

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

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

**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.

¹ 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 – PARKWAY PAVILION, LLC

United States Bankruptcy Court for the: District of Massachusetts

Case number (if known): 18-11057

☐ 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

\$5,161,344.00

1c. Total of all property:

Copy line 92 from Schedule A/B

\$5,161,344.00

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

\$1,226,697.00

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

+ \$2,275,729.05

4. Total liabilities

Lines 2 + 3a + 3b

\$3,502,426.05

Fill in this information to identify the case:

Debtor name: WV – PARKWAY PAVILION, LLC

United States Bankruptcy Court for the: District of Massachusetts

Case number (if known): 18-11057

☐ 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	\$1,000.00
------	------------	------------

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. ¹	TD BANK 847 WILLIAMS STREET LONGMEADOW MA 01106	PATIENT NEEDS ACCOUNTS	NUMEROUS	\$0.00
3.2.	BANK OF AMERICA PO BOX 25118 TAMPA FL 33622-5118	OPERATING - ZBA	1105	\$420,173.00
3.3.	CONGRESSIONAL BANK 6701 DEMOCRACY BLVD STE 400 BETHESDA MD 20817	DEPOSITORY/GOVERNMENTAL ZBA	A6617	\$0.00
3.4.	CONGRESSIONAL BANK 6701 DEMOCRACY BLVD STE 400 BETHESDA MD 20817	DEPOSITORY/NON-GOVERNMENTAL ZBA	6625	\$33,453.00

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

Debtor **WV – PARKWAY PAVILION, LLC**

Case number (if known) **18-11057**

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.

\$454,626.00

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 EVERSOURCE 107 SELDEN ST BERLIN CT 06037	\$19,790.00
7.2. CAPEX RESERVE SABRA HEALTHCARE REIT, INC. 18500 VON KARMAN AVE STE 550 IRVINE CA 92612	\$77,544.00
7.3. INSURANCE ESCROW SABRA HEALTHCARE REIT, INC. 18500 VON KARMAN AVE STE 550 IRVINE CA 92612	\$16,968.00

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.

\$114,302.00

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

Debtor **WV – PARKWAY PAVILION, LLC**Case number (if known) **18-11057**

11a. 90 days old or less: \$1,196,850.00 - \$0.00 = → \$1,196,850.00

Face amount Doubtful or uncollectible accounts

11b. Over 90 days old: \$891,672.00 - \$530,000.00 = → \$361,672.00

12. Total of part 3

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

\$1,558,522.00**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. _____ \$ _____

Debtor **WV – PARKWAY PAVILION, LLC**Case number (if known) **18-11057****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

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
---------------------	--	---	------------------------------------

28. Crops—either planted or harvested

28.1. _____ \$ _____ \$ _____

29. Farm animals. Examples: Livestock, poultry, farm-raised fish

29.1. _____ \$ _____ \$ _____

30. Farm machinery and equipment (Other than titled motor vehicles)

30.1. _____ \$ _____ \$ _____

31. Farm and fishing supplies, chemicals, and feed

31.1. _____ \$ _____ \$ _____

32. Other farming and fishing-related property not already listed in Part 6

32.1. _____ \$ _____ \$ _____

33. Total of part 6

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: \$ _____

Debtor **WV – PARKWAY PAVILION, LLC**Case number (if known) **18-11057****36. Is a depreciation schedule available for any of the property listed in Part 6?**

- ☐ No
☐ Yes

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

- ☐ No
☐ Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles**38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
☒ Yes. Fill in the information below.

General description		Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture				
39.1.	OFFICE FURNITURE	UNDETERMINED	Undetermined	UNDETERMINED
40. Office fixtures				
40.1.	LEASEHOLD IMPROVEMENTS	UNDETERMINED	Undetermined	UNDETERMINED
41. Office equipment, including all computer equipment and communication systems equipment and software				
		Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
41.1.	OFFICE EQUIPMENT	UNDETERMINED	Undetermined	UNDETERMINED
42. Collectibles. Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles				
42.1.		\$		\$

43. Total of part 7

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 – PARKWAY PAVILION, LLC**Case number (if known) **18-11057**

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
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1. _____	\$ _____	_____	\$ _____
48. Watercraft, trailers, motors, and related accessories. Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1. _____	\$ _____	_____	\$ _____
49. Aircraft and accessories			
49.1. _____	\$ _____	_____	\$ _____
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
50.1. _____	\$ _____	_____	\$ _____

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
55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest				
55.1. _____ SENIOR HOUSING FACILITY	LEASEHOLD INTEREST	\$0.00	Net Book Value	\$0.00
_____ 1157 ENFIELD STREET ENFIELD CT 06082				

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 – PARKWAY PAVILION, LLC**Case number (if known) **18-11057****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
60. Patents, copyrights, trademarks, and trade secrets			
60.1. _____	\$ _____	_____	\$ _____
61. Internet domain names and websites			
	Net book value of debtor's interest	Valuation method	Current value of debtor's interest
61.1. _____	\$ _____	_____	\$ _____
62. Licenses, franchises, and royalties			
62.1. NURSING HOME LICENSE	UNDETERMINED	N/A	UNDETERMINED
63. Customer lists, mailing lists, or other compilations			
63.1. _____	\$ _____	_____	\$ _____
64. Other intangibles, or intellectual property			
64.1. _____	\$ _____	_____	\$ _____
65. Goodwill			
65.1. _____	\$ _____	_____	\$ _____

66. Total of part 10

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

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 – PARKWAY PAVILION, LLC**Case number (if known) **18-11057**

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 – PARKWAY PAVILION, LLC**Case number (if known) **18-11057****77. Other property of any kind not already listed**

Examples: Season tickets, country club membership

77.1. INTERCOMPANY RECEIVABLE - WACHUSETT VENTURES

\$3,033,894.00

78. Total of part 11

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

\$3,033,894.00

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

Debtor **WV – PARKWAY PAVILION, LLC**Case number (if known) **18-11057****Part 12: Summary**

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

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$454,626.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$114,302.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$1,558,522.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	UNDETERMINED	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.</i> →		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	UNDETERMINED	
90. All other assets. <i>Copy line 78, Part 11.</i> +	\$3,033,894.00	
91. Total. Add lines 80 through 90 for each column.91a.	\$5,161,344.00	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$5,161,344.00

Fill in this information to identify the case:

Debtor name: WV – PARKWAY PAVILION, LLC

United States Bankruptcy Court for the: District of Massachusetts

Case number (if known): 18-11057

☐ 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 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

Describe the lien

UCC FINANCING STATEMENT # 0003163071
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 – PARKWAY PAVILION, LLC**

Case number (if known) **18-11057**

2.2.¹ **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: March 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 \$1,226,697.00 UNDETERMINED
Describe the lien
 UCC FINANCING STATEMENT # 0003105504
 FILED ON MARCH 2, 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

2.3. **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: March 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 UNDETERMINED UNDETERMINED
Describe the lien
 UCC FINANCING STATEMENT # 0003105298
 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 – PARKWAY PAVILION, LLC**

Case number (if known) **18-11057**

2.4. **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 # 0003163071
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 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 # 0003163071
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 – PARKWAY PAVILION, LLC**

Case number (if known) **18-11057**

2.6.	Creditor's name and address QUALITY REHABILITATION SERVICES, LLC 30 MANMAR DRIVE SUITE 9 PLAINVILLE MA 02762 Creditor's email address, if known <hr/> Date debt was incurred: Various Last 4 digits of account number: Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <hr/> <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines: _____	Describe debtor's property that is subject to a lien <hr/> Describe the lien ATTEMPTED ATTACHMENT WITHIN 90-DAYS OF PETITION DATE Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNDETERMINED UNDETERMINED
2.7.	Creditor's name and address WOODMARK PHARMACY OF MASSACHUSETTS, LLC 69 HICKORY DRIVE SUITE 1 WALTHAM MA 02451 Creditor's email address, if known <hr/> Date debt was incurred: January 2017 Last 4 digits of account number: Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <hr/> <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines: _____	Describe debtor's property that is subject to a lien CERTAIN EQUIPMENT INCLUDING 6 MED. CARTS, 6 LAPTOP COMPUTERS AND 2 FAX MACHINES Describe the lien UCC FINANCING STATEMENT # 0003158139 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNDETERMINED UNDETERMINED

¹AMOUNT IS APPROXIMATE

Debtor **WV – PARKWAY PAVILION, LLC**Case number (if known) **18-11057**

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$1,226,697.00**

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 2.2	_____
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 2.2	_____
3.3.	JANET E. BOSTWICK, P.C. JANET E. BOSTWICK 295 DEVONSHIRE STREET BOSTON MA 02110	Line 2.2	_____
3.4.	QUALITY REHABILITATION SERVICES, LLC NUTTER MCCLENNEN & FISH LLP JOHN G LOUGHNANE SEAPORT WEST 155 SEAPORT BOULEVARD BOSTON MA 02210	Line 2.6	_____
3.5.	QUALITY REHABILITATION SERVICES, LLC 42 LANDAU RD PLAINVILLE MA 02762-5030	Line 2.6	_____
3.6.	SABRA HEALTH CARE REIT, INC. 18500 VAN KARMAN AVE SUITE 550 IRVINE CA 92612	Line 2.2	_____
3.7.	WOODMARK PHARMACY JEFFREY RUBIN, D.M.D. 1142 WEHRLE DRIVE WILLIAMSVILLE NY 14221	Line 2.7	_____

Fill in this information to identify the case:

Debtor name: WV – PARKWAY PAVILION, LLC

United States Bankruptcy Court for the: District of Massachusetts

Case number (if known): 18-11057

☐ 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
INTERNAL REVENUE SVC CENTRALIZED INSOLVENCY OPERATION PO BOX 7346 PHILADELPHIA PA 19101-7346	<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	UNDETERMINED	UNDETERMINED
Date or dates debt was incurred	Basis for the claim:		Nonpriority amount
VARIOUS	TAXES		UNDETERMINED
Last 4 digits of account number:	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.2.	Priority creditor's name and mailing address INTERNAL REVENUE SVC CENTRALIZED INSOLVENCY OPERATION 2970 MARKET ST MAIL STOP 5Q30133 PHILADELPHIA PA 19104-5016 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.3.	Priority creditor's name and mailing address STATE OF CT DEPARTMENT OF REVENUE SERVICES 450 COLUMBUS BLVD SUITE 1 HARTFORD CT 06103-1837 Date or dates debt was incurred OCT 2017 - PRESENT Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PROVIDER TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.4.	Priority creditor's name and mailing address STATE OF CT DEPARTMENT OF REVENUE SERVICES PO BOX 5089 HARTFORD CT 06102-509 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										

Debtor **WV – PARKWAY PAVILION, LLC**Case number (if known) **18-11057**2.5. **Priority creditor's name and mailing address**

TOWN OF ENFIELD, TAX COLLECTOR
820 ENFIELD ST.
ENFIELD CT 06082

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:*Check all that apply.*

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Basis for the claim:

TAXES

Is the claim subject to offset?

- ☒ No
☐ Yes

Total claim

UNDETERMINED

Priority amount

UNDETERMINED

Nonpriority amount

UNDETERMINED

Debtor **WV – PARKWAY PAVILION, LLC**

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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.	Nonpriority creditor's name and mailing address ABILITY NETWORK INC. DEPT CH 16577 PALATINE IL 60055-6577 Date or dates debt was incurred 1/1-2/28/18 Last 4 digits of account number: 6633	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$542.68
3.2.	Nonpriority creditor's name and mailing address ACC BUSINESS P.O. BOX 105306 ATLANTA GA 30348-5306 Date or dates debt was incurred 10/27/17-2/27/18 Last 4 digits of account number: 6969	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,853.97
3.3.	Nonpriority creditor's name and mailing address ACCELERATED CARE PLUS LEASING 13828 COLLECTIONS CENTER DR CHICAGO IL 60693 Date or dates debt was incurred 12/10/17-2/10/18 Last 4 digits of account number: R158	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,335.48

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3.4.	Nonpriority creditor's name and mailing address ACTION AIR SYSTEMS 131 ADAMS STREET MANCHESTER CT 06042 Date or dates debt was incurred 2/19/18 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$8,356.45
3.5.	Nonpriority creditor's name and mailing address ADVANCED AIR QUALITY INC 357 E COLUMBUS AVE SPRINGFIELD MA 01105 Date or dates debt was incurred 10/1/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$450.00
3.6.	Nonpriority creditor's name and mailing address ADVANCED DIAGNOSTIC SOLUTIONS, INC 6125 SHERWIN DRIVE PORT RICHIE FL 34668 Date or dates debt was incurred 6/1/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$29.43

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3.7.	Nonpriority creditor's name and mailing address AETNA AMBULANCE SERVICE PO BOX 1150 MANCHESTER CT 06045 Date or dates debt was incurred 6/8/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$855.12
3.8.	Nonpriority creditor's name and mailing address ALLSCRIPTS HEALTHCARE, LLC 24630 NETWORK PLACE CHICAGO IL 60673-1246 Date or dates debt was incurred 5/24/17-2/7/18 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,242.82
3.9.	Nonpriority creditor's name and mailing address AMBULANCE SERVICE OF MANCHESTER LLC P.O. BOX 300 MANCHESTER CT 06045-0300 Date or dates debt was incurred 9/2/16-9/14/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,544.04

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3.10.	Nonpriority creditor's name and mailing address AMERICAN MEDICAL RESPONSE OF CT PO BOX 100296 ATLANTA GA 30384 Date or dates debt was incurred 5/19/17-11/29/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$30,108.80
3.11.	Nonpriority creditor's name and mailing address ANDERSON SERVICES LLC 1104 BAY ST SPRINGFIELD MA 01109 Date or dates debt was incurred 6/19-12/5/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,195.00
3.12.	Nonpriority creditor's name and mailing address AVERY, SHIRLEY 1157 ENFIELD STREET ENFIELD CT 06082 Date or dates debt was incurred 1/26/18 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$30.00

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3.13.	Nonpriority creditor's name and mailing address BACKTRACK 8850 TYLER BLVD. MENTOR OH 44060 Date or dates debt was incurred 12/15/17-2/9/18 Last 4 digits of account number: 8357	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$251.00
3.14.	Nonpriority creditor's name and mailing address BAYSTATE MEDICAL CENTER PO BOX 3353 BOSTON MA 02241 Date or dates debt was incurred 3/11-6/1/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$227.12
3.15.	Nonpriority creditor's name and mailing address BENTLEY DATA SOLUTIONS, INC. 1673 TEMPLE VIEW DR. BOUNTIFUL UT 84010 Date or dates debt was incurred 2/7/18 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$275.00

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3.16.	Nonpriority creditor's name and mailing address BRIGGS HEALTHCARE 7300 WESTOWN PARKWAY, SUITE 100 WEST DES MOINES IA 50266 Date or dates debt was incurred 3/22/17-8/24/17 Last 4 digits of account number: 4125	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$852.30
3.17.	Nonpriority creditor's name and mailing address CARDIONET LLC PO BOX 417704 BOSTON MA 02241 Date or dates debt was incurred 1/1/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$172.22
3.18.	Nonpriority creditor's name and mailing address CAREER BUILDER, LLC 13047 COLLECTION CENTER DR CHICAGO IL 60693-0130 Date or dates debt was incurred 2/1-2/25/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$391.42

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3.19.	Nonpriority creditor's name and mailing address CENTRAL CT CARDIOLOGISTS 19 WOODLAND ST. SUITE 35 HARTFORD CT 06105 Date or dates debt was incurred 10/1/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$211.14
3.20.	Nonpriority creditor's name and mailing address CHEMSEARCH 23261 NETWORK PL CHICAGO IL 60673-1232 Date or dates debt was incurred 11/1/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$225.99
3.21.	Nonpriority creditor's name and mailing address COLLABORATIVE LAB SERVICES 114 WOODLAND STREET HARTFORD CT 06105 Date or dates debt was incurred 10/1-11/1/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$22.60

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3.22.	Nonpriority creditor's name and mailing address COMPANION HEALTH SERVICES 40 BATTERY ST, PH 6 BOSTON MA 02109-1906 Date or dates debt was incurred 5/23-9/26/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$614.66
3.23.	Nonpriority creditor's name and mailing address CONSULTING OPHTHALMOLOGISTS 499 FARMINGTON AVE, SUITE 100 FARMINGTON CT 06032 Date or dates debt was incurred 12/1/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$15.43
3.24.	Nonpriority creditor's name and mailing address COTTAGE GROVE CARDIOLOGY 711 COTTAGE GROVE ROAD BLOOMFIELD CT 06002 Date or dates debt was incurred 2/22/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$8.59

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3.25.	Nonpriority creditor's name and mailing address COX COMMUNICATIONS P.O. BOX 9001085 LOUISVILLE KY 40290-1085 Date or dates debt was incurred 10/20/17-2/18/18 Last 4 digits of account number: 9801	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$9,780.69
3.26.	Nonpriority creditor's name and mailing address COX COMMUNICATIONS P.O. BOX 78000 DEPT. 781110 DETROIT MI 48278-1110 Date or dates debt was incurred 2/17/18 Last 4 digits of account number: 8902	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$150.97
3.27.	Nonpriority creditor's name and mailing address COX COMMUNICATIONS DEPT. 781110 P.O. BOX 78000 DETROIT MI 48278-1110 Date or dates debt was incurred 2/10/18 Last 4 digits of account number: 2101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$457.20

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3.28.	Nonpriority creditor's name and mailing address CREAM CITY MARKETING LLC 318A N MAIN STREET LAKE MILLS WI 53551 Date or dates debt was incurred 12/31/17-2/8/18 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$275.54
3.29.	Nonpriority creditor's name and mailing address CT ACHCA 213 COURT STREET SUITE 202 MIDDLETOWN CT 06457 Date or dates debt was incurred 3/13/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$100.00
3.30.	Nonpriority creditor's name and mailing address CT ASSOCIATION OF HEALTH CARE FACILITIES 213 COURT STREET, SUITE 202 MIDDLETOWN CT 06457 Date or dates debt was incurred 2/1/17-2/1/18 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$10,288.02

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3.31.	Nonpriority creditor's name and mailing address CT WATER COMPANY - FIRE P.O. BOX 981015 BOSTON MA 02298-1015 Date or dates debt was incurred 9/27-12/26/17 Last 4 digits of account number: 0197	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$769.14
3.32.	Nonpriority creditor's name and mailing address CT WATER COMPANY - WATER PO BOX 981015 BOSTON MA 02298-1015 Date or dates debt was incurred 5/22/17-2/22/18 Last 4 digits of account number: 4233	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$34,194.43
3.33.	Nonpriority creditor's name and mailing address DANIELS EQUIPMENT COMPANY, INC 45 PRISCILLA LANE AUBURN NH 03032 Date or dates debt was incurred 220/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$212.67

Debtor **WV – PARKWAY PAVILION, LLC**Case number (if known) **18-11057**

3.34.	Nonpriority creditor's name and mailing address DARSHAN J SHAH, MD LLC 139 HAZARD AVE., BLDG. 4 SUITE 14 ENFIELD CT 06082-4583 Date or dates debt was incurred 9/20/17-2/2/18 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$9,900.00
3.35.	Nonpriority creditor's name and mailing address DAVIS, MARREICE 195 PORTMAN ST WINDSOR CT 06095 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: WORKERS COMP INSURANCE CLAIM # 800-009908348 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.36.	Nonpriority creditor's name and mailing address DEPARTMENT OF TRANSPORTATION DEPARTMENT OF TRANSPORTATION - A/R UNIT P.O. DRAWER 317546 NEWINGTON CT 06131-7546 Date or dates debt was incurred 8/1/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$40.00

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3.37.	Nonpriority creditor's name and mailing address DIRECT SUPPLY BOX 88201 MILWAUKEE WI 53288-0201 Date or dates debt was incurred 1/31/18 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$97.00
3.38.	Nonpriority creditor's name and mailing address DO-ALL DRYWALL OPERATIONS, INC 40 SCITICO ROAD SOMERS CT 06071 Date or dates debt was incurred 11/3/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,500.00
3.39.	Nonpriority creditor's name and mailing address ECOLAB P.O. BOX 32027 NEW YORK NY 10087-2027 Date or dates debt was incurred 4/4/17-2/9/18 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,897.30

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3.40.	Nonpriority creditor's name and mailing address ENCORE PREAKNESS INC. FKA SELECT MEDICAL REHABILITATION SERVICES INC THOMAS J SANSONE ESQ CARMODY TORRANCE SANDAK & HENNESSEY LLP 195 CHURCH ST NEW HAVEN CT 06510 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: PENDING LITIGATION - CT SUPERIOR COURT CASE # KNL-CV-16-6028640 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.41.	Nonpriority creditor's name and mailing address ENCORE REHAB SERVICES P.O. BOX 643920 PITTSBURGH PA 15264 Date or dates debt was incurred 6/30/16-8/19/16 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$186,630.14
3.42.	Nonpriority creditor's name and mailing address ENFIELD CHAMBER OF COMMERCE PO BOX 123 ENFIELD CT 06083 Date or dates debt was incurred 12/21/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$625.00

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3.43.	Nonpriority creditor's name and mailing address ENFIELD PIZZA 106 PEARL ST ENFIELD CT 06082 Date or dates debt was incurred 1/4/18 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$297.79
3.44.	Nonpriority creditor's name and mailing address EVERSOURCE (ELECTRIC) P.O. BOX 650034 DALLAS TX 75265-0034 Date or dates debt was incurred 2/2/18 Last 4 digits of account number: 7025	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,248.53
3.45.	Nonpriority creditor's name and mailing address EVERSOURCE (GAS) P.O. BOX 650032 DALLAS TX 75265-0032 Date or dates debt was incurred 3/2/17-2/1/18 Last 4 digits of account number: 7059	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$168,683.55

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3.46.	Nonpriority creditor's name and mailing address FARMINGTON VALLEY ORTHO ASSOC PC 34 DALE ROAD, SUITE 208 AVON CT 06001 Date or dates debt was incurred 10/1/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$24.52
3.47.	Nonpriority creditor's name and mailing address FAVORITE HEALTHCARE STAFFING PO BOX 803356 KANSAS CITY MO 64180-3356 Date or dates debt was incurred 3/17/17-2/9/18 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$15,966.56
3.48.	Nonpriority creditor's name and mailing address FERRANTE, IRENE 8 WEST ST WINDSOR LOCKS CT 06096 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: WORKERS COMP INSURANCE CLAIM # 800-009904649 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED

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3.49.	Nonpriority creditor's name and mailing address FRANK'S LANDSCAPE CONSTRUCTION LLC P.O. BOX 881 SOMERS CT 06071-0881 Date or dates debt was incurred 1/3-2/1/18 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$10,427.62
3.50.	Nonpriority creditor's name and mailing address FRONTIER P.O. BOX 20550 ROCHESTER NY 14602-0550 Date or dates debt was incurred 1/23-2/23/18 Last 4 digits of account number: 1715	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,308.13
3.51.	Nonpriority creditor's name and mailing address GRAINGER 75 MAXIM ROAD HARTFORD CT 06114-1605 Date or dates debt was incurred 7/18-8/1/17 Last 4 digits of account number: 6173	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$196.42

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3.52.	Nonpriority creditor's name and mailing address GRANITE TELECOMMUNICATIONS CLIENT ID#311 P.O. BOX 983119 BOSTON MA 02298-3119 Date or dates debt was incurred 2/1/17-2/1/18 Last 4 digits of account number: 1250	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,227.99
3.53.	Nonpriority creditor's name and mailing address GREATER HARTFORD ORTHOPEDIC GROUP 1000 ASYLUM AVE, SUITE 2126 HARTFORD CT 06105 Date or dates debt was incurred 10/1/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$52.20
3.54.	Nonpriority creditor's name and mailing address GROSZYK, KORY 30 PARKER ST ENFIELD CT 06082 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: WORKERS COMP INSURANCE CLAIM # 800-009908445 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED

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3.55.	Nonpriority creditor's name and mailing address GROWTH COMPANY 167 HAZARD AVENUE ENFIELD CT 06082 Date or dates debt was incurred 2/28/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$138.67
3.56.	Nonpriority creditor's name and mailing address H&R HEALTHCARE 1750 OAK STREET LAKEWOOD NJ 08701 Date or dates debt was incurred 7/2/17-1/31/18 Last 4 digits of account number: 4EFJ	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$32,227.52
3.57.	Nonpriority creditor's name and mailing address HARTFORD HOSPITAL PO BOX 310911 NEWINGTON CT 06131 Date or dates debt was incurred 10/1/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$36.20

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3.58.	Nonpriority creditor's name and mailing address HD SUPPLY FACILITIES MAINTENANCE P.O. BOX 509058 SAN DIEGO CA 92150-9058 Date or dates debt was incurred 10/1/17-11/22/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,067.17
3.59.	Nonpriority creditor's name and mailing address HEALTHCARE SERVICES GROUP, INC. 32220 TILLMAN DRIVE SUITE 300 BENSALEM PA 19020 Date or dates debt was incurred 9/1/17-3/31/18 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$256,966.63
3.60.	Nonpriority creditor's name and mailing address HEALTHDRIVE DENTAL GROUP 888 WORCESTER STREET WELLESLEY MA 02482-3744 Date or dates debt was incurred 11/4/16-2/7/18 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$18,824.00

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3.61.	Nonpriority creditor's name and mailing address HEALTHDRIVE EYE CARE GROUP 888 WORCESTER STREET WELLESLEY MA 02482-3744 Date or dates debt was incurred 11/13/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$49.75
3.62.	Nonpriority creditor's name and mailing address HEALTHDRIVE PODIATRY GROUP 888 WORCESTER STREET WELLESLEY MA 02482-3744 Date or dates debt was incurred 12/14/16 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$727.53
3.63.	Nonpriority creditor's name and mailing address HEARTCARE PO BOX 3012 SOUTHEASTERN PA 19398 Date or dates debt was incurred 10/1/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$85.52

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3.64.	Nonpriority creditor's name and mailing address HPC FOODSERVICE DEPT # 385 P.O. BOX 150473 HARTFORD CT 06115-0473 Date or dates debt was incurred 12/18/17-2/28/18 Last 4 digits of account number: 6663	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$55,384.74
3.65.	Nonpriority creditor's name and mailing address HUGH'S MECHANICAL EQUIPMENT, LLC 304 JOBS HILL ROAD ELLINGTON CT 06029 Date or dates debt was incurred 7/31/17-1/23/18 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,175.00
3.66.	Nonpriority creditor's name and mailing address IDENTIPHOTO COMPANY, LTD 1810 JOSEPH LLOYD PKWY WILLOUGHBY OH 44094-8042 Date or dates debt was incurred 10/11/17 Last 4 digits of account number: 0693	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$168.84

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3.67.	Nonpriority creditor's name and mailing address INDUSTRIAL CHEM LABS 55 BROOK AVE SUITE G DEER PARK NY 11729 Date or dates debt was incurred 4/4/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$103.76
3.68.	Nonpriority creditor's name and mailing address JEFFEREY P. THOMPSEN, MD LLC PO BOX 21 WINDSOR CT 06095 Date or dates debt was incurred 12/7/17-10/26/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$57.72
3.69.	Nonpriority creditor's name and mailing address JOERNS HEALTHCARE, INC PO BOX 713322 CINCINNATI OH 45271-3322 Date or dates debt was incurred 10/31/17-1/31/18 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,329.83

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3.70.	Nonpriority creditor's name and mailing address JOHN DEMPSEY HOSPITAL 263 FARMINGTON AVE FARMINGTON CT 06044 Date or dates debt was incurred 3/2/18 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$26.90
3.71.	Nonpriority creditor's name and mailing address JOSEPH CUZZUPOLI C/O DAVID BURGESS ESQ WILCHINS CONSENTINO NOVINS LLP 20 WILLIAMS ST STE 130 WELLESLEY MA 02418 Date or dates debt was incurred MARCH 2016 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CCP CT LOAN GUARANTEE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.72.	Nonpriority creditor's name and mailing address K AND P FLOWERS AND GIFTS 1052 EAST ST S SUFFIELD CT 06078 Date or dates debt was incurred 7/7/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2.00

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3.73.	Nonpriority creditor's name and mailing address KELLY-FRADET LUMBER 92 PROSPECT STREET PO BOX 1269 ENFIELD CT 06083 Date or dates debt was incurred 3/24/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$113.39
3.74.	Nonpriority creditor's name and mailing address LEILA TRANSPORTATION PO BOX 3244 ENFIELD CT 06083 Date or dates debt was incurred 7/11/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$400.00
3.75.	Nonpriority creditor's name and mailing address LEPAGE BAKERIES PARK STREET LLC P.O. BOX 842440 BOSTON MA 02284-2440 Date or dates debt was incurred 11/20/17-2/26/18 Last 4 digits of account number: 5421	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,263.46

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3.76.	Nonpriority creditor's name and mailing address LIFE SUPPLY CORPORATION 711 EAST MAIN SUITE A CHICOPEE MA 01020 Date or dates debt was incurred 10/2/17-2/28/18 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,401.04
3.77.	Nonpriority creditor's name and mailing address LITURGICAL PUBLICATIONS 4560 EAST 71 STREET CUYAHOGA HEIGHTS OH 44105-5604 Date or dates debt was incurred 9/6/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,230.00
3.78.	Nonpriority creditor's name and mailing address MAILFINANCE DEPT 3682 P.O. BOX 123682 DALLAS TX 75312-3682 Date or dates debt was incurred 1/28/18 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$261.26

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3.79.	Nonpriority creditor's name and mailing address MARCUM LLP 555 LONG WHARF DRIVE, 12TH FL NEW HAVEN CT 06511 Date or dates debt was incurred 4/30/17-10/31/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$11,426.15
3.80.	Nonpriority creditor's name and mailing address MASSTEX IMAGING LLC 3 ELECTRONICS AVE SUITE #201 DANVERS MA 01923-1099 Date or dates debt was incurred 7/27-10/11/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$0.00
3.81.	Nonpriority creditor's name and mailing address MCKESSON MEDICAL-SURGICAL MINNESOTA SUPPLY INC. P.O. BOX 204786 DALLAS TX 75320-4786 Date or dates debt was incurred 3/15/16-11/1/16 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$27,794.85

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3.82.	Nonpriority creditor's name and mailing address MED WASTE DISPOSAL INC. P.O. BOX 392 NORTH PEMBROKE MA 02358 Date or dates debt was incurred 11/13/17-1/24/18 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$297.79
3.83.	Nonpriority creditor's name and mailing address MEDLINE- CHECK REQUEST 3 LAKES DRIVE NORTHFIELD IL 60096 Date or dates debt was incurred 1/19-2/12/18 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$12,085.90
3.84.	Nonpriority creditor's name and mailing address MEDLINE INDUSTRIES INC. DEPT 1080 P.O. BOX 121080 DALLAS TX 85312-1080 Date or dates debt was incurred 10/31/17-2/16/18 Last 4 digits of account number: 5787	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$43,712.95

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3.85.	Nonpriority creditor's name and mailing address MEDOPTIONS OF RHODE ISLAND PC 345 BLACKSTONE BLVD PROVIDENCE RI 02906 Date or dates debt was incurred 12/7/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$87.56
3.86.	Nonpriority creditor's name and mailing address MILLER OIL COMPANY 447 ENFIELD STREET ENFIELD CT 06082 Date or dates debt was incurred 8/31/17 Last 4 digits of account number: 0363	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$668.45
3.87.	Nonpriority creditor's name and mailing address MOBILEXUSA P.O. BOX 17462 BALTIMORE MD 21297-0518 Date or dates debt was incurred 6/30/17-12/1/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$13,011.58

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3.88.	Nonpriority creditor's name and mailing address MORRISON MAHONEY LLP 250 SUMMER STREET BOSTON MA 02210 Date or dates debt was incurred 1/12/18 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$614.50
3.89.	Nonpriority creditor's name and mailing address NATIONAL CORPORATE RESEARCH, LTD 10 EAST 40TH STREET, 10TH FLOOR NEW YORK NY 10016 Date or dates debt was incurred 2/1/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$188.00
3.90.	Nonpriority creditor's name and mailing address NEW ENGLAND ORTHOPEDIC SURGEONS 300 BIRNIE AVENUE SPRINGFIELD MA 01107 Date or dates debt was incurred 6/1-12/1/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$168.95

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3.91.	Nonpriority creditor's name and mailing address O2 SAFE SOLUTIONS 101 NORTH PLAINS INDUSTRIAL ROAD 1B SUITE 1 WALLINGFORD CT 06492 Date or dates debt was incurred 4/20-10/20/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$749.74
3.92.	Nonpriority creditor's name and mailing address ON HOLD CONCEPTS INC 5521 100TH STREET SW LAKEWOOD WA 98499 Date or dates debt was incurred 1/1/18-2/1/18 Last 4 digits of account number: 2432	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$67.50
3.93.	Nonpriority creditor's name and mailing address OTIS ELEVATOR COMPANY P.O. BOX 13716 NEWARK NJ 13716 Date or dates debt was incurred 3/23/17 Last 4 digits of account number: 3022	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$342.60

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3.94.	Nonpriority creditor's name and mailing address PANELLA'S PLUMBING & HEATING INC P.O. BOX 223 654 ENFIELD STREET ENFIELD CT 06083-0233 Date or dates debt was incurred 1/25-2/23/18 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,471.75
3.95.	Nonpriority creditor's name and mailing address PERFORMANCE FOOD SERVICE P.O. BOX 3024 SPRINGFIELD MA 01104-3024 Date or dates debt was incurred 12/1/16 Last 4 digits of account number: 6586	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,293.09
3.96.	Nonpriority creditor's name and mailing address PERSONAL PROPERTY TAX - TOWN OF ENFIELD P.O. BOX 10007 LEWISTON ME 04243-9434 Date or dates debt was incurred 7/1/7 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,343.29

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3.97.	Nonpriority creditor's name and mailing address PHARMERICA P.O. BOX 409251 ATLANTA GA 30384-9251 Date or dates debt was incurred 5/31/16-12/31/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$194,214.20
3.98.	Nonpriority creditor's name and mailing address PLATT, MARTHA 1157 ENFIELD STREET ENFIELD CT 06082 Date or dates debt was incurred 1/26/18 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$30.00
3.99.	Nonpriority creditor's name and mailing address PODIATRY CARE, P.C. 1379 ENFIELD STREET ENFIELD CT 06082 Date or dates debt was incurred 1/1/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$49.77

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3.100.	Nonpriority creditor's name and mailing address POINTCLICKCARE TECHNOLOGIES INC. P.O. BOX 674802 DETROIT MI 48267-4802 Date or dates debt was incurred 1/1-2/1/18 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,376.72
3.101.	Nonpriority creditor's name and mailing address PREFERRED THERAPY SOLUTIONS 850 SILAS DEANE HWY, 2ND FL. WETHERSFIELD CT 06109 Date or dates debt was incurred 11/8/17-2/8/18 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$400,197.03
3.102.	Nonpriority creditor's name and mailing address PRIME HEALTHCARE, PC 30 JORDAN LANE WETHERSFIELD CT 06109-1244 Date or dates debt was incurred 2/13/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$28.87

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3.103.	Nonpriority creditor's name and mailing address PROLINE DEPT # 385 P.O. BOX 150473 HARTFORD CT 06115-0473 Date or dates debt was incurred 6/7/17-2/1/18 Last 4 digits of account number: 6663	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,516.74
3.104.	Nonpriority creditor's name and mailing address QUALITY REHABILITATION SERVICES, LLC 30 MANMAR DRIVE SUITE 9 PLAINVILLE MA 02762 Date or dates debt was incurred 3/1-4/15/17 Last 4 digits of account number: 0023	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$109,284.60
3.105.	Nonpriority creditor's name and mailing address QUEST DIAGNOSTICS INC 2025 COLLECTNS CTR DR CHICAGO IL 60693-0020 Date or dates debt was incurred 10/26/17 Last 4 digits of account number: 3712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$64.05

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3.106.	Nonpriority creditor's name and mailing address RADIOLOGY ASSOCIATES OF HARTFORD PO BOX 280 WINDSOR CT 06095 Date or dates debt was incurred 1/1-12/7/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$520.80
3.107.	Nonpriority creditor's name and mailing address RAYMOND A DENNEHY III 153 COAL KILN RD PRINCETON MA 01541 Date or dates debt was incurred MARCH 2016 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CCP CT LOAN GUARANTEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.108.	Nonpriority creditor's name and mailing address READY REFRESH A DIV OF NESTLE WATERS N. AMERICA INC. P.O. BOX 856192 LOUISVELLE KY 40285-6192 Date or dates debt was incurred 8/2/17 Last 4 digits of account number: 7930	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$125.25

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3.109.	Nonpriority creditor's name and mailing address READY SET PREP ATTN - SHANNON RATTREY 35 IRVING STREET WINDSOR CT 06095 Date or dates debt was incurred 1/7/18 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$500.00
3.110.	Nonpriority creditor's name and mailing address READYNURSE STAFFING SERVICES PO BOX 301076 DALLAS TX 75303-1076 Date or dates debt was incurred 4/9-5/17/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,203.80
3.111.	Nonpriority creditor's name and mailing address RF TECHNOLOGIES, INC. P.O. BOX 8444 CAROL STREAM IL 60197-8444 Date or dates debt was incurred 10/18/17-1/10/18 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,119.29

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3.112.	Nonpriority creditor's name and mailing address RICOH USA INC P.O. BOX 827577 PHILADELPHIA PA 19182-7577 Date or dates debt was incurred 2/4/18 Last 4 digits of account number: 6787	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$61.71
3.113.	Nonpriority creditor's name and mailing address RIGHTCARE - A NAVIHEALTH SOLUTION 210 WESTWOOD PLACE SUITE 400 BRENTWOOD TN 37027 Date or dates debt was incurred 11/7/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$202.00
3.114.	Nonpriority creditor's name and mailing address RJ MASE, LLC P.O. BOX 2032 NORWALK CT 06852-2032 Date or dates debt was incurred 10/16/17-2/19/18 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$225.00

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3.115.	Nonpriority creditor's name and mailing address SAUCIER MECHANICAL SERVICES INC 148 NORTON ST PLANTSVILLE CT 06479 Date or dates debt was incurred 2/27/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$665.00
3.116.	Nonpriority creditor's name and mailing address SELECT MEDICAL REHABILITATION SERVICES P.O. BOX 643920 PITTSBURGH PA 15264 Date or dates debt was incurred 3/31-5/31/16 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$274,148.68
3.117.	Nonpriority creditor's name and mailing address SHRED-IT USA 28883 NETWORK PLACE CHICAGO IL 60673-1288 Date or dates debt was incurred 11/31/17-1/31/18 Last 4 digits of account number: 0221	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$978.53

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3.118.	Nonpriority creditor's name and mailing address SIEGEL, O'CONNOR, O'DONNELL & BECK, P.C. 150 TRUMBULL STREET HARTFORD CT 06103 Date or dates debt was incurred 7/28-8/30/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$0.00
3.119.	Nonpriority creditor's name and mailing address SIMPLEXGRINNELL LP / TYCO DEPT. CH 10320 PALATINE IL 60055-0320 Date or dates debt was incurred 6/15/17-12/29/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,551.70
3.120.	Nonpriority creditor's name and mailing address SOMERS SANITATION SERVICE INC P.O. BOX 728 EAST WINDSOR CT 06088 Date or dates debt was incurred 2/1/18 Last 4 digits of account number: 1758	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,595.02

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3.121.	Nonpriority creditor's name and mailing address SPECTRUM RESOURCES, INC PO BOX 511216 NEW BERLIN WI 53151 Date or dates debt was incurred 1/20-6/30/17 Last 4 digits of account number: 1892	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$549.13
3.122.	Nonpriority creditor's name and mailing address SPLINTING SOLUTIONS, LLC 800 SILVER LANE SUITE 210 EAST HARTFORD CT 06118 Date or dates debt was incurred 4/27/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$213.13
3.123.	Nonpriority creditor's name and mailing address SPRINGFIELD MEDICAL ASSOCIATION 2150 MAIN STREET SPRINGFIELD MA 01104 Date or dates debt was incurred 2/1/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$84.00

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3.124.	Nonpriority creditor's name and mailing address STATE OF CONNECTICUT DEPT OF TRANSPORTATION - A/R P.O. BOX DAWER 317546 NEWINGTON CT 06131-7546 Date or dates debt was incurred 10/1/17-2/1/18 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$160.00
3.125.	Nonpriority creditor's name and mailing address STATE OF CT, ELEVATOR DEPARTMENT OF ADMIN SERVICES OSBI 450 COLUMBUS BLVD, SUITE 1303 HARTFORD CT 06103 Date or dates debt was incurred 12/14/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$240.00
3.126.	Nonpriority creditor's name and mailing address STEVEN L VERA 28 LAUREL DR WILLINGTON CT 06279 Date or dates debt was incurred MARCH 2016 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CCP CT LOAN GUARANTEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED

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3.127.	Nonpriority creditor's name and mailing address SYSTEM COORDINATED SERVICES PO BOX 415169 BOSTON MA 02241 Date or dates debt was incurred 2/20/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$66.00
3.128.	Nonpriority creditor's name and mailing address TECHNICAL GAS PRODUCTS, INC 101 NORTH PLAINS INDUSTRIAL ROAD 1B SUITE 1 WALLINGFORD CT 06492 Date or dates debt was incurred 7/20/17-2/202/18 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$739.68
3.129.	Nonpriority creditor's name and mailing address THOMPSONVILLE ELECTRIC 21 ORBIT DRIVE ENFIELD CT 103897 Date or dates debt was incurred 2/28/18 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$610.00

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3.130.	Nonpriority creditor's name and mailing address TOTAL REFRIGERATION 749 N STONE STREET WEST SUFFIELD - CT 06093 Date or dates debt was incurred 1/1/18 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$825.00
3.131.	Nonpriority creditor's name and mailing address TOWN OF ENFIELD - DIRECTOR OF FINANCE TOWN OF ENFIELD 820 ENFIELD STREET ENFIELD CT 06082 Date or dates debt was incurred 11/9/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$50.00
3.132.	Nonpriority creditor's name and mailing address TOWN OF ENFIELD - SEWER BILL P.O. BOX 16033 LEWISTON ME 04243-9514 Date or dates debt was incurred 4/20/17-1/14/18 Last 4 digits of account number: 5751	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$24,164.72

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3.133.	Nonpriority creditor's name and mailing address TWIN MED LLC DRAPP & JAUMANN LLC JOHN C DRAPP III ESQ 1057 BROAD ST BRIDGEPORT CT 06604 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: PENDING LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.134.	Nonpriority creditor's name and mailing address TWINMED LLC MEDICAL SUPPLIES & SERVICES P.O. BOX 54390 LOS ANGELES CA 90054-0390 Date or dates debt was incurred 12/1/16-3/24/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$39,155.56
3.135.	Nonpriority creditor's name and mailing address UNIVERSITY PHYSICIANS PO BOX 1440 HARTFORD CT 06143 Date or dates debt was incurred 3/20/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$10.26

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3.136.	Nonpriority creditor's name and mailing address US LAB & RADIOLOGY, INC 2 JONATHAN DRIVE BROCKTON MA 02301 Date or dates debt was incurred 6/5/17-2/5/18 Last 4 digits of account number: 1662	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$25,852.99
3.137.	Nonpriority creditor's name and mailing address VCPI- VIRTUAL CARE PROVIDER, INC ATTN: ACCOUNTS RECEIVABLE 1555 NORTH RIVER CENTER, SUITE 202 MILWAUKEE WI 53212 Date or dates debt was incurred 11/30-12/31/17 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,578.96
3.138.	Nonpriority creditor's name and mailing address W.B. MASON P.O. BOX 981101 BOSTON MA 02298-1101 Date or dates debt was incurred 12/19/17-2/9/18 Last 4 digits of account number: 4398	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,993.52

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3.139.	Nonpriority creditor's name and mailing address WELLS FARGO VENDOR FINANCIAL SERVICES, LLC ATTN : KERSHA WILLIS-HOWARD P.O. BOX 931093 ATLANTA GA 31193-1093 Date or dates debt was incurred 5/1/17-1/4/18 Last 4 digits of account number: 7114	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$771.52
3.140.	Nonpriority creditor's name and mailing address WILLIAM H. JOHNSON, INC PO BOX 1354 BELCHERTOWN MA 01007 Date or dates debt was incurred 9/6/17-1/29/18 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,000.00
3.141.	Nonpriority creditor's name and mailing address WOODMARK PHARMACY 1142 WEHRLE DRIVE WILLIAMSVILLE NY 14221 Date or dates debt was incurred 3/25-6/30/17 Last 4 digits of account number: F019	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$110,800.57

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3.142.	Nonpriority creditor's name and mailing address WV – CROSSINGS EAST, LLC 78 VIETS ST NEW LONDON CT 06320-0000 Date or dates debt was incurred 3/1/16 - 3/23/18 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY ACCOUNT Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$7,327.00
3.143.	Nonpriority creditor's name and mailing address YOUNUS F. MASIH MD 15 PALOMBA DRIVE STE 7 ENFIELD CT 06082 Date or dates debt was incurred 8/1/17-2/28/18 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$14,350.00

Debtor **WV – PARKWAY PAVILION, LLC**Case number (if known) **18-11057****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
C/O CARMODY TORRANCE ET AL. 195 CHURCH STREET NEW HAVEN CT 06510	Part 2 line 3.41	_____
CT WATER COMPANY - FIRE 93 WEST MAIN STREET CLINTON CT 06413	Part 2 line 3.31	_____
CT WATER COMPANY - WATER 93 WEST MAIN STREET CLINTON CT 06413	Part 2 line 3.32	_____
ENCORE REHAB SERVICES 33533 WEST 12 MILE ROAD SUITE 290 FARMINGTON HILLS MI 48331	Part 2 line 3.40	_____
EVERSOURCE (ELECTRIC) ENERGY SERVICE COMPANY HONOR S HEATH LEGAL DEPARTMENT 107 SELDEN STREET BERLIN CT 06037	Part 2 line 3.44	_____
FOLEY & LARDNER LLP LAWRENCE M KRAUS 111 HUNTINGTON AVE STE 2600 BOSTON MA 02199-7610	Part 2 line 3.141	_____
H&R HEALTHCARE LORINDA WHITE 1750 OAK STREET LAKEWOOD NJ 08701	Part 2 line 3.56	_____
HEALTHCARE SERVICES GROUP MATTHEW O'HARA 3220 TILLMAN DR. SUITE 300 BENSALEM PA 19020	Part 2 line 3.59	_____
HPC FOOD SERVICE RICHARD LOTSTEIN PO BOX 150473 HARTFORD CT 06115-0473	Part 2 line 3.64	_____
JOERNS HEALTHCARE 289 ELM ST MARLBOROUGH MA 01752	Part 2 line 3.69	_____
JOERNS HEALTHCARE C/O AG ADJUSTMENTS, LTD. 740 WALT WHITMAN ROAD MELVILLE NY 11747-9090	Part 2 line 3.69	_____
JOSEPH CUZZUPOLI 10 COLONY RD WESTON MA 02493	Part 2 line 3.71	_____

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

Part 2 line 3.71

MARCUM LLP
TONY SCILLIA
555 LONG WHARF DRIVE
12TH FLOOR
NEW HAVEN CT 06511

Part 2 line 3.79

MCKESSON MEDICAL
TRACY BROCKOFF
9954 MARYLAND DRIVE
SUITE 4000
RICHMOND VA 23233

Part 2 line 3.81

MEDLINE INDUSTRIES
JASON THOMAS
PO BOX 121080
DALLAS TX 85312-1080

Part 2 line 3.84

MOBILEX
JEFF BARTON
109 RHODE ISLAND ROAD
LAKEVILLE MA 02347

Part 2 line 3.87

NICKLESS PHILLIPS O'CONNOR
DAVID NICKLESS
625 MAIN STREET
FITCHBURG MA 01420

Part 2 line 3.107

NICKLESS PHILLIPS O'CONNOR
DAVID NICKLESS
625 MAIN STREET
FITCHBURG MA 01420

Part 2 line 3.126

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

Part 2 line 3.104

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

Part 2 line 3.104

PHARMERICA
SHANNEN MARTIN
PO BOX 409251
ATLANTA GA 30384-9251

Part 2 line 3.97

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

Part 2 line 3.101

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

Part 2 line 3.101

QUALITY REHABILITATION SERVICES
NICOLE KING
342 WINTER STREET
FRAMINGHAM MA 01702

Part 2 line 3.104

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

Part 2 line 3.104

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 3.107

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

Part 2 line 3.59

SIMPLEX GRINNELL
50 TECHNOLOGY DR.
WESTMINSTER MA 01441

Part 2 line 3.119

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

Part 2 line 3.126

TWIN MED LLC
11333 GREENSTONE AVENUE
SANTA FE SPRINGS CA 90670

Part 2 line 3.133

TWINMED LLC
ELIZABETH GOMEZ
11333 GREENSTONE AVENUE
SANTA FE SPRINGS CA 90670

Part 2 line 3.134

US LAB & RADIOLOGY
JEFF BARTON
2 JONATHAN DRIVE
BROCKTON MA 02301-5549

Part 2 line 3.136

WOODMARK PHARMACY
JEFFREY RUBIN, D.M.D.
1142 WEHRLE DRIVE
WILLIAMSVILLE NY 14221

Part 2 line 3.141

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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. +	\$2,275,729.05
5c.	Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$2,275,729.05

Fill in this information to identify the case:

Debtor name: WV – PARKWAY PAVILION, LLC

United States Bankruptcy Court for the: District of Massachusetts

Case number (if known): 18-11057

☐ 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 REFERRAL SOFTWARE

Nature of debtor's interest CONTRACT PARTY

State the term remaining NO TERM DATE

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

ALLSCRIPTS
3 RAVINIA DR SUITE B150
ATLANTA GA 30346

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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** PROFESSIONAL SERVICES
- Nature of debtor's interest** CONTRACT PARTY ANDERSON SERVICES
1104 BAY ST
SPRINGFIELD MA 11109
- State the term remaining** 12/18
- 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** 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** _____
- 2.6. **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** _____
- 2.7. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CREDIT CARD PROCESSING
- Nature of debtor's interest** CONTRACT PARTY BANK OF AMERICA MERCHANT SERVICES
PO BOX 18568
AUSTIN TX 78760-8568
- State the term remaining** UNKNOWN
- List the contract number of any government contract** _____
- 2.8. **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
191 NORTH WACKER DRIVE
SUITE 1200
CHICAGO IL 60606
- State the term remaining** _____
- List the contract number of any government contract** _____

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- | | | |
|-------|---|---|
| 2.9. | Title of contract SERVICE AGREEMENT

State what the contract or lease is for MEDICAL SERVICES

Nature of debtor's interest CONTRACT PARTY

State the term remaining 30 DAY GIVEN

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

COMPANION HEALTH
149 NORTH ST
BOSTON MA 12109 |
| 2.10. | Title of contract INSURANCE

State what the contract or lease is for CRIME LIABILITY POLICY # 596781696

Nature of debtor's interest INSURED

State the term remaining 3/2019

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

CONTINENTAL CASUALTY COMPANY
333 S WABASH AVE
CHICAGO IL 60604 |
| 2.11. | Title of contract INSURANCE

State what the contract or lease is for PROPERTY (CONNECTICUT) POLICY # 6023169971

Nature of debtor's interest INSURED

State the term remaining 3/2019

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

CONTINENTAL CASUALTY COMPANY
333 S WABASH AVE
CHICAGO IL 60604 |
| 2.12. | Title of contract INSURANCE

State what the contract or lease is for PROPERTY (MASSACHUSETTS) POLICY # 6046124942

Nature of debtor's interest INSURED

State the term remaining 3/2019

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

CONTINENTAL CASUALTY COMPANY
333 S WABASH AVE
CHICAGO IL 60604 |
| 2.13. | Title of contract MEDICAL DIRECTOR AGREEMENT

State what the contract or lease is for MEDICAL DIRECTOR SERVICES

Nature of debtor's interest CONTRACT PARTY

State the term remaining 1 - YEAR TERM WITH AUTOMATIC 1 - YEAR RENEWAL

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

DARSHAN J SHAH, MD LLC
139 HAZARD AVE.
BLDG. 4 SUITE 14
ENFIELD CT 06082-4583 |

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- 2.14. **Title of contract** 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** LAND LEASE
- Nature of debtor's interest** CONTRACT PARTY
- State the term remaining** ONGOING
- List the contract number of any government contract** _____
- DEPARTMENT OF
TRANSPORTATION-CT
2800 BERLIN TURNPIKE
P.O. BOX 317546
NEWINGTON CT 16131
- 2.15. **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** EQUIPMENT
- Nature of debtor's interest** CONTRACT PARTY
- State the term remaining** 3/1/20
- List the contract number of any government contract** _____
- ECOLAB
ONE EDGEWATER DR. SUITE 210
NORWOOD MA 12062
- 2.16. **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 SERVICES
- Nature of debtor's interest** CONTRACT PARTY
- State the term remaining** ONGOING
- List the contract number of any government contract** _____
- FAVORITE HEALTHCARE STAFFING
7 S MAIN ST,
WEST HARTFORD CT 16107
- 2.17. **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 MAINTENANCE
- Nature of debtor's interest** CONTRACT PARTY
- State the term remaining** 11/30/18
- List the contract number of any government contract** _____
- FM GENERATOR
PO 528
CANTON MA 12021
- 2.18. **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** TELECOMMUNICATIONS SERVICES
- Nature of debtor's interest** CONTRACT PARTY
- State the term remaining** ONGOING
- List the contract number of any government contract** _____
- FRONTIER
401 MERRITT 7
NORWALK CT 16851

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- 2.19. **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**
- State the term remaining** 3/2019 **130 S 1ST ST**
- List the contract number of any government contract** _____ **STE 400**
- ANN ARBOR MI 48104**
- 2.20. **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**
- State the term remaining** 1 YEAR TERM WITH AUTORENEWAL **3220 TILLMAN DR SUITE 300**
- List the contract number of any government contract** _____ **BENSALEM PA 19020**
- 2.21. **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 SERVICES
- Nature of debtor's interest** CONTRACT PARTY **HEALTHDRIVE**
- State the term remaining** YEARLY AUTO RENEW **888 WORCESTER ST**
- List the contract number of any government contract** _____ **WELLESLEY MA 12482**
- 2.22. **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 SERVICES
- Nature of debtor's interest** CONTRACT PARTY **HOME AND COMMUNITY**
- State the term remaining** 3/19 **101 PHOENIX AVE**
- List the contract number of any government contract** _____ **ENFIELD CT 16082**
- 2.23. **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**

Debtor **WV – PARKWAY PAVILION, LLC**

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- 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** 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**
- 2.25. **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**
- 2.26. **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 **MAIL FINANCE**
- State the term remaining** 13 MONTHS **478 WHELLERS FARM ROAD**
- List the contract number of any government contract** _____ **MILFORD CT 06461**
- 2.27. **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 **MARCUM LLP**
- State the term remaining** N/A **555 LONG WHARF DR**
- List the contract number of any government contract** _____ **12TH FLOOR**
- NEW HAVEN CT 06511**
- 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** MEDICAL SERVICES
- Nature of debtor's interest** CONTRACT PARTY **MASONICARE**
- State the term remaining** 2/19 **450 SOUTH ST**
- List the contract number of any government contract** _____ **SUFFIELD CT 16078**

Debtor **WV – PARKWAY PAVILION, LLC**

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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** THERAPY SERVICES
- Nature of debtor's interest** CONTRACT PARTY **MASSTEX IMAGING**
- State the term remaining** 6/18 **3 ELECTRONICS AVE SUITE 201**
- List the contract number of any government contract** _____ **DANVERRS MA 11923**
- 2.30. **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**
- 2.31. **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**
- 2.32. **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** _____ **NEW ENGLAND HEALTH CARE**
- State the term remaining** EXPIRES 5/19/2020 **EMPLOYEES UNION**
- List the contract number of any government contract** _____ **DISTRICT 1199, SEIU**
- 77 HUYSHOPE AVENUE**
- 1ST FLOOR**
- HARTFORD CT 06106**
- 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** 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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- 2.34. **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 **SEE SCHEDULE G PATIENT ATTACHMENT**
- List the contract number of any government contract** _____
- 2.35. **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**
- 2.36. **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** 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**
- 2.37. **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** SHREDDING SERVICES
- Nature of debtor's interest** CONTRACT PARTY **PROSHRED**
- State the term remaining** 3/20/19 **801 N. MAIN**
- List the contract number of any government contract** _____ **WALLINGFORD CT 16492**
- 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** STAFFING SERVICES
- Nature of debtor's interest** CONTRACT PARTY **READYNURSE**
- State the term remaining** ONGOING **360 BLOOMFIELD AVE #303**
- List the contract number of any government contract** _____ **WINDSOR CT 16095**

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- | | | | |
|-------|---|--|---|
| 2.39. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | SERVICE AGREEMENT
COPY MAINTENANCE
CONTRACT PARTY
ONGOING
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
RICOH
70 VAILEY STREAM PARKWAY
MALVERN PA 19355 |
| 2.40. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | LEASE AGREEMENT
EQUIPMENT LEASE - COPY MACHINE
LESSEE
5 MONTHS
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
RICOH USA INC.
70 VALLEY STREAM PARKWAY
MALVERN PA 19355 |
| 2.41. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | REAL PROPERTY LEASE AGREEMENT
LEASE OF 1157 ENFIELD STREET, ENFIELD, CT
LESSEE
97 MONTHS
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
SABRA HEALTH CARE REIT, INC.
BRENT CHAPPELL
18500 VAN KARMAN AVE
SUITE 550
IRVINE CA 92612 |
| 2.42. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | SERVICE AGREEMENT
MAINTENANCE
CONTRACT PARTY
12/18
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
SIMPLEX
50 TECHNOLOGY
WESTMINSTER MA 11441 |
| 2.43. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | SERVICE AGREEMENT
TRASH SERVICES
CONTRACT PARTY
8/19
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
SOMERS SANITATION
15 MULLEN RD
ENFIELD CT 16082 |

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- 2.44. **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
2 JONATHAN DR
BROCTON MA 02302
- State the term remaining** 1 YEAR TERM AUTORENEWAL
- List the contract number of any government contract** _____
- 2.45. **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
333 S WABASH AVE
CHICAGO IL 60606
- State the term remaining** 3/2019
- List the contract number of any government contract** _____
- 2.46. **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.
VCPI
1555 NORTH RIVER CENTER, SUITE 202
MILWAUKEE WI 53212
- State the term remaining** 8/24/2019, 3 YEAR AUTORENEWAL
- List the contract number of any government contract** _____
- 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** PEST CONTROL SERVICES
- Nature of debtor's interest** CONTRACT PARTY WALTHAM SERVICES
630 SILVER ST #2A
AGAWAM MA 11001
- State the term remaining** 3/19
- List the contract number of any government contract** _____
- 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** PROFESSIONAL SERVICES
- Nature of debtor's interest** CONTRACT PARTY WILLIAM H JOHNSON INC
PO 1254
BEALCHERTON MA 11007
- State the term remaining** 5/19- ONGOING
- List the contract number of any government contract** _____

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2.49. Title of contract STAFFING AGREEMENT

State what the contract or lease is for STAFFING SERVICES

Nature of debtor's interest CONTRACT PARTY

State the term remaining ONGOING

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

WORLDWIDE STAFFING
175 DWIGHT RD #202
LONGMEADOW MA 11106

2.50. Title of contract MEDICAL SERVICE AGREEMENT

State what the contract or lease is for MEDICAL DIRECTOR SERVICES

Nature of debtor's interest CONTRACT PARTY

State the term remaining 1 - YEAR TERM WITH AUTOMATIC 1 - YEAR RENEWAL

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

YOUNUS F. MASIH MD
15 PALOMBA DRIVE
STE 7
ENFIELD CT 06082

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 # 1007	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1009	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1012	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1013	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1019	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1026	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1030	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1032	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1041	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1055	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1056	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1057	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1061	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1071	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1075	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1079	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1082	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1085	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1087	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1090	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1102	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1104	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1107	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1109	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1111	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1113	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1119	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1120	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1127	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1128	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1132	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1136	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1137	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1141	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1146	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1147	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 # 1149	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1157	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1164	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1172	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1181	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1185	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1190	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1199	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1202	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1211	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1220	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1223	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1228	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1231	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1233	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1238	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1239	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1240	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1242	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 # 1245	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1252	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1253	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1471	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1472	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1473	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1474	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1475	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1476	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1477	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1478	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1479	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1480	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1481	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1482	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1483	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1484	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1512	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 # 1521	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1522	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1523	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1524	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1525	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1526	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1527	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1528	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1529	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1530	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 879	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 881	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 884	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 888	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 890	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 891	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 899	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 901	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 # 903	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 904	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 907	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 914	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 915	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 918	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 931	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 935	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 940	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 941	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 948	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 952	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 953	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 955	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 963	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 967	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 975	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 977	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 # 983	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 985	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 988	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 992	Intentionally Omitted

Fill in this information to identify the case:

Debtor name: WV – PARKWAY PAVILION, LLC

United States Bankruptcy Court for the: District of Massachusetts

Case number (if known): 18-11057

☐ 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. CCP DEN-MAR 0542 LLC	191 NORTH WACKER DRIVE SUITE 1200 CHICAGO IL 60606	CCP FINANCE II LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2. CCP PARKWAY PAVILION 0568 LLC	191 NORTH WACKER DRIVE SUITE 1200 CHICAGO IL 60606	CCP FINANCE II LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3. CCP QUINCY 0537 LLC	191 NORTH WACKER DRIVE SUITE 1200 CHICAGO IL 60606	CCP FINANCE II LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4. CCP WALDEN 0588 LLC	191 NORTH WACKER DRIVE SUITE 1200 CHICAGO IL 60606	CCP FINANCE II LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5. 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
2.6. 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

Debtor **WV – PARKWAY PAVILION, LLC**Case number (if known) **18-11057**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.7. 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
2.8. 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
2.9. 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
2.10. 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
2.11. 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 type="checkbox"/> G
2.12. WACHUSETT VENTURES, LLC	36 WASHINGTON STREET SUITE 395 WELLESLEY HILLS MA 02481	ENCORE REHABILITATION SERVICES	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.13. 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
2.14. 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
2.15. 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
2.16. WV – CROSSINGS EAST, 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 type="checkbox"/> G

Debtor **WV – PARKWAY PAVILION, LLC**

Case number (if known) **18-11057**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.17. 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
2.18. WV – CROSSINGS WEST, 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 type="checkbox"/> G
2.19. 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
2.20. 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
2.21. WV – ROCKPORT 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 – PARKWAY PAVILION, LLC

United States Bankruptcy Court for the: District of Massachusetts

Case number (if known): 18-11057

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