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

	:	**Chapter 11**
In re:	:	
	:	**Case No. 18-11053 (FJB)**
WACHUSETT VENTURES, LLC *et al.*,	:	
	:	**Jointly Administered**
Debtors.[1]	:	

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

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 report 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 – CROSSINGS EAST, LLC

United States Bankruptcy Court for the: District of Massachusetts

Case number (if known): 18-11058

☐ 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	$1,287,433.00
1c.	**Total of all property:** Copy line 92 from Schedule A/B	$1,287,433.00

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	+ $1,437,733.72
4.	***Total liabilities*** Lines 2 + 3a + 3b	$2,664,430.72

Fill in this information to identify the case:

Debtor name: WV – CROSSINGS EAST, LLC

United States Bankruptcy Court for the: District of Massachusetts

Case number (if known): 18-11058

☐ 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	$1,500.00

3. Checking, savings, money market, or financial brokerage accounts *(Identify all)*

	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
3.1.[1]	WELLS FARGO 665 BOSTON POST RD STE 22 OLD SAYBROOK CT 06475	PATIENT NEEDS ACCOUNTS	NUMEROUS	$0.00
3.2.	BANK OF AMERICA PO BOX 25118 TAMPA FL 33622-5118	OPERATING - ZBA	1082	$79,957.00
3.3.	CONGRESSIONAL BANK 6701 DEMOCRACY BLVD STE 400 BETHESDA MD 20817	DEPOSITORY/GOVERNMENTAL ZBA	6567	$0.00
3.4.	CONGRESSIONAL BANK 6701 DEMOCRACY BLVD STE 400 BETHESDA MD 20817	DEPOSITORY/NON-GOVERNMENTAL ZBA	6575	$0.00

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

Debtor **WV – CROSSINGS EAST, LLC** Case number *(if known)* **18-11058**

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. $81,457.00

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	$18,230.00
7.2.	CAPEX RESERVE SABRA HEALTHCARE REIT, INC. 18500 VON KARMAN AVE STE 550 IRVINE CA 92612	$47,401.00
7.3.	INSURANCE ESCROW SABRA HEALTHCARE REIT, INC. 18500 VON KARMAN AVE STE 550 IRVINE CA 92612	$16,710.00

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. $82,341.00

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 – CROSSINGS EAST, LLC** Case number *(if known)* **18-11058**

11a.	90 days old or less:	$819,645.00	- $0.00	= ..... →		$819,645.00
		Face amount	Doubtful or uncollectible accounts			
11b.	Over 90 days old:	$634,868.00	- $533,000.00	= ..... →		$101,868.00

12. Total of part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82. $921,513.00

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 value	Current value of debtor's interest
14.	**Mutual funds or publicly traded stocks not included in Part 1**		
	Name of fund or stock		
14.1.	_____	_____	$_____
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 inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	**Raw materials**				
19.1.	_____	_____	$_____	_____	$_____
20.	**Work in progress**				
20.1.	_____	_____	$_____	_____	$_____
21.	**Finished goods, including goods held for resale**				
21.1.	_____	_____	$_____	_____	$_____

Debtor **WV – CROSSINGS EAST, LLC** Case number *(if known)* **18-11058**

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 – CROSSINGS EAST, LLC** Case number *(if known)* **18-11058**

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 – CROSSINGS EAST, LLC** Case number *(if known)* **18-11058**

	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 _____ 78 VIETS STREET NEW LONDON CT 06320	LEASEHOLD INTEREST	$0.00	Net Book Value	$0.00

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 – CROSSINGS EAST, LLC** Case number *(if known)* **18-11058**

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 – CROSSINGS EAST, LLC** Case number *(if known)* **18-11058**

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 – CROSSINGS EAST, LLC** Case number *(if known)* **18-11058**

77. Other property of any kind not already listed

Examples: Season tickets, country club membership

77.1.	INTERCOMPANY RECEIVABLE - WV-PARKWAY PAVILION	$7,327.00
77.2.	INTERCOMPANY RECEIVABLE - WACHUSETT VENTURES	$194,795.00

78. Total of part 11

Add lines 71 through 77. Copy the total to line 90. $202,122.00

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

☑ No

☐ Yes

Debtor **WV – CROSSINGS EAST, LLC** Case number *(if known)* **18-11058**

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.** *Copy line 5, Part 1.*	$81,457.00	
81.	**Deposits and prepayments.** *Copy line 9, Part 2.*	$82,341.00	
82.	**Accounts receivable.** *Copy line 12, Part 3.*	$921,513.00	
83.	**Investments.** *Copy line 17, Part 4.*	$0.00	
84.	**Inventory.** *Copy line 23, Part 5.*	$0.00	
85.	**Farming and fishing-related assets.** *Copy line 33, Part 6.*	$0.00	
86.	**Office furniture, fixtures, and equipment; and collectibles.** *Copy line 43, Part 7.*	UNDETERMINED	
87.	**Machinery, equipment, and vehicles.** *Copy line 51, Part 8.*	$0.00	
88.	**Real property.** *Copy line 56, Part 9.* ..... →		$0.00
89.	**Intangibles and intellectual property.** *Copy line 66, Part 10.*	UNDETERMINED	
90.	**All other assets.** *Copy line 78, Part 11.*	**+** $202,122.00	
91.	**Total.** Add lines 80 through 90 for each column. .....91a.	$1,287,433.00	**+** 91b. $0.00

92. **Total of all property on Schedule A/B.** Lines 91a + 91b = 92. ..... $1,287,433.00

Fill in this information to identify the case:

Debtor name: WV – CROSSINGS EAST, LLC

United States Bankruptcy Court for the: District of Massachusetts

Case number (if known): 18-11058

☐ 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 – CROSSINGS EAST, LLC** Case number *(if known)* **18-11058**

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

Describe the lien

UCC FINANCING STATEMENT # 0003105499
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

Amount of claim	Value of collateral that supports this claim
$1,226,697.00	UNDETERMINED

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

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

Creditor's email address, if known

_____

Date debt was incurred: 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

Describe the lien

UCC FINANCING STATEMENT # 0003105296
FILED ON MARCH 1, 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

Amount of claim	Value of collateral that supports this claim
UNDETERMINED	UNDETERMINED

Debtor **WV – CROSSINGS EAST, LLC** Case number *(if known)* **18-11058**

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

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

Amount of claim	Value of collateral that supports this claim	Unsecured portion
UNDETERMINED	UNDETERMINED	

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

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

Amount of claim	Value of collateral that supports this claim	Unsecured portion
UNDETERMINED	UNDETERMINED	

Debtor **WV – CROSSINGS EAST, LLC** Case number *(if known)* **18-11058**

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

_____

Date debt was incurred: Various

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

_____ UNDETERMINED UNDETERMINED

Describe the lien

ATTEMPTED ATTACHMENT WITHIN 90-DAYS OF PETITION DATE

Is the creditor an insider or related party?

☑ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☑ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

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

☑ Contingent

☑ Unliquidated

☑ Disputed

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

WOODMARK PHARMACY OF MASSACHUSETTS, LLC
69 HICKORY DRIVE
SUITE 1
WALTHAM MA 02451

Creditor's email address, if known

_____

Date debt was incurred: January 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

CERTAIN EQUIPMENT INCLUDING 6 MED. CARTS, 6 LAPTOP COMPUTERS AND 2 FAX MACHINES UNDETERMINED UNDETERMINED

Describe the lien

UCC FINANCING STATEMENT # 0003158144

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

[1]AMOUNT IS APPROXIMATE

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 – CROSSINGS EAST, LLC

United States Bankruptcy Court for the: District of Massachusetts

Case number (if known): 18-11058

☐ 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**

CITY OF NEW LONDON, TAX COLLECTOR
15 MASONIC ST.
P.O. BOX 1305
NEW LONDON CT 06320

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

☐ Contingent
☑ Unliquidated
☐ Disputed

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TAXES

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

Total claim	Priority amount
UNDETERMINED	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.2. **Priority creditor's name and mailing address**

INTERNAL REVENUE SVC
CENTRALIZED INSOLVENCY OPERATION
PO BOX 7346
PHILADELPHIA PA 19101-7346

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

☐ Contingent
☑ Unliquidated
☐ Disputed

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TAXES

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

Total claim	Priority amount
UNDETERMINED	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.3. **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:
Check all that apply.

☐ Contingent
☑ Unliquidated
☐ Disputed

Basis for the claim:

TAXES

Is the claim subject to offset?

☑ No
☐ Yes

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
450 COLUMBUS BLVD
SUITE 1
HARTFORD CT 06103-1837

Date or dates debt was incurred

JULY 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:
Check all that apply.

☐ Contingent
☑ Unliquidated
☐ Disputed

Basis for the claim:

PROVIDER TAXES

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
UNDETERMINED	UNDETERMINED
Nonpriority amount	
UNDETERMINED	

2.5. **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:
Check all that apply.

☐ Contingent
☑ Unliquidated
☐ Disputed

Basis for the claim:

TAXES

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
UNDETERMINED	UNDETERMINED
Nonpriority amount	
UNDETERMINED	

Debtor **WV – CROSSINGS EAST, LLC** Case number *(if known)* **18-11058**

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.

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.1.	ABILITY NETWORK INC. DEPT CH 16577 PALATINE IL 60055-6577	☐ Contingent ☐ Unliquidated ☐ Disputed	$534.34
	Date or dates debt was incurred 1/1-2/28/18	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number: 6633	**Is the claim subject to offset?** ☑ No ☐ Yes	

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.2.	ACCELERATED CARE PLUS LEASING 13828 COLLECTION CENTER DR. CHICAGO IL 60693	☐ Contingent ☐ Unliquidated ☐ Disputed	$3,063.99
	Date or dates debt was incurred 12/10/17-2/10/18	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.3.	ALIMED ACCOUNTS RECEIVABLE P.O. BOX 9135 DEDHAM MA 02027	☐ Contingent ☐ Unliquidated ☐ Disputed	$423.79
	Date or dates debt was incurred 2/17-3/1/17	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

Debtor **WV – CROSSINGS EAST, LLC** Case number *(if known)* **18-11058**

3.4. **Nonpriority creditor's name and mailing address**

ALLIANCE LAUNDRY SYSTEMS
P.O. BOX 20394
DALLAS TX 75320-3794

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$255.19

Date or dates debt was incurred

10/12/17

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.5. **Nonpriority creditor's name and mailing address**

ALLSCRIPTS HEALTHCARE, LLC
24630 NETWORK PLACE
CHICAGO IL 60673-1246

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$883.75

Date or dates debt was incurred

10/1/17-1/30/18

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.6. **Nonpriority creditor's name and mailing address**

AMERICAN AMBULANCE SERVICE, INC.
ONE AMERICAN WAY
NORWICH CT 06360-5634

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$2,327.67

Date or dates debt was incurred

5/20-10/18/17

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Debtor **WV – CROSSINGS EAST, LLC** Case number *(if known)* **18-11058**

3.7. **Nonpriority creditor's name and mailing address**

ARC-TEC SERVICE
P.O. BOX 1534
NEW LONDON CT 06320

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$188.23

Date or dates debt was incurred

11/1/16

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.8. **Nonpriority creditor's name and mailing address**

ATLANTIC BROADBAND
PO BOX 371801
PITTSBURGH PA 15250

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$477.66

Date or dates debt was incurred

2/1-2/18/18

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.9. **Nonpriority creditor's name and mailing address**

BACKTRACK
8850 TYLER BLVD.
MENTOR OH 44060

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$318.00

Date or dates debt was incurred

12/29/17-1/26/18

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number: 8355

Is the claim subject to offset?

☑ No
☐ Yes

3.10. **Nonpriority creditor's name and mailing address**

BENTLEY DATA SOLUTIONS, INC.
1673 TEMPLE VIEW DR.
BOUNTIFUL UT 84010

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$275.00

Date or dates debt was incurred

2/7/18

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.11. **Nonpriority creditor's name and mailing address**

BRIGGS HEALTHCARE
7300 WESTOWN PARKWAY,
SUITE100
WEST DES MOINES IA 50266

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$49.57

Date or dates debt was incurred

2/8/17

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number: 4222

Is the claim subject to offset?

☑ No
☐ Yes

3.12. **Nonpriority creditor's name and mailing address**

CAREER BUILDER, LLC
13047 COLLECTION CENTER DRIVE
CHICAGO IL 60693-0130

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$587.13

Date or dates debt was incurred

2/1/17-2/25/17

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number: 5191

Is the claim subject to offset?

☑ No
☐ Yes

Debtor **WV – CROSSINGS EAST, LLC** Case number *(if known)* **18-11058**

3.13. **Nonpriority creditor's name and mailing address**

CFS
P.O. BOX 1204
NORTON MA 02766

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$219.96

Date or dates debt was incurred

1/11/18

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.14. **Nonpriority creditor's name and mailing address**

CHAMBER OF COMMERCE
914 HARTFORD TURNPIKE
WATERFORD CT 06385

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$235.00

Date or dates debt was incurred

2/6-10/20/17

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.15. **Nonpriority creditor's name and mailing address**

CHASE GRAPHICS, INC.
124 SCHOOLSTREET
PUTNAM CT 06260

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$194.09

Date or dates debt was incurred

6/22/17

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.16. **Nonpriority creditor's name and mailing address**

CITY OF NEW LONDON
DEPARTMENT OF PUBLIC UTILITIES
P.O. BOX 4127
WOBURN MA 01888-4127

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$0.00

Date or dates debt was incurred

10/17-2/1/18

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number: 4266

Is the claim subject to offset?

☑ No
☐ Yes

3.17. **Nonpriority creditor's name and mailing address**

CLAYTON ALLEN
826-A PLEASANT VALLEY ROAD
NORTH GROTON CT 06340

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$75.00

Date or dates debt was incurred

10/1/17

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.18. **Nonpriority creditor's name and mailing address**

CLINICAL RESOURCES, LLC
3338 PEACHTREE ROAD, NE
SUITE 102
ATLANTA GA 30326

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$5,113.75

Date or dates debt was incurred

10/1/16

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.19. **Nonpriority creditor's name and mailing address**

CONNECTICUT ENTERTAINMENT
C/O JOHN BANKER
405 HARLAND ROAD
NORWICH CT 06360

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$90.00

Date or dates debt was incurred

10/13/17

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.20. **Nonpriority creditor's name and mailing address**

COVINO, ERIC
3 DOWNING DRIVE
PRESTON CT 06365

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$75.00

Date or dates debt was incurred

1/30/18

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.21. **Nonpriority creditor's name and mailing address**

CREAM CITY MARKETING LLC
318A N MAIN STREET
LAKE MILLS WI 53551

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$323.96

Date or dates debt was incurred

1/12/17-2/8/18

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.22. **Nonpriority creditor's name and mailing address**

CT ASSOCIATION OF HEALTH CARE FACILITIES
213 COURT STREET, SUITE 202
MIDDLETOWN CT 06457

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$10,144.63

Date or dates debt was incurred

2/1/17-2/1/18

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.23. **Nonpriority creditor's name and mailing address**

CURTIN MOTOR LIVERY SERVICE INC.
176 CROSS ROAD
WATERFORD CT 06385

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$12,711.87

Date or dates debt was incurred

11/14/16-9/7/17

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.24. **Nonpriority creditor's name and mailing address**

CWPM
P.O. BOX 415
PLAINVILLE CT 06062

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$1,113.95

Date or dates debt was incurred

12/1/17

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number: 5304

Is the claim subject to offset?

☑ No
☐ Yes

3.25. **Nonpriority creditor's name and mailing address**

DDLC ENERGY
P.O. BOX 11819
BELFAST ME 04915-8519

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$72.12

Date or dates debt was incurred

10/12/16

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.26. **Nonpriority creditor's name and mailing address**

EAGLE LEASING COMPANY
1 IRVING EAGLE PLACE
P.O. BOX 923
ORANGE CT 06477-0923

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$249.47

Date or dates debt was incurred

9/30-10/31/17

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.27. **Nonpriority creditor's name and mailing address**

ECOLAB
P.O. BOX 32027
NEW YORK NY 10087-2027

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$986.91

Date or dates debt was incurred

7/2/17-2/2/18

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Debtor **WV – CROSSINGS EAST, LLC** Case number *(if known)* **18-11058**

3.28. **Nonpriority creditor's name and mailing address**

ENCORE PREAKNESS INC. FKA SELECT MEDICAL REHABILITION 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: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Basis for the claim:

PENDING LITIGATION - CT SUPERIOR COURT CASE # KNL-CV-16-6028640

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

UNDETERMINED

3.29. **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: *Check all that apply.*

☑ Contingent
☐ Unliquidated
☑ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$131,587.02

3.30. **Nonpriority creditor's name and mailing address**

ENGINEERED ELECTRONICS, INC.
4301 INDUSTRIAL ACCESS ROAD
DAUGLASVILLE GA 30134

Date or dates debt was incurred

6/12/17

Last 4 digits of account number:

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$234.05

3.31. **Nonpriority creditor's name and mailing address**

EVERSOURCE (ELECTRIC)
P.O. BOX 650034
DALLAS TX 75265-0034

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$14,671.62

Date or dates debt was incurred

12/4/17-2/2/18

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number: 7092

Is the claim subject to offset?

☑ No
☐ Yes

3.32. **Nonpriority creditor's name and mailing address**

EVERSOURCE (GAS)
P.O. BOX 650032
DALLAS TX 75265-0032

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$75,691.07

Date or dates debt was incurred

8/31/17-1/31/18

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number: 7051

Is the claim subject to offset?

☑ No
☐ Yes

3.33. **Nonpriority creditor's name and mailing address**

FRONTIER
P.O. BOX 20550
ROCHESTER NY 14602-0550

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$2,725.71

Date or dates debt was incurred

1/7-2/7/18

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number: 4715

Is the claim subject to offset?

☑ No
☐ Yes

3.34. **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

8/1/17-2/1/18

Last 4 digits of account number: 1238

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$4,265.87

3.35. **Nonpriority creditor's name and mailing address**

H&R HEALTHCARE
1750 OAK STREET
LAKEWOOD NJ 08701

Date or dates debt was incurred

7/11/17-1/31/18

Last 4 digits of account number: 4E8C

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$11,357.56

3.36. **Nonpriority creditor's name and mailing address**

HARRY'S TAXI INC.
158 MONTAUK AVE.
NEW LONCON CT 06320

Date or dates debt was incurred

11/1/16

Last 4 digits of account number:

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$10.80

3.37. **Nonpriority creditor's name and mailing address**

HEALTHCARE SERVICES GROUP, INC.
32220 TILLMAN DRIVE
SUITE 300
BENSALEM PA 19020

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$252,908.12

Date or dates debt was incurred

9/1/17-3/1/18

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.38. **Nonpriority creditor's name and mailing address**

HEALTHDRIVE AUDIOLOGY GROUP
888 WORCESTER STREET
WELLESLEY MA 02482-3744

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$113.61

Date or dates debt was incurred

8/28-10/24/17

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.39. **Nonpriority creditor's name and mailing address**

HEALTHDRIVE EYE CARE GROUP
888 WORCESTER STREET
WELLESLEY MA 02482-3744

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$135.82

Date or dates debt was incurred

10/27/16-8/22/17

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.40. **Nonpriority creditor's name and mailing address**

HPC FOODSERVICE
DEPT # 385
P.O. BOX 150473
HARTFORD CT 06115-0473

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$46,707.19

Date or dates debt was incurred

9/19/17-2/23/18

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number: 7987

Is the claim subject to offset?

☑ No
☐ Yes

3.41. **Nonpriority creditor's name and mailing address**

IPC HEALTHCARE INC.
P.O. BOX 844929
LOS ANGELES CA 90084-4929

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$16,800.00

Date or dates debt was incurred

6/1-11/30/17

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.42. **Nonpriority creditor's name and mailing address**

JEAN REEVES
IN CARE OF TAMMY LEFOLL
2301 SILAS DEAN HWY
ROCKY HILL CT 06067

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$4,510.00

Date or dates debt was incurred

2/6/18

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.43.	JENKINS, RENEE 195 SHAW ST NEW LONDON CT 06320	☑ Contingent ☑ Unliquidated ☐ Disputed	UNDETERMINED
	Date or dates debt was incurred VARIOUS	**Basis for the claim:** WORKERS COMP INSURANCE CLAIM # 800-009901867	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	
3.44.	**Nonpriority creditor's name and mailing address** JJL BIOMED SERVICES, INC 58 EAST OTTER DR. TOLLAND MA 01034	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $1,451.68
	Date or dates debt was incurred 12/21/17-2/2/18	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	
3.45.	**Nonpriority creditor's name and mailing address** JOERNS HEALTHCARE, INC PO BOX 713322 CINCINNATI OH 45271-3322	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $9,098.34
	Date or dates debt was incurred 6/30/16-10/31/16	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.46. **Nonpriority creditor's name and mailing address**

JOERNS RECOVERCARE
895 CENTRAL AVENUE
SUITE 600
CINCINNATI OH 45202

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$3,915.23

Date or dates debt was incurred

12/1/16

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.47. **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

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

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

MARCH 2016

Basis for the claim:

CCP CT LOAN GUARANTEE

Last 4 digits of account number:

Is the claim subject to offset?

☐ No
☑ Yes

3.48. **Nonpriority creditor's name and mailing address**

KCI USA, INC
P.O. BOX 301557
DALLAS TX 75303-1557

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$1,014.13

Date or dates debt was incurred

1/25-2/17/17

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.49.	KIDD-LUUKKO CORPORATION 23 NORTH STREET WORCESTER MA 01605	☐ Contingent ☐ Unliquidated ☐ Disputed	$276.07
	Date or dates debt was incurred 10/1/17	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.50.	KRYSTAL KLEER LLC 606 POMEROY AVE MERIDEN CT 06450	☐ Contingent ☐ Unliquidated ☐ Disputed	$600.00
	Date or dates debt was incurred 11/25/16-10/25/17	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.51.	L & M PHYSICIAN ASSOCIATION INC PO BOX 415858 BOSTON MA 02241	☐ Contingent ☐ Unliquidated ☐ Disputed	$52.00
	Date or dates debt was incurred 7/1/17	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.52. **Nonpriority creditor's name and mailing address**

LABOR LAW COMPLIANCE CENTER
ACCOUNTS RECEIVABLE
23855 GOSLING ROAD
SPRING TX 77389

Date or dates debt was incurred

10/1/17

Last 4 digits of account number:

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$37.95

3.53. **Nonpriority creditor's name and mailing address**

LAWRENCE AND MEMORIAL HOSPITAL
ATTN : LIZ ANDERSON/ BUSINESS OFFICE
365 MONTAUK AVENUE
NEW LONDON CT 06320

Date or dates debt was incurred

2/17-3/17/17

Last 4 digits of account number:

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$863.43

3.54. **Nonpriority creditor's name and mailing address**

LIFE SUPPLY CORPORATION
711 EAST MAIN SUITE A
CHICOPEE MA 01020

Date or dates debt was incurred

10/2/17-2/1/18

Last 4 digits of account number:

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$5,157.37

3.55. **Nonpriority creditor's name and mailing address**

LTC MANAGEMENT LLP
174 SCOTT RD
PROSPECT CT 06712

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$1,280.00

Date or dates debt was incurred

1/1-2/1/18

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.56. **Nonpriority creditor's name and mailing address**

MARCUM LLP
555 LONG WHARF DRIVE, 12TH FL
NEW HAVEN CT 06511

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$10,998.74

Date or dates debt was incurred

4/30/17-6/30/17

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.57. **Nonpriority creditor's name and mailing address**

MED WASTE DISPOSAL INC.
P.O. BOX 392
NORTH PEMBROKE MA 02358

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$565.77

Date or dates debt was incurred

6/9/17-2/2/18

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.58. **Nonpriority creditor's name and mailing address**

MEDLINE INDUSTRIES INC.
ONE MEDLINE PLACE
MUNDELEIN IL 60060

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$33,778.48

Date or dates debt was incurred

2/16/18

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.59. **Nonpriority creditor's name and mailing address**

MOBILEXUSA
P.O. BOX 17462
BALTIMORE MD 21297-0518

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$13,864.78

Date or dates debt was incurred

7/1/16-12/30/17

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.60. **Nonpriority creditor's name and mailing address**

NATIONAL CORPORATE RESEARCH, LTD
10 EAST 40TH STREET, 10TH FLOOR
NEW YORK NY 10016

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$188.00

Date or dates debt was incurred

3/1/17

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.61. **Nonpriority creditor's name and mailing address**

NATIONAL DATACARE CORPORATION
P.O. BOX 222430
CHANTILLY VA 20153-2430

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$52.41

Date or dates debt was incurred

2/2/18

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.62. **Nonpriority creditor's name and mailing address**

NEW ENGLAND MEDICAL TRAINING
860 (A) WATERMAN AVENUE
EAST PROVIDENCE RI 02914

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$40.00

Date or dates debt was incurred

11/30/17

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.63. **Nonpriority creditor's name and mailing address**

NEW LONDON PROBATE COURT
181 STATE STREET, ROOM 2
P.O. BOX 148
NEW LONDON CT 06320

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$225.00

Date or dates debt was incurred

1/1/18

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.64. **Nonpriority creditor's name and mailing address**

NORWICH CARDIAC GROUP
130 NEW LONDON TPKE
NORWICH CT 06360

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$601.28

Date or dates debt was incurred

3/20/17

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.65. **Nonpriority creditor's name and mailing address**

NURSE NETWORK LLC, THE
653 MAIN STREET
PLANTSVILLE CT 06479

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$20,000.00

Date or dates debt was incurred

11/1/17

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.66. **Nonpriority creditor's name and mailing address**

OMNI PRO, INC
P.O. BOX 8022
CRANSTON RI 02920

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$887.50

Date or dates debt was incurred

2/21/18

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.67. **Nonpriority creditor's name and mailing address**

ON HOLD CONCEPTS INC
5521 100TH STREET SW
LAKEWOOD WA 98499

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$70.00

Date or dates debt was incurred

1/1-2/1/18

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.68. **Nonpriority creditor's name and mailing address**

ORTHOPEDIC PARTNERS
82 NEW PARK AVENUE
NORTH FRANKLIN CT 06254

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$116.81

Date or dates debt was incurred

3/24/17-3/28/17

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.69. **Nonpriority creditor's name and mailing address**

PATIENT POINT HOSPITAL SOLUTIONS
11408 OTTER CREEK SOUTH ROAD
MABELVALE AR 72103

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$1,135.35

Date or dates debt was incurred

7/7/17

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number: 0322

Is the claim subject to offset?

☑ No
☐ Yes

3.70. **Nonpriority creditor's name and mailing address**

PERFORMANCE FOOD SERVICES
P.O. BOX 3024
SPRINGFIELD MA 01104-3024

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$7,944.01

Date or dates debt was incurred

4/25/16-12/31/16

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.71. **Nonpriority creditor's name and mailing address**

PERSONAL PROPERTY TAX -CITY OF NEW LONDON
P.O. BOX 1305
NEW LONDON CT 06320-1305

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$2,807.41

Date or dates debt was incurred

7/1/17

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.72. **Nonpriority creditor's name and mailing address**

PHARMERICA
P.O. BOX 409251
ATLANTA GA 30384-9251

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$93,843.80

Date or dates debt was incurred

5/31/16-1/31/18

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.73. **Nonpriority creditor's name and mailing address**

POINTCLICKCARE TECHNOLOGIES INC.
P.O. BOX 674802
DETROIT MI 48267-4802

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$2,949.40

Date or dates debt was incurred

8/1/17-2/1/18

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.74. **Nonpriority creditor's name and mailing address**

POLLEY, RALPH J.
93 SCOTT RD
EAST LYME CT 06333

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$135.00

Date or dates debt was incurred

11/11/17-1/19/18

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.75. **Nonpriority creditor's name and mailing address**

PREFERRED THERAPY SOLUTIONS
850 SILAS DEANE HWY, 2ND FL.
WETHERSFIELD CT 06109

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$220,579.79

Date or dates debt was incurred

10/1/17-1/31/18

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.76. **Nonpriority creditor's name and mailing address**

PROFESSIONAL GROUNDS MAINTENANCE INC
P.O. BOX 231
QUAKER HILL CT 06375

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$2,754.47

Date or dates debt was incurred

1/31/18

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.77. **Nonpriority creditor's name and mailing address**

PROLINE
DEPT # 385
P.O. BOX 150473
HARTFORD CT 06115-0473

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$1,613.44

Date or dates debt was incurred

6/8/17-2/12/18

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.78. **Nonpriority creditor's name and mailing address**

QUALITY REHABILITATION SERVICES, LLC
30 MANMAR DRIVE
SUITE 9
PLAINVILLE MA 02762

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

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

$63,893.26

Date or dates debt was incurred

3/1-4/15/17

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☐ No
☑ Yes

Debtor **WV – CROSSINGS EAST, LLC** Case number *(if known)* **18-11058**

3.79. **Nonpriority creditor's name and mailing address**

R.B. KENT & SONS
P.O. BOX 950
GROTON CT 06340

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$1,911.34

Date or dates debt was incurred

1/19/18

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.80. **Nonpriority creditor's name and mailing address**

RAPID LOCK & DOOR SERVICE
82 BOSTON POST RD.
SUITE 3
WATERFORD CT 06385

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$172.07

Date or dates debt was incurred

7/31/17

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.81. **Nonpriority creditor's name and mailing address**

RAYMOND A DENNEHY III
153 COAL KILN RD
PRINCETON MA 01541

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

☑ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

MARCH 2016

Basis for the claim:

CCP CT LOAN GUARANTEE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.82. **Nonpriority creditor's name and mailing address**

RICOH USA INC
P.O. BOX 827577
PHILADELPHIA PA 19182-7577

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$454.49

Date or dates debt was incurred

10/17/17

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number: 6785

Is the claim subject to offset?

☑ No
☐ Yes

3.83. **Nonpriority creditor's name and mailing address**

RIGHTCARE - A NAVIHEALTH SOLUTION
210 WESTWOOD PLACE
SUITE 400
BRENTWOOD TN 37027

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$606.00

Date or dates debt was incurred

1/1-2/6/18

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.84. **Nonpriority creditor's name and mailing address**

RJ MASE, LLC
P.O. BOX 2032
NORWALK CT 06852-2032

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$216.00

Date or dates debt was incurred

9/18/17-2/19/18

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.85. **Nonpriority creditor's name and mailing address**

ROCKIN' ROLLIN
ROLLIN E. SEALEY
1900 GOLD STAR HWY
MYSTIC CT 06355

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$100.00

Date or dates debt was incurred

10/1/17

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.86. **Nonpriority creditor's name and mailing address**

SELECT MEDICAL REHABILITATION SERVICES
P.O. BOX 643920
PITTSBURGH PA 15264

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$156,025.06

Date or dates debt was incurred

3/31-5/31/16

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.87. **Nonpriority creditor's name and mailing address**

SHIPMAN & GOODMAN, LLP
ATTN: ACCOUNTS RECEIVABLE
ONE CONSTITUTION PLAZA
HARTFOD CT 06103

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$8,833.45

Date or dates debt was incurred

12/26/17

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.88. **Nonpriority creditor's name and mailing address**

SHORELINE LAWN SPRINKLERS, INC.
41 1/2 CANAL STREET
WESTERLY RI 02891

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$265.88

Date or dates debt was incurred

10/19/17

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.89. **Nonpriority creditor's name and mailing address**

SHRED-IT USA
28883 NETWORK PLACE
CHICAGO IL 60673-1288

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$1,055.46

Date or dates debt was incurred

11/1/17-1/31/18

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.90. **Nonpriority creditor's name and mailing address**

SIMPLEXGRINNELL LP / TYCO
DEPT. CH 10320
PALATINE IL 60055-0320

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$11,203.81

Date or dates debt was incurred

3/6-12/1/17

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.91. **Nonpriority creditor's name and mailing address**

STANLEY ELEVATOR COMPANY INC.
P.O. BOX 843
NASHUA NH 03061-0843

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$323.59

Date or dates debt was incurred

9/23/17

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.92. **Nonpriority creditor's name and mailing address**

STATE OF CONNECTICUT - ELEVATOR
CT DEPARTMENT OF ADMINISTRATIVE SERVICES
OSBI - BUREAU OF ELEVATORS
HARFOTRD CT 06103

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$240.00

Date or dates debt was incurred

12/7/17

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.93. **Nonpriority creditor's name and mailing address**

STEVEN L VERA
28 LAUREL DR
WILLINGTON CT 06279

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

☑ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

MARCH 2016

Basis for the claim:

CCP CT LOAN GUARANTEE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.94. **Nonpriority creditor's name and mailing address**

THE DAY PUBLISHING COMPANY
MEMBERSHIP SERVICE
PO BOX 1231
NEW LONDON CT 06320

Date or dates debt was incurred

11/7/17-12/2617

Last 4 digits of account number: 4203

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$700.88

3.95. **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: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Basis for the claim:

PENDING LITIGATION

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

UNDETERMINED

3.96. **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

12/2/16-1/20/17

Last 4 digits of account number: HC02

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$15,640.67

Debtor **WV – CROSSINGS EAST, LLC** Case number *(if known)* **18-11058**

3.97. **Nonpriority creditor's name and mailing address**

UPS
P.O. BOX 7247-0244
PHILADELPHIA PA 19170-0001

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$23.41

Date or dates debt was incurred

2/4-3/18/17

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number: 316R

Is the claim subject to offset?

☑ No
☐ Yes

3.98. **Nonpriority creditor's name and mailing address**

US LAB & RADIOLOGY, INC
2 JONATHAN DRIVE
BROCKTON MA 02301

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$8,206.21

Date or dates debt was incurred

10/1/17-2/5/18

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.99. **Nonpriority creditor's name and mailing address**

US MANAGED CARE SERVICE LLC
2219 CLIMBING IVY DR.
TAMPA FL 33618

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$250.00

Date or dates debt was incurred

3/1/17

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.100. **Nonpriority creditor's name and mailing address**

VCPI- VIRTUAL CARE PROVIDER, INC
ATTN: ACCOUNTS RECEIVABLE
1555 NORTH RIVER CENTER, SUITE 202
MILWAUKEE WI 53212

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$5,792.65

Date or dates debt was incurred

11/30/17-1/31/18

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.101. **Nonpriority creditor's name and mailing address**

W.B. MASON
P.O. BOX 981101
BOSTON MA 02298-1101

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$2,693.59

Date or dates debt was incurred

11/22/17-2/14/18

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number: 9037

Is the claim subject to offset?

☑ No
☐ Yes

3.102. **Nonpriority creditor's name and mailing address**

WALTHAM SERVICES LLC
P.O. BOX 540538
WALTHAM MA 02454-0538

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$1,619.97

Date or dates debt was incurred

1/1-2/3/18

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.103. **Nonpriority creditor's name and mailing address**

WILLIAM W. BACKUS HOSPITAL
PO BOX418866
BOSTON MA 02241

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$162.67

Date or dates debt was incurred

3/20/17

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.104. **Nonpriority creditor's name and mailing address**

WIND RIVER ENVIRONMENTAL, LLC
577 MAIN ST STE 110
HUDSON MA 01749-3046

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$1,342.67

Date or dates debt was incurred

7/9-9/25/17

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.105. **Nonpriority creditor's name and mailing address**

WOODMARK PHARMACY
1142 WEHRLE DRIVE
WILLIAMSVILLE NY 14221

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

☑ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$49,192.48

Date or dates debt was incurred

3/25-5/23/17

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Debtor **WV – CROSSINGS EAST, LLC** Case number *(if known)* **18-11058**

3.106.	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** *Check all that apply.*	**Amount of claim**
	WV – CROSSINGS WEST, LLC 89 VIETS ST NEW LONDON CT 06320-0000	☐ Contingent ☐ Unliquidated ☐ Disputed	$65,202.00
	Date or dates debt was incurred	**Basis for the claim:**	
	3/1/16 - 3/23/18	INTERCOMPANY ACCOUNT	
	Last 4 digits of account number:	**Is the claim subject to offset?**	
		☐ No ☐ Yes	

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 3.29	_____
ENCORE REHAB SERVICES 33533 WEST 12 MILE ROAD SUITE 290 FARMINGTON HILLS MI 48331	Part 2 line 3.28	_____
EVERSOURCE (ELECTRIC) ENERGY SERVICE COMPANY HONOR S HEATH LEGAL DEPARTMENT 107 SELDEN STREET BERLIN CT 06037	Part 2 line 3.31	_____
FOLEY & LARDNER LLP LAWRENCE M KRAUS 111 HUNTINGTON AVE STE 2600 BOSTON MA 02199-7610	Part 2 line 3.105	_____
H&R HEALTHCARE LORINDA WHITE 1750 OAK STREET LAKEWOOD NJ 08701	Part 2 line 3.35	_____
HEALTHCARE SERVICES GROUP MATTHEW O'HARA 3220 TILLMAN DR. SUITE 300 BENSALEM PA 19020	Part 2 line 3.37	_____
HPC FOOD SERVICE RICHARD LOTSTEIN PO BOX 150473 HARTFORD CT 06115-0473	Part 2 line 3.40	_____
IPC HEALTHCARE 265 BROOKVIEW CENTRE WAY SUITE 400 KNOXVILLE TN 37919	Part 2 line 3.41	_____
JOERNS HEALTHCARE 289 ELM ST MARLBOROUGH MA 01752	Part 2 line 3.45	_____
JOERNS HEALTHCARE C/O AG ADJUSTMENTS, LTD. 740 WALT WHITMAN ROAD MELVILLE NY 11747-9090	Part 2 line 3.45	_____
JOSEPH CUZZUPOLI 10 COLONY RD WESTON MA 02493	Part 2 line 3.47	_____

JOSEPH CUZZUPOLI C/O WACHUSETTS VENTURES LLC ATTN STEVEN L VERA 36 WASHINGTON ST SUITE 395 WELLESLEY HILLS MA 02481	Part 2 line 3.47	_____
MARCUM LLP TONY SCILLIA 555 LONG WHARF DRIVE 12TH FLOOR NEW HAVEN CT 06511	Part 2 line 3.56	_____
MEDLINE INDUSTRIES JASON THOMAS PO BOX 121080 DALLAS TX 85312-1080	Part 2 line 3.58	_____
MOBILEX JEFF BARTON 109 RHODE ISLAND ROAD LAKEVILLE MA 02347	Part 2 line 3.59	_____
NICKLESS PHILLIPS O'CONNOR DAVID NICKLESS 625 MAIN STREET FITCHBURG MA 01420	Part 2 line 3.81	_____
NICKLESS PHILLIPS O'CONNOR DAVID NICKLESS 625 MAIN STREET FITCHBURG MA 01420	Part 2 line 3.93	_____
NUTTER MCCLENNEN & FISH LLP MATTHEW P. RITCHIE ESQ 155 SEAPORT BLVD BOSTON MA 02210	Part 2 line 3.78	_____
NUTTER MCCLENNEN & FISH LLP JOHN G LOUGHNANE SEAPORT WEST 155 SEAPORT BOULEVARD BOSTON MA 02210	Part 2 line 3.78	_____
PHARMERICA SHANNEN MARTIN PO BOX 409251 ATLANTA GA 30384-9251	Part 2 line 3.72	_____
PREFERRED THERAPY SOLUTIONS LIZ ALMEIDA-SANBORN 850 SILAS DEANE HWY. 2ND FLOOR WETHERSFIELD CT 06109	Part 2 line 3.75	_____
PULLMAN & COMLEY LLC MEGAN Y CARANNANTE 90 STATE HOUSE SQUARE HARTFORD CT 06103-3702	Part 2 line 3.75	_____
QUALITY REHABILITATION SERVICES NICOLE KING 342 WINTER STREET FRAMINGHAM MA 01702	Part 2 line 3.78	_____
QUALITY REHABILITATION SERVICES, LLC 42 LANDAU RD PLAINVILLE MA 02762-5030	Part 2 line 3.78	_____

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 3.81	_____
RUBIN AND RUDMAN LLP JOSEPH S U BODOFF 3220 TILLMAN DR. SUITE 300 BENSALEM PA 19020	Part 2 line 3.37	_____
SIMPLEX GRINNELL 50 TECHNOLOGY DR. WESTMINSTER MA 01441	Part 2 line 3.90	_____
STEVEN L VERA C/O WACHUSETTS VENTURES LLC ATTN STEVEN L VERA 36 WASHINGTON ST SUITE 395 WELLESLEY HILLS MA 02481	Part 2 line 3.93	_____
TWIN MED LLC 11333 GREENSTONE AVENUE SANTA FE SPRINGS CA 90670	Part 2 line 3.95	_____
TWINMED LLC ELIZABETH GOMEZ 11333 GREENSTONE AVENUE SANTA FE SPRINGS CA 90670	Part 2 line 3.96	_____
US LAB & RADIOLOGY JEFF BARTON 2 JONATHAN DRIVE BROCKTON MA 02301-5549	Part 2 line 3.98	_____
WOODMARK PHARMACY JEFFREY RUBIN, D.M.D. 1142 WEHRLE DRIVE WILLIAMSVILLE NY 14221	Part 2 line 3.105	_____

Debtor **WV – CROSSINGS EAST, LLC** Case number *(if known)* **18-11058**

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.	**+**	$1,437,733.72
5c.	**Total of Parts 1 and 2** Lines 5a + 5b = 5c.	5c.		$1,437,733.72

Fill in this information to identify the case:

Debtor name: WV – CROSSINGS EAST, LLC

United States Bankruptcy Court for the: District of Massachusetts

Case number (if known): 18-11058

☐ 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	ACCELERATED CARE PLUS LEASING 4999 AIRCENTER CIRCLE SUITE 103 RENO NV 89502
	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	_____	
2.2.	**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** ACPL 4999 AIRCENTER CIRCLE RENO NV 89502
	State what the contract or lease is for	THERAPY EQUIPMENT LEASE	
	Nature of debtor's interest	CONTRACT PARTY	
	State the term remaining	1 YEAR TERM WITH AUTORENEWAL	
	List the contract number of any government contract	_____	
2.3.	**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** AIM MUTUAL INSURANCE COMPANY 54 THIRD AVE BURLINGTON MA 01803
	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	_____	

Debtor **WV – CROSSINGS EAST, LLC** Case number *(if known)* **18-11058**

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	REFERRAL SOFTWARE	
	Nature of debtor's interest	CONTRACT PARTY	ALLSCRIPTS 3 RAVINIA DR SUITE B150 ATLANTA GA 30346
	State the term remaining	NO TERM DATE	
	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	TRANSPORTATION SERVICES	
	Nature of debtor's interest	CONTRACT PARTY	AMERICAN AMBULANCE 1 AMERICAN WAY NORWICH CT 06360
	State the term remaining	1 YEAR TERM	
	List the contract number of any government contract	_____	
2.6.	**Title of contract**	SERVICE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	MEDICAL SUPPLIES	
	Nature of debtor's interest	CONTRACT PARTY	AMERICAN MEDICAL TECHNOLOGIES 17595 CARTWRIGHT RD. IRVINE CA 92614
	State the term remaining	1 YEAR TERM WITH AUTORENEWAL	
	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	MANAGED CARE / PAYOR CONTRACT	
	Nature of debtor's interest	CONTRACT PARTY	ANTHEM BLUE CROSS 2221 EDWARD HOLLAND DR MAIL DROP VA4004-RR11 RICHMOND VA 23230
	State the term remaining	NO TERM DATE	
	List the contract number of any government contract	_____	
2.8.	**Title of contract**	SERVICE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	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	_____	

Debtor **WV – CROSSINGS EAST, LLC** Case number *(if known)* **18-11058**

2.9.	**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	_____	
2.10.	**Title of contract**	SERVICE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	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	_____	
2.11.	**Title of contract**	SERVICE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	MANAGED CARE / PAYOR CONTRACT	
	Nature of debtor's interest	CONTRACT PARTY	BEACON 3854 AMERICAN WAY BATON ROUGE LA 70816
	State the term remaining	AUTO RENEW ANNUALLY	
	List the contract number of any government contract	_____	
2.12.	**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	_____	
2.13.	**Title of contract**	SERVICE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	MANAGED CARE / PAYOR CONTRACT	
	Nature of debtor's interest	CONTRACT PARTY	CENTER FOR HOSPICE CARE 227 DUNHAM ST. NORWICH CT 06360
	State the term remaining	AUTO RENEW ANNUALLY	
	List the contract number of any government contract	_____	

Debtor **WV – CROSSINGS EAST, LLC** Case number *(if known)* **18-11058**

2.14.	**Title of contract**	SERVICE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	MANAGED CARE / PAYOR CONTRACT	
	Nature of debtor's interest	CONTRACT PARTY	CENTER FOR HOSPICE CARE 227 DUNHAM ST. NORWICH CT 06360
	State the term remaining	AUTO RENEW ANNUALLY	
	List the contract number of any government contract	_____	
2.15.	**Title of contract**	SERVICE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	MANAGED CARE / PAYOR CONTRACT	
	Nature of debtor's interest	CONTRACT PARTY	CENTER FOR HOSPICE CARE 227 DUNHAM ST. NORWICH CT 06360
	State the term remaining	AUTO RENEW ANNUALLY	
	List the contract number of any government contract	_____	
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	MED B SUPPLY	
	Nature of debtor's interest	CONTRACT PARTY	COMPANION 40 BATTERY ST PH6 BOSTON MA 02109
	State the term remaining	TERMS 4-15-18	
	List the contract number of any government contract	_____	
2.17.	**Title of contract**	INSURANCE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	CRIME LIABILITY POLICY # 596781696	
	Nature of debtor's interest	INSURED	CONTINENTAL CASUALTY COMPANY 333 S WABASH AVE CHICAGO IL 60604
	State the term remaining	3/2019	
	List the contract number of any government contract	_____	
2.18.	**Title of contract**	INSURANCE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	PROPERTY (CONNECTICUT) POLICY # 6023169971	
	Nature of debtor's interest	INSURED	CONTINENTAL CASUALTY COMPANY 333 S WABASH AVE CHICAGO IL 60604
	State the term remaining	3/2019	
	List the contract number of any government contract	_____	

Debtor **WV – CROSSINGS EAST, LLC** Case number *(if known)* **18-11058**

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	PROPERTY (MASSACHUSETTS) POLICY # 6046124942	
	Nature of debtor's interest	INSURED	CONTINENTAL CASUALTY COMPANY 333 S WABASH AVE CHICAGO IL 60604
	State the term remaining	3/2019	
	List the contract number of any government contract		
2.20.	**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	MARKETING	
	Nature of debtor's interest	CONTRACT PARTY	CREAM CITY MARKETING 318A N MAIN ST LAKE MILLS WI 53551
	State the term remaining	3 YEAR TERM, NO RENEWAL	
	List the contract number of any government contract		
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	GARBAGE	
	Nature of debtor's interest	CONTRACT PARTY	CWPM 29 JEFFERSON AVE NEW LONDON CT 06320
	State the term remaining	5YEAR TERM AND AUTORENEWAL	
	List the contract number of any government contract		
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	DIALYSIS TRANSFER AGREEMENT	
	Nature of debtor's interest	CONTRACT PARTY	DIVITA 5 SHAWS COVE NEW LONDON CT 06320
	State the term remaining	AUTO RENEW ANNUALLY	
	List the contract number of any government contract		
2.23.	**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	FM GENERATOR PO BOX 528 CANTON MA 02021
	State the term remaining	1 YEAR TERM AUTORENEWAL	
	List the contract number of any government contract		

Debtor **WV – CROSSINGS EAST, LLC** Case number *(if known)* **18-11058**

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	MANAGED CARE / PAYOR CONTRACT	
	Nature of debtor's interest	CONTRACT PARTY	HARTFORD HEALTHCARE AT HOME 1290 SILAS DEANE HWY WETHERSFIELD CT 06109
	State the term remaining	AUTO RENEW ANNUALLY	
	List the contract number of any government contract	_____	
2.25.	**Title of contract**	SERVICE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	MANAGED CARE / PAYOR CONTRACT	
	Nature of debtor's interest	CONTRACT PARTY	HARTFORD HEALTHCARE AT HOME 1290 SILAS DEANE HWY WETHERSFIELD CT 06109
	State the term remaining	AUTO RENEW ANNUALLY	
	List the contract number of any government contract	_____	
2.26.	**Title of contract**	SERVICE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	MANAGED CARE / PAYOR CONTRACT	
	Nature of debtor's interest	CONTRACT PARTY	HARTFORD HEALTHCARE AT HOME 1290 SILAS DEANE HWY WETHERSFIELD CT 06109
	State the term remaining	AUTO RENEW ANNUALLY	
	List the contract number of any government contract	_____	
2.27.	**Title of contract**	INSURANCE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	GENERAL LIABILITY POLICY # HRGCT010074OC01	
	Nature of debtor's interest	INSURED	HEALTHCAP RISK MANAGEMENT & INSURANCE 130 S 1ST ST STE 400 ANN ARBOR MI 48104
	State the term remaining	3/2019	
	List the contract number of any government contract	_____	
2.28.	**Title of contract**	SERVICE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HOUSEKEEPING & LAUNDRY SERVICES	
	Nature of debtor's interest	CONTRACT PARTY	HEALTHCARE SERVICES GROUP 3220 TILLMAN DR SUITE 300 BENSALEM PA 19020
	State the term remaining	1 YEAR TERM WITH AUTORENEWAL	
	List the contract number of any government contract	_____	

Debtor **WV – CROSSINGS EAST, LLC** Case number *(if known)* **18-11058**

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	MEDICAL SERVICES	
	Nature of debtor's interest	CONTRACT PARTY	HEALTHDRIVE 25 NEEDHAM ST NEWTON MA 02461
	State the term remaining	AUTORENEWAL ANNUALLY	
	List the contract number of any government contract	_____	
2.30.	**Title of contract**	MEDICAL DIRECTOR AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	MEDICAL DIRECTOR SERVICES	
	Nature of debtor's interest	CONTRACT PARTY	IPC HOSPITALS OF NEW ENGLAND PC ATTN CONTRACTING DEPT 4605 LANKERSHEIM BLVD STE 617 NORTH HOLLYWOOD CA 91602
	State the term remaining	1 - YEAR TERM WITH AUTOMATIC 1 - YEAR RENEWAL	
	List the contract number of any government contract	_____	
2.31.	**Title of contract**	MEDICAL DIRECTOR AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	MEDICAL DIRECTOR	
	Nature of debtor's interest	CONTRACT PARTY	IPC TEAM HEALTH 265 BROOKVIEW CENTRE WAY SUITE 400 KNOXVILLE TN 37919
	State the term remaining	1 YEAR TERM WITH AUTORENEWAL	
	List the contract number of any government contract	_____	
2.32.	**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 175 POWDER FOREST DR 1ST FL WEATOGUE CT 06089
	State the term remaining	3/2019	
	List the contract number of any government contract	_____	
2.33.	**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 - WATER COOLER	
	Nature of debtor's interest	LESSEE	KRYSTAL KLEER 606 POMEROY AVE MERIDEN CT 06450
	State the term remaining	_____	
	List the contract number of any government contract	_____	

Debtor **WV – CROSSINGS EAST, LLC** Case number *(if known)* **18-11058**

2.34.	**Title of contract**	SERVICE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	OXYGEN SUPPLIER	
	Nature of debtor's interest	CONTRACT PARTY	LIFE SUPPLY 711 EAST MAIN ST CHICOPEE MA 01020
	State the term remaining	3 YEAR TERM WITH AUTORENEWAL	
	List the contract number of any government contract	_____	
2.35.	**Title of contract**	INSURANCE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	CYBERATTACK POLICY # 503383	
	Nature of debtor's interest	INSURED	LLOYD'S OF LONDON ONE LIME STREET LONDON EC3M 7HA UNITED KINGDOM
	State the term remaining	3/2019	
	List the contract number of any government contract	_____	
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	DENTAL SERVICES	
	Nature of debtor's interest	CONTRACT PARTY	LTC DENTAL 174 SCOTT RD PROSPECT CT 06712
	State the term remaining	1 YEAR ONLY	
	List the contract number of any government contract	_____	
2.37.	**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 478 WHELLERS FARM ROAD MILFORD CT 06461
	State the term remaining	_____	
	List the contract number of any government contract	_____	
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	ACCOUNTING SERVICES	
	Nature of debtor's interest	CONTRACT PARTY	MARCUM LLP 555 LONG WHARF DR 12TH FLOOR NEW HAVEN CT 06511
	State the term remaining	N/A	
	List the contract number of any government contract	_____	

Debtor **WV – CROSSINGS EAST, LLC** Case number *(if known)* **18-11058**

2.39.	**Title of contract**	MEDICAL DIRECTOR AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	MEDICAL DIRECTOR SERVICES	
	Nature of debtor's interest	CONTRACT PARTY	MARIAN SAROSI MD C/O IPC TEAM HEALTH 265 BROOKVIEW CENTRE WAY SUITE 400 KNOXVILLE TN 37919
	State the term remaining	1 - YEAR TERM WITH AUTOMATIC 1 - YEAR RENEWAL	
	List the contract number of any government contract	_____	
2.40.	**Title of contract**	SERVICE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	MEDICAL/CENTRAL SUPPLY	
	Nature of debtor's interest	CONTRACT PARTY	MEDLINE 1 MEDLINE PLACE MUNDELEIN IL 60060
	State the term remaining	TERMS ON 1/31/2020	
	List the contract number of any government contract	_____	
2.41.	**Title of contract**	SERVICE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	MEDICAL /BIOHAZARD WASTE CONTRACT	
	Nature of debtor's interest	CONTRACT PARTY	MEDWASTE DISPOSAL PO BOX 392 NORTH PEMBROKE MA 02358
	State the term remaining	1 YEAR TERM AUTORENEWAL	
	List the contract number of any government contract	_____	
2.42.	**Title of contract**	SERVICE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	RADIOLOGY SERVICES	
	Nature of debtor's interest	CONTRACT PARTY	MOBILEXUSA 109 RHODE ISLAND RD LAKEVILLE MA 02347
	State the term remaining	1 YEAR TERM WITH AUTORENEWAL	
	List the contract number of any government contract	_____	
2.43.	**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 EMPLOYEES UNION DISTRICT 1199, SEIU 77 HUYSHOPE AVENUE 1ST FLOOR HARTFORD CT 06106
	State the term remaining	EXPIRES 5/19/2020	
	List the contract number of any government contract	_____	

Debtor **WV – CROSSINGS EAST, LLC** Case number *(if known)* **18-11058**

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	HOOD & VENT CLEANING	
	Nature of debtor's interest	CONTRACT PARTY	OMNIPRO PO BOX 8022 CRANSTON RI 02920
	State the term remaining	2 YEAR CONTRACT, NO RENEWAL	
	List the contract number of any government contract	_____	
2.45.	**Title of contract**	SERVICE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	ON HOLD MESSAGE	
	Nature of debtor's interest	CONTRACT PARTY	ON-HOLD CONCEPTS 7121 21ST ST WEST UNIVERSITY PLACE WA 98466
	State the term remaining	1 YEAR TERM WITH AUTORENEWAL	
	List the contract number of any government contract	_____	
2.46.	**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 SEE SCHEDULE G PATIENT ATTACHMENT
	State the term remaining	SEE SCHEDULE G PATIENT ATTACHMENT	
	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	PHARMACY SUPPLIER	
	Nature of debtor's interest	CONTRACT PARTY	PHARMERICA 1901 CAMPUS PLACE LOUISVILLE KY 40299
	State the term remaining	TERM 5-31-19 WITH ANNUAL AUTORENEWAL	
	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	REHABILITATION THERAPY	
	Nature of debtor's interest	CONTRACT PARTY	PREFERRED THERAPY 850 SILAS DEANE HWY WETHERSFIELD CT 06109
	State the term remaining	1 YEAR TERM WITH AUTORENEWAL	
	List the contract number of any government contract	_____	

Debtor **WV – CROSSINGS EAST, LLC** Case number *(if known)* **18-11058**

2.49.	**Title of contract**	SERVICE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	LANDSCAPE SERVICES	
	Nature of debtor's interest	CONTRACT PARTY	PROFESSIONAL GROUNDS PO BOX 231 QUAKER HILL CT 06375
	State the term remaining	ANNUAL	
	List the contract number of any government contract	_____	
2.50.	**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 801 N MAIN ST WALLINGFORD CT 06492
	State the term remaining	24 MONTHS WITH AUTO RENEWAL	
	List the contract number of any government contract	_____	
2.51.	**Title of contract**	REAL PROPERTY LEASE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	LEASE OF 78 VIETS STREET, NEW LONDON, CT	
	Nature of debtor's interest	LESSEE	SABRA HEALTH CARE REIT, INC. BRENT CHAPPELL 18500 VAN KARMAN AVE SUITE 550 IRVINE CA 92612
	State the term remaining	97 MONTHS	
	List the contract number of any government contract	_____	
2.52.	**Title of contract**	SERVICE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	RESPITE SERVICES	
	Nature of debtor's interest	CONTRACT PARTY	SENIOR RESOURCES 19 OHIO AVE SUITE 2 NORWICH CT 06360
	State the term remaining	1 YEAR TERM	
	List the contract number of any government contract	_____	
2.53.	**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	ELEVATOR MAINTENANCE	
	Nature of debtor's interest	CONTRACT PARTY	THYSSEN KRUPP 100 CLARK DR EAST BERLIN CT 06023
	State the term remaining	60 MONTHS, RENEWS FOR ADDITIONAL 60 MONTHS	
	List the contract number of any government contract	_____	

Debtor **WV – CROSSINGS EAST, LLC** Case number *(if known)* **18-11058**

2.54.	**Title of contract**	SERVICE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SPRINKLER MAINTENANCE	
	Nature of debtor's interest	CONTRACT PARTY	TYCO SIMPLEX GRINNEL 429 HAYDEN ST. WINDSOR CT 06095
	State the term remaining	1 YEAR TERM	
	List the contract number of any government contract	_____	
2.55.	**Title of contract**	SERVICE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	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	_____	
2.56.	**Title of contract**	SERVICE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	MANAGED CARE / PAYOR CONTRACT	
	Nature of debtor's interest	CONTRACT PARTY	US MANAGED CARE 2219 CLIMBING IVY DR TAMPA FL 33618
	State the term remaining	NO TERM DATE	
	List the contract number of any government contract	_____	
2.57.	**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	_____	
2.58.	**Title of contract**	SERVICE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	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	_____	

Debtor **WV – CROSSINGS EAST, LLC** Case number *(if known)* **18-11058**

2.59.

Title of contract	SERVICE AGREEMENT
State what the contract or lease is for	WOUND PHYSICIANS
Nature of debtor's interest	CONTRACT PARTY
State the term remaining	1 YEAR TERM WITH AUTORENEWAL
List the contract number of any government contract	_____

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

VOHRA
3601 SW 160TH AVE
SUITE 250
MIRAMAR FL 33027

Schedule G Attachment
Patient Agreements

TITLE OF CONTRACT	STATE WHAT THE CONTRACT OR LEASE IS FOR *type of lease/contract*	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 # 1486	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1487	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1488	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1489	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1490	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1510	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1511	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1513	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1514	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1515	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1516	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1517	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1518	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1519	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 1520	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 227	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 432	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 433	Intentionally Omitted

Schedule G Attachment
Patient Agreements

TITLE OF CONTRACT	STATE WHAT THE CONTRACT OR LEASE IS FOR *type of lease/contract*	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 # 437	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 441	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 443	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 444	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 446	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 448	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 454	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 455	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 457	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 458	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 459	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 461	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 464	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 465	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 468	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 471	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 472	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 473	Intentionally Omitted

Schedule G Attachment
Patient Agreements

TITLE OF CONTRACT	STATE WHAT THE CONTRACT OR LEASE IS FOR *type of lease/contract*	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 # 474	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 475	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 476	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 477	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 478	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 482	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 483	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 484	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 485	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 486	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 489	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 490	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 492	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 493	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 494	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 496	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 498	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 501	Intentionally Omitted

Schedule G Attachment
Patient Agreements

TITLE OF CONTRACT	STATE WHAT THE CONTRACT OR LEASE IS FOR *type of lease/contract*	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 # 508	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 509	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 510	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 511	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 517	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 518	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 519	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 520	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 522	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 524	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 525	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 526	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 527	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 529	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 530	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 534	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 536	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 537	Intentionally Omitted

Schedule G Attachment
Patient Agreements

TITLE OF CONTRACT	STATE WHAT THE CONTRACT OR LEASE IS FOR *type of lease/contract*	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 # 538	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 541	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 543	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 546	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 547	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 549	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 552	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 554	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 555	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 557	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 560	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 561	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 562	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 564	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 565	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 566	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 568	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 569	Intentionally Omitted

Schedule G Attachment
Patient Agreements

TITLE OF CONTRACT	STATE WHAT THE CONTRACT OR LEASE IS FOR *type of lease/contract*	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 # 575	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 576	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 577	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 579	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 580	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 584	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 590	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 591	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 592	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 594	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 595	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 598	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 599	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 600	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 601	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 605	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 608	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 609	Intentionally Omitted

Schedule G Attachment
Patient Agreements

TITLE OF CONTRACT	STATE WHAT THE CONTRACT OR LEASE IS FOR *type of lease/contract*	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 # 610	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 613	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 618	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 619	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 623	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 624	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 625	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 626	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 631	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 633	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 634	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 637	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 640	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 641	Intentionally Omitted
Patient Service Agreement	Patient Services	Service Provider	30 - Days Notice to Terminate	Patient Id # 646	Intentionally Omitted

Fill in this information to identify the case:

Debtor name: WV – CROSSINGS EAST, LLC

United States Bankruptcy Court for the: District of Massachusetts

Case number (if known): 18-11058

☐ 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	☑ D ☐ E/F ☐ G
2.2.	CCP NUTMEG PAVILION 0567 LLC	191 NORTH WACKER DRIVE SUITE 1200 CHICAGO IL 60606	CCP FINANCE II LLC	☑ D ☐ E/F ☐ G
2.3.	CCP QUINCY 0537 LLC	191 NORTH WACKER DRIVE SUITE 1200 CHICAGO IL 60606	CCP FINANCE II LLC	☑ D ☐ E/F ☐ G
2.4.	CCP WALDEN 0588 LLC	191 NORTH WACKER DRIVE SUITE 1200 CHICAGO IL 60606	CCP FINANCE II LLC	☑ D ☐ E/F ☐ 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	☑ D ☐ E/F ☐ G
2.6.	JOSEPH CUZZUPOLI	10 COLONY RD WESTON MA 02493	CCP FINANCE II LLC	☑ D ☐ E/F ☐ G

Debtor **WV – CROSSINGS EAST, LLC** Case number *(if known)* **18-11058**

	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	☑ D ☐ E/F ☐ G
2.8.	RAYMOND A DENNEHY III	153 COAL KILN RD PRINCETON MA 01541	CCP FINANCE II LLC	☑ D ☐ E/F ☐ G
2.9.	STEVEN L. VERA	28 LAUREL DRIVE WILLINGTON CT 06279	CCP FINANCE II LLC	☑ D ☐ E/F ☐ 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	☑ D ☐ E/F ☐ G
2.11.	WACHUSETT VENTURES, LLC	36 WASHINGTON STREET SUITE 395 WELLESLEY HILLS MA 02481	CCP FINANCE II LLC	☑ D ☐ E/F ☐ G
2.12.	WACHUSETT VENTURES, LLC	36 WASHINGTON STREET SUITE 395 WELLESLEY HILLS MA 02481	QUALITY REHABILITATION SERVICES, LLC	☑ D ☑ E/F ☐ G
2.13.	WV – BROCKTON SNF, LLC	36 WASHINGTON STREET SUITE 395 WELLESLEY HILLS MA 02481	QUALITY REHABILITATION SERVICES, LLC	☑ D ☑ E/F ☐ G
2.14.	WV – CONCORD SNF OPCO, LLC	36 WASHINGTON STREET SUITE 395 WELLESLEY HILLS MA 02481	QUALITY REHABILITATION SERVICES, LLC	☑ D ☑ E/F ☐ G
2.15.	WV - CROSSINGS WEST, LLC	36 WASHINGTON STREET SUITE 395 WELLESLEY HILLS MA 02481	CCP FINANCE II LLC	☑ D ☐ E/F ☐ G
2.16.	WV – CROSSINGS WEST, LLC	36 WASHINGTON STREET SUITE 395 WELLESLEY HILLS MA 02481	QUALITY REHABILITATION SERVICES, LLC	☑ D ☑ E/F ☐ G

Debtor **WV – CROSSINGS EAST, LLC** Case number *(if known)* **18-11058**

	Column 1: Codebtor		Column 2: Creditor	
	Name	**Mailing address**	**Name**	*Check all schedules that apply:*
2.17.	WV - PARKWAY PAVILION, LLC	36 WASHINGTON STREET SUITE 395 WELLESLEY HILLS MA 02481	CCP FINANCE II LLC	☑ D ☐ E/F ☐ G
2.18.	WV – PARKWAY PAVILION, LLC	36 WASHINGTON STREET SUITE 395 WELLESLEY HILLS MA 02481	QUALITY REHABILITATION SERVICES, LLC	☑ D ☑ E/F ☐ G
2.19.	WV – QUINCY SNF OPCO, LLC	36 WASHINGTON STREET SUITE 395 WELLESLEY HILLS MA 02481	QUALITY REHABILITATION SERVICES, LLC	☑ D ☑ E/F ☐ G
2.20.	WV – ROCKPORT SNF OPCO, LLC	36 WASHINGTON STREET SUITE 395 WELLESLEY HILLS MA 02481	QUALITY REHABILITATION SERVICES, LLC	☑ D ☑ E/F ☐ G

Fill in this information to identify the case:

Debtor name: WV – CROSSINGS EAST, LLC

United States Bankruptcy Court for the: District of Massachusetts

Case number (if known): 18-11058

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

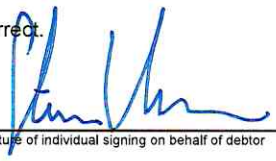
I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

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

× 
Signature of individual signing on behalf of debtor

Steven Vera
Printed name

Chief Operating Officer
Position or relationship to debtor