\$ _____

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)	Tax refund amount	NOL amount	Tax year	Current value of debtor's interest
72.1. _____	\$ _____	\$ _____	_____	\$ _____

Debtor **West Houston Memory Care, LLC**

Case number (if known) **19-31485**

73. Interests in insurance policies or annuities

	Insurance company	Insurance policy No.	Annuity issuer name	Annuity account type	Annuity account No.	Current value of debtor's interest
73.1.	_____	_____	_____	_____	_____	\$ _____

74. Causes of action against third parties (whether or not a lawsuit has been filed)

	Nature of claim	Amount requested	Current value of debtor's interest
74.1.	_____	\$ _____	\$ _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

	Nature of claim	Amount requested	Current value of debtor's interest
75.1.	_____	\$ _____	\$ _____

76. Trusts, equitable or future interests in property

76.1.	_____	\$ _____
-------	-------	----------

77. Other property of any kind not already listed

Examples: Season tickets, country club membership

77.1.	_____	\$ _____
-------	-------	----------

78. Total of part 11

Add lines 71 through 77. Copy the total to line 90.

\$0.00

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- No
- Yes

Debtor **West Houston Memory Care, LLC**

Case number (if known) **19-31485**

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>	\$37,389.44	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$8,990.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$98,431.49	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$1,000.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$13,600.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	UNDETERMINED	
88. Real property. <i>Copy line 56, Part 9.</i> →		\$4,690,064.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	UNKNOWN	
90. All other assets. <i>Copy line 78, Part 11.</i> +	\$0.00	
91. Total. Add lines 80 through 90 for each column.91a.	\$159,410.93	+ 91b. \$4,690,064.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$4,849,474.93

Fill in this information to identify the case:

Debtor name: West Houston Memory Care, LLC
United States Bankruptcy Court for the: Northern District of Texas
Case number (if known): 19-31485

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. Creditor's name and address

ORIGIN BANK
 COMMUNITY TRUST BANK
 DALLAS FINANCIAL CENTER - BUSINESS
 8222 DOUGLAS AVENUE, SUITE 1
 DALLAS TX 75225

Creditor's email address, if known

Date debt was incurred: 7/6/12

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

- No
- Yes. Have you already specified the relative priority?

No. Specify each creditor, including this creditor, and its relative priority.

Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

REAL AND PERSONAL PROPERTY AT 1725 ELDRIDGE PARKWAY, HOUSTON, TX 77077

Describe the lien

MORTGAGE

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

\$8,136,088.43 \$4,690,064.00

Debtor **West Houston Memory Care, LLC**

Case number (if known) **19-31485**

3. **Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.** **\$8,136,088.43**

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
3.1. FORSHEY & PROSTOK LLP JEFF P PROSTOK;MATTHIAS KLEINSASSER 777 MAIN ST STE 1290 FORT WORTH TX 76102	Line 2.1	_____
3.2. ORIGIN BANCORP INC MAZAN SBAITI SBAITI AND CO PLLC 1201 ELM ST STE 4010 DALLAS TX 75270	Line 2.1	_____

Fill in this information to identify the case:

Debtor name: West Houston Memory Care, LLC
United States Bankruptcy Court for the: Northern District of Texas
Case number (if known): 19-31485

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

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

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- No. Go to Part 2.
- Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1.	Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Total claim	Priority amount
	ANN HARRIS BENNETT HARRIS COUNTY TAX ASSESSOR PO BOX 3547 HOUSTON TX 77253	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$263,300.96	\$98,278.87
	Date or dates debt was incurred 1/31/18 & 1/31/19	Basis for the claim: REAL PROPERTY TAX		
	Last 4 digits of account number: 0004	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			Nonpriority amount \$165,022.09
2.2.	Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Total claim	Priority amount
	ANN HARRIS BENNETT HARRIS COUNTY TAX ASSESSOR PO BOX 3547 HOUSTON TX 77253	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,976.56	\$1,943.00
	Date or dates debt was incurred 1/31/18 & 1/31/19	Basis for the claim: PERSONAL PROPERTY TAX		
	Last 4 digits of account number: 0000	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			Nonpriority amount \$4,033.56

Debtor **West Houston Memory Care, LLC**

Case number (if known) **19-31485**

<p>2.3. Priority creditor's name and mailing address</p> <p>DELAWARE SECRETARY OF STATE DIVISION OF CORPORATIONS P.O. BOX 5509 BINGHAMTON NY 13902-5509</p> <p>Date or dates debt was incurred</p> <p>3/1/2018</p> <p>Last 4 digits of account number: 4263</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>FRANCHISE TAX</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<table border="1"> <thead> <tr> <th>Total claim</th> <th>Priority amount</th> </tr> </thead> <tbody> <tr> <td>\$300.00</td> <td>\$300.00</td> </tr> <tr> <td></td> <td>Nonpriority amount</td> </tr> <tr> <td></td> <td>\$0.00</td> </tr> </tbody> </table>	Total claim	Priority amount	\$300.00	\$300.00		Nonpriority amount		\$0.00
Total claim	Priority amount									
\$300.00	\$300.00									
	Nonpriority amount									
	\$0.00									

<p>2.4. Priority creditor's name and mailing address</p> <p>HARRIS COUNTY IMPROV DISTRICT NO 4 PO BOX 73109 HOUSTON TX 77273</p> <p>Date or dates debt was incurred</p> <p>1/31/18 & 1/31/19</p> <p>Last 4 digits of account number: 0004</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>REAL PROPERTY TAX</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<table border="1"> <thead> <tr> <th>Total claim</th> <th>Priority amount</th> </tr> </thead> <tbody> <tr> <td>\$12,604.19</td> <td>\$8,803.86</td> </tr> <tr> <td></td> <td>Nonpriority amount</td> </tr> <tr> <td></td> <td>\$3,800.33</td> </tr> </tbody> </table>	Total claim	Priority amount	\$12,604.19	\$8,803.86		Nonpriority amount		\$3,800.33
Total claim	Priority amount									
\$12,604.19	\$8,803.86									
	Nonpriority amount									
	\$3,800.33									

Debtor **West Houston Memory Care, LLC**

Case number (if known) **19-31485**

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.

3.1.	<p>Nonpriority creditor's name and mailing address ALERE TOXICOLOGY BOX 536506 PITTSBURGH PA 15253-5907</p> <p>Date or dates debt was incurred 1/4/2019</p> <p>Last 4 digits of account number: 3658</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: VENDOR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$197.73</p>
3.2.	<p>Nonpriority creditor's name and mailing address ALL OUT GRAPHICS LLC 702 ELM STREET WALLER TX 77484</p> <p>Date or dates debt was incurred 2/27/2019</p> <p>Last 4 digits of account number: 1440</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: VENDOR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$194.75</p>
3.3.	<p>Nonpriority creditor's name and mailing address AQUARIUM ENVIRONMENTS, INC. 2909 FOUNTAINVIEW DR. HOUSTON TX 77057</p> <p>Date or dates debt was incurred VARIOUS</p> <p>Last 4 digits of account number: AWES</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: VENDOR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$495.78</p>

Debtor **West Houston Memory Care, LLC**

Case number (if known) **19-31485**

<p>3.4. Nonpriority creditor's name and mailing address BAILEE PENNYWELL 18602 CLAY ROAD PMB #28 HOUSTON TX 77084</p> <p>Date or dates debt was incurred 7/23/2018</p> <p>Last 4 digits of account number: NONE</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: VENDOR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$26.51</p>
<p>3.5. Nonpriority creditor's name and mailing address CAROLINA NUTRITION CONSULTANTS INC. 407 W MAIN STREET LEXINGTON SC 29072</p> <p>Date or dates debt was incurred VARIOUS</p> <p>Last 4 digits of account number: NONE</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: VENDOR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$1,125.00</p>
<p>3.6. Nonpriority creditor's name and mailing address COINMACH CORPORATION P.O. BOX 27288 NEW YORK NY 10087-7288</p> <p>Date or dates debt was incurred VARIOUS</p> <p>Last 4 digits of account number: 7924</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: VENDOR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$3,637.20</p>

Debtor **West Houston Memory Care, LLC**

Case number (if known) **19-31485**

<p>3.7. Nonpriority creditor's name and mailing address CREATIVE FORECASTING, INC. P.O. BOX 7789 COLORADO SPRINGS CO 80933-7789</p> <p>Date or dates debt was incurred 8/14/2018</p> <p>Last 4 digits of account number: NONE</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: VENDOR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$60.00</p>
<p>3.8. Nonpriority creditor's name and mailing address CULLIGAN OF HOUSTON 3201 PREMIER DRIVE STE 300 IRVING TX 75063</p> <p>Date or dates debt was incurred VARIOUS</p> <p>Last 4 digits of account number: 2PRE</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: VENDOR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$612.32</p>
<p>3.9. Nonpriority creditor's name and mailing address CYPRESSWOOD MEMORY CARE, LLC 545 E JOHN CARPENTER FRWY #500 IRVING TX 75062</p> <p>Date or dates debt was incurred 11/27/2018</p> <p>Last 4 digits of account number: NONE</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: RESIDENT REFUND TRANSFER</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$2,391.29</p>

Debtor **West Houston Memory Care, LLC**

Case number (if known) **19-31485**

3.10.	<p>Nonpriority creditor's name and mailing address GRAINGER DEPT. 875706996 P.O. BOX 419267 KANSAS CITY MO 64141-6267</p> <p>Date or dates debt was incurred 1/16/2019</p> <p>Last 4 digits of account number: 2791</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: VENDOR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$162.07</p>
3.11.	<p>Nonpriority creditor's name and mailing address HARRIS COUNTY TAX ASCESSOR NICK NICHOLAS LINEBARGER, GOGGIN, BLAIR AND SAMPSON, LLC P.O. BOX 3064 HOUSTON TX 77253</p> <p>Date or dates debt was incurred UNKNOWN</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: PENDING LITIGATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNDETERMINED</p>
3.12.	<p>Nonpriority creditor's name and mailing address JUAN ESCAMILLA DBA ESCAMILLA COMPANY 15420 WEST HARDY ROAD HOUSTON TX 77060</p> <p>Date or dates debt was incurred 10/20/2018</p> <p>Last 4 digits of account number: NONE</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: VENDOR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$249.61</p>

Debtor **West Houston Memory Care, LLC**

Case number (if known) **19-31485**

<p>3.13. Nonpriority creditor's name and mailing address KIRBY RESTAURANT & SUPPLY 809 SOUTH EASTMAN ROAD LONGVIEW TX 75602</p> <p>Date or dates debt was incurred 4/9/2018</p> <p>Last 4 digits of account number: #998</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: VENDOR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$361.56</p>
<p>3.14. Nonpriority creditor's name and mailing address LAKE SUPERIOR CONTRACTING, LP FOR THE BENEFIT OF CED/MILLER ELECTRIC SUPPLY 3209 ALTA MERE DRIVE FORT WORTH TX 76116</p> <p>Date or dates debt was incurred VARIOUS</p> <p>Last 4 digits of account number: CITY</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: VENDOR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$844.04</p>
<p>3.15. Nonpriority creditor's name and mailing address LAND CRAFTERS LTD PO BOX 241 CYPRESS TX 77410-0241</p> <p>Date or dates debt was incurred VARIOUS</p> <p>Last 4 digits of account number: NONE</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: VENDOR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$1,132.57</p>

Debtor **West Houston Memory Care, LLC**

Case number (if known) **19-31485**

<p>3.16. Nonpriority creditor's name and mailing address LIQUID WASTE SOLUTIONS 650 W BOUGH LN. STE. 150-204 HOUSTON TX 77024-4099</p> <p>Date or dates debt was incurred VARIOUS</p> <p>Last 4 digits of account number: 2048</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: VENDOR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$1,104.28</p>
<p>3.17. Nonpriority creditor's name and mailing address MAXIM HEALTH SYSTEMS 12915 COLLECTION CENTER DRIVE CHICAGO IL 60693</p> <p>Date or dates debt was incurred VARIOUS</p> <p>Last 4 digits of account number: 9450</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: VENDOR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$270.00</p>
<p>3.18. Nonpriority creditor's name and mailing address MEDLINE INDUSTRIES, INC. DEPT. 1080 P.O. BOX 121080 DALLAS TX 75312-1080</p> <p>Date or dates debt was incurred VARIOUS</p> <p>Last 4 digits of account number: 3446</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: VENDOR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$1,280.57</p>

Debtor **West Houston Memory Care, LLC**

Case number (if known) **19-31485**

<p>3.19. Nonpriority creditor's name and mailing address OMNICARE INC. DEPT 781668 P.O.BOX 78000 DETROIT MI 48278-1668</p> <p>Date or dates debt was incurred VARIOUS</p> <p>Last 4 digits of account number: NONE</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: VENDOR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$3,230.67</p>
<p>3.20. Nonpriority creditor's name and mailing address ORIGIN BANCORP, INC. MAZAN SBAITI SBAITI & COMPANY, PLLC 1201 ELM STREET, SUITE 4010 DALLAS TEXAS 75270</p> <p>Date or dates debt was incurred UNKNOWN</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: PENDING LITIGATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNDETERMINED</p>
<p>3.21. Nonpriority creditor's name and mailing address PARKWAY/ELDRIDGE RD PROP OWNERS ASSC INC 55 WAUGH DRIVE STE 1111 HOUSTON TX TX 77007</p> <p>Date or dates debt was incurred 12/20/2018</p> <p>Last 4 digits of account number: 2019</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: COMMUNITY ASSOCIATION DUES</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$3,130.11</p>

Debtor **West Houston Memory Care, LLC**

Case number (if known) **19-31485**

<p>3.22. Nonpriority creditor's name and mailing address PEARLAND MEMORY CARE 545 EAST JOHN CARPENTER FRWY, STE 500 IRVING TX 75062</p> <p>Date or dates debt was incurred 4/15/2019</p> <p>Last 4 digits of account number: NONE</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: REIMBURSEMENT TO INSIDER FOR UTILITY PAYMENT</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$411.57</p>
<p>3.23. Nonpriority creditor's name and mailing address POWERSECURE SERVICE, INC. 377 MAITLAND AVENUE SUITE 1010 ALTAMONTE SPRINGS FL 32701</p> <p>Date or dates debt was incurred 10/10/2017</p> <p>Last 4 digits of account number: NONE</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: GENERATOR REPAIR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$5,669.16</p>
<p>3.24. Nonpriority creditor's name and mailing address REALPAGE INC. PO BOX 11407 BIRMINGHAM AL 35246-5575</p> <p>Date or dates debt was incurred VARIOUS</p> <p>Last 4 digits of account number: 0214</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: VENDOR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$1,100.08</p>

Debtor **West Houston Memory Care, LLC**

Case number (if known) **19-31485**

<p>3.25. Nonpriority creditor's name and mailing address RESIDENT ID WHO - 1004 Address Intentionally Omitted</p> <p>Date or dates debt was incurred VARIOUS</p> <p>Last 4 digits of account number: NONE</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: RESIDENT REFUND</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$4,985.00</p>
<p>3.26. Nonpriority creditor's name and mailing address RESIDENT ID WHO - 1055 Address Intentionally Omitted</p> <p>Date or dates debt was incurred 8/24/2016</p> <p>Last 4 digits of account number: NONE</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: RESIDENT REFUND</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$45.81</p>
<p>3.27. Nonpriority creditor's name and mailing address RESIDENT ID WHO - 1074 Address Intentionally Omitted</p> <p>Date or dates debt was incurred VARIOUS</p> <p>Last 4 digits of account number: NONE</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: RESIDENT REFUND</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$1,200.00</p>

Debtor **West Houston Memory Care, LLC**

Case number (if known) **19-31485**

<p>3.28. Nonpriority creditor's name and mailing address RESIDENT ID WHO - 1086 Address Intentionally Omitted</p> <p>Date or dates debt was incurred 2/7/2018</p> <p>Last 4 digits of account number: NONE</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: RESIDENT REFUND</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$13.00</p>
<p>3.29. Nonpriority creditor's name and mailing address RESIDENT ID WHO - 1091 Address Intentionally Omitted</p> <p>Date or dates debt was incurred 1/18/2019</p> <p>Last 4 digits of account number: NONE</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: RESIDENT REFUND</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$3,234.71</p>
<p>3.30. Nonpriority creditor's name and mailing address RESIDENT ID WHO - 1110 Address Intentionally Omitted</p> <p>Date or dates debt was incurred 12/14/2018</p> <p>Last 4 digits of account number: NONE</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: RESIDENT REFUND</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$3,499.16</p>

Debtor **West Houston Memory Care, LLC**

Case number (if known) **19-31485**

<p>3.31. Nonpriority creditor's name and mailing address RESIDENT ID WHO - 1125 Address Intentionally Omitted</p> <p>Date or dates debt was incurred UNKNOWN</p> <p>Last 4 digits of account number: NONE</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: RESIDENT REFUND</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$2,383.76</p>
<p>3.32. Nonpriority creditor's name and mailing address RESIDENT ID WHO - 1127 Address Intentionally Omitted</p> <p>Date or dates debt was incurred 3/27/2019</p> <p>Last 4 digits of account number: NONE</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: RESIDENT REFUND</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$5,583.81</p>
<p>3.33. Nonpriority creditor's name and mailing address SHARPS COMPLIANCE, INC. PO BOX 679502 DALLAS TX 75267-9502</p> <p>Date or dates debt was incurred VARIOUS</p> <p>Last 4 digits of account number: 4069</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: VENDOR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$1,508.80</p>

Debtor **West Houston Memory Care, LLC**

Case number (if known) **19-31485**

<p>3.34. Nonpriority creditor's name and mailing address SILVERADO INTERESTS HOLDINGS, LLC 8235 DOUGLAS AVENUE SUITE 350 DALLAS TX 75225</p> <p>Date or dates debt was incurred 09/2016 TO 11/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: NOTES PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$1,700,000.00</p>
<p>3.35. Nonpriority creditor's name and mailing address STERICYCLE, INC. PO BOX 6575 CAROL STREAM IL 60197-6575</p> <p>Date or dates debt was incurred 4/1/2019</p> <p>Last 4 digits of account number: 8482</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: VENDOR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$166.30</p>
<p>3.36. Nonpriority creditor's name and mailing address THE LASALLE GROUP INC DBA AUTUMN LEAVES FOR THE BENEFIT OF BRIGHTVIEW LANDSCAPE SERVICES PO BOX 31001-2463 PASADENA CA 91110-2463</p> <p>Date or dates debt was incurred VARIOUS</p> <p>Last 4 digits of account number: 4932</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: VENDOR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$6,681.95</p>

Debtor **West Houston Memory Care, LLC**

Case number (if known) **19-31485**

<p>3.37. Nonpriority creditor's name and mailing address THE LASALLE GROUP INC DBA AUTUMN LEAVES SENIOR LIVING FOR THE BENEFIT OF ACTIVITYCONNECTION.COM LLC 818 SW THIRD AVE #222 PORTLAND OR 97204</p> <p>Date or dates debt was incurred VARIOUS</p> <p>Last 4 digits of account number: 5418</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: VENDOR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$120.00</p>
<p>3.38. Nonpriority creditor's name and mailing address THE LASALLE GROUP INC DBA CONSTANT CARE MANAGEMENT COMPANY FOR THE BENEFIT OF HILLYARD INC. P. O. BOX 802049 KANSAS CITY MO 64180-2049</p> <p>Date or dates debt was incurred VARIOUS</p> <p>Last 4 digits of account number: 0004</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: VENDOR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$277.56</p>
<p>3.39. Nonpriority creditor's name and mailing address THE LASALLE GROUP INC DBA CONSTANT CARE MANAGEMENT COMPANY FOR THE BENEFIT OF IRON MOUNTAIN P.O. BOX 915004 DALLAS TX 75391</p> <p>Date or dates debt was incurred 2/28/2019</p> <p>Last 4 digits of account number: 9519</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: VENDOR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$45.28</p>

Debtor **West Houston Memory Care, LLC**

Case number (if known) **19-31485**

3.40.	<p>Nonpriority creditor's name and mailing address</p> <p>THE LASALLE GROUP INC FOR THE BENEFIT OF REACHLOCAL INC. ATTN: KELLY BARKER 6111 PLANO PARKWAY, SUITE 1000 PLANO TX 75093</p> <p>Date or dates debt was incurred</p> <p>VARIOUS</p> <p>Last 4 digits of account number: NONE</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>VENDOR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$6,485.34</p>
3.41.	<p>Nonpriority creditor's name and mailing address</p> <p>THE LASALLE GROUP, INC. 545 E. JOHN CARPENTER FWY., STE. 500 IRVING TX 75062</p> <p>Date or dates debt was incurred</p> <p>VARIOUS</p> <p>Last 4 digits of account number: NONE</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL PARTNER LOANS</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$2,655,975.12</p>
3.42.	<p>Nonpriority creditor's name and mailing address</p> <p>THE LASALLE GROUP, INC. 545 E. JOHN CARPENTER FWY., STE. 500 IRVING TX 75062</p> <p>Date or dates debt was incurred</p> <p>VARIOUS</p> <p>Last 4 digits of account number: NONE</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>INTERCOMPANY REIMBURSEMENT FOR VENDOR EXPENSES</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$177,980.82</p>

Debtor **West Houston Memory Care, LLC**

Case number (if known) **19-31485**

<p>3.43. Nonpriority creditor's name and mailing address THE LASALLE GROUP, INC. D/B/A CONSTANT CARE MANAGEMENT COMPANY FOR THE BENEFIT OF YARDI SYSTEMS P.O. BOX 82572 GOLETA CA 93118-2572</p> <p>Date or dates debt was incurred VARIOUS</p> <p>Last 4 digits of account number: 1766</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: SOFTWARE SUBSCRIPTION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$3,806.61</p>
<p>3.44. Nonpriority creditor's name and mailing address THE LASALLE GROUP, INC. FOR THE BENEFIT OF A PLACE FOR MOM, INC. PO BOX 913241 DENVER CO 80291-3241</p> <p>Date or dates debt was incurred VARIOUS</p> <p>Last 4 digits of account number: 6346</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: REFERRAL FEES</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$9,000.00</p>
<p>3.45. Nonpriority creditor's name and mailing address THE LASALLE GROUP, INC. FOR THE BENEFIT OF BRUSNIAK PLLC D/B/A RYAN LAW PO BOX 802882 DALLAS TX 75380-2882</p> <p>Date or dates debt was incurred 10/24/2017</p> <p>Last 4 digits of account number: 7368</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: LEGAL FEES</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$5,000.00</p>

Debtor **West Houston Memory Care, LLC**

Case number (if known) **19-31485**

<p>3.46. Nonpriority creditor's name and mailing address THE LASALLE GROUP, INC. FOR THE BENEFIT OF CARING.COM P.O. BOX 7689 SAN FRANCISCO CA 94120-7689</p> <p>Date or dates debt was incurred 11/26/2018</p> <p>Last 4 digits of account number: 3210</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: VENDOR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$3,000.00</p>
<p>3.47. Nonpriority creditor's name and mailing address THE LASALLE GROUP, INC. FOR THE BENEFIT OF CFP FIRE PROTECTION 153 TECHNOLOGY DR., STE 200 IRVINE CA 92618</p> <p>Date or dates debt was incurred VARIOUS</p> <p>Last 4 digits of account number: 0432</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: VENDOR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$5,285.73</p>
<p>3.48. Nonpriority creditor's name and mailing address THE LASALLE GROUP, INC. FOR THE BENEFIT OF DALLAS LIGHT BULB PO BOX 541115 DALLAS TX 75354</p> <p>Date or dates debt was incurred 8/30/2018</p> <p>Last 4 digits of account number: NONE</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: VENDOR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$282.50</p>

Debtor **West Houston Memory Care, LLC**

Case number (if known) **19-31485**

<p>3.49. Nonpriority creditor's name and mailing address THE LASALLE GROUP, INC. FOR THE BENEFIT OF DE LAGE LANDEN P.O. BOX 41602 PHILADELPHIA PA 19101-1602</p> <p>Date or dates debt was incurred 4/20/2019</p> <p>Last 4 digits of account number: 9535</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: COPIER LEASE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<table border="1" style="width: 100%; background-color: #e0e0e0;"> <tr> <th style="text-align: left;">Amount of claim</th> </tr> <tr> <td>\$182.11</td> </tr> </table>	Amount of claim	\$182.11
Amount of claim				
\$182.11				

<p>3.50. Nonpriority creditor's name and mailing address THE LASALLE GROUP, INC. FOR THE BENEFIT OF DIRECT SUPPLY, INC. BOX 88201 MILWAUKEE WI 53288-0201</p> <p>Date or dates debt was incurred VARIOUS</p> <p>Last 4 digits of account number: 03KZ</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: VENDOR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<table border="1" style="width: 100%; background-color: #e0e0e0;"> <tr> <th style="text-align: left;">Amount of claim</th> </tr> <tr> <td>\$144.00</td> </tr> </table>	Amount of claim	\$144.00
Amount of claim				
\$144.00				

<p>3.51. Nonpriority creditor's name and mailing address THE LASALLE GROUP, INC. FOR THE BENEFIT OF FEDEX P.O. BOX 660481 DALLAS TX 75266-0481</p> <p>Date or dates debt was incurred VARIOUS</p> <p>Last 4 digits of account number: 8308</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: VENDOR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<table border="1" style="width: 100%; background-color: #e0e0e0;"> <tr> <th style="text-align: left;">Amount of claim</th> </tr> <tr> <td>\$88.73</td> </tr> </table>	Amount of claim	\$88.73
Amount of claim				
\$88.73				

Debtor **West Houston Memory Care, LLC**

Case number (if known) **19-31485**

<p>3.52. Nonpriority creditor's name and mailing address THE LASALLE GROUP, INC. FOR THE BENEFIT OF HARBOR LINEN P O BOX 3510 CHERRY HILL NJ 08034</p> <p>Date or dates debt was incurred 2/16/2017</p> <p>Last 4 digits of account number: 8462</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: VENDOR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$165.62</p>
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<p>3.53. Nonpriority creditor's name and mailing address THE LASALLE GROUP, INC. FOR THE BENEFIT OF HD SUPPLY PO BOX 509058 SAN DIEGO CA 92150-9058</p> <p>Date or dates debt was incurred VARIOUS</p> <p>Last 4 digits of account number: 3828</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: VENDOR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$297.11</p>
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<p>3.54. Nonpriority creditor's name and mailing address THE LASALLE GROUP, INC. FOR THE BENEFIT OF ILLUSTRATUS 8455 LENEXA DRIVE LENEXA KS 66214</p> <p>Date or dates debt was incurred VARIOUS</p> <p>Last 4 digits of account number: 891</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: VENDOR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$6,068.70</p>
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Debtor **West Houston Memory Care, LLC**

Case number (if known) **19-31485**

3.55.	<p>Nonpriority creditor's name and mailing address</p> <p>THE LASALLE GROUP, INC. FOR THE BENEFIT OF MASTERCARE PATIENT EQUIPMENT, INC P.O. BOX 1022 450 EAST 32ND STREET FREMONT NE 68025</p> <p>Date or dates debt was incurred</p> <p>1/4/2019</p> <p>Last 4 digits of account number: NONE</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>VENDOR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$202.60</p>
3.56.	<p>Nonpriority creditor's name and mailing address</p> <p>THE LASALLE GROUP, INC. FOR THE BENEFIT OF MCKESSON CORPORATION P.O. BOX 204786 DALLAS TX 75320-4786</p> <p>Date or dates debt was incurred</p> <p>VARIOUS</p> <p>Last 4 digits of account number: 8004</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>VENDOR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$5,852.88</p>
3.57.	<p>Nonpriority creditor's name and mailing address</p> <p>THE LASALLE GROUP, INC. FOR THE BENEFIT OF NAAP 3604 WILDON STREET EAU CLAIRE WI 54703</p> <p>Date or dates debt was incurred</p> <p>11/20/2018</p> <p>Last 4 digits of account number: NONE</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>VENDOR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$65.00</p>

Debtor **West Houston Memory Care, LLC**

Case number (if known) **19-31485**

<p>3.58. Nonpriority creditor's name and mailing address THE LASALLE GROUP, INC. FOR THE BENEFIT OF ON SHIFT, INC. PO BOX 207856 DALLAS TX 75320-7856</p> <p>Date or dates debt was incurred VARIOUS</p> <p>Last 4 digits of account number: 1209</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: VENDOR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$2,601.04</p>
<p>3.59. Nonpriority creditor's name and mailing address THE LASALLE GROUP, INC. FOR THE BENEFIT OF ONEDAY 4514 COLE AVENUE, SUITE 740 DALLAS TX 75201</p> <p>Date or dates debt was incurred VARIOUS</p> <p>Last 4 digits of account number: NONE</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: VENDOR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$1,128.16</p>
<p>3.60. Nonpriority creditor's name and mailing address THE LASALLE GROUP, INC. FOR THE BENEFIT OF PARTS TOWN LLC 27787 NETWORK PLACE CHICAGO IL 60673-1277</p> <p>Date or dates debt was incurred VARIOUS</p> <p>Last 4 digits of account number: 8725</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: VENDOR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$280.68</p>

Debtor **West Houston Memory Care, LLC**

Case number (if known) **19-31485**

3.61.	<p>Nonpriority creditor's name and mailing address</p> <p>THE LASALLE GROUP, INC. FOR THE BENEFIT OF PC CONNECTION SALES CORP DBA CONNECTION PO BOX 536472 PITTSBURGH PA 15253-5906</p> <p>Date or dates debt was incurred</p> <p>7/13/2018</p> <p>Last 4 digits of account number: 1259</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>VENDOR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$32.56</p>
3.62.	<p>Nonpriority creditor's name and mailing address</p> <p>THE LASALLE GROUP, INC. FOR THE BENEFIT OF PROGRESSIVE BUSINESS PUBLICATIONS P.O. BOX 3014 MALVERN PA 19355-9790</p> <p>Date or dates debt was incurred</p> <p>9/19/2018</p> <p>Last 4 digits of account number: 2101</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>VENDOR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$188.79</p>
3.63.	<p>Nonpriority creditor's name and mailing address</p> <p>THE LASALLE GROUP, INC. FOR THE BENEFIT OF RENTOKIL STERITECH PO BOX 13848 READING PA 19612</p> <p>Date or dates debt was incurred</p> <p>VARIOUS</p> <p>Last 4 digits of account number: 5607</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>VENDOR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$4,098.26</p>

Debtor **West Houston Memory Care, LLC**

Case number (if known) **19-31485**

3.64.	<p>Nonpriority creditor's name and mailing address THE LASALLE GROUP, INC. FOR THE BENEFIT OF RYAN, LLC PO BOX 848351 DALLAS TX 75284-8351</p> <p>Date or dates debt was incurred VARIOUS</p> <p>Last 4 digits of account number: NONE</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: PROPERTY TAX PROFESSIONAL FEES</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$9,395.31</p>
3.65.	<p>Nonpriority creditor's name and mailing address THE LASALLE GROUP, INC. FOR THE BENEFIT OF STAPLES BUSINESS ADVANTAGE PO BOX 660409 DALLAS TX 75266-0409</p> <p>Date or dates debt was incurred VARIOUS</p> <p>Last 4 digits of account number: 3617</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: VENDOR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$1,459.40</p>
3.66.	<p>Nonpriority creditor's name and mailing address THE LASALLE GROUP, INC. FOR THE BENEFIT OF STAPLES TECHNOLOGY SOLUTIONS P.O. BOX 95230 CHICAGO IL 60694-5230</p> <p>Date or dates debt was incurred VARIOUS</p> <p>Last 4 digits of account number: 4500</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: VENDOR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$829.66</p>

Debtor **West Houston Memory Care, LLC**

Case number (if known) **19-31485**

3.67.	<p>Nonpriority creditor's name and mailing address</p> <p>THE LASALLE GROUP, INC. FOR THE BENEFIT OF STERLING TALENT SOLUTIONS NEWARK POST OFFICE PO BOX 36482 NEWARK NJ 07193-6482</p> <p>Date or dates debt was incurred</p> <p>VARIOUS</p> <p>Last 4 digits of account number: NONE</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>VENDOR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$3,517.80</p>
3.68.	<p>Nonpriority creditor's name and mailing address</p> <p>THE LASALLE GROUP, INC. FOR THE BENEFIT OF SYSCO PO BOX 560700 LEWISVILLE TX 75056-0700</p> <p>Date or dates debt was incurred</p> <p>VARIOUS</p> <p>Last 4 digits of account number: 7329</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>VENDOR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$24,799.48</p>
3.69.	<p>Nonpriority creditor's name and mailing address</p> <p>THE LASALLE GROUP, INC. FOR THE BENEFIT OF TEX-AIR FILTER/AIR RELIEF TECHNOLOGIES 5757 EAST ROSEDALE STREET FORT WORTH TX 76112</p> <p>Date or dates debt was incurred</p> <p>4/25/2019</p> <p>Last 4 digits of account number: STON</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>VENDOR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$202.89</p>

Debtor **West Houston Memory Care, LLC**

Case number (if known) **19-31485**

<p>3.70. Nonpriority creditor's name and mailing address THE LASALLE GROUP, INC. FOR THE BENEFIT OF UNIFORM WIZARD 826 N. HOAGLAND BLVD KISSIMMEE FL 34741</p> <p>Date or dates debt was incurred VARIOUS</p> <p>Last 4 digits of account number: #826</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: VENDOR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$769.90</p>
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<p>3.71. Nonpriority creditor's name and mailing address THE LASALLE GROUP, INC. FOR THE BENEFIT OF US FOODS 3682 COLLECTIONS CTR DR CHICAGO IL 60693</p> <p>Date or dates debt was incurred 4/30/2019</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: FOOD VENDOR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$5,290.22</p>
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<p>3.72. Nonpriority creditor's name and mailing address THE LASALLE GROUP, INC. FOR THE BENEFIT OF VERIZON WIRELESS PO BOX 660108 DALLAS TX 75266-0108</p> <p>Date or dates debt was incurred 4/18/2019</p> <p>Last 4 digits of account number: 7714</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: VENDOR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$345.93</p>
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Debtor **West Houston Memory Care, LLC**

Case number (if known) **19-31485**

<p>3.73. Nonpriority creditor's name and mailing address THE LASALLE GROUP, INC. FOR THE BENEFIT OF VORROHEALTH PO BOX 1185 FARMINGTON UT 84025</p> <p>Date or dates debt was incurred VARIOUS</p> <p>Last 4 digits of account number: NONE</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: VENDOR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$92.72</p>
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<p>3.74. Nonpriority creditor's name and mailing address THE LASALLE GROUP, INC. FOR THE BENEFIT OF ZOHO CORPORATION PO BOX 894926 LOS ANGELES CA 90189-4926</p> <p>Date or dates debt was incurred 9/5/2018</p> <p>Last 4 digits of account number: 3407</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: VENDOR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$88.23</p>
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<p>3.75. Nonpriority creditor's name and mailing address TLG FAMILY MANAGEMENT 545 E. JOHN CARPENTER FRWY #500 IRVING TX 75062</p> <p>Date or dates debt was incurred VARIOUS</p> <p>Last 4 digits of account number: NONE</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: INTERCOMPANY MANAGEMENT FEES AND REIMBURSABLE VENDOR EXPENSES</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$118,239.26</p>
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Debtor **West Houston Memory Care, LLC**

Case number (if known) **19-31485**

<p>3.76. Nonpriority creditor's name and mailing address TOTAL FIRE & SAFETY, INC. 7909 CARR STREET DALLAS TX 75227</p> <p>Date or dates debt was incurred VARIOUS</p> <p>Last 4 digits of account number: 1186</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: VENDOR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$676.00</p>
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<p>3.77. Nonpriority creditor's name and mailing address VENTILATION RESTORATION 10934 W BELLFORT HOUSTON TX 77099</p> <p>Date or dates debt was incurred VARIOUS</p> <p>Last 4 digits of account number: NONE</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: VENDOR</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$750.00</p>
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Debtor **West Houston Memory Care, LLC**

Case number (if known) **19-31485**

Part 3: List Others to Be Notified About Unsecured Claims

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

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

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
HEDRICK KRING PLLC KATHARINE BATTIAIA CLARK,ESQ 1700 PACIFIC AVE.,STE 4650 DALLAS TX 75201	Part 2 line 3.75	_____
HEDRICK KRING PLLC KATHARINE BATTIAIA CLARK,ESQ 1700 PACIFIC AVE.,STE 4650 DALLAS TX 75201	Part 2 line 3.43	_____
LINEBARGER GOGGAN BLAIR & SAMPSON LLP JOHN P DILLMAN P O BOX 3064 HOUSTON TX 77253-3064	Part 1 line 2.1	_____
LINEBARGER GOGGAN BLAIR & SAMPSON LLP JOHN P DILLMAN P O BOX 3064 HOUSTON TX 77253-3064	Part 1 line 2.2	_____
LINEBARGER GOGGAN BLAIR & SAMPSON LLP JOHN P DILLMAN P O BOX 3064 HOUSTON TX 77253-3064	Part 1 line 2.4	_____
WINSTEAD PC MIKE MASSAD;JASON ENRIGHT 500 WINSTEAD BUILDING 2728 N HARWOOD ST DALLAS TX 75201	Part 2 line 3.34	_____

Debtor **West Houston Memory Care, LLC**

Case number (if known) **19-31485**

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

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

			Total of claim amounts
5a. Total claims from Part 1	5a.		\$282,181.71
5b. Total claims from Part 2	5b.	+	\$4,812,101.17
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.		\$5,094,282.88

Fill in this information to identify the case:

Debtor name: West Houston Memory Care, LLC
United States Bankruptcy Court for the: Northern District of Texas
Case number (if known): 19-31485

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, numbering the entries consecutively.

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

- No. Check this box and file this form with the court 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 contracts or 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.	<p>Title of contract SERVICE AGREEMENT</p> <p>State what the contract or lease is for PHONE/INTERNET</p> <p>Nature of debtor's interest CONTRACT PARTY</p> <p>State the term remaining 11 MONTHS</p> <p>List the contract number of any government contract _____</p>	<p>BIRCH PO BOX 105066 ATLANTA GA 30348</p>
2.2.	<p>Title of contract SERVICE AGREEMENT</p> <p>State what the contract or lease is for PHONE/INTERNET SERVICES</p> <p>Nature of debtor's interest CONTRACT PARTY</p> <p>State the term remaining EXPIRED 04/22/16</p> <p>List the contract number of any government contract _____</p>	<p>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</p> <p>CBEYOND 320 INSTERSTATE NORTH PARKWAY SE ATLANTA GA 30339</p>
2.3.	<p>Title of contract EQUIPMENT RENTAL AGREEMENT</p> <p>State what the contract or lease is for LAUNDRY EQUIPMENT</p> <p>Nature of debtor's interest LAUNDRY EQUIPMENT</p> <p>State the term remaining 60 DAYS</p> <p>List the contract number of any government contract _____</p>	<p>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</p> <p>CSC SERVICWORKS, INC. 4240 BRONZE WAY DALLAS TX 75237</p>

Debtor **West Houston Memory Care, LLC**Case number (if known) **19-31485**

- 2.4. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** WATER SOFTENER PROVIDER FOR CONSTENT CARE FAMILY MANAGEMENT
- Nature of debtor's interest** CONTRACT PARTY CULLIGAN MATRIX SOLUTIONS
CULLIGAN OF DFW
3201 PREMIER DRIVE
SUITE 300
IRVING TX 75063
- State the term remaining** MONTHLY AS NEEDED
- List the contract number of any government contract** _____
- 2.5. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** REMOVAL OF COOKING OIL
- Nature of debtor's interest** CONTRACT PARTY DARLING INTERNATIONAL INC
GRIFFIN INDUSTRIES
3701 SCHALKER STREET
HOUSTON TX 77028
- State the term remaining** UNKNOWN
- List the contract number of any government contract** _____
- 2.6. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CABLE TV
- Nature of debtor's interest** CONTRACT PARTY DIRECTV
P.O. BOX 105249
ATLANTA GA 30348-5249
- State the term remaining** 30 DAYS
- List the contract number of any government contract** _____
- 2.7. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** DIRECTV OPERATION AND MAINTENANCE
- Nature of debtor's interest** CONTRACT PARTY EMC TEXAS
1917 HAMILTON DRIVE
FLOWER MOUND TX 75028
- State the term remaining** 30 DAYS
- List the contract number of any government contract** _____
- 2.8. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** AQUARIUM SERVICES
- Nature of debtor's interest** CONTRACT PARTY FISH GALLERY, INC.
2909 FOUNTAIN VIEW DRIVE
HOUSTON TX 77057
- State the term remaining** NO TERM
- List the contract number of any government contract** _____

Debtor **West Houston Memory Care, LLC**

Case number (if known) **19-31485**

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|-------|--|---|---|
| 2.9. | Title of contract | BACKFLOW TEST AGREEMENT | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | ANNUAL WATER BACKFLOW ENVIRONMENTAL TESTING | |
| | Nature of debtor's interest | CONTRACT PARTY | KALAN BACKFLOW SERVICE
2022 KENDOLPH DRIVE
DENTON TX 76205 |
| | State the term remaining | AS NEEDED (1X ANNUAL) | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.10. | Title of contract | LANDSCAPE MAINTENANCE SERVICE CONTRACT | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | LANDSCAPING/MAINTENANCE | |
| | Nature of debtor's interest | CONTRACT PARTY | LAND CRAFTERS, LTD
P.O. BOX 241
CYPRESS TX 77410 |
| | State the term remaining | 30 DAYS | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.11. | Title of contract | SERVICE AGREEMENT | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | GREASE TRAP CLEANING | |
| | Nature of debtor's interest | CONTRACT PARTY | LIQUID WASTE SOLUTIONS
650 WEST BOUGH LANE
SUITE 150-204
HOUSTON TX 77024 |
| | State the term remaining | 30 DAYS | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.12. | Title of contract | PHARMACY PRODUCT AND SERVICES AGREEMENT | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | PHARMACY PRODUCTS AND SERVICE | |
| | Nature of debtor's interest | CONTRACT PARTY | OMNICARE PHARMACY OF TEXAS
1, LP
D/B/A OMNICARE OF HOUSTON
10650 WEST AIRPORT BLVD
SUITE 150
STAFFORD TX 77477 |
| | State the term remaining | 8 MONTHS | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.13. | Title of contract | RESIDENT AGREEMENT | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | MEMORY CARE/RENT | |
| | Nature of debtor's interest | PROVIDER | RESIDENT ID WHO - 1012
Address Intentionally Omitted |
| | State the term remaining | 30 DAYS | |
| | List the contract number of any government contract | _____ | |

Debtor **West Houston Memory Care, LLC**

Case number (if known) **19-31485**

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| 2.14. | Title of contract | RESIDENT AGREEMENT | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | MEMORY CARE/RENT | RESIDENT ID WHO - 1031
Address Intentionally Omitted |
| | Nature of debtor's interest | PROVIDER | |
| | State the term remaining | 30 DAYS | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.15. | Title of contract | RESIDENT AGREEMENT | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | MEMORY CARE/RENT | RESIDENT ID WHO - 1043
Address Intentionally Omitted |
| | Nature of debtor's interest | PROVIDER | |
| | State the term remaining | 30 DAYS | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.16. | Title of contract | RESIDENT AGREEMENT | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | MEMORY CARE/RENT | RESIDENT ID WHO - 1046
Address Intentionally Omitted |
| | Nature of debtor's interest | PROVIDER | |
| | State the term remaining | 30 DAYS | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.17. | Title of contract | RESIDENT AGREEMENT | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | MEMORY CARE/RENT | RESIDENT ID WHO - 1065
Address Intentionally Omitted |
| | Nature of debtor's interest | PROVIDER | |
| | State the term remaining | 30 DAYS | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.18. | Title of contract | RESIDENT AGREEMENT | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | MEMORY CARE/RENT | RESIDENT ID WHO - 1077
Address Intentionally Omitted |
| | Nature of debtor's interest | PROVIDER | |
| | State the term remaining | 30 DAYS | |
| | List the contract number of any government contract | _____ | |

Debtor **West Houston Memory Care, LLC**

Case number (if known) **19-31485**

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| 2.19. | Title of contract | RESIDENT AGREEMENT | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | MEMORY CARE/RENT | |
| | Nature of debtor's interest | PROVIDER | RESIDENT ID WHO - 1080
Address Intentionally Omitted |
| | State the term remaining | 30 DAYS | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.20. | Title of contract | RESIDENT AGREEMENT | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | MEMORY CARE/RENT | |
| | Nature of debtor's interest | PROVIDER | RESIDENT ID WHO - 1088
Address Intentionally Omitted |
| | State the term remaining | 30 DAYS | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.21. | Title of contract | RESIDENT AGREEMENT | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | MEMORY CARE/RENT | |
| | Nature of debtor's interest | PROVIDER | RESIDENT ID WHO - 1096
Address Intentionally Omitted |
| | State the term remaining | 30 DAYS | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.22. | Title of contract | RESIDENT AGREEMENT | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | MEMORY CARE/RENT | |
| | Nature of debtor's interest | PROVIDER | RESIDENT ID WHO - 1097
Address Intentionally Omitted |
| | State the term remaining | 30 DAYS | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.23. | Title of contract | RESIDENT AGREEMENT | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | MEMORY CARE/RENT | |
| | Nature of debtor's interest | PROVIDER | RESIDENT ID WHO - 1102
Address Intentionally Omitted |
| | State the term remaining | 30 DAYS | |
| | List the contract number of any government contract | _____ | |

Debtor **West Houston Memory Care, LLC**

Case number (if known) **19-31485**

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| 2.24. | Title of contract | RESIDENT AGREEMENT | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | MEMORY CARE/RENT | RESIDENT ID WHO - 1107
Address Intentionally Omitted |
| | Nature of debtor's interest | PROVIDER | |
| | State the term remaining | 30 DAYS | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.25. | Title of contract | RESIDENT AGREEMENT | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | MEMORY CARE/RENT | RESIDENT ID WHO - 1112
Address Intentionally Omitted |
| | Nature of debtor's interest | PROVIDER | |
| | State the term remaining | 30 DAYS | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.26. | Title of contract | RESIDENT AGREEMENT | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | MEMORY CARE/RENT | RESIDENT ID WHO - 1114
Address Intentionally Omitted |
| | Nature of debtor's interest | PROVIDER | |
| | State the term remaining | 30 DAYS | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.27. | Title of contract | RESIDENT AGREEMENT | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | MEMORY CARE/RENT | RESIDENT ID WHO - 1116
Address Intentionally Omitted |
| | Nature of debtor's interest | PROVIDER | |
| | State the term remaining | 30 DAYS | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.28. | Title of contract | RESIDENT AGREEMENT | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | MEMORY CARE/RENT | RESIDENT ID WHO - 1117
Address Intentionally Omitted |
| | Nature of debtor's interest | PROVIDER | |
| | State the term remaining | 30 DAYS | |
| | List the contract number of any government contract | _____ | |

Debtor **West Houston Memory Care, LLC**

Case number (if known) **19-31485**

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|-------|--|--------------------|---|
| 2.29. | Title of contract | RESIDENT AGREEMENT | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | MEMORY CARE/RENT | RESIDENT ID WHO - 1118
Address Intentionally Omitted |
| | Nature of debtor's interest | PROVIDER | |
| | State the term remaining | 30 DAYS | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.30. | Title of contract | RESIDENT AGREEMENT | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | MEMORY CARE/RENT | RESIDENT ID WHO - 1120
Address Intentionally Omitted |
| | Nature of debtor's interest | PROVIDER | |
| | State the term remaining | 30 DAYS | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.31. | Title of contract | RESIDENT AGREEMENT | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | MEMORY CARE/RENT | RESIDENT ID WHO - 1122
Address Intentionally Omitted |
| | Nature of debtor's interest | PROVIDER | |
| | State the term remaining | 30 DAYS | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.32. | Title of contract | RESIDENT AGREEMENT | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | MEMORY CARE/RENT | RESIDENT ID WHO - 1123
Address Intentionally Omitted |
| | Nature of debtor's interest | PROVIDER | |
| | State the term remaining | 30 DAYS | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.33. | Title of contract | RESIDENT AGREEMENT | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | MEMORY CARE/RENT | RESIDENT ID WHO - 1124
Address Intentionally Omitted |
| | Nature of debtor's interest | PROVIDER | |
| | State the term remaining | 30 DAYS | |
| | List the contract number of any government contract | _____ | |

Debtor **West Houston Memory Care, LLC**

Case number (if known) **19-31485**

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|-------|--|--------------------|---|
| 2.34. | Title of contract | RESIDENT AGREEMENT | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | MEMORY CARE/RENT | RESIDENT ID WHO - 1126
Address Intentionally Omitted |
| | Nature of debtor's interest | PROVIDER | |
| | State the term remaining | 30 DAYS | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.35. | Title of contract | RESIDENT AGREEMENT | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | MEMORY CARE/RENT | RESIDENT ID WHO - 1128
Address Intentionally Omitted |
| | Nature of debtor's interest | PROVIDER | |
| | State the term remaining | 30 DAYS | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.36. | Title of contract | RESIDENT AGREEMENT | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | MEMORY CARE/RENT | RESIDENT ID WHO - 1129
Address Intentionally Omitted |
| | Nature of debtor's interest | PROVIDER | |
| | State the term remaining | 30 DAYS | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.37. | Title of contract | RESIDENT AGREEMENT | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | MEMORY CARE/RENT | RESIDENT ID WHO - 1130
Address Intentionally Omitted |
| | Nature of debtor's interest | PROVIDER | |
| | State the term remaining | 30 DAYS | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.38. | Title of contract | RESIDENT AGREEMENT | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | MEMORY CARE/RENT | RESIDENT ID WHO - 1131
Address Intentionally Omitted |
| | Nature of debtor's interest | PROVIDER | |
| | State the term remaining | 30 DAYS | |
| | List the contract number of any government contract | _____ | |

Debtor **West Houston Memory Care, LLC**Case number (if known) **19-31485**

- 2.39. **Title of contract** RESIDENT AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MEMORY CARE/RENT
- Nature of debtor's interest** PROVIDER RESIDENT ID WHO - 1132
Address Intentionally Omitted
- State the term remaining** 30 DAYS
- List the contract number of any government contract** _____
- 2.40. **Title of contract** PEST PREVENTION SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PEST PREVENTION
- Nature of debtor's interest** CONTRACT PARTY STERITECH GROUP, INC.
P.O. BOX 472127
CHARLOTTE NC 28247
- State the term remaining** 1 MONTH
- List the contract number of any government contract** _____
- 2.41. **Title of contract** MANAGEMENT SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MANAGEMENT SERVICES
- Nature of debtor's interest** CONTRACT PARTY TLG FAMILY MANAGEMENT
545 E. JOHN CARPENTER FRWY
#500
IRVING TX 75062
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.42. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CLEANING OF COMMERCIAL COOKING OPERATION
- Nature of debtor's interest** CONTRACT PARTY VENTILATION SERVICES, INC.
4930 DACOMA
SUITE G
HOUSTON TX 77092
- State the term remaining** 30 DAYS
- List the contract number of any government contract** _____
- 2.43. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** WASTE MANAGEMENT; S0003323612
- Nature of debtor's interest** CONTRACT PARTY WASTE MANAGEMENT USA
1901 AFTON STREET
HOUSTON TX 77055
- State the term remaining** 90 DAYS
- List the contract number of any government contract** _____

Debtor **West Houston Memory Care, LLC**

Case number (if known) **19-31485**

2.44.	Title of contract	PLANNED MAINTENANCE AGREEMENT	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	MAINTENANCE AND TESTING ON EMERGENCY POWER SYSTEM	Waukesha-Pearce Industries, LLC
	Nature of debtor's interest	CONTRACT PARTY	P.O. BOX 35068
	State the term remaining	30 DAYS	12320 S MAIN STREET
	List the contract number of any government contract	_____	HOUSTON TX 77235

Fill in this information to identify the case:

Debtor name: West Houston Memory Care, LLC
United States Bankruptcy Court for the: Northern District of Texas
Case number (if known): 19-31485

Check if this is an amended filing

Official Form 206H

Schedule H: 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. Does the debtor 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. BARRINGTON MEMORY CARE, LLC	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	SILVERADO INTEREST HOLDINGS, LLC	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.2. CINCO RANCH MEMORY CARE, LLC	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	SILVERADO INTEREST HOLDINGS, LLC	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.3. CYPRESWOOD MEMORY CARE, LLC	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	SILVERADO INTEREST HOLDINGS, LLC	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.4. LAKE SUPERIOR CONTRACTING, LP FOR THE BENEFIT OF	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	CED/MILLER ELECTRIC SUPPLY	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.5. MELVIN W WARREN JR	125 W ROMANA ST STE 215 PENSACOLA FL 32502	ORIGIN BANK	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6. MELVIN W WARREN JR	125 W ROMANA ST STE 215 PENSACOLA FL 32502	SILVERADO INTEREST HOLDINGS, LLC	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

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Name	Mailing address	Name	Check all schedules that apply:
2.7. MELVIN W WARREN JR	125 W ROMANA ST STE 215 PENSACOLA FL 32502	SILVERADO INTEREST HOLDINGS, LLC	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.8. MITCHELL W. WARREN	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	ORIGIN BANK	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.9. PEARLAND MEMORY CARE, LLC	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	SILVERADO INTEREST HOLDINGS, LLC	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.10. RIVERSTONE MEMORY CARE, LLC	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	SILVERADO INTEREST HOLDINGS, LLC	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.11. STOCKBRIDGE MEMORY CARE, LLC	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	SILVERADO INTEREST HOLDINGS, LLC	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.12. SUGARLOAF MEMORY CARE, LLC	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	SILVERADO INTEREST HOLDINGS, LLC	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.13. THE LASALLE GROUP INC. FOR THE BENEFIT OF	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	REACHLOCAL INC.	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.14. THE LASALLE GROUP, INC	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	ORIGIN BANK	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.15. THE LASALLE GROUP, INC	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	SILVERADO INTEREST HOLDINGS, LLC	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.16. THE LASALLE GROUP, INC	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	OMNICARE INC.	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.17. THE LASALLE GROUP, INC. D/B/A AUTUMN LEAVES SENIOR LIVING FOR THE BENEFIT OF	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	ACTIVITYCONNECTION.COM LLC	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

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Name	Mailing address	Name	Check all schedules that apply:
2.18. THE LASALLE GROUP, INC. D/B/A CONSTANT CARE MANAGEMENT COMPANY FOR THE BENEFIT OF	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	HILLYARD INC.	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.19. THE LASALLE GROUP, INC. D/B/A CONSTANT CARE MANAGEMENT COMPANY FOR THE BENEFIT OF	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	IRON MOUNTAIN	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.20. THE LASALLE GROUP, INC. D/B/S AUTUMN LEAVES FOR THE BENEFIT OF	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	BRIGHTVIEW LANDSCAPE SERVICES	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.21. THE LASALLE GROUP, INC. FOR THE BENEFIT OF	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	PROGRESSIVE BUSINESS PUBLICATIONS	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.22. THE LASALLE GROUP, INC. FOR THE BENEFIT OF	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	A PLACE FOR MOM, INC.	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.23. THE LASALLE GROUP, INC. FOR THE BENEFIT OF	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	BRUSNIAK PLLC	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.24. THE LASALLE GROUP, INC. FOR THE BENEFIT OF	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	CARING.COM	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.25. THE LASALLE GROUP, INC. FOR THE BENEFIT OF	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	CFP FIRE PROTECTION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.26. THE LASALLE GROUP, INC. FOR THE BENEFIT OF	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	DALLAS LIGHT BULB	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.27. THE LASALLE GROUP, INC. FOR THE BENEFIT OF	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	DE LAGE LANDEN	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

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Name	Mailing address	Name	Check all schedules that apply:
2.28. THE LASALLE GROUP, INC. FOR THE BENEFIT OF	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	DIRECT SUPPLY, INC.	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.29. THE LASALLE GROUP, INC. FOR THE BENEFIT OF	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	FEDEX	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.30. THE LASALLE GROUP, INC. FOR THE BENEFIT OF	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	HARBOR LINEN	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.31. THE LASALLE GROUP, INC. FOR THE BENEFIT OF	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	HD SUPPLY	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.32. THE LASALLE GROUP, INC. FOR THE BENEFIT OF	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	ILLUSTRATUS	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.33. THE LASALLE GROUP, INC. FOR THE BENEFIT OF	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	MASTERCARE PATIENT EQUIPMENT, INC	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.34. THE LASALLE GROUP, INC. FOR THE BENEFIT OF	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	MCKESSON CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.35. THE LASALLE GROUP, INC. FOR THE BENEFIT OF	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	NAAP	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.36. THE LASALLE GROUP, INC. FOR THE BENEFIT OF	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	ONEDAY	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.37. THE LASALLE GROUP, INC. FOR THE BENEFIT OF	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	ON SHIFT, INC.	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.38. THE LASALLE GROUP, INC. FOR THE BENEFIT OF	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	PARTS TOWN LLC	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

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Name	Mailing address	Name	Check all schedules that apply:
2.39. THE LASALLE GROUP, INC. FOR THE BENEFIT OF	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	PC CONNECTION SALES CORP	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.40. THE LASALLE GROUP, INC. FOR THE BENEFIT OF	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	RYAN, LLC	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.41. THE LASALLE GROUP, INC. FOR THE BENEFIT OF	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	STAPLES BUSINESS ADVANTAGE	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.42. THE LASALLE GROUP, INC. FOR THE BENEFIT OF	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	STAPLES TECHNOLOGY SOLUTIONS	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.43. THE LASALLE GROUP, INC. FOR THE BENEFIT OF	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	STERLING TALENT SOLUTIONS	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.44. THE LASALLE GROUP, INC. FOR THE BENEFIT OF	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	RENTOKIL STERITECH	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.45. THE LASALLE GROUP, INC. FOR THE BENEFIT OF	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	SYSCO	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.46. THE LASALLE GROUP, INC. FOR THE BENEFIT OF	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	TEX-AIR FILTER/AIR RELIEF TECHNOLOGIES	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.47. THE LASALLE GROUP, INC. FOR THE BENEFIT OF	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	UNIFORM WIZARD	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.48. THE LASALLE GROUP, INC. FOR THE BENEFIT OF	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	VERIZON WIRELESS	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

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Name	Mailing address	Name	Check all schedules that apply:
2.49. THE LASALLE GROUP, INC. FOR THE BENEFIT OF	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	VORROHEALTH	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.50. THE LASALLE GROUP, INC. FOR THE BENEFIT OF	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	WESTFIELD BANK FSB	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.51. THE LASALLE GROUP, INC. FOR THE BENEFIT OF	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	ZOHO CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.52. TLG MANAGEMENT, LLC FOR THE BENEFIT OT	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	YARDI SYSTEMS	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.53. US FOODS THE LASALLE GROUP, INC	545 E. JOHN CARPENTER FRWY SUITE 500 IRVING TX 75062	US FOODS	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.54. WESTOVER HILLS MEMORY CARE, LLC	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	SILVERADO INTEREST HOLDINGS, LLC	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.55. WHEELING MEMORY CARE, LLC	545 E. JOHN CARPENTER FREEWAY SUITE 500 IRVING TX 75062	SILVERADO INTEREST HOLDINGS, LLC	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name: West Houston Memory Care, LLC

United States Bankruptcy Court for the: Northern District of Texas

Case number (if known): 19-31485

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 5/30/2019
MM/DD/YYYY

x /s/ Karen Nicolaou

Signature of individual signing on behalf of debtor

Karen Nicolaou
Printed name

Chief Restructuring Officer
Position or relationship to debtor