

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF MASSACHUSETTS  
(EASTERN DIVISION)**

	X	
	:	<b>Chapter 11</b>
<b>In re:</b>	:	
	:	<b>Case No. 18-11053 (FJB)</b>
<b>WACHUSETT VENTURES, LLC et al.,</b>	:	
	:	<b>Jointly Administered</b>
<b>Debtors.<sup>1</sup></b>	:	

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

**Introduction**

Wachusett Ventures, LLC, WV – Crossings East, LLC, WV – Crossings West, LLC, WV – Parkway Pavilion, LLC, WV – Brockton SNF, LLC, WV – Concord SNF OPCO, LLC, WV – Rockport SNF OPCO, LLC, and WV – Quincy SNF OPCO, 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 District of Massachusetts (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 publically 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.

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<sup>1</sup> The Debtors, along with the last four digits of each debtor’s tax identification number, as applicable, are: Wachusett Ventures, LLC (8587), WV – Crossings East, LLC (0809), WV – Crossings West, LLC (1860), WV – Parkway Pavilion, LLC (5082), WV – Brockton SNF, LLC (3855), WV – Concord SNF OPCO, LLC (0813), WV – Rockport SNF OPCO, LLC (3681) and WV – Quincy SNF OPCO, LLC (9951). The Debtors’ corporate headquarters is located at 36 Washington Street, Suite 395, Wellesley Hills, MA 02481.

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 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 March 26, 2018 (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.

**Other than intercompany balances which are reported as of December 31, 2017, the asset information provided in the Schedules and Statements, except as otherwise noted, represents the asset data of the Debtors as of the close of business on February 28, 2018, and the liability information provided herein, except as otherwise noted, represents the liability data of the Debtors as of the close of business on March 23, 2018.**

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 the close of business on February 28, 2018, 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 Debtors have filed various "first day" motions seeking relief to pay certain outstanding pre-petition claims on a post-petition basis. It is anticipated that the Bankruptcy Court will grant said motions and to the extent that the Debtor anticipates that prepetition liabilities will be paid on a post-petition basis, those liabilities have been excluded from the Schedules and Statements. To the extent the Bankruptcy Court denies the payment of any or all of these prepetition liabilities, the Debtors will amend the Schedules and Statements accordingly. 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) 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 nor shall the omission of any person or entity constitute an admission that such person or entity is not an "insider".
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 are reported as assets on Schedule A/B or liabilities on Schedule F as appropriate (collectively, the “*Intercompany Claims*”). Intercompany balances are reported on a gross basis as of December 31, 2017. 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.
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 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. Intercompany balances are reported on a gross basis as of December 31, 2017.

**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 & Addresses.** Resident names and addresses have been removed from entries listed on Schedules E/F and G and the Statements, as applicable, in order to comply with the obligations placed on the Debtors consistent with applicable privacy laws and the Health Insurance Portability and Accountability Act of 1996. These addresses and names are available upon request by the Office of the United States Trustee and the Bankruptcy Court subject to the entry of the appropriate confidentiality order.
- 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 the close of business on February 28, 2018, 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 the close of business on March 23, 2018. Details with respect to the Debtors' cash management system and bank accounts are provided in the *Motion Of Debtors For Entry Of Interim And Final Orders, Pursuant To Bankruptcy Code Sections 105(a), 345(b), 363(c)(1), 364(a), 364(b), And 503(b)(1), Bankruptcy Rules 6003 And 6004, Authorizing Debtors To Use Existing Cash Management System, (B) Authorizing And Directing Banks And Financial Institutions To Honor And Process Checks And Transfers, (C) Waiving Requirements Of Section 345(b) Of Bankruptcy Code And (D) Authorizing Debtors To Use Existing Bank Accounts And Existing Business Forms* [Docket No. 27] (the "**Cash Management Motion**").

**Schedule A/B 11.** Accounts receivable do not include intercompany receivables. Intercompany receivables are reported at 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 39 & 41.** Equipment purchased for less than \$1,000.00 is not carried on the Debtors balance sheet as a fixed asset and accordingly are reported as "undetermined" on Schedules AB 39 & 41.

**Schedule A/B 55.** The Debtors do not own any real property. The Debtors have listed their real property leases in Schedule A/B 55. The Debtors' leasehold interests/improvements appear in Schedule A/B 40 as opposed to Schedule A/B 55.

**Schedule A/B 63.** The Debtors maintain a resident database.

**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 in 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 1.** The Debtors have filed the (i) *Motion Of Debtors For Entry Of Interim And Final Orders Authorizing The Debtors To Pay Taxes And Fees* [Docket No. 16] (the "**Tax Motion**"); and (ii) *Motion Of Debtors Pursuant To Bankruptcy Code Sections 105(a), 363(b), 503(b), 507(a)(4), And 507(a)(8) And Bankruptcy Rules 6003 And 6004, For Entry Of Interim And Final Orders (I) Authorizing Debtors To (A) Pay Certain Employee Compensation And Benefits, And (B) Maintain Such Employee Benefits Programs; And (Ii) Authorizing And Directing Banks And Financial Institutions To Honor And Process Checks And Transfers Related To Such Obligations* [Docket No. 12] (the "**Employee Motion**"), seeking relief to pay pre-petition taxes and fees and certain employee compensation and benefits. In anticipation of the Bankruptcy Court allowing payment of certain pre-petition claims on a post-petition basis, the Debtors have excluded pre-petition taxes and wage and benefit claims from Schedule E/F part 1. The Bankruptcy Court has granted the Tax Motion and the Employee Motion on an interim basis. To the extent the Tax Motion and the Employee Motion are not granted on a final basis, the Debtors will amend their Schedules as applicable.

**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.

**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 1.** Statement 1 reports gross revenue for the current fiscal year from January 1, 2018 to February 28, 2018 as opposed to the Petition Date.

**Statement 3.** Statement 3 includes any disbursement or other transfer made by the Debtors within 90 day before the Petition Date except for those made to insiders (which payments appear in response to Statement question 4), employees, bankruptcy professionals (which payments appear in Statement 11 and include any retainers paid to bankruptcy professionals), and the agent bank under the revolving credit facility. For purposes of the Statement 3, payments to creditors within 90 days have been rounded to the nearest whole dollar. 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. Other than WV – Brockton SNF, LLC, with respect to intercompany transactions, the Debtors have reported payments on a transaction by transaction basis through July 13, 2017, at which point the Debtors modified their cash management system such that the operating accounts became zero balance accounts with funds automatically swept from Wachusett Ventures, LLC to cover any intercompany payments. Accordingly, intercompany transfers for the period

July 14, 2017 through January 11, 2018 have been aggregated and reported as one line item as opposed to a transaction by transaction basis. 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.

The Debtors have included all consulting and payroll distributions and travel, entertainment, and other expense reimbursements, made over the twelve months preceding the Petition Date to any individual that may be deemed an "Insider."

**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.

**Statement 10.** The Debtors may 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 21.** The Debtors residents deposit cash with the Debtors which the Debtors disburse on behalf of its residents for certain personal incidental expenses of the residents. The cash held on behalf of the residents is reported on Statement 21.

**Statement 26d.** The Debtors have provided internally prepared 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 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: WV – ROCKPORT SNF OPCO, LLC

United States Bankruptcy Court for the: District of Massachusetts

Case number (if known): 18-11055

☐ 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 .....

\$0.00

**1b. Total personal property:**

Copy line 91A from Schedule A/B .....

\$973,680.00

**1c. Total of all property:**

Copy line 92 from Schedule A/B .....

\$973,680.00

**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 .....

\$1,336,662.00

**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 .....

UNDETERMINED

**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 .....

+ \$953,113.84

**4. Total liabilities**

Lines 2 + 3a + 3b .....

\$2,289,775.84

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

**Debtor name:** WV – ROCKPORT SNF OPCO, LLC

**United States Bankruptcy Court for the:** District of Massachusetts

**Case number (if known):** 18-11055

☐ 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
--	------------------------------------

### **2. Cash on hand**

2.1. PETTY CASH	\$500.00
-----------------	----------

### **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. <sup>1</sup> TD BANK 2 HARBOR LOOP GLOUCESTER MA 01930	PATIENT NEEDS ACCOUNTS	NUMEROUS	\$0.00
3.2. BANK OF AMERICA PO BOX 25118 TAMPA FL 33622-5118	OPERATING - ZBA	5003	\$15,111.00
3.3. BANK OF AMERICA PO BOX 25118 TAMPA FL 33622-5118	DEPOSITORY/GOVERNMENTAL	A6992	\$0.00
3.4. BANK OF AMERICA PO BOX 25118 TAMPA FL 33622-5118	DEPOSITORY/NON-GOVERNMENTAL	1369	\$0.00

<sup>1</sup>INDIVIDUAL PATIENT NEEDS ACCOUNTS; SEE RESPONSE TO SOFA PART 11, QUESTION # 21

Debtor **WV – ROCKPORT SNF OPCO, LLC**

Case number (if known) **18-11055**

**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.

\$15,611.00

**Part 2: Deposits and prepayments**

**6. Does the debtor have any deposits or prepayments?**

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

**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit	Current value of debtor's interest
7.1. UTILITY NATIONAL GRID PO BOX 11742 NEWARK NJ 07101-4742	\$5,338.00
7.2. CAPEX RESERVE SABRA HEALTHCARE REIT, INC. 18500 VON KARMAN AVE STE 550 IRVINE CA 92612	\$21,709.00

**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.	\$

**9. Total of part 2**

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

\$27,047.00

**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:	\$526,640.00	- \$0.00	= ..... →	\$526,640.00
	Face amount	Doubtful or uncollectible accounts		
11b. Over 90 days old:	\$756,641.00	- \$428,000.00	= ..... →	\$328,641.00

Debtor **WV – ROCKPORT SNF OPCO, LLC**Case number (if known) **18-11055****12. Total of part 3**

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

\$855,281.00

**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 valueCurrent value of  
debtor's interest**14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock

14.1. \_\_\_\_\_ \$ \_\_\_\_\_

**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

15.1. \_\_\_\_\_ % \_\_\_\_\_ \$ \_\_\_\_\_

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

Describe

16.1. \_\_\_\_\_ \$ \_\_\_\_\_

**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  
inventoryNet book value of  
debtor's interest  
(Where available)Valuation method used  
for current valueCurrent 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**

22.1. \_\_\_\_\_ \$ \_\_\_\_\_

**23. Total of part 5**

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

\$0.00

Debtor **WV – ROCKPORT SNF OPCO, LLC**Case number (if known) **18-11055****24. Is any of the property listed in Part 5 perishable?**

- ☐ No  
☐ Yes

**25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☐ No  
☐ Yes Book value: \$\_\_\_\_\_ Valuation method: \_\_\_\_\_ Current value: \$\_\_\_\_\_

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

- ☐ No  
☐ Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)****27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.  
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>28. Crops—either planted or harvested</b>			
28.1. _____	\$ _____	_____	\$ _____
<b>29. Farm animals. Examples: Livestock, poultry, farm-raised fish</b>			
29.1. _____	\$ _____	_____	\$ _____
<b>30. Farm machinery and equipment (Other than titled motor vehicles)</b>			
30.1. _____	\$ _____	_____	\$ _____
<b>31. Farm and fishing supplies, chemicals, and feed</b>			
31.1. _____	\$ _____	_____	\$ _____
<b>32. Other farming and fishing-related property not already listed in Part 6</b>			
32.1. _____	\$ _____	_____	\$ _____
<b>33. Total of part 6</b>			
Add lines 28 through 32. Copy the total to line 85.			\$0.00

**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



Debtor **WV – ROCKPORT SNF OPCO, LLC**Case number (if known) **18-11055****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.

General description		Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>39. Office furniture</b>				
39.1.	OFFICE FURNITURE	UNDETERMINED	Undetermined	UNDETERMINED
39.2.	OFFICE FURNITURE	UNDETERMINED	Undetermined	UNDETERMINED
<b>40. Office fixtures</b>				
40.1.	LEASEHOLD IMPROVEMENTS	UNDETERMINED	Undetermined	UNDETERMINED
<b>41. Office equipment, including all computer equipment and communication systems equipment and software</b>				
		Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
41.1.	OFFICE EQUIPMENT	UNDETERMINED	Undetermined	UNDETERMINED
41.2.	OFFICE EQUIPMENT	UNDETERMINED	Undetermined	UNDETERMINED
<b>42. Collectibles.</b> 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**

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

UNDETERMINED

**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.

Debtor **WV – ROCKPORT SNF OPCO, LLC**Case number (if known) **18-11055**

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) (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
47.1. _____	\$ _____	_____	\$ _____
<b>48. Watercraft, trailers, motors, and related accessories.</b> Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1. _____	\$ _____	_____	\$ _____
<b>49. Aircraft and accessories</b>			
49.1. _____	\$ _____	_____	\$ _____
<b>50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)</b>			
50.1. _____	\$ _____	_____	\$ _____

**51. Total of part 8**

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

\$0.00

**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 Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest</b>				
55.1. _____ SENIOR HOUSING FACILITY	LEASEHOLD INTEREST	\$0.00	Net Book Value	\$0.00
_____ 44 SOUTH STREET ROCKPORT MA 01966				

**56. Total of part 9**

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

\$0.00

**57. Is a depreciation schedule available for any of the property listed in Part 9?**

- ☒ No  
☐ Yes

Debtor **WV – ROCKPORT SNF OPCO, LLC**Case number (if known) **18-11055****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 (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>60. Patents, copyrights, trademarks, and trade secrets</b>			
60.1. _____	\$ _____	_____	\$ _____
<b>61. Internet domain names and websites</b>			
	Net book value of debtor's interest	Valuation method	Current value of debtor's interest
61.1. _____	\$ _____	_____	\$ _____
<b>62. Licenses, franchises, and royalties</b>			
62.1. NURSING HOME LICENSE	UNDETERMINED	N/A	UNDETERMINED
<b>63. Customer lists, mailing lists, or other compilations</b>			
63.1. _____	\$ _____	_____	\$ _____
<b>64. Other intangibles, or intellectual property</b>			
64.1. _____	\$ _____	_____	\$ _____
<b>65. Goodwill</b>			
65.1. _____	\$ _____	_____	\$ _____

**66. Total of part 10**

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

UNDETERMINED

**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?**

Debtor **WV – ROCKPORT SNF OPCO, LLC**Case number (if known) **18-11055**

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. _____	\$ _____	\$ _____	_____	\$ _____

**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. VALLEY FORGE INSURANCE COMPANY	6023169954	_____	_____	_____	UNDETERMINED
73.2. CONTINENTAL CASUALTY COMPANY	596781696	_____	_____	_____	UNDETERMINED
73.3. LLOYD'S OF LONDON	503383	_____	_____	_____	UNDETERMINED
73.4. HEALTHCAP RISK MANAGEMENT & INSURANCE	HRGCT010074OC01	_____	_____	_____	UNDETERMINED
73.5. ATLANTIC SPECIALTY INSURANCE	MML-07849-17	_____	_____	_____	UNDETERMINED
73.6. CONTINENTAL CASUALTY COMPANY	6023169971	_____	_____	_____	UNDETERMINED
73.7. CONTINENTAL CASUALTY COMPANY	6046124942	_____	_____	_____	UNDETERMINED
73.8. IRONSHORE INSURANCE LTD	3474500	_____	_____	_____	UNDETERMINED
73.9. AIM MUTUAL INSURANCE COMPANY	WMZ-800-8007102-2017	_____	_____	_____	UNDETERMINED

**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. _____	\$ _____
-------------	----------

Debtor **WV – ROCKPORT SNF OPCO, LLC**Case number (if known) **18-11055****77. Other property of any kind not already listed**

Examples: Season tickets, country club membership

77.1. INTERCOMPANY RECEIVABLE - WACHUSETT VENTURES

\$75,741.00

**78. Total of part 11**

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

\$75,741.00

**79. Has any of the property listed in Part 11 been appraised by a professional within the last year?**☒ No☐ Yes

Debtor **WV – ROCKPORT SNF OPCO, LLC**Case number (if known) **18-11055****Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1.</i>	\$15,611.00	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	\$27,047.00	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	\$855,281.00	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	\$0.00	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	\$0.00	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	\$0.00	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	UNDETERMINED	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	\$0.00	
88. <b>Real property.</b> <i>Copy line 56, Part 9.</i> ..... →		\$0.00
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i> UNDETERMINED		
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i> + \$75,741.00		
91. <b>Total.</b> Add lines 80 through 90 for each column. ....91a.	\$973,680.00	+ 91b. \$0.00
92. <b>Total of all property on Schedule A/B.</b> Lines 91a + 91b = 92. ....		\$973,680.00

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

**Debtor name:** WV – ROCKPORT SNF OPCO, LLC

**United States Bankruptcy Court for the:** District of Massachusetts

**Case number (if known):** 18-11055

☐ 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**

CCP CAMELOT 0563 LLC  
191 NORTH WACKER DRIVE  
SUITE 1200  
CHICAGO IL 60606

**Creditor's email address, if known**

**Date debt was incurred:** February 2017

**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**

SUBSTANTIALLY ALL ASSETS

**Describe the lien**

UCC FINANCING STATEMENT #  
201734568150 FILED ON FEBRUARY 13,  
2017

**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

UNDETERMINED UNDETERMINED

Debtor **WV – ROCKPORT SNF OPCO, LLC**

Case number (if known) **18-11055**

2.2. **Creditor's name and address**

CCP DEN-MAR 0542 LLC  
191 NORTH WACKER DRIVE  
SUITE 1200  
CHICAGO IL 60606

**Creditor's email address, if known**

**Date debt was incurred:** February 2017

**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**

SUBSTANTIALLY ALL ASSETS

UNDETERMINED UNDETERMINED

**Describe the lien**

UCC FINANCING STATEMENT #  
201734564620 FILED ON FEBRUARY 13, 2017

**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

2.3.<sup>1</sup> **Creditor's name and address**

CCP FINANCE II LLC  
191 NORTH WACKER DRIVE  
SUITE 1200  
CHICAGO IL 60606

**Creditor's email address, if known**

**Date debt was incurred:** July 2016

**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**

SUBSTANTIALLY ALL ASSETS

\$1,336,662.00 UNDETERMINED

**Describe the lien**

UCC FINANCING STATEMENT #  
201630847070 FILED ON AUGUST 29, 2016

**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



Debtor **WV – ROCKPORT SNF OPCO, LLC**

Case number (if known) **18-11055**

2.4. **Creditor's name and address**

CCP NUTMEG PAVILION 0567 LLC  
191 NORTH WACKER DRIVE  
SUITE 1200  
CHICAGO IL 60606

**Creditor's email address, if known**

\_\_\_\_\_

**Date debt was incurred:** February 2017

**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**

SUBSTANTIALLY ALL ASSETS

UNDETERMINED UNDETERMINED

**Describe the lien**

UCC FINANCING STATEMENT #  
201734568150 FILED ON FEBRUARY 13,  
2017

**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

2.5. **Creditor's name and address**

CCP PARKWAY PAVILION 0568 LLC  
191 NORTH WACKER DRIVE  
SUITE 1200  
CHICAGO IL 60606

**Creditor's email address, if known**

\_\_\_\_\_

**Date debt was incurred:** February 2017

**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**

SUBSTANTIALLY ALL ASSETS

UNDETERMINED UNDETERMINED

**Describe the lien**

UCC FINANCING STATEMENT #  
201734568150 FILED ON FEBRUARY 13,  
2017

**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

Debtor **WV – ROCKPORT SNF OPCO, LLC**

Case number (if known) **18-11055**

2.6. **Creditor's name and address**

CCP QUINCY 0537 LLC  
191 NORTH WACKER DRIVE  
SUITE 1200  
CHICAGO IL 60606

**Creditor's email address, if known**

---

**Date debt was incurred:** February 2017

**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**

SUBSTANTIALLY ALL ASSETS

UNDETERMINED UNDETERMINED

**Describe the lien**

UCC FINANCING STATEMENT #  
201734564620 FILED ON FEBRUARY 13,  
2017

**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

2.7. **Creditor's name and address**

CCP WALDEN 0588 LLC  
191 NORTH WACKER DRIVE  
SUITE 1200  
CHICAGO IL 60606

**Creditor's email address, if known**

---

**Date debt was incurred:** February 2017

**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**

SUBSTANTIALLY ALL ASSETS

UNDETERMINED UNDETERMINED

**Describe the lien**

UCC FINANCING STATEMENT #  
201734564620 FILED ON FEBRUARY 13,  
2017

**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

Debtor **WV – ROCKPORT SNF OPCO, LLC**

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<p>2.8. <b>Creditor's name and address</b></p> <p>QUALITY REHABILITATION SERVICES, LLC 30 MANMAR DRIVE SUITE 9 PLAINVILLE MA 02762</p> <p><b>Creditor's email address, if known</b></p> <p>_____</p> <p><b>Date debt was incurred:</b> Various</p> <p><b>Last 4 digits of account number:</b></p> <p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Have you already specified the relative priority?</p> <p><input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</p> <p>_____</p> <p><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines: _____</p>	<p><b>Describe debtor's property that is subject to a lien</b></p> <p>_____ UNDETERMINED UNDETERMINED</p> <p><b>Describe the lien</b></p> <p>ATTEMPTED ATTACHMENT WITHIN 90-DAYS OF PETITION DATE</p> <p><b>Is the creditor an insider or related party?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b></p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</p> <p><b>As of the petition filing date, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p>
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<sup>1</sup>AMOUNT IS APPROXIMATE

3. **Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.** **\$1,336,662.00**

**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.	CCP FINANCE II LLP C/O CARE CAPITAL PROPERTIES, INC. ATTN ASSET MANAGEMENT 191 NORTH WACKER DRIVE SUITE 1200 CHICAGO IL 60606	Line 2.3	_____
3.2.	CCP FINANCE II LLP C/O CARE CAPITAL PROPERTIES, INC. ATTN ASSET MANAGEMENT 191 NORTH WACKER DRIVE SUITE 1200 CHICAGO IL 60606	Line 2.3	_____

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3.3.	JANET E. BOSTWICK, P.C. JANET E. BOSTWICK 295 DEVONSHIRE STREET BOSTON MA 02110	Line 2.3	_____
3.4.	QUALITY REHABILITATION SERVICES, LLC NUTTER MCCLENNEN & FISH LLP JOHN G LOUGHNANE SEAPORT WEST 155 SEAPORT BOULEVARD BOSTON MA 02210	Line 2.8	_____
3.5.	QUALITY REHABILITATION SERVICES, LLC 42 LANDAU RD PLAINVILLE MA 02762-5030	Line 2.8	_____
3.6.	SABRA HEALTH CARE REIT, INC. 18500 VAN KARMAN AVE SUITE 550 IRVINE CA 92612	Line 2.3	_____

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

**Debtor name:** WV – ROCKPORT SNF OPCO, LLC

**United States Bankruptcy Court for the:** District of Massachusetts

**Case number (if known):** 18-11055

☐ 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
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES COMMONWEALTH OF MASSACHUSETTS – USER FEE PO BOX 3538 BOSTON MA 02241-3538	<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	UNDETERMINED	UNDETERMINED
<b>Date or dates debt was incurred</b> APR 2017 - PRESENT	<b>Basis for the claim:</b> USER FEES		
<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)			<b>Nonpriority amount</b> UNDETERMINED

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2.2.	<b>Priority creditor's name and mailing address</b>  INTERNAL REVENUE SVC CENTRALIZED INSOLVENCY OPERATION PO BOX 7346 PHILADELPHIA PA 19101-7346  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.3.	<b>Priority creditor's name and mailing address</b>  INTERNAL REVENUE SVC CENTRALIZED INSOLVENCY OPERATION 2970 MARKET ST MAIL STOP 5Q30133 PHILADELPHIA PA 19104-5016  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.4.	<b>Priority creditor's name and mailing address</b>  MASSACHUSETTS DEPARTMENT OF REVENUE BANKRUPTCY UNIT PO BOX 9554 BOSTON MA 12114-9554  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED

Debtor **WV – ROCKPORT SNF OPCO, LLC**Case number (if known) **18-11055**

2.5.	<b>Priority creditor's name and mailing address</b>  TOWN OF ROCKPORT, TREASURER/ COLLECTOR P.O. BOX 150 ROCKPORT MA 01966	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b>  UNDETERMINED	<b>Priority amount</b>  UNDETERMINED
	<b>Date or dates debt was incurred</b>  VARIOUS	<b>Basis for the claim:</b>  TAXES		<b>Nonpriority amount</b>  UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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**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.	<b>Nonpriority creditor's name and mailing address</b> ABILITY NETWORK INC. DEPT CH 16577 PALATINE IL 60055-6577  <b>Date or dates debt was incurred</b> 1/1-2/28/18  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$317.26
3.2.	<b>Nonpriority creditor's name and mailing address</b> ABM HEALTH INC LOCKBOX 786861 PHILADELPHIA PA 19178-6861  <b>Date or dates debt was incurred</b> 7/26/17  <b>Last 4 digits of account number:</b> 5627	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,429.64
3.3.	<b>Nonpriority creditor's name and mailing address</b> ACC BUSINESS P.O. BOX 105306 ATLANTA GA 30348-5306  <b>Date or dates debt was incurred</b> 7/27-11/27/17  <b>Last 4 digits of account number:</b> 6976	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,681.76



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3.4.	<b>Nonpriority creditor's name and mailing address</b>  ACCELERATED CARE PLUS LEASING 13828 COLLECTIONS CENTER DR. CHICAGO IL 60693  <b>Date or dates debt was incurred</b>  1/10/18  <b>Last 4 digits of account number:</b> N005	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TRADE PAYABLE  <b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$1,020.37
3.5.	<b>Nonpriority creditor's name and mailing address</b>  AMERIGAS P.O. BOX 371473 PITTSBURGH PA 15250-7473  <b>Date or dates debt was incurred</b>  4/1/17-12/12/17  <b>Last 4 digits of account number:</b> 8867	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TRADE PAYABLE  <b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$10,376.80
3.6.	<b>Nonpriority creditor's name and mailing address</b>  ANDREWS PLUMBING & HEATING CO., INC 21 REYNARD STREET GLOUCESTER MA 01930  <b>Date or dates debt was incurred</b>  8/7/17  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TRADE PAYABLE  <b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$295.50

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3.7.	<b>Nonpriority creditor's name and mailing address</b> ASAP DRAINS, INC 405A ESSEX STREET SALEM MA 01970  <b>Date or dates debt was incurred</b> 8/9/17  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$292.00
3.8.	<b>Nonpriority creditor's name and mailing address</b> BACKTRACK 8850 TYLER BLVD. MENTOR OH 44060  <b>Date or dates debt was incurred</b> 12/22/17-2/9/18  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$445.00
3.9.	<b>Nonpriority creditor's name and mailing address</b> BAY STATE GRINDING, INC. 3 FORTY-FIRST STREET NEWBURY MA 01951  <b>Date or dates debt was incurred</b> 11/22/17-2/14/18  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$120.00

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3.10.	<b>Nonpriority creditor's name and mailing address</b> BEAUPORT AMBULANCE SERVICE INC. P.O. BOX 1262 GLOUCESTER MA 01931-1262  <b>Date or dates debt was incurred</b> 12/22/16-11/27/17  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,125.00
3.11.	<b>Nonpriority creditor's name and mailing address</b> BENTLEY DATA SOLUTIONS, INC. 1673 TEMPLE VIEW DR. BOUNTIFUL UT 84010  <b>Date or dates debt was incurred</b> 2/7/18  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$550.00
3.12.	<b>Nonpriority creditor's name and mailing address</b> BOCCIA, JOE 29 CHAPMAN STREET BEVERLY MA 01915  <b>Date or dates debt was incurred</b> 12/5/17-1/24/18  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$180.00

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3.13.	<b>Nonpriority creditor's name and mailing address</b> BRIGGS HEALTHCARE 7300 WESTOWN PARKWAY, SUITE 100 WEST DES MOINES IA 50266  <b>Date or dates debt was incurred</b> 7/20-11/6/17  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$643.66
3.14.	<b>Nonpriority creditor's name and mailing address</b> CAREER BUILDER, LLC 13047 COLLECTION CENTER DRIVE CHICAGO IL 60693-0130  <b>Date or dates debt was incurred</b> 11/25/16-2/25/17  <b>Last 4 digits of account number:</b> 5191	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$758.38
3.15.	<b>Nonpriority creditor's name and mailing address</b> CFS P.O. BOX 1204 NORTON MA 02766  <b>Date or dates debt was incurred</b> 10/5/16-1/8/18  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$372.77

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3.16.	<b>Nonpriority creditor's name and mailing address</b>  CHASE GRAPHICS, INC. 124 SCHOOL STREET PUTNAM CT 06260  <b>Date or dates debt was incurred</b>  12/5/17  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TRADE PAYABLE  <b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$245.44
3.17.	<b>Nonpriority creditor's name and mailing address</b>  COMCAST P.O.BOX 1577 NEWARK NJ 07101-1577  <b>Date or dates debt was incurred</b>  1/9-2/9/18  <b>Last 4 digits of account number:</b> 7338	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TRADE PAYABLE  <b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$239.53
3.18.	<b>Nonpriority creditor's name and mailing address</b>  COMCAST P.O.BOX 1577 NEWARK NJ 07101-1577  <b>Date or dates debt was incurred</b>  88/27-12/27/17  <b>Last 4 digits of account number:</b> 6412	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TRADE PAYABLE  <b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$4,342.93

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3.19.	<b>Nonpriority creditor's name and mailing address</b> COMMONWEALTH OF MA. DEPT. OF PUBLIC SAFETY BOILER INSPECTION PROGRAM P.O. BOX 417599 BOSTON MA 02241-7599  <b>Date or dates debt was incurred</b> 1/17/18  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$50.00
3.20.	<b>Nonpriority creditor's name and mailing address</b> COMPANION HEALTH SERVICES 40 BATTERY ST, PH 6 BOSTON MA 02109-1906  <b>Date or dates debt was incurred</b> 8/16/17  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$326.43
3.21.	<b>Nonpriority creditor's name and mailing address</b> COPIERS NORTHWEST, INC. 601 DEXTER AVE N SEATTLE WA 98109  <b>Date or dates debt was incurred</b> 12/26/17-1/22/18  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,741.24

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3.22.	<b>Nonpriority creditor's name and mailing address</b> CREAM CITY MARKETING LLC 318A N MAIN STREET LAKE MILLS WI 53551  <b>Date or dates debt was incurred</b> 1/12-3/17/17  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$300.96
3.23.	<b>Nonpriority creditor's name and mailing address</b> DAVID WILLIAMS 73 FERNALD STREET GLOUCESTER MA 01930  <b>Date or dates debt was incurred</b> 12/9/17-2/21/18  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$7,700.00
3.24.	<b>Nonpriority creditor's name and mailing address</b> DAVISON, JIM 10 FRANK STREET ROCKPORT MA 01966  <b>Date or dates debt was incurred</b> 11/29/17-2/20/18  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$150.00

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3.25.	<b>Nonpriority creditor's name and mailing address</b> DIVERSIFIED SERVICES CO. INC P.O. BOX 1032 BILLERICA MA 01821  <b>Date or dates debt was incurred</b> 6/26/17  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$275.82
3.26.	<b>Nonpriority creditor's name and mailing address</b> DORAN, JANET (MED-DIRECTOR) 109 BRAY STREET GLOUSTER MA 01930  <b>Date or dates debt was incurred</b> 12/18/17-2/15/18  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,800.00
3.27.	<b>Nonpriority creditor's name and mailing address</b> EARL G MORRILL ELECTRICAL CONTRACTOR INC 142 HAVERHILL ROAD ROUTE 110 WEST AMESBURY MA 01913-2110  <b>Date or dates debt was incurred</b> 10/5/17-12/11/17  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,674.17



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3.28.	<b>Nonpriority creditor's name and mailing address</b> EARTHLINK BUSINESS P.O. BOX 88104 CHICAGO IL 60680-1104  <b>Date or dates debt was incurred</b> 8/5/17-2/1/18  <b>Last 4 digits of account number:</b> 0027	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,485.96
3.29.	<b>Nonpriority creditor's name and mailing address</b> EASTERN PROPANE & OIL P.O. BOX 8900 LEWISTON ME 04243-8900  <b>Date or dates debt was incurred</b> 1/8/18-2/6/18  <b>Last 4 digits of account number:</b> 3749	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,591.63
3.30.	<b>Nonpriority creditor's name and mailing address</b> ENES, TORI ANN 28 NEW WAY LANE GLOUCESTER MA 01930  <b>Date or dates debt was incurred</b> 2/14/18  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$100.00

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3.31.	<b>Nonpriority creditor's name and mailing address</b> F.W. WEBB COMPANY 160 MIDDLESEX TURNPIKE BEDFORD MA 01730  <b>Date or dates debt was incurred</b> 1/22-2/6/18  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$94.57
3.32.	<b>Nonpriority creditor's name and mailing address</b> FAVORITE HEALTHCARE STAFFING PO BOX 803356 KANSAS CITY MO 64180-3356  <b>Date or dates debt was incurred</b> 1/5-1/19/18  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$1,292.36
3.33.	<b>Nonpriority creditor's name and mailing address</b> FIRESIDE STAFFING, INC. 17 GAUDET LANE PELHAM NH 03076  <b>Date or dates debt was incurred</b> 12/24/17  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$433.50

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3.34.	<b>Nonpriority creditor's name and mailing address</b> FLANNAGANS 1 FLANAGAN SQUARE GLOUCESTER MA 01930  <b>Date or dates debt was incurred</b> 9/18/17  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$179.60
3.35.	<b>Nonpriority creditor's name and mailing address</b> FM GENERATORS, INC 35 PEQUIT STREET CANTON MA 02021  <b>Date or dates debt was incurred</b> 8/3-9/28/17  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,456.71
3.36.	<b>Nonpriority creditor's name and mailing address</b> FOOD GREASE TRAPPERS, INC P.O. BOX 2422 LOWELL MA 01851  <b>Date or dates debt was incurred</b> 12/1/17  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$150.00

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3.37.	<b>Nonpriority creditor's name and mailing address</b> GARMENT MACHINERY COMPANY, INC 220-20 RESEVOIR STREET NEEDHAM MA 02494  <b>Date or dates debt was incurred</b> 7/14-8/23/17  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,203.57
3.38.	<b>Nonpriority creditor's name and mailing address</b> GENERAL COMMUNICATIONS CORP 114 CUMMINGS PARK WOBURN MA 01801  <b>Date or dates debt was incurred</b> 9/29/16  <b>Last 4 digits of account number:</b> 3955	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$912.28
3.39.	<b>Nonpriority creditor's name and mailing address</b> GRANITE TELECOMMUNICATIONS CLIENT ID#311 P.O. BOX 983119 BOSTON MA 2298  <b>Date or dates debt was incurred</b> 8/1/17-2/1/18  <b>Last 4 digits of account number:</b> 1243	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$5,926.20

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3.40.	<b>Nonpriority creditor's name and mailing address</b> GRIFFIN REID MECHANICAL, INC 30 ASHLAND ROAD BOXFORD MA 01921  <b>Date or dates debt was incurred</b> 6/9/17-1/18/18  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,592.93
3.41.	<b>Nonpriority creditor's name and mailing address</b> H&R HEALTHCARE 1750 OAK STREET LAKEWOOD NJ 08701  <b>Date or dates debt was incurred</b> 7/31-12/31/17  <b>Last 4 digits of account number:</b> 4E7X	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,632.90
3.42.	<b>Nonpriority creditor's name and mailing address</b> HD SUPPLY FACILITIES MAINTENANCE P.O. BOX 509058 SAN DIEGO CA 92150-9058  <b>Date or dates debt was incurred</b> 9/21-11/15/17  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,289.56

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3.43.	<b>Nonpriority creditor's name and mailing address</b> HEALTHCARE PUBLISHING, INC. 25 WASHINGTON AVENUE P.O. BOX 430 NATICK MA 01760  <b>Date or dates debt was incurred</b> 1/1/18  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$21,121.10
3.44.	<b>Nonpriority creditor's name and mailing address</b> HEALTHCARE SERVICES GROUP, INC. 32220 TILLMAN DRIVE SUITE 300 BENSALEM PA 19020  <b>Date or dates debt was incurred</b> 10/1/17-3/31/18  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$145,787.10
3.45.	<b>Nonpriority creditor's name and mailing address</b> HILLIER, LISA 46 LEVERETT ST GLOUCESTER MA 01930  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMP INSURANCE CLAIM # 800-009904478  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

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3.46.	<b>Nonpriority creditor's name and mailing address</b> HILTZ WASTE DISPOSAL, INC 24 KONDELIN RD GLOUCESTER MA 01930  <b>Date or dates debt was incurred</b> 6/1/17-2/28/18  <b>Last 4 digits of account number:</b> 8859	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,800.00
3.47.	<b>Nonpriority creditor's name and mailing address</b> HPC FOODSERVICE DEPT # 385 P.O. BOX 150473 HARTFORD CT 06115-0473  <b>Date or dates debt was incurred</b> 2/15/18  <b>Last 4 digits of account number:</b> 6667	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$30,932.14
3.48.	<b>Nonpriority creditor's name and mailing address</b> JET WAVE CORP 535 KENT AVE STE 300 BROOKLYN NY 11249-6656  <b>Date or dates debt was incurred</b> 10/1/17-2/1/18  <b>Last 4 digits of account number:</b> 5754	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,216.40

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3.49.	<b>Nonpriority creditor's name and mailing address</b> JOE POPCORN'S SLUSH 5 MANSFIELD ST GLOCESTER MA 01930  <b>Date or dates debt was incurred</b> 8/14/17  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$75.00
3.50.	<b>Nonpriority creditor's name and mailing address</b> JOERNS RECOVERCARE 895 CENTRAL AVENUE SUITE 600 CINCINNATI OH 45202  <b>Date or dates debt was incurred</b> 11/30/16  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$704.04
3.51.	<b>Nonpriority creditor's name and mailing address</b> JOSEPH CUZZUPOLI C/O DAVID BURGESS ESQ WILCHINS CONSENTINO NOVINS LLP 20 WILLIAMS ST STE 130 WELLESLEY MA 02418  <b>Date or dates debt was incurred</b> JULY 2016  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CCP MA LOAN GUARANTEE  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED



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3.52.	<b>Nonpriority creditor's name and mailing address</b> KCI USA, INC P.O. BOX 301557 DALLAS TX 75303-1557  <b>Date or dates debt was incurred</b> 9/30/16  <b>Last 4 digits of account number:</b> 1215	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,282.06
3.53.	<b>Nonpriority creditor's name and mailing address</b> LAHEY HEALTH-1102884041 41 MALL ROAD BURLINGTON MA 01805  <b>Date or dates debt was incurred</b> 11/30/16-2/1/18  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,779.50
3.54.	<b>Nonpriority creditor's name and mailing address</b> LAW OFFICES OF BARARA LEVINE KRAVETZ 31 HAYWARD STREET, SUITE 2 - E FRANKLIN MA 02038  <b>Date or dates debt was incurred</b> 12/4/17  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$900.00

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3.55.	<b>Nonpriority creditor's name and mailing address</b> LIFE SUPPLY CORPORATION 711 EAST MAIN SUITE A CHICOPEE MA 01020  <b>Date or dates debt was incurred</b> 12/1/17-2/1/18  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,478.02
3.56.	<b>Nonpriority creditor's name and mailing address</b> MA DEPARTMENT OF CJ INFO SYSTEMS 200 ARLINGTON STREET STE 2200 CHELSEA MA 02150  <b>Date or dates debt was incurred</b> 6/6/17  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$102.36
3.57.	<b>Nonpriority creditor's name and mailing address</b> MAGUIRE, JAMES - CHECK REQ (MED DIRECTOR) 52 MEYER ROAD HAMILTON MA 01982  <b>Date or dates debt was incurred</b> 12/18/17-2/15/18  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,800.00

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3.58.	<b>Nonpriority creditor's name and mailing address</b> MALIONEK'S PIANO SERVICE P.O. BOX 61 SALEM MA 01970  <b>Date or dates debt was incurred</b> 4/20/17  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$100.00
3.59.	<b>Nonpriority creditor's name and mailing address</b> MARLIN BUSINESS BANK P.O. BOX 13604 PHILADELPHIA PA 19101-3604  <b>Date or dates debt was incurred</b> 1/10/18  <b>Last 4 digits of account number:</b> 0544	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$128.93
3.60.	<b>Nonpriority creditor's name and mailing address</b> MASSACHUSETTS SENIOR CARE ASSOCIATION 800 SOUTH STREET, SUITE 280 WALTHAM MA 02453  <b>Date or dates debt was incurred</b> 2/2/17-1/1/18  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$6,380.27

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3.61.	<b>Nonpriority creditor's name and mailing address</b> MASSTEX IMAGING LLC 3 ELECTRONICS AVE SUITE #201 DANVERS MA 01923-1099  <b>Date or dates debt was incurred</b> 9/11/17  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$0.00
3.62.	<b>Nonpriority creditor's name and mailing address</b> MAXIM HEALTHCARE SERVICES, INC 12558 COLLECTIONS CENTER DR CHICAGO IL 60693  <b>Date or dates debt was incurred</b> 1/21/18  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,413.76
3.63.	<b>Nonpriority creditor's name and mailing address</b> MCKESSON MEDICAL-SURGICAL MINNESOTA SUPPLY INC. P.O. BOX 204786 DALLAS TX 75320-4786  <b>Date or dates debt was incurred</b> 11/22/16-1/16/17  <b>Last 4 digits of account number:</b> 2312	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$14,645.15

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3.64.	<b>Nonpriority creditor's name and mailing address</b> MED WASTE DISPOSAL INC. P.O. BOX 392 NORTH PEMBROKE MA 02358  <b>Date or dates debt was incurred</b> 12/7/17  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$84.00
3.65.	<b>Nonpriority creditor's name and mailing address</b> MEDICAL STAFFING NETWORK PO BOX 840292 DALLAS TX 75284  <b>Date or dates debt was incurred</b> 12/1/16-1/21/18  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$14,836.50
3.66.	<b>Nonpriority creditor's name and mailing address</b> MEDLINE INDUSTRIES INC. DEPT 1080 P.O. BOX 121080 DALLAS TX 75312-1080  <b>Date or dates debt was incurred</b> 2/20/18  <b>Last 4 digits of account number:</b> 5786	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$18,567.95

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3.67.	<b>Nonpriority creditor's name and mailing address</b> MOBILEXUSA P.O. BOX 17462 BALTIMORE MD 21297-0518  <b>Date or dates debt was incurred</b> 2/28/17-1/31/18  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,365.00
3.68.	<b>Nonpriority creditor's name and mailing address</b> MOSES, JIM 261 NEWBURY STREET #5 PEABODY MA 01960  <b>Date or dates debt was incurred</b> 1/29/18  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$125.00
3.69.	<b>Nonpriority creditor's name and mailing address</b> NATIONAL GRID (ELECTRIC) P.O. BOX 11737 NEWARK NJ 07101-4737  <b>Date or dates debt was incurred</b> 6/7/17-2/7/18  <b>Last 4 digits of account number:</b> 1033	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$40,814.84

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3.70.	<b>Nonpriority creditor's name and mailing address</b> NATIONAL SEATING & MOBILITY 151 ROCKWELL ROAD NEWINGTON CT 06111  <b>Date or dates debt was incurred</b> 9/19-12/21/17  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,000.00
3.71.	<b>Nonpriority creditor's name and mailing address</b> NELSON, ALICE 7 ELIZABETH RD GLOUCESTER MA 01930  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMP INSURANCE CLAIM # 800-009904003  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.72.	<b>Nonpriority creditor's name and mailing address</b> NORTHEAST HOSPITAL CORP 41 MALL RD BURLINGTON MA 01805  <b>Date or dates debt was incurred</b> 12/10/16-8/1/17  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$216.28

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3.73.	<b>Nonpriority creditor's name and mailing address</b> NORTHERN HILLS LTC CONSULTING SERVICES - FINANCE DEPT 100 BOULEVARD OF THE AMERICAS LAKEWOOD NJ 08701  <b>Date or dates debt was incurred</b> AUG ' 16 - JUN ' 17  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> DUE PRIOR OWNER  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Amount of claim</b> \$26,389.00
3.74.	<b>Nonpriority creditor's name and mailing address</b> NURSEFINDERS LLC P.O. BOX 910738 DALLAS TX 75391-0738  <b>Date or dates debt was incurred</b> 10/7-12/20/16  <b>Last 4 digits of account number:</b> 1754	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$9,737.51
3.75.	<b>Nonpriority creditor's name and mailing address</b> PELLEGRINI, MARILYN - RD, LDN 27 BAY VIEW ROAD IPSWICH MA 01938  <b>Date or dates debt was incurred</b> 6/22/17-7/7/17  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,600.00



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3.76.	<b>Nonpriority creditor's name and mailing address</b> PHARMERICA P.O. BOX 409251 ATLANTA GA 30384-9251  <b>Date or dates debt was incurred</b> 1/31/17-1/31/18  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$143,243.85
3.77.	<b>Nonpriority creditor's name and mailing address</b> PICKETT ENTERPRISES PO BOX 640 SCOTTSDALE AZ 85252  <b>Date or dates debt was incurred</b> 5/31/17  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$65.76
3.78.	<b>Nonpriority creditor's name and mailing address</b> PINEBROOK LANDSCAPING P.O. BOX 544 GLOUCESTER MA 01930  <b>Date or dates debt was incurred</b> 12/1/17  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,045.00

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3.79.	<b>Nonpriority creditor's name and mailing address</b> PIONEER PRODUCTS PO BOX 234001 GREAT NECK NY 11023  <b>Date or dates debt was incurred</b> 4/20/17  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$206.84
3.80.	<b>Nonpriority creditor's name and mailing address</b> PITNEY BOWES GLOBAL FINANCIAL SERVICES P.O. BOX 371887 PITTSBURGH PA 15250-7887  <b>Date or dates debt was incurred</b> 12/7/16-2/20/18  <b>Last 4 digits of account number:</b> 7982	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$959.73
3.81.	<b>Nonpriority creditor's name and mailing address</b> PITNEY BOWES INC 500 ROSS STREET SUITE 154-0470 ATTN: BOX 371874 PITTSBURGH PA 15262  <b>Date or dates debt was incurred</b> 1/10/18  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$231.98

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3.82.	<b>Nonpriority creditor's name and mailing address</b> PITNEY BOWES PURCHASE POWER P.O. BOX 371874 PITTSBURGH PA 15250-7874  <b>Date or dates debt was incurred</b> 2/*11/18  <b>Last 4 digits of account number:</b> 8720	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$29.99
3.83.	<b>Nonpriority creditor's name and mailing address</b> POINTCLICKCARE TECHNOLOGIES INC. P.O. BOX 674802 DETROIT MI 48267-4802  <b>Date or dates debt was incurred</b> 8/1/17-2/1/18  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,763.33
3.84.	<b>Nonpriority creditor's name and mailing address</b> POSITIVE PROMOTIONS, INC. PO BOX 11537 NEWARK NJ 07101-4537  <b>Date or dates debt was incurred</b> 11/10/16  <b>Last 4 digits of account number:</b> 2114	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$140.75

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3.85.	<b>Nonpriority creditor's name and mailing address</b> PREFERRED THERAPY SOLUTIONS 850 SILAS DEANE HWY, 2ND FL. WETHERSFIELD CT 06109  <b>Date or dates debt was incurred</b> 11/6/17-2/6/18  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$83,850.67
3.86.	<b>Nonpriority creditor's name and mailing address</b> QUALITY REHABILITATION SERVICES, LLC 30 MANMAR DRIVE SUITE 9 PLAINVILLE MA 02762  <b>Date or dates debt was incurred</b> 2/2/17-4/15/17  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Amount of claim</b> \$34,288.34
3.87.	<b>Nonpriority creditor's name and mailing address</b> QUENCH USA, INC. P.O. BOX 781393 PHILADELPHIA PA 19178-1393  <b>Date or dates debt was incurred</b> 2/4/17-1/1/18  <b>Last 4 digits of account number:</b> 5694	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$600.00

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3.88.	<b>Nonpriority creditor's name and mailing address</b> R & K SERVICES, INC 1 FLANNAGAN SQUARE GLOUCESTER MA 01930  <b>Date or dates debt was incurred</b> 1/11-2/8/18  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$407.50
3.89.	<b>Nonpriority creditor's name and mailing address</b> RAYMOND A DENNEHY III 153 COAL KILN RD PRINCETON MA 01541  <b>Date or dates debt was incurred</b> MARCH 2016  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CCP MA LOAN GUARANTEE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.90.	<b>Nonpriority creditor's name and mailing address</b> READYNURSE STAFFING SERVICES PO BOX 301076 DALLAS TX 75303  <b>Date or dates debt was incurred</b> 1/1-2/11/18  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$6,356.29

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3.91.	<b>Nonpriority creditor's name and mailing address</b> REHAB CARE A DIVISION OF KINDERED HEALTHCARE 77733 FORSYTH BLVD STE 1700 ST LOUIS MO 63150-3534  <b>Date or dates debt was incurred</b> 12/24-11/30/16  <b>Last 4 digits of account number:</b> 4392	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$76,847.60
3.92.	<b>Nonpriority creditor's name and mailing address</b> RF TECHNOLOGIES, INC. P.O. BOX 8444 CAROL STREAM IL 60197-8444  <b>Date or dates debt was incurred</b> 6/16/17  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$778.62
3.93.	<b>Nonpriority creditor's name and mailing address</b> ROCKPORT WATER DEPARTMENT 172 MAIN STREET ROCKPORT MA 01966  <b>Date or dates debt was incurred</b> 10/27/17  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$240.00

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3.94.	<b>Nonpriority creditor's name and mailing address</b> ROOTER MAN ACCOUNTING OFFICE PO BOX 471 PO BOX 471 PEABODY MA 01960  <b>Date or dates debt was incurred</b> 10/5/17-2/1/18  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$8,850.51
3.95.	<b>Nonpriority creditor's name and mailing address</b> SHRED-IT USA 28883 NETWORK PLACE CHICAGO IL 60673-1288  <b>Date or dates debt was incurred</b> 10/31/17-1/31/18  <b>Last 4 digits of account number:</b> 1397	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$690.30
3.96.	<b>Nonpriority creditor's name and mailing address</b> SILVA BROS. PLUMBING & HEATING, INC 10 CLEVELAND PLACE GLOUCESTER MA 01930  <b>Date or dates debt was incurred</b> 1/1/18  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$659.64

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3.97.	<b>Nonpriority creditor's name and mailing address</b> SIMPLEXGRINNELL LP / TYCO DEPT. CH 10320 PALATINE IL 60055-0320  <b>Date or dates debt was incurred</b> 4/3/17-2/1/18  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$8,654.64
3.98.	<b>Nonpriority creditor's name and mailing address</b> SMITH HARDWARE & LUMBER 3 STATION SQUARE P.O. BOX 119 ROCKPORT MA 01966  <b>Date or dates debt was incurred</b> 2/7/17-12/22/17  <b>Last 4 digits of account number:</b> 4693	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,637.71
3.99.	<b>Nonpriority creditor's name and mailing address</b> SPECIALIZED MEDICAL SERVICES 7237 SOLUTION CENTER CHICAGO IL 60677-7002  <b>Date or dates debt was incurred</b> 10/31/16-6/29/17  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$11,560.46



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3.100.	<b>Nonpriority creditor's name and mailing address</b> SPINOLA, MARY 85 WESTERN AVENUE GLOUCESTER MA 01930  <b>Date or dates debt was incurred</b> 10/1/17  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$175.00
3.101.	<b>Nonpriority creditor's name and mailing address</b> SPORTS MEDICINE NORTH ONE ORTHOPEDICS DRIVE PEABODY MA 01960  <b>Date or dates debt was incurred</b> 6/2-7/9/17  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$64.94
3.102.	<b>Nonpriority creditor's name and mailing address</b> STEVEN L VERA 28 LAUREL DR WILLINGTON CT 06279  <b>Date or dates debt was incurred</b> MARCH 2016  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CCP MA LOAN GUARANTEE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

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3.103.	<b>Nonpriority creditor's name and mailing address</b> THE GOODWIN PARTY SHOP 5 POND ROAD GLOUCESTER MA 01930  <b>Date or dates debt was incurred</b> 4/19/17  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$70.63
3.104.	<b>Nonpriority creditor's name and mailing address</b> TOWN OF ROCKPORT - PROPERTY TAX PO BOX 203 MILFORD MA 01757  <b>Date or dates debt was incurred</b> 11/3/17  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$503.73
3.105.	<b>Nonpriority creditor's name and mailing address</b> TOWN OF ROCKPORT - WATER/SEWER P.O. BOX 734 READING MA 01867-0405  <b>Date or dates debt was incurred</b> 4/4/17-1/2/18  <b>Last 4 digits of account number:</b> 0028	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$43,395.74

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3.106.	<b>Nonpriority creditor's name and mailing address</b> UPS P.O. BOX 7247-0244 PHILADELPHIA PA 19170-0001  <b>Date or dates debt was incurred</b> 3/18/17  <b>Last 4 digits of account number:</b> 316R	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$12.29
3.107.	<b>Nonpriority creditor's name and mailing address</b> VCPI- VIRTUAL CARE PROVIDER, INC ATTN: ACCOUNTS RECEIVABLE 1555 NORTH RIVER CENTER, SUITE 202 MILWAUKEE WI 53212  <b>Date or dates debt was incurred</b> 12/1/17  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,536.95
3.108.	<b>Nonpriority creditor's name and mailing address</b> W.B. MASON P.O. BOX 981101 BOSTON MA 02298-1101  <b>Date or dates debt was incurred</b> 12/1/17-2/21/18  <b>Last 4 digits of account number:</b> 4341	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,041.71

Debtor **WV – ROCKPORT SNF OPCO, LLC**

Case number (if known) **18-11055**

3.109.	<b>Nonpriority creditor's name and mailing address</b> WALTHAM SERVICES LLC P.O. BOX 540538 WALTHAM MA 02454-0538  <b>Date or dates debt was incurred</b> 1/1-8/1/17  <b>Last 4 digits of account number:</b> 0268	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$950.00
3.110.	<b>Nonpriority creditor's name and mailing address</b> WILLIAM H. JOHNSON, INC PO BOX 1354 BELCHERTOWN MA 01007  <b>Date or dates debt was incurred</b> 2/5/18  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$600.00
3.111.	<b>Nonpriority creditor's name and mailing address</b> WV – CONCORD SNF OPCO, LLC 785 MAIN STREET CONCORD MA 01742-3310  <b>Date or dates debt was incurred</b> 8/1/16 - 3/23/18  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> INTERCOMPANY ACCOUNT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$67,203.00

Debtor **WV – ROCKPORT SNF OPCO, LLC**

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3.112.	<b>Nonpriority creditor's name and mailing address</b> WV – QUINCY SNF OPCO, LLC 11 MAYOR THOMAS J MCGRATH HWY QUINCY MA 02169-5311  <b>Date or dates debt was incurred</b> 8/1/16 - 3/23/18  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> INTERCOMPANY ACCOUNT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$29,182.00
3.113.	<b>Nonpriority creditor's name and mailing address</b> ZIELSKI, JULIE PO BOX 4228 PEABODY MA 01961  <b>Date or dates debt was incurred</b> 12/27/17  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$90.00

Debtor **WV – ROCKPORT SNF OPCO, LLC**Case number (if known) **18-11055****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
H&R HEALTHCARE LORINDA WHITE 1750 OAK STREET LAKEWOOD NJ 08701	Part 2 line 3.41	_____
HEALTHCARE SERVICES GROUP MATTHEW O'HARA 3220 TILLMAN DR. SUITE 300 BENSALEM PA 19020	Part 2 line 3.44	_____
HPC FOOD SERVICE RICHARD LOTSTEIN PO BOX 150473 HARTFORD CT 06115-0473	Part 2 line 3.47	_____
JOSEPH CUZZUPOLI 10 COLONY RD WESTON MA 02493	Part 2 line 3.51	_____
JOSEPH CUZZUPOLI C/O WACHUSETTS VENTURES LLC ATTN STEVEN L VERA 36 WASHINGTON ST SUITE 395 WELLESLEY HILLS MA 02481	Part 2 line 3.51	_____
MCKESSON MEDICAL TRACY BROCKOFF 9954 MARYLAND DRIVE SUITE 4000 RICHMOND VA 23233	Part 2 line 3.63	_____
MEDLINE INDUSTRIES JASON THOMAS PO BOX 121080 DALLAS TX 85312-1080	Part 2 line 3.66	_____
MOBILEX JEFF BARTON 109 RHODE ISLAND ROAD LAKEVILLE MA 02347	Part 2 line 3.67	_____
NATIONAL GRID (ELECTRIC) PO BOX 960 NORTHBOROUGH MA 01532-0960	Part 2 line 3.69	_____
NICKLESS PHILLIPS O'CONNOR DAVID NICKLESS 625 MAIN STREET FITCHBURG MA 01420	Part 2 line 3.89	_____
NICKLESS PHILLIPS O'CONNOR DAVID NICKLESS 625 MAIN STREET FITCHBURG MA 01420	Part 2 line 3.102	_____

Debtor **WV – ROCKPORT SNF OPCO, LLC**

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NUTTER MCCLENNEN & FISH LLP  
MATTHEW P. RITCHIE ESQ  
155 SEAPORT BLVD  
BOSTON MA 02210

Part 2 line 3.86

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NUTTER MCCLENNEN & FISH LLP  
JOHN G LOUGHNANE  
SEAPORT WEST  
155 SEAPORT BOULEVARD  
BOSTON MA 02210

Part 2 line 3.86

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PHARMERICA  
SHANNEN MARTIN  
PO BOX 409251  
ATLANTA GA 30384-9251

Part 2 line 3.76

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PREFERRED THERAPY SOLUTIONS  
LIZ ALMEIDA-SANBORN  
850 SILAS DEANE HWY.  
2ND FLOOR  
WETHERSFIELD CT 06109

Part 2 line 3.85

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PULLMAN & COMLEY LLC  
MEGAN Y CARANNANTE  
90 STATE HOUSE SQUARE  
HARTFORD  
CT 06103-3702

Part 2 line 3.85

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QUALITY REHABILITATION SERVICES  
NICOLE KING  
342 WINTER STREET  
FRAMINGHAM MA 01702

Part 2 line 3.86

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QUALITY REHABILITATION SERVICES, LLC  
42 LANDAU RD  
PLAINVILLE MA 02762-5030

Part 2 line 3.86

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RAYMOND A DENNEHY III  
C/O WACHUSETTS VENTURES LLC  
ATTN STEVEN L VERA  
36 WASHINGTON ST  
SUITE 395  
WELLESLEY HILLS MA 02481

Part 2 line 3.89

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REHAB CARE  
MARJORIE DANIELS  
680 SOUTH FOURTH STREET  
LOUISVILLE KY 40202

Part 2 line 3.91

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RUBIN AND RUDMAN LLP  
JOSEPH S U BODOFF  
3220 TILLMAN DR.  
SUITE 300  
BENSALEM  
PA 19020

Part 2 line 3.44

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SIMPLEX GRINNELL  
50 TECHNOLOGY DR.  
WESTMINSTER MA 01441

Part 2 line 3.97

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STEVEN L VERA  
C/O WACHUSETTS VENTURES LLC  
ATTN STEVEN L VERA  
36 WASHINGTON ST  
SUITE 395  
WELLESLEY HILLS MA 02481

Part 2 line 3.102

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Debtor **WV – ROCKPORT SNF OPCO, LLC**

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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.		UNDETERMINED
5b. Total claims from Part 2	5b.	+	\$953,113.84
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.		\$953,113.84



Fill in this information to identify the case:

Debtor name: WV – ROCKPORT SNF OPCO, LLC

United States Bankruptcy Court for the: District of Massachusetts

Case number (if known): 18-11055

☐ 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. Title of contract LEASE AGREEMENT

State what the contract or lease is for EQUIPMENT LEASE - REHAB MODALITY EQUIPMENT

Nature of debtor's interest LESSEE

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

ACCELERATED CARE PLUS  
LEASING  
4999 AIRCENTER CIRCLE  
SUITE 103  
RENO NV 89502

2.2. Title of contract INSURANCE

State what the contract or lease is for WORKERS' COMPENSATION LIABILITY POLICY # WMZ-800-8007102-2017

Nature of debtor's interest INSURED

State the term remaining 10/2018

List the contract number of any government contract \_\_\_\_\_

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

AIM MUTUAL INSURANCE  
COMPANY  
54 THIRD AVE  
BURLINGTON MA 01803

2.3. Title of contract SERVICE AGREEMENT

State what the contract or lease is for AIR DUCT REPAIR

Nature of debtor's interest CONTRACT PARTY

State the term remaining AUTORENEWAL

List the contract number of any government contract \_\_\_\_\_

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

AIR DUCT SERVICES AND  
RESTORATION  
100 MESSONA DR  
BRIANTREE MA 02184

Debtor **WV – ROCKPORT SNF OPCO, LLC**

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- 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** MANAGED CARE / PAYOR CONTRACT
- Nature of debtor's interest** CONTRACT PARTY ALL CARE  
210 MARKET ST  
LYNN MA 01901
- State the term remaining** AUTORENEWAL
- 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** DIETITIAN SERVICES
- Nature of debtor's interest** CONTRACT PARTY ANDERSON NUTRITION SERVICES  
LLC  
PO BOX 2387  
SEABROOK NH 03874
- State the term remaining** AUTOMATIC RENEWAL /EFFECTIVE:1/13/2017
- 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** PAYROLL / HR SOFTWARE & SUPPORT
- Nature of debtor's interest** CONTRACT PARTY ASCENTIS CORP  
155 BOVET RD  
STE 100  
SAN MATEO CA 94402
- State the term remaining** 4/1/2019
- List the contract number of any government contract** \_\_\_\_\_
- 2.7. **Title of contract** INSURANCE **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 LIABILITY POLICY # MML-07849-17
- Nature of debtor's interest** INSURED ATLANTIC SPECIALTY INSURANCE  
ONE BEACON LANE  
CANTON MA 02021
- State the term remaining** 3/2019
- 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** MANAGED CARE / PAYOR CONTRACT
- Nature of debtor's interest** CONTRACT PARTY BEACON  
529 MAIN ST SUITE 126  
CHARLESTOWN MA 02129
- State the term remaining** AUTORENEWAL
- List the contract number of any government contract** \_\_\_\_\_

Debtor **WV – ROCKPORT SNF OPCO, LLC**

Case number (if known) **18-11055**

- 2.9. **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** AMBULANCE SERVICES
- Nature of debtor's interest** CONTRACT PARTY **BEAUPORT TRANSPORT**
- State the term remaining** AUTORENEWAL **19 POND RD**
- List the contract number of any government contract** \_\_\_\_\_ **GLOUCESTER MA 01930**
- 2.10. **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** MANAGED CARE / PAYOR CONTRACT
- Nature of debtor's interest** CONTRACT PARTY **CARE DIMENSIONS**
- State the term remaining** AUTORENEWAL **75 SYLVAN ST**
- List the contract number of any government contract** \_\_\_\_\_ **DANVERS MA 01923**
- 2.11. **Title of contract** OPERATING 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** FACILITY OPERATING AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY **CCP FINANCE II LLC**
- State the term remaining** \_\_\_\_\_ **191 NORTH WACKER DRIVE**
- List the contract number of any government contract** \_\_\_\_\_ **SUITE 1200**
- CHICAGO IL 60606**
- 2.12. **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** ACCOUNTING SERVICES
- Nature of debtor's interest** CONTRACT PARTY **CLIFTONLARSONALLEN**
- State the term remaining** N/A **300 CROWN COLNY DR**
- List the contract number of any government contract** \_\_\_\_\_ **STE 310**
- QUINCY MA 02169**
- 2.13. **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** MED B SUPPLIES
- Nature of debtor's interest** CONTRACT PARTY **COMPANION HEALTH SERVICES**
- State the term remaining** AUTORENEWAL **INC**
- List the contract number of any government contract** \_\_\_\_\_ **40 BATTERY STREET PH 6**
- BOSTON MA 02109**

Debtor **WV – ROCKPORT SNF OPCO, LLC**

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- 2.14. **Title of contract** INSURANCE **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** CRIME LIABILITY POLICY # 596781696
- Nature of debtor's interest** INSURED CONTINENTAL CASUALTY COMPANY  
333 S WABASH AVE  
CHICAGO IL 60604
- State the term remaining** 3/2019
- List the contract number of any government contract** \_\_\_\_\_
- 2.15. **Title of contract** INSURANCE **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** PROPERTY (CONNECTICUT) POLICY # 6023169971
- Nature of debtor's interest** INSURED CONTINENTAL CASUALTY COMPANY  
333 S WABASH AVE  
CHICAGO IL 60604
- State the term remaining** 3/2019
- List the contract number of any government contract** \_\_\_\_\_
- 2.16. **Title of contract** INSURANCE **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** PROPERTY (MASSACHUSETTS) POLICY # 6046124942
- Nature of debtor's interest** INSURED CONTINENTAL CASUALTY COMPANY  
333 S WABASH AVE  
CHICAGO IL 60604
- State the term remaining** 3/2019
- List the contract number of any government contract** \_\_\_\_\_
- 2.17. **Title of contract** EQUIPMENT LEASE **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** COPIERS
- Nature of debtor's interest** CONTRACT PARTY COPIERS NORTHWEST  
601 DEXTER AVE N  
SEATTLE WA 98109
- State the term remaining** 9/22/2021
- List the contract number of any government contract** \_\_\_\_\_
- 2.18. **Title of contract** STAFFING 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** STAFFING AGENCY
- Nature of debtor's interest** CONTRACT PARTY CROSS COUNTRY STAFFING INC  
6551 PARK OF COMMERCE BLVD  
BOCA RATON FL 33478
- State the term remaining** AUTORENEWAL
- List the contract number of any government contract** \_\_\_\_\_

Debtor **WV – ROCKPORT SNF OPCO, LLC**

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- |       |   |  |  |
|-------|---|--|--|
| 2.19. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | SERVICE AGREEMENT<br>LAUNDRY EQUIPMENT<br>CONTRACT PARTY<br>AUTORENEWAL<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>DANIELS EQUIPMENT<br>45 PRICILLA LN<br>AUBURN NH 03032      |
| 2.20. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | SERVICE AGREEMENT<br>EQUIPMENT REPAIR<br>CONTRACT PARTY<br>AUTORENEWAL<br>_____  | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>DIVERSIFIED SERVICES<br>P.O. BOX 1032<br>BILLERICA MA 01821 |
| 2.21. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | SERVICE AGREEMENT<br>PROPANE<br>CONTRACT PARTY<br>AUTORENEWAL<br>_____           | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>EASTERN PROPANE<br>131 WATER ST<br>DANVERS MA 01923         |
| 2.22. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | SERVICE AGREEMENT<br>RESIDENT CARE SERVICES<br>CONTRACT PARTY<br>43190<br>_____  | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>ELEMENT CARE<br>37 FRIEND STREET<br>LYNN MA 01902           |
| 2.23. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | SERVICE AGREEMENT<br>SATFFING AGENCY<br>CONTRACT PARTY<br>AUTORENEWAL<br>_____   | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>FIRESIDE STAFFING INC<br>17 GAUDET LN<br>PELHAM NH 03076    |

Debtor **WV – ROCKPORT SNF OPCO, LLC**

Case number (if known) **18-11055**

- 2.24. **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** GENERATOR SERVICES
- Nature of debtor's interest** CONTRACT PARTY FM GENERATOR  
35 PESQUIT ST  
CANTON MA 02021
- State the term remaining** AUTORENEWAL
- List the contract number of any government contract** \_\_\_\_\_
- 2.25. **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** AIR CONDITIONING SERVICES
- Nature of debtor's interest** CONTRACT PARTY GRIFFIN REID MECHANICAL  
30 ASHLAND ROAD  
BOXFORD MA 01921
- State the term remaining** AUTORENEWAL
- List the contract number of any government contract** \_\_\_\_\_
- 2.26. **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** EQUIPMENT RENTALS
- Nature of debtor's interest** CONTRACT PARTY H&R HEALTHCARE  
1750 OAK STREET  
LAKEWOOD NJ 08701
- State the term remaining** AUTORENEWAL
- List the contract number of any government contract** \_\_\_\_\_
- 2.27. **Title of contract** INSURANCE **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** GENERAL LIABILITY POLICY # HRGCT010074OC01
- Nature of debtor's interest** INSURED HEALTHCAP RISK MANAGEMENT & INSURANCE  
130 S 1ST ST  
STE 400  
ANN ARBOR MI 48104
- State the term remaining** 3/2019
- List the contract number of any government contract** \_\_\_\_\_
- 2.28. **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** HOUSEKEEPING & LAUNDRY SERVICES
- Nature of debtor's interest** CONTRACT PARTY HEALTHCARE SERVICES GROUP  
3220 TILLMAN DR SUITE 300  
BENSALEM PA 19020
- State the term remaining** 1 YEAR TERM WITH AUTORENEWAL
- List the contract number of any government contract** \_\_\_\_\_

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- 2.29. **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** TRASH REMOVAL SERVICES
- Nature of debtor's interest** CONTRACT PARTY **HILTZ**
- State the term remaining** AUTORENEWAL **24 KONDELIN RD**
- List the contract number of any government contract** \_\_\_\_\_ **GLOUCESTER MA 01930**
- 2.30. **Title of contract** INSURANCE **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** UMBRELLA LIABILITY POLICY # 3474500
- Nature of debtor's interest** INSURED **IRONSHORE INSURANCE LTD**
- State the term remaining** 3/2019 **175 POWDER FOREST DR**
- List the contract number of any government contract** \_\_\_\_\_ **1ST FL**
- WEATOGUE CT 06089**
- 2.31. **Title of contract** MEDICAL DIRECTOR 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** MEDICAL DIRECTOR SERVICES
- Nature of debtor's interest** CONTRACT PARTY **JAMES MAGUIRE MD**
- State the term remaining** 1 - YEAR TERM WITH AUTOMATIC 1 - YEAR RENEWAL **1 BLACKBURN CIRCLE**
- List the contract number of any government contract** \_\_\_\_\_ **GLOUCESTER MA 01930**
- 2.32. **Title of contract** MEDICAL DIRECTOR 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** MEDICAL DIRECTOR SERVICES
- Nature of debtor's interest** CONTRACT PARTY **JANET DORAN MD**
- State the term remaining** 1 - YEAR TERM WITH AUTOMATIC 1 - YEAR RENEWAL **1 BLACKBURN CIRCLE**
- List the contract number of any government contract** \_\_\_\_\_ **GLOUCESTER MA 01930**
- 2.33. **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** LABORATORY SERVICES
- Nature of debtor's interest** CONTRACT PARTY **LAHEY LABS**
- State the term remaining** 5/1/18 **41 BURLINGTON MALL RD**
- List the contract number of any government contract** \_\_\_\_\_ **BURLINGTON MA 01850**

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- 2.34. **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** OXYGEN SUPPLIER
- Nature of debtor's interest** CONTRACT PARTY **LIFE SUPPLY**
- State the term remaining** 3 YEAR TERM WITH AUTORENEWAL **711 EAST MAIN ST**
- List the contract number of any government contract** \_\_\_\_\_ **CHICOPEE MA 01020**
- 2.35. **Title of contract** INSURANCE **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** CYBERATTACK POLICY # 503383
- Nature of debtor's interest** INSURED **LLOYD'S OF LONDON**
- State the term remaining** 3/2019 **ONE LIME STREET**
- List the contract number of any government contract** \_\_\_\_\_ **LONDON EC3M 7HA**
- UNITED KINGDOM**
- 2.36. **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** BARIUM SWALLOWS
- Nature of debtor's interest** CONTRACT PARTY **MASSTEX IMAGING**
- State the term remaining** 2 YEARS 10/25/2018 **3 ELECTRONICS AVE SUITE 201**
- List the contract number of any government contract** \_\_\_\_\_ **DANVERS MA 01923**
- 2.37. **Title of contract** STAFFING 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** STAFFING AGENCY
- Nature of debtor's interest** CONTRACT PARTY **MAXIM STAFFING SOLUTIONS**
- State the term remaining** AUTORENEWAL **7227 LEE DEFOREST DRIVE**
- List the contract number of any government contract** \_\_\_\_\_ **COLUMBIA MD 21046**
- 2.38. **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** MEDICAL/CENTRAL SUPPLY
- Nature of debtor's interest** CONTRACT PARTY **MEDLINE**
- State the term remaining** TERMS ON 1/31/2020 **1 MEDLINE PLACE**
- List the contract number of any government contract** \_\_\_\_\_ **MUNDELEIN IL 60060**



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- 2.39. **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** RADIOLOGY SERVICES
- Nature of debtor's interest** CONTRACT PARTY **MOBILEXUSA**
- State the term remaining** 1 YEAR TERM WITH AUTORENEWAL **109 RHODE ISLAND RD**
- List the contract number of any government contract** \_\_\_\_\_ **LAKEVILLE MA 02347**
- 2.40. **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** ELECTRIC REPAIR
- Nature of debtor's interest** CONTRACT PARTY **MORRILL ELECTRIC**
- State the term remaining** AUTORENEWAL **142 HAVERHILL RD**
- List the contract number of any government contract** \_\_\_\_\_ **AMESBURY MA 01913**
- 2.41. **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** PSYCH CONSULTS
- Nature of debtor's interest** CONTRACT PARTY **NEW ENGLAND GERIATRICS**
- State the term remaining** AUTORENEWAL **103 MYRON STREET SUITE A**
- List the contract number of any government contract** \_\_\_\_\_ **WEST SPRINGFIELD MA 01089**
- 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** DIETARY CONSULTANTS
- Nature of debtor's interest** CONTRACT PARTY **NUTRITIONAL SERVICES**
- State the term remaining** AUTORENEWAL **CONSULTING**
- List the contract number of any government contract** \_\_\_\_\_ **54 OWENS WAY**
- LUDLOW MA 01056**
- 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** ON HOLD MESSAGE
- Nature of debtor's interest** CONTRACT PARTY **ON-HOLD CONCEPTS**
- State the term remaining** 1 YEAR TERM WITH AUTORENEWAL **7121 21ST ST WEST**
- List the contract number of any government contract** \_\_\_\_\_ **UNIVERSITY PLACE WA 98466**

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- 2.44. **Title of contract** SEE SCHEDULE G PATIENT ATTACHMENT **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** SEE SCHEDULE G PATIENT ATTACHMENT
- Nature of debtor's interest** SEE SCHEDULE G PATIENT ATTACHMENT PATIENTS- VARIOUS
- State the term remaining** SEE SCHEDULE G PATIENT ATTACHMENT
- List the contract number of any government contract** \_\_\_\_\_
- 2.45. **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** PHARMACY SUPPLIER
- Nature of debtor's interest** CONTRACT PARTY PHARMERICA
- State the term remaining** TERM 5-31-19 WITH ANNUAL AUTORENEWAL 1901 CAMPUS PLACE
- List the contract number of any government contract** \_\_\_\_\_ LOUISVILLE KY 40299
- 2.46. **Title of contract** LEASE 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** EQUIPMENT LEASE - POSTAGE MACHINE
- Nature of debtor's interest** LESSEE PITNEY BOWES
- State the term remaining** \_\_\_\_\_ 100 FEDERAL STREET
- List the contract number of any government contract** \_\_\_\_\_ #5
- BOSTON MA 02110
- 2.47. **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** REHABILITATION THERAPY
- Nature of debtor's interest** CONTRACT PARTY PREFERRED THERAPY
- State the term remaining** 1 YEAR TERM WITH AUTORENEWAL 850 SILAS DEANE HWY
- List the contract number of any government contract** \_\_\_\_\_ WETHERSFIELD CT 06109
- 2.48. **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** STAFFING AGENCY
- Nature of debtor's interest** CONTRACT PARTY READY NURSE
- State the term remaining** AUTORENEWAL 400 RIVERPARK DR #100
- List the contract number of any government contract** \_\_\_\_\_ NORTH READING MA 01864

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- 2.49. **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** PLUMBING SERVICES
- Nature of debtor's interest** CONTRACT PARTY **ROOTERMAN**
- State the term remaining** 1 YEAR 1/5/18 **PO BOX 471**
- List the contract number of any government contract** \_\_\_\_\_ **PEABODY MA 01960**
- 2.50. **Title of contract** REAL PROPERTY LEASE 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** LEASE OF 44 SOUTH STREET, ROCKPORT, MA
- Nature of debtor's interest** LESSEE **SABRA HEALTH CARE REIT, INC.**
- State the term remaining** 23 MONTHS **BRENT CHAPPELL**
- List the contract number of any government contract** \_\_\_\_\_ **18500 VAN KARMAN AVE**
- IRVINE CA 92612**
- 2.51. **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** RECORD DESTRUCTION SERVICES
- Nature of debtor's interest** CONTRACT PARTY **SHRED-IT**
- State the term remaining** AUTORENEWAL **2C GILL ST**
- List the contract number of any government contract** \_\_\_\_\_ **WOBURN MA 01801**
- 2.52. **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** FIRE ALARM/ SPRINKLER SERVICES
- Nature of debtor's interest** CONTRACT PARTY **SIMPLEXGRINNELL**
- State the term remaining** AUTORENEWAL **63 NATHEN ST**
- List the contract number of any government contract** \_\_\_\_\_ **NORWOOD MA 02062**
- 2.53. **Title of contract** UNION 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** UNION CONTRACT
- Nature of debtor's interest** \_\_\_\_\_ **UNITED FOOD & COMMERCIAL**
- State the term remaining** EXPIRES 1/7/2021 **WORKERS UNION**
- List the contract number of any government contract** \_\_\_\_\_ **LOCAL 1445**
- 30 STERGIS WAY**
- DEDHAM MA 02026**

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- 2.54. **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** LABORATORY SERVICES
- Nature of debtor's interest** CONTRACT PARTY **US LABS**
- State the term remaining** 1 YEAR TERM AUTORENEWAL **2 JONATHAN DR**
- List the contract number of any government contract** \_\_\_\_\_ **BROCTON MA 02302**
- 2.55. **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** PROVIDES MANAGED CARE
- Nature of debtor's interest** CONTRACT PARTY **US MANAGED CARE SERVICES LLC**
- State the term remaining** 2 YEARS 11/6/2018 **2219 CLIMBING IVY DRIVE**
- List the contract number of any government contract** \_\_\_\_\_ **TAMPA FL 33618**
- 2.56. **Title of contract** INSURANCE **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** COMMERCIAL AUTOMOBILE LIABILITY POLICY # 6023169954
- Nature of debtor's interest** INSURED **VALLEY FORGE INSURANCE COMPANY**
- State the term remaining** 3/2019 **333 S WABASH AVE**
- List the contract number of any government contract** \_\_\_\_\_ **CHICAGO IL 60606**
- 2.57. **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** IT SERVICES
- Nature of debtor's interest** CONTRACT PARTY **VIRTUAL CARE PROVIDER, INC.**
- State the term remaining** 8/24/2019, 3 YEAR AUTORENEWAL **VCPI**
- List the contract number of any government contract** \_\_\_\_\_ **1555 NORTH RIVER CENTER, SUITE 202**
- MILWAUKEE WI 53212**
- 2.58. **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** PEST CONTROL SERVICES
- Nature of debtor's interest** CONTRACT PARTY **WALTHAM SERVICES**
- State the term remaining** AUTORENEWAL **817 MOODY ST**
- List the contract number of any government contract** \_\_\_\_\_ **WALTHAM MA 02454**

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2.59.	<b>Title of contract</b>	SERVICE AGREEMENT	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b>
	<b>State what the contract or lease is for</b>	SOCIAL WORK CONSULTANT	
	<b>Nature of debtor's interest</b>	CONTRACT PARTY	WILLIAM H. JOHNSON, INC.
	<b>State the term remaining</b>	AUTORENEWAL	PO BOX 1354
	<b>List the contract number of any government contract</b>	_____	BELCHERTOWN MA 01007

TITLE OF CONTRACT	STATE WHAT THE CONTRACT OR LEASE IS FOR <i>type of lease/contract</i>	NATURE OF THE DEBTOR'S INTEREST	STATE THE TERM REMAINING	COUNTERPARTY WITH WHOM THE DEBTOR HAS AN EXECUTORY CONTRACT OR UNEXPIRED LEASE	ADDRESS
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1498	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1499	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1500	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1501	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1502	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1509	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1536	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 290	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 291	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 293	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 298	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 299	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 302	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 303	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 305	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 308	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 309	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 312	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 313	Intentionally Omitted

TITLE OF CONTRACT	STATE WHAT THE CONTRACT OR LEASE IS FOR <i>type of lease/contract</i>	NATURE OF THE DEBTOR'S INTEREST	STATE THE TERM REMAINING	COUNTERPARTY WITH WHOM THE DEBTOR HAS AN EXECUTORY CONTRACT OR UNEXPIRED LEASE	ADDRESS
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 315	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 316	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 319	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 322	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 324	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 325	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 326	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 327	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 328	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 332	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 336	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 337	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 338	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 339	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 341	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 349	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 352	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 356	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 359	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 360	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 361	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 364	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 369	Intentionally Omitted

TITLE OF CONTRACT	STATE WHAT THE CONTRACT OR LEASE IS FOR <i>type of lease/contract</i>	NATURE OF THE DEBTOR'S INTEREST	STATE THE TERM REMAINING	COUNTERPARTY WITH WHOM THE DEBTOR HAS AN EXECUTORY CONTRACT OR UNEXPIRED LEASE	ADDRESS
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 370	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 374	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 375	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 376	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 379	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 385	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 386	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 387	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 392	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 393	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 395	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 397	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 398	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 399	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 408	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 411	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 412	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 415	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 417	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 420	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 421	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 422	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 428	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 430	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 431	Intentionally Omitted



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

**Debtor name:** WV – ROCKPORT SNF OPCO, LLC

**United States Bankruptcy Court for the:** District of Massachusetts

**Case number (if known):** 18-11055

☐ 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. JOSEPH CUZZUPOLI C/O WACHUSETTS VENTURES LLC ATTN STEVEN L VERA	36 WASHINGTON STREET SUITE 395 WELLESLEY HILLS MA 02481	CCP FINANCE II LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2. JOSEPH CUZZUPOLI	10 COLONY RD WESTON MA 02493	CCP FINANCE II LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3. RAYMOND A DENNEHY III C/O WACHUSETTS VENTURES LLC ATTN STEVEN L VERA	36 WASHINGTON ST SUITE 395 WELLESLEY HILLS MA 02481	CCP FINANCE II LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4. RAYMOND A DENNEHY III	153 COAL KILN RD PRINCETON MA 01541	CCP FINANCE II LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5. STEVEN L. VERA	28 LAUREL DRIVE WILLINGTON CT 06279	CCP FINANCE II LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor **WV – ROCKPORT SNF OPCO, LLC**Case number (if known) **18-11055**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.6. STEVEN L. VERA C/O WACHUSETTS VENTURES LLC ATTN STEVEN L VERA	36 WASHINGTON ST SUITE 395 WELLESLEY HILLS MA 02481	CCP FINANCE II LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.7. WACHUSETT VENTURES, LLC	36 WASHINGTON STREET SUITE 395 WELLESLEY HILLS MA 02481	CCP FINANCE II LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.8. WACHUSETT VENTURES, LLC	36 WASHINGTON STREET SUITE 395 WELLESLEY HILLS MA 02481	QUALITY REHABILITATION SERVICES, LLC	<input checked="" type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.9. WV – BROCKTON SNF, LLC	36 WASHINGTON STREET SUITE 395 WELLESLEY HILLS MA 02481	QUALITY REHABILITATION SERVICES, LLC	<input checked="" type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.10. WV – CONCORD SNF OPCO, LLC	36 WASHINGTON STREET SUITE 395 WELLESLEY HILLS MA 02481	CCP FINANCE II LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.11. WV – CONCORD SNF OPCO, LLC	36 WASHINGTON STREET SUITE 395 WELLESLEY HILLS MA 02481	QUALITY REHABILITATION SERVICES, LLC	<input checked="" type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.12. WV – CROSSINGS EAST, LLC	36 WASHINGTON STREET SUITE 395 WELLESLEY HILLS MA 02481	QUALITY REHABILITATION SERVICES, LLC	<input checked="" type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.13. WV – CROSSINGS WEST, LLC	36 WASHINGTON STREET SUITE 395 WELLESLEY HILLS MA 02481	QUALITY REHABILITATION SERVICES, LLC	<input checked="" type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.14. WV – PARKWAY PAVILION, LLC	36 WASHINGTON STREET SUITE 395 WELLESLEY HILLS MA 02481	QUALITY REHABILITATION SERVICES, LLC	<input checked="" type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.15. WV – QUINCY SNF OPCO, LLC	36 WASHINGTON STREET SUITE 395 WELLESLEY HILLS MA 02481	CCP FINANCE II LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G

Debtor **WV – ROCKPORT SNF OPCO, LLC**

Case number (if known) **18-11055**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.16. WV – QUINCY SNF OPCO, LLC	36 WASHINGTON STREET SUITE 395 WELLESLEY HILLS MA 02481	QUALITY REHABILITATION SERVICES, LLC	<input checked="" type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

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

Debtor name: WV – ROCKPORT SNF OPCO, LLC

United States Bankruptcy Court for the: District of Massachusetts

Case number (if known): 18-11055

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 4/17/2018  
MM/DD/YYYY

x

Signature of individual signing on behalf of debtor

Steven Vera  
Printed name

Chief Operating Officer  
Position or relationship to debtor