

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF NEW HAMPSHIRE**

In re:	)	Chapter 11
	)	
The Prospect-Woodward Home	)	Case No. 21-10523-BAH
dba Hillside Village,	)	
	)	
Debtor. <sup>1</sup>	)	
	)	

**GLOBAL NOTES, METHODOLOGY, STATEMENT OF LIMITATIONS, AND  
DISCLAIMERS REGARDING THE DEBTOR’S SCHEDULES OF ASSETS AND  
LIABILITIES AND STATEMENTS OF FINANCIAL AFFAIRS**

The above-captioned debtor (“Hillside Village” or the “Debtor”) in this chapter 11 case, with the assistance of its advisors, has filed its 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 New Hampshire (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, Statement of Limitations, and Disclaimers Regarding the Debtor’s Schedules of Assets and Liabilities and Statements of Financial Affairs (collectively, the “Global Notes”) pertain to, are incorporated by reference in, and comprise an integral part of, each Debtor’s Schedules and Statements. The Global Notes should be referred to, considered, and reviewed in connection with any review of the Schedules and Statements.

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

In preparing the Schedules and Statements, the Debtor relied upon information derived from its books and records that was available at the time of such preparation. Although the Debtor has 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 Debtor and its 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

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<sup>1</sup> The last four digits of the Debtor’s federal taxpayer identification are 2146. The address of the Debtor’s headquarters is 95 Wyman Road, Keene, New Hampshire 03431.

part by any act or omission, 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 Debtor and its 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.

Toby Shea, the Debtor's Chief Restructuring Officer, has signed the Schedules and Statements. Mr. Shea is an authorized signatory for the Debtor. In reviewing and signing the Schedules and Statements, Mr. Shea has relied upon the efforts, statements, representations of various personnel employed by the Debtor and its advisors. Mr. Shea 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. Neither the Schedules and Statements, nor the Global Notes, should be relied upon by any persons for information relating to current or future financial conditions, events, or performance of the Debtor.

### **Global Notes Overview and 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 Debtor reserves 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): (a) 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 the description or designation of any "claim" asserted against the Debtor (as defined in section 105(a) of the Bankruptcy Code, a "Claim"); (b) dispute or otherwise assert offsets or defenses to any Claim reflected in the Schedules and Statements as to amount, liability, priority, status, or classification; (c) subsequently designate any Claim as "disputed," "contingent," or "unliquidated;" and/or (d) 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 Debtor 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 the Debtor. Furthermore, nothing contained in the Schedules and Statements shall constitute a waiver of rights with respect to the Debtor's chapter 11 case, 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 Debtor shall not be required to update the Schedules and Statements except as may be required by applicable law.

2. Description of Case and "as of" Information Date. On On the Petition Date, the Debtor filed a voluntary petition for relief under chapter 11 of the Bankruptcy Code with the Bankruptcy Court. The Debtor is operating its businesses and managing its properties as debtor in possession pursuant to Bankruptcy Code sections 1107(a) and 1108. No party has requested the appointment of a trustee or examiner in this case. On September 9, 2021, the Office of the U.S.

Trustee for the District of New Hampshire appointed an official committee of unsecured creditors in this Chapter 11 Case (the 'Committee').

The asset and liability information provided herein represents the asset and liability data of the Debtor as of the Petition Date, except as otherwise noted. In some instances, the Debtor has used estimates or prorated amounts where actual data as of the Petition Date was not available. The Debtor has made a reasonable effort to allocate liabilities between the pre- and postpetition periods based on the information available to the Debtor and research that was conducted in connection with the preparation of the Schedules and Statements. As additional information becomes available and further research is conducted, the Debtor may modify the allocation of liabilities between the pre- and postpetition periods and amend the Schedules and Statements accordingly.

3. Net Book Value of Assets. It would be prohibitively expensive, unduly burdensome, and an inefficient use of estate assets for the Debtor to obtain current market valuations for each of its property interests. Accordingly, unless otherwise indicated, the Schedules and Statements reflect the net book value of the Debtor's assets as of the Petition Date. Furthermore, as applicable, assets that have fully depreciated or were expensed for accounting purposes may not be reflected in the Schedules and Statements as they have no net book value. The Debtor reserves its right to amend or adjust the value of each asset or liability set forth in the Schedules and Statements.

Book values of assets generally do not reflect the current performance of the assets or current market conditions and may differ materially from the actual value and/or performance of the underlying assets. Given the potential for volatility of market value for certain of the assets held by the Debtor and depreciation, this difference is material. As such, the values listed in these Schedules and Statements cannot be, and were not, used to determine the Debtor's enterprise value.

4. Recharacterization. Notwithstanding the Debtor's reasonable efforts to properly characterize, classify, categorize, or designate certain Claims, assets, executory contracts, unexpired leases, postemployment benefits, and other items reported in the Schedules and Statements, the Debtor may, nevertheless, have improperly characterized, classified, categorized, designated, or omitted certain items. Accordingly, the Debtor reserves all of its rights to recharacterize, reclassify, re-categorize, re-designate, 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. Disclosure of information in one or more Schedules, one or more Statement questions, or one or more exhibits or attachments to the Schedules and Statements, even if incorrectly placed, shall be deemed to be disclosed in the correct Schedules, Statements, exhibits, or attachments.

5. Liabilities. The Debtor has sought to allocate assets and liabilities between the prepetition and postpetition 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

postpetition periods may change. Accordingly, the Debtor reserves all rights to amend, supplement, or otherwise modify its Schedules and Statements as is necessary or appropriate.

The Bankruptcy Court previously entered various orders the Debtor requested in certain motions it filed along with its chapter 11 petition (collectively, and together with any supplements, amendments, or further orders entered in response thereto, the “First Day Orders”) authorizing, but not directing, the Debtor to, among other things, pay certain prepetition (i) service fees and charges assessed by the Debtor’s banks and payment processors; and (ii) employee wages, salaries, and other employee-related obligations. As discussed below, prepetition liabilities which have been paid postpetition or those which the Debtor plans to pay via the authorization granted by the First Day Orders might not be listed in the Schedules and Statements. Regardless of whether such Claims are listed in the Schedules and Statements, to the extent that such Claims are paid pursuant to an order of the Bankruptcy Court (including the First Day Orders), the Debtor reserves the right to amend or supplement the Schedules and Statements as necessary and appropriate.

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

6. Excluded Assets and Liabilities. In certain instances, the Debtor has excluded certain categories of assets and liabilities from the Schedules and Statements. The Bankruptcy Court has authorized (but not directed) the Debtor to pay, in their discretion in the ordinary course of business, certain prepetition Claims on a postpetition basis. The Debtor has used its best efforts to remove such Claims from the Schedules. To the extent that these Claims are included in the Schedules, to the extent a claim has already been paid with respect to a prepetition claim, future disbursements on account of such claim will take into account and will be reduced by any postpetition payments already made with respect to such claim.

7. Insiders. For the purposes of the Schedules and Statements, the Debtor defined “insider” pursuant to Bankruptcy Code section 101(31) as: (a) directors; (b) officers; (c) persons in control of the Debtor; (d) relatives of the Debtor’s directors, officers, or persons in control of the Debtor; and (e) debtor/non-debtor affiliates of the foregoing. The parties identified as “insiders” have been included for informational purposes only and the inclusion of them in the Schedules and Statements shall not constitute an admission that those persons are insiders for purposes of Bankruptcy Code section 101(31). The Debtor does not take any position with respect to: (a) such person’s influence over the control of the Debtor; (b) the management responsibilities or functions of such individual; (c) the decision-making or corporate authority of such individual; or (d) whether such individual could successfully argue that he or she is not an “insider” under applicable law, including, without limitation, the federal securities laws or with respect to any theories of liability or for any other purpose.

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. Accordingly, the Debtor reserves all of its rights with respect to the legal status of any and all such intellectual property rights.

9. Executory Contracts and Unexpired Leases. Although the Debtor has made diligent attempts to identify contracts and unexpired leases within the scope of Bankruptcy Code section 365, in certain instances, the Debtor may have inadvertently failed to do so. Accordingly, the Debtors reserves all of its rights with respect to the inclusion or exclusion of executory contracts and unexpired leases, including the right to amend Schedule G at any time during the pendency of these chapter 11 cases.

10. Classifications. Listing a Claim, contract or lease on (a) Schedule D as “secured,” (b) Schedule E/F, Part 1 as “priority unsecured,” (c) Schedule E/F, Part 2 as “Non-priority unsecured,” or (d) Schedule G as “executory” or “unexpired,” does not constitute an admission by the Debtor of the legal rights of the claimant, or a waiver of the Debtor’s rights to recharacterize or reclassify such Claims or contracts or leases or to setoff against such Claims.

11. Claims Description. Schedules D and E/F permit the Debtor to designate a Claim as “disputed,” “contingent,” and/or “unliquidated.” Any failure to designate a Claim on the Schedules and Statements as “disputed,” “contingent,” or “unliquidated” does not constitute an admission by the Debtor that such amount is not “disputed,” “contingent,” or “unliquidated,” or that such Claim is not subject to objection. The Debtor reserves all of its rights to dispute, or assert offsets or defenses to, any Claim reflected on their Schedules and Statements on any grounds, including liability or classification. Additionally, the Debtor expressly reserve all of its rights to subsequently designate such Claims as “disputed,” “contingent” or “unliquidated.” Moreover, listing a Claim does not constitute an admission of liability by the Debtor.

12. Causes of Action. Despite its reasonable efforts to identify all known assets, the Debtor may not have listed all of their causes of action or potential causes of action against third parties (collectively, “Causes of Action”) as assets in the Schedules and Statements, including, without limitation, 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. The Debtor reserves all of its rights with respect to any: (a) cause of action (including avoidance actions), (b) controversy, (c) right of setoff, (d) cross-claim, (e) counterclaim, (d) recoupment, and (e) 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 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.

13. 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,” “undetermined,” or similar indication 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. The value of assets listed in the Schedules and Statements are presented without consideration of any liens that may attach (or have attached) to such property and equipment.

14. Currency. All amounts are reflected in U.S. dollars unless otherwise indicated.

15. Setoffs. The Debtor periodically incurs certain setoffs in the ordinary course of business. Setoffs in the ordinary course can result from various items including, but not limited to, intercompany transactions, pricing discrepancies, returns, refunds, inadvertent payments, negotiations and/or disputes between the Debtor and its customers, suppliers and third party insurers. These normal setoffs are consistent with the ordinary course of business in the Debtor’s industry and can be particularly voluminous, making it unduly burdensome and costly for the Debtor to list such ordinary course setoffs. Therefore, although such setoffs and other similar rights may have been accounted for when scheduling certain amounts, these ordinary course setoffs are not independently accounted for, and as such, are or may be excluded from the Debtor’s Schedules and Statements.

16. Confidential or Sensitive Information. There may be instances in which certain information in the Schedules and Statements intentionally has been omitted due to the nature of an agreement between the Debtor and a third party, concerns about the confidential nature of certain information, or concerns for the privacy of an individual based on the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) or otherwise. Employee addresses and the addresses of certain individual creditors, including the Debtor’s residents, have been removed from entries listed throughout the Schedules and Statements, where applicable, as authorized by the Court in the *Order Authorizing Procedures to Maintain and Protect Confidential Resident Information* [Docket No. 107] (the “Resident Confidentiality Order”).

17. Global Notes Control. In the event that the Schedules or Statements differ from any of the foregoing Global Notes, the Global Notes shall control.

### **Specific Notes With Respect to the Schedules**

#### **1. Schedule A/B.**

- a. Cash and Cash Equivalents. Cash is listed on Schedule A/B as of the Petition Date. The Debtor’s cash management system is set forth more fully in the *Emergency Ex Parte Motion of Debtor for entry of Interim and Final Orders (I) Authorizing Continued Use of Existing Cash Management System, Including Maintenance of Existing Bank Accounts, Checks, and*

*Business Forms, and (II) Authorizing Continuation of Existing Deposit Practices* [Docket No. 18] (the “Cash Management Motion”).

- b. Utility Deposits. The Bankruptcy Court, pursuant to the *Order Approving Agreement of Public Service Company of New Hampshire d/b/a Eversource and the Debtor for Adequate Assurance of Payment for Postpetition Utility Services* [Docket 239] and the *Order (I) Prohibiting Utility Providers from Altering, Refusing, or Discontinuing Service and (II) Approving the Debtor’s Proposed Adequate Assurance of Payment for Postpetition Services* [Docket No. 240], has authorized the Debtor to provide adequate assurance of payment for postpetition utility services. Such deposits are not listed in Schedule A/B, which reflects deposits as of the Petition Date.

2. Schedule D.

- a. The amounts shown in Schedule D are consistent with the Debtor’s stipulations set forth in orders of the Bankruptcy Court approving the Debtor’s use of cash collateral, as set forth more fully in the Final Order (I) Authorizing the Use of Cash Collateral, (II) Granting Adequate Protection, and (III) Granting Related Relief [Docket No. 236] (together with any interim orders, the “Cash Collateral Orders”).
- b. Except as otherwise agreed or stated pursuant to a stipulated, agreed order, or other order entered by the Bankruptcy Court that is or becomes final, including the Cash Collateral Orders, the Debtor and its estate reserve their rights to dispute and challenge the validity, perfection, or immunity from avoidance of any lien purported to be granted or perfected in any specific asset to a creditor listed on Schedule D of the Debtor. The Debtor further notes as follows: (i) although the Debtor may have scheduled Claims of various creditors as secured Claims for informational purposes, no current valuation of the Debtor’s assets in which such creditors may have a lien has been undertaken; (ii) the Debtor reserves all rights to dispute and challenge the secured nature of any creditor’s Claim or the characterization or structure of any such transaction or any document or instrument related to such creditor’s claim; and (iii) the descriptions provided on Schedule D are intended only to be a summary. Reference to the applicable agreements and related documents is necessary for a complete description of the collateral and the nature, extent, and priority of any liens.
- c. Real property lessors, equipment lessors, utility companies, and other parties which may hold security deposits or other security interests have not been listed on Schedule D. The Debtor has also not listed on Schedule D certain parties whose claims may be secured through rights of setoff, deposits, or advance payments posted by, or on behalf of, the Debtor, judgment or statutory lien rights, or under letters of credit or surety bonds.

3. Schedule E/F.

- a. The claims of individual creditors for, among other things, goods, products, services, or taxes are listed as the amounts entered on the Debtor's books and records and may not reflect credits, allowances, or other adjustments due from such creditors to any Debtor. The Debtor reserves all of its rights with regard to such credits, allowances, and other adjustments, including the right to assert claims objections and/or setoffs with respect to the same.
- b. The Bankruptcy Court has authorized the Debtor to pay, in its discretion, certain unsecured Claims pursuant to the First Day Orders. To the extent practicable, the Debtor's Schedule E/F is intended to reflect the balance as of the Petition Date, adjusted for postpetition payments of some or all of the Bankruptcy Court-approved amounts. The Debtor's Schedule E/F reflects the Debtor's payment of certain claims pursuant to the First Day Orders, and, to the extent an unsecured Claim has been paid or may be paid pursuant to such First Day Orders, it is possible such Claim is not included on Schedule E/F. The Debtor may pay additional Claims listed on Schedule E/F during these chapter 11 cases pursuant to the First Day Orders and other orders of the Bankruptcy Court. The Debtor reserves its rights to update Schedule E/F to reflect such payments and to modify the claims register to account for the satisfaction of such Claims.
- c. The Debtor has used reasonable efforts to report all general unsecured Claims against the Debtor on Schedule E/F based upon the Debtor's books and records as of the Petition Date. Claims listed on Schedule E/F may have been aggregated by creditor name and remittance address and may include several dates of incurrence for the aggregate balance listed.
- d. The Debtor has made reasonable efforts to include all unsecured creditors on Schedule E/F including, but not limited to, trade creditors, consultants, and other service providers; however, the Debtor believes that there may be instances where creditors have yet to provide proper invoices for prepetition goods or services. While the Debtor maintains general accruals to account for these liabilities in accordance with GAAP, these amounts are estimates and are not attributed to specific vendors. Accordingly, such accruals have not been included on Schedule E/F.
- e. Schedule E/F also contains information regarding pending litigation involving the Debtor. The amounts for these potential Claims are listed as undetermined and marked as contingent, unliquidated, and disputed in the Schedules.
- f. Schedule E/F 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 does not include potential rejection damage Claims, if any, of the counterparties to executory contracts and unexpired leases that have

been or may be rejected, nor does it reflect applicable statutory caps or defenses to such potential rejection damage Claims.

- g. Schedule E/F does not include certain deferred charges, deferred liabilities, accruals, or general reserves. Such amounts are, however, reflected on the Debtor's books and records as required in accordance with GAAP. Such accruals are general estimates of liabilities and do not represent specific Claims as of the Petition Date.

4. Schedule G.

- a. Although commercially reasonable efforts have been made to ensure the accuracy of Schedule G regarding executory contracts and unexpired leases, the Debtor's review is ongoing at the time of the filing of the Schedules and Statements and inadvertent errors, omissions or over-inclusion may have occurred in preparing Schedule G.
- b. Listing a contract or agreement on Schedule G does not constitute an admission that such contract or agreement is an executory contract or unexpired lease or that such contract or agreement was in effect on the Petition Date or is valid or enforceable. The Debtor hereby reserves its rights to dispute the validity, status, or enforceability of any contracts, agreements, or leases set forth in Schedule G and to amend or supplement such Schedule as necessary. Certain of the leases and contracts listed on Schedule G may contain 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.
- c. In the ordinary course of its business, the Debtor enters into residency agreements with residents and prospective residents at its facility (collectively, the "Residency Agreements"). Due to concern over resident confidentiality, Residency Agreements have been listed in Schedule G, but with individual resident information removed in accordance with the Resident Confidentiality Order. In addition, the Debtor may have entered into various other types of agreements in the ordinary course of its business, such as supplemental agreements and letter agreement, which documents may not be set forth in Schedule G. The amount of any Claim arising under a Residency Agreement is calculated as of the Petition Date under the terms of the Residency Agreement, which may include, but is not necessarily limited to, the refundable portion of a resident's entrance fee, even if the entrance fee refund was not presently due to be paid as of the Petition Date.
- d. Certain of the contracts and leases 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. The Debtor expressly reserves its

rights to challenge whether such related materials constitute an executory contract, a single contract or agreement, or multiple, severable or separate contracts or agreements.

- e. Certain confidentiality and non-disclosure agreements may not be listed on Schedule G. The Debtor reserves all rights with respect to such agreements.
- f. The contracts 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 Debtor's 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 some cases, the same supplier or provider may appear multiple times on Schedule G. This multiple listing is intended to reflect distinct agreements between the Debtor and such supplier or provider.
- g. The Debtor reserves all rights, claims, and causes of action with respect to the agreements on Schedule G, including the right to dispute or challenge the characterization of the structure of any transactions or any document or instrument related to a creditor's Claims.

**Fill in this information to identify the case:****Debtor name:** The Prospect-Woodward Home**United States Bankruptcy Court for the:** District of New Hampshire**Case number (if known):** 21-10523☐ Check if this is an amended filing

Official Form 206Sum

**Summary of Assets and Liabilities for Non-Individuals**

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**Part 1: Summary of Assets****1. Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

<b>1a. Real property:</b> Copy line 88 from Schedule A/B .....	\$67,968,597.00
<b>1b. Total personal property:</b> Copy line 91A from Schedule A/B .....	\$13,034,607.56
<b>1c. Total of all property:</b> Copy line 92 from Schedule A/B .....	\$81,003,204.56

**Part 2: Summary of Liabilities**

<b>2. Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D) Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D .....	\$73,090,754.75
<b>3. Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
<b>3a. Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of Schedule E/F .....	\$0.00
<b>3b. Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F .....	+ \$32,735,799.69
<b>4. Total liabilities</b> Lines 2 + 3a + 3b .....	\$105,826,554.44

**Fill in this information to identify the case:****Debtor name:** The Prospect-Woodward Home**United States Bankruptcy Court for the:** District of New Hampshire**Case number (if known):** 21-10523☐ Check if this is an amended filing

Official Form 206A/B

**Schedule A/B: Assets — Real and Personal Property**

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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	\$40.00
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**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.	PEOPLE'S BANK CHECKING JEFF SWENSON 122 WEST ST. KEENE NH 03431	CHECKING	0839	\$2,606,881.17
3.2.	PEOPLE'S BANK CHECKING JEFF SWENSON 122 WEST ST. KEENE NH 03431	CHECKING	0840	\$10,000.00
3.3.	PEOPLE'S BANK CHECKING JEFF SWENSON 122 WEST ST. KEENE NH 03431	CHECKING	7355	\$0.00
3.4.	SAVINGS BANK OF WALPOLE CRYSTAL LEWIS PO BOX 744 KEENE NH 03431	CHECKING	3222	\$0.08
3.5.	SAVINGS BANK OF WALPOLE CRYSTAL LEWIS PO BOX 744 KEENE NH 03431	CHECKING	4503	\$9,653.79

Debtor **The Prospect-Woodward Home**Case number (if known) **21-10523****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
3.6.	SAVINGS BANK OF WALPOLE CRYSTAL LEWIS PO BOX 744 KEENE NH 03431	CHECKING	5947	\$207,460.75
3.7.	SAVINGS BANK OF WALPOLE CRYSTAL LEWIS PO BOX 744 KEENE NH 03431	SAVINGS	6059	\$133,076.71
3.8.	SAVINGS BANK OF WALPOLE CRYSTAL LEWIS PO BOX 744 KEENE NH 03431	CHECKING	6078	\$0.00
3.9.	SAVINGS BANK OF WALPOLE CRYSTAL LEWIS PO BOX 744 KEENE NH 03431	CHECKING	6086	\$0.00
3.10.	SAVINGS BANK OF WALPOLE CRYSTAL LEWIS PO BOX 744 KEENE NH 03431	CHECKING	6094	\$0.04
3.11.	TMI TRUST COMPANY BARBARA JAMES 901 SUMMIT AVE FT. WORTH TX 76102	ESCROW ACCOUNT	0071	\$2,206,950.00
3.12.	UMB TERESA DONOFRIO 120 SOUTH SIXTH STREET SUITE 1400 MINNEAPOLIS MN 55402	MONEY MARKET	3558.1	\$993,066.28
3.13.	UMB TERESA DONOFRIO 120 SOUTH SIXTH STREET SUITE 1400 MINNEAPOLIS MN 55402	MONEY MARKET	3558.6	\$2,580,588.50
3.14.	UMB TERESA DONOFRIO 120 SOUTH SIXTH STREET SUITE 1400 MINNEAPOLIS MN 55402	MONEY MARKET	3558.8	\$0.16
3.15.	UMB TERESA DONOFRIO 120 SOUTH SIXTH STREET SUITE 1400 MINNEAPOLIS MN 55402	MONEY MARKET	3558.9	\$0.48
3.16.	UMB TERESA DONOFRIO 120 SOUTH SIXTH STREET SUITE 1400 MINNEAPOLIS MN 55402	MONEY MARKET	3558.10	\$1.44
3.17.	UMB TERESA DONOFRIO 120 SOUTH SIXTH STREET SUITE 1400 MINNEAPOLIS MN 55402	MONEY MARKET	3558.11	\$0.00

Debtor **The Prospect-Woodward Home**Case number (if known) **21-10523****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
3.18.	CAMBRIDGE TRUST DEVIN BROWN 1000 ELM STREET SUITE 201 MANCHESTER NH 03101	MONEY MARKET	0231	\$101,340.48

**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. <sup>1</sup>	MUTUAL FUNDS	CAMBRIDGE TRUST DEVIN BROWN 1000 ELM STREET SUITE 201 MANCHESTER NH 03101	MUTUAL FUNDS	6792	\$1,384,779.24
4.2. <sup>1</sup>	HAMBLET FUND	CAPITAL GROUP/AMERICAN FUNDS WFAS CENTRAL SUPPORT BRANCH 1525 W. W T HARRIS BLVD CHARLOTTE NC 28262- 8522	MUTUAL FUNDS	5951	\$18,922.37

<sup>1</sup>DONOR RESTRICTED/ENDOWMENT**5. Total of part 1**

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

\$10,252,761.49

**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.	_____	\$ _____

**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.	INSURANCE ARTHUR J. GALLAGHER RISK MANAGEMENT SERVICES, INC.	\$132,104.66
8.2.	INSURANCE/WORKERS COMP ARTHUR J. GALLAGHER RISK MANAGEMENT SERVICES, INC.	\$43,902.86
8.3.	RETAINER BALANCE DONLIN RECANO & COMPANY, INC.	\$5,178.41
8.4.	ATTORNEY RETAINER HINCKLEY, ALLEN & SNYDER LLP	\$100,000.00

Debtor **The Prospect-Woodward Home**Case number (if known) **21-10523****8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

Current value of  
debtor's interest8.5. PROFESSIONAL RETAINER  
ONEPOINT PARTNERS, LLC

\$140,000.00

8.6. ATTORNEY RETAINER  
POLSINELLI

\$290,000.00

8.7. PROFESSIONAL RETAINER  
SILVERBLOOM CONSULTING, LLC

\$41,043.49

**9. Total of part 2**

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

\$752,229.42

**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**☐ No. Go to Part 4.☒ Yes. Fill in the information below.**Current value of  
debtor's interest****11. Accounts receivable**

Face amount

Doubtful or uncollectible  
accounts

11a. 90 days old or less: \$10,586.90 - \$0.00 = ..... → \$10,586.90

Face amount

Doubtful or uncollectible  
accounts

11b. Over 90 days old: \$6,604.75 - \$0.00 = ..... → \$6,604.75

**12. Total of part 3**

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

\$17,191.65

**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. \_\_\_\_\_ % \_\_\_\_\_ \$ \_\_\_\_\_

Debtor **The Prospect-Woodward Home**Case number (if known) **21-10523****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
<b>19. Raw materials</b>				
19.1. _____	_____	\$ _____	_____	\$ _____
<b>20. Work in progress</b>				
20.1. _____	_____	\$ _____	_____	\$ _____
<b>21. Finished goods, including goods held for resale</b>				
21.1. _____	_____	\$ _____	_____	\$ _____
<b>22. Other inventory or supplies</b>				
22.1. _____	_____	\$ _____	_____	\$ _____
<b>23. Total of part 5</b>				\$0.00

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

**24. Is any of the property listed in Part 5 perishable?**☐ No☐ Yes**25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**☐ No☐ Yes Book value: \$ \_\_\_\_\_ Valuation method: \_\_\_\_\_ Current value: \$ \_\_\_\_\_**26. Has any of the property listed in Part 5 been appraised by a professional within the last year?**☐ No☐ Yes**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)****27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**☒ No. Go to Part 7.☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>28. Crops—either planted or harvested</b>			
28.1. _____	\$ _____	_____	\$ _____

Debtor **The Prospect-Woodward Home**Case number (if known) **21-10523****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: \$ \_\_\_\_\_**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
<b>39. Office furniture</b>				
39.1.	OWNED	\$83,932.85	Bid Price Allocation	\$70,238.00
<b>40. Office fixtures</b>				
40.1.	_____	\$ _____	_____	\$ _____
<b>41. Office equipment, including all computer equipment and communication systems equipment and software</b>				
		Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
41.1.	OWNED	\$62,964.30	Bid Price Allocation	\$52,691.00

Debtor **The Prospect-Woodward Home**Case number (if known) **21-10523**

- 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.

\$122,929.00

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

- ☐ No  
☒ Yes

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

- ☒ No  
☐ Yes

**Part 8: Machinery, equipment, and vehicles****46. Does the debtor own or lease any machinery, equipment, or vehicles?**

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

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available) (Where available)	Valuation method used for current value	Current value of debtor's interest
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**47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

47.1.	2005 CHEVROLET UPLANDER LS, 1GNDV23L35D295798 (OWNED)	\$0.00	Bid Price Allocation/Estimate	\$2,500.00
47.2.	2017 FORD FLEX SEL, 2FMHK6C85HBA04178 (OWNED)	\$11,701.20	Bid Price Allocation/Estimate	\$8,964.00
47.3.	2007 GMC SIERRA K2500 HEAVY DUTY, 1GTHK24U27E172260 (OWNED)	\$7,346.49	Bid Price Allocation/Estimate	\$6,000.00
47.4.	2019 FORD ECONOLINE E350 STARCRAFT, 1FDEE3FS2KDC22130 (LEASED)	\$0.00	_____	\$0.00

**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.	KUBOTA TRACTOR (OWNED)	\$13,200.00	Bid Price Allocation/Estimate	\$10,000.00
50.2.	KUBOTA BACKHOE (OWNED)	\$5,568.50	Bid Price Allocation/Estimate	\$4,000.00
50.3.	BEAUTY SALON EQUIPMENT (OWNED)	\$17,948.62	Bid Price Allocation	\$15,020.00
50.4.	HOUSEKEEPING EQUIPMENT (OWNED)	\$16,820.09	Bid Price Allocation	\$14,076.00
50.5.	MAIN KITCHEN EQUIPMENT (OWNED)	\$568,161.95	Bid Price Allocation	\$475,457.00
50.6.	LAUNDRY EQUIPMENT (OWNED)	\$42,774.80	Bid Price Allocation	\$35,795.00
50.7.	MAINTENANCE EQUIPMENT (OWNED)	\$1,235.77	Bid Price Allocation	\$1,034.00
50.8.	HEALTH CARE EQUIPMENT (OWNED)	\$69,041.96	Bid Price Allocation	\$57,777.00

Debtor **The Prospect-Woodward Home**Case number (if known) **21-10523**

50.9.	COMMUNICATIONS EQUIPMENT (OWNED)	\$290,520.66	Bid Price Allocation	\$243,117.00
50.10.	IT EQUIPMENT & SYSTEMS (OWNED)	\$40,360.37	Bid Price Allocation	\$33,775.00
50.11.	INDEPENDENT LIVING FURNITURE AND EQUIPMENT (OWNED)	\$861,419.26	Bid Price Allocation	\$720,864.00
50.12.	HEALTH CENTER FURNITURE (OWNED)	\$305,546.30	Bid Price Allocation	\$255,691.00
50.13.	ASSISTED LIVING FURNITURE (OWNED)	\$6,484.55	Bid Price Allocation	\$5,426.00

**51. Total of part 8**

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

\$1,889,496.00

**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
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**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

55.1. <sup>1</sup>	221-019-000-000-000 SENIOR LIVING COMMUNITY HILLSIDE VILLAGE KEENE COMMUNITY CENTER AND IL APARTMENTS 95 WYMAN RD. KEENE NH 03431	OWNED	\$81,363,102.55	Bid Price Allocation	\$67,968,597.00
55.2. <sup>1</sup>	221-018-000-000-000 SENIOR LIVING COMMUNITY HILLSIDE VILLAGE KEENE ASSISTED LIVING BUILDING 100 WYMAN RD. KEENE NH 03431	OWNED	SEE ABOVE	see above	SEE ABOVE
55.3. <sup>1</sup>	210-010-000-000-000 SENIOR LIVING COMMUNITY HILLSIDE VILLAGE KEENE BARN 118 WYMAN RD. KEENE NH 03431	OWNED	SEE ABOVE	see above	SEE ABOVE

<sup>1</sup>INCLUDES IMPROVEMENTS

Debtor **The Prospect-Woodward Home**Case number (if known) **21-10523****56. Total of part 9**

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

\$67,968,597.00

**57. Is a depreciation schedule available for any of the property listed in Part 9?**☐ No☒ Yes**58. Has any of the property listed in Part 9 been appraised by a professional within the last year?**☒ No☐ Yes**Part 10: Intangibles and intellectual property****59. Does the debtor have any interests in intangibles or intellectual property?**☐ No. Go to Part 11.☒ Yes. Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>60. Patents, copyrights, trademarks, and trade secrets</b>				
60.1.	TRADE NAME - HILLSIDE VILLAGE 5023282	\$0.00	None	\$0.00
<b>61. Internet domain names and websites</b>		Net book value of debtor's interest	Valuation method	Current value of debtor's interest
61.1.	WWW.HILLSIDEVILLAGEKEENE.ORG	\$0.00	None	\$0.00
61.2.	WWW.HSVK.ORG	\$0.00	None	\$0.00
<b>62. Licenses, franchises, and royalties</b>				
62.1.	LICENSE TO OPERATE A SUPPORTED RESIDENTIAL CARE FACILITY	\$0.00	None	\$0.00
62.2.	LICENSE TO OPERATE A NURSING HOME	\$0.00	None	\$0.00
62.3.	STATE OF NEW HAMPSHIRE LIQUOR LICENSE	\$0.00	None	\$0.00
<b>63. Customer lists, mailing lists, or other compilations</b>				
63.1.	CURRENT AND FORMER RESIDENTS AND PROSPECTIVE RESIDENTS NAMES, ADDRESSES, TELEPHONE NUMBERS, E-MAILS, AND SOCIAL SECURITY NUMBERS	UNKNOWN	_____	UNKNOWN
<b>64. Other intangibles, or intellectual property</b>				
64.1.	_____	\$ _____	_____	\$ _____
<b>65. Goodwill</b>				
65.1.	_____	\$ _____	_____	\$ _____

**66. Total of part 10**

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

UNKNOWN

**67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?**☐ No☒ Yes

Debtor **The Prospect-Woodward Home**Case number (if known) **21-10523****68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?**☒ No☐ Yes**69. Has any of the property listed in Part 10 been appraised by a professional within the last year?**☒ No☐ Yes**Part 11: All other assets****70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.☒ Yes. Fill in the information below.**Current value of debtor's interest****71. Notes receivable**

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

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

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

**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. AFFILIATED FM INSURANCE CO	POLICY NO. 1081952	_____	_____	_____	UNKNOWN
73.2. FEDERAL INSURANCE CO	POLICY NO. 82556563	_____	_____	_____	UNKNOWN
73.3. HISCOX	POLICY NO. ELU175985-21	_____	_____	_____	UNKNOWN
73.4. IRONSHORE	POLICY NO. HC7SACAI55001; HC7SACAI6H001	_____	_____	_____	UNKNOWN
73.5. LLOYDS OF LONDON	POLICY NO. ESJ0126257149	_____	_____	_____	UNKNOWN
73.6. RSUI/LANDMARK	POLICY NO. LHT918877	_____	_____	_____	UNKNOWN
73.7. ZURICH	POLICY NO. BAP 0378614; WC 4192894	_____	_____	_____	UNKNOWN

**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. _____	\$ _____	\$ _____

Debtor **The Prospect-Woodward Home**Case number (if known) **21-10523****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.	<p>THE MACMILLIN COMPANY LLC V. PROSPECT-WOODWARD HOME</p> <p>(PROSPECT-WOODWARD HOME ASSERTED ITS RIGHT TO SET OFF/COUNTERCLAIMS IN THIS AMOUNT FOR BOTH THE LITIGATION AND ARBITRATION)</p> <p>IN THE LITIGATION, GENERAL CONTRACTOR'S ACTION AGAINST PROSPECT-WOODWARD HOME FOR BREACH OF CONTRACT, UNJUST ENRICHMENT, AND MECHANIC'S LIEN DUE TO ALLEGED NONPAYMENT FOR CONSTRUCTION PROJECT. CASE STAYED PENDING OUTCOME AT ARBITRATION.</p> <p>IN THE ARBITRATION, GENERAL CONTRACTOR'S ACTION AGAINST PROSPECT WOODWARD HOME FOR BREACH OF CONTRACT, BREACH OF SETTLEMENT AGREEMENT, BREACH OF THE IMPLIED COVENANT OF GOOD FAITH AND FAIR DEALING, FRAUD, NEGLIGENT MISREPRESENTATION, VIOLATION OF CONSUMER PROTECTION ACT. COUNTERCLAIM ASSERTED BY PROSPECT WOODWARD HOME FOR BREACH OF CONTRACT, RECISSION OF SETTLEMENT AGREEMENT AND DISGORGEMENT, BREACH OF SETTLEMENT AGREEMENT, BREACH OF THE IMPLIED COVENANT OF GOOD FAITH AND FAIR DEALING (SETTLEMENT AGREEMENT), BREACH OF EXPRESS WARRANTY, BREACH OF THE IMPLIED WARRANTY TO PERFORM IN A WORKMANLIKE MANNER, NEGLIGENCE, AND FRAUDULENT MISREPRESENTATION.</p>	\$6,238,219.00	UNDETERMINED

**76. Trusts, equitable or future interests in property**

76.1. \_\_\_\_\_ \$ \_\_\_\_\_

**77. Other property of any kind not already listed**

Examples: Season tickets, country club membership

77.1. \_\_\_\_\_ \$ \_\_\_\_\_

**78. Total of part 11**

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

UNDETERMINED

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

Debtor **The Prospect-Woodward Home**Case number (if known) **21-10523****Part 12: Summary**

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

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1.</i>	\$10,252,761.49	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	\$752,229.42	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	\$17,191.65	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	\$0.00	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	\$0.00	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	\$0.00	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	\$122,929.00	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	\$1,889,496.00	
88. <b>Real property.</b> <i>Copy line 56, Part 9.</i> .....	→	\$67,968,597.00
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	UNKNOWN	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ UNDETERMINED	
91. <b>Total.</b> Add lines 80 through 90 for each column. ....91a.	\$13,034,607.56	+ 91b. \$67,968,597.00
92. <b>Total of all property on Schedule A/B.</b> Lines 91a + 91b = 92. ....		\$81,003,204.56

**Fill in this information to identify the case:****Debtor name:** The Prospect-Woodward Home**United States Bankruptcy Court for the:** District of New Hampshire**Case number (if known):** 21-10523☐ Check if this is an amended filingOfficial 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**AMERICAN BUILDERS AND  
CONTRACTORS SUPPLY CO  
1 ABC PKWY  
BELOIT WI 53511**Creditor's email address, if known**  
\_\_\_\_\_**Date debt was incurred:** 7/28/19**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: 2.10**Describe debtor's property that is subject to a lien**95 WYMAN RD. AND 100 WYMAN RD.,  
KEENE, NH 03431**Describe the lien**CONSOLIDATED ORDER RECORDED  
10/25/2019 IN CHESHIRE COUNTY, NH IN  
BOOKS 3086, PAGE 932 AND 3087, PAGE  
174**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

\$121,779.69

UNDETERMINED

Debtor **The Prospect-Woodward Home**Case number (if known) **21-10523**

<p>2.2. <b>Creditor's name and address</b></p> <p>BUILDERS INSTALLED PRODUCTS OF VT, LLC 48 KING ST AUBURN NH 03032</p> <p><b>Creditor's email address, if known</b> _____</p> <p><b>Date debt was incurred:</b> _____</p> <p><b>Last 4 digits of account number:</b> _____</p> <p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?</p> <p><input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____</p> <p><input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines: 2.10</p>	<p><b>Describe debtor's property that is subject to a lien</b></p> <p>ALL ACCOUNTS, MONIES, REAL ESTATE, ETC.      \$51,000.00      UNDETERMINED</p> <p><b>Describe the lien</b></p> <p>WRIT OF ATTACHMENT AND TRUSTEE PROCESS RECORDED 4/30/2020 IN CHESHIRE COUNTY, REGISTER OF DEED, NEW HAMPSHIRE, BOOK 3107, PAGE 1148</p> <p><b>Is the creditor an insider or related party?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</p> <p><b>As of the petition filing date, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p>
<p>2.3. <b>Creditor's name and address</b></p> <p>CT CORP SYSTEM AS REPRESENTATIVE SPRS 330 N BRAND BLVD STE 700 GLENDALE CA 91203</p> <p><b>Creditor's email address, if known</b> _____</p> <p><b>Date debt was incurred:</b> 5/7/20</p> <p><b>Last 4 digits of account number:</b> _____</p> <p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Have you already specified the relative priority?</p> <p><input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____</p> <p><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines: _____</p>	<p><b>Describe debtor's property that is subject to a lien</b></p> <p>THE EQUIPMENT, PERSONAL PROPERTY AND OTHER ASSETS (COLLECTIVELY, "PROPERTY"), FINANCED UNDER, COVERED BY OR DESCRIBED IN THE LEASE, RENTAL, EQUIPMENT FINANCE AGREEMENT OR INSTALLMENT PAYMENT AGREEMENT DESIGNATED AS AGREEMENT NO. 2521433      UNDETERMINED      UNDETERMINED</p> <p><b>Describe the lien</b></p> <p>UCC-1 RECORDED 5/7/2020 IN STATE OF NEW HAMPSHIRE AS DOCUMENT # 2005080000819</p> <p><b>Is the creditor an insider or related party?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</p> <p><b>As of the petition filing date, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>

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<p>2.4. <b>Creditor's name and address</b></p> <p>CT CORPORATION SYSTEM, AS REPRESENTATIVE ATTN SPRS 330 N BRAND BLVD SUITE 700 GLENDALE CA 91203</p> <p><b>Creditor's email address, if known</b></p> <p>_____</p> <p><b>Date debt was incurred:</b> 5/7/20</p> <p><b>Last 4 digits of account number:</b></p> <p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Have you already specified the relative priority?</p> <p style="padding-left: 20px;"><input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</p> <p>_____</p> <p style="padding-left: 20px;"><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines: _____</p>	<p><b>Describe debtor's property that is subject to a lien</b></p> <p>_____</p> <p><b>Describe the lien</b></p> <p>UCC-1 RECORDED 5/7/2020 IN STATE OF NEW HAMPSHIRE AS DOCUMENT # 2005080000819</p> <p><b>Is the creditor an insider or related party?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</p> <p><b>As of the petition filing date, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>	<p>UNDETERMINED</p> <p>UNDETERMINED</p>	<p>UNDETERMINED</p> <p>UNDETERMINED</p>
<p>2.5. <b>Creditor's name and address</b></p> <p>DENRON PLUMBING AND HVAC, LLC 605 FRONT ST MANCHESTER NH 03102</p> <p><b>Creditor's email address, if known</b></p> <p>_____</p> <p><b>Date debt was incurred:</b> _____</p> <p><b>Last 4 digits of account number:</b></p> <p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?</p> <p style="padding-left: 20px;"><input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</p> <p>_____</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines: 2.10</p>	<p><b>Describe debtor's property that is subject to a lien</b></p> <p>95 WYMAN RD., KEENE, NH 03431</p> <p><b>Describe the lien</b></p> <p>CONSOLIDATED ORDER RECORDED 10/25/2019 IN CHESHIRE COUNTY, NH IN BOOKS 3086, PAGE 932 AND 3087, PAGE 174</p> <p><b>Is the creditor an insider or related party?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</p> <p><b>As of the petition filing date, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p>	<p>\$693,535.44</p>	<p>UNDETERMINED</p>

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<p>2.6. <b>Creditor's name and address</b></p> <p>INSTALLED BUILDING PRODUCTS LLC OVERHEADDOOR CONCORD NH 38 LOCKE RD CONCORD NH 03301</p> <p><b>Creditor's email address, if known</b> _____</p> <p><b>Date debt was incurred:</b> _____</p> <p><b>Last 4 digits of account number:</b> _____</p> <p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?</p> <p><input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____</p> <p><input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines: 2.10</p>	<p><b>Describe debtor's property that is subject to a lien</b></p> <p>ALL ACCOUNTS, MONIES, REAL ESTATE, ETC.      \$10,000.00      UNDETERMINED</p> <p><b>Describe the lien</b></p> <p>WRIT OF ATTACHMENT AND TRUSTEE PROCESS RECORDED 4/30/2020 IN CHESHIRE COUNTY, REGISTER OF DEED, NEW HAMPSHIRE, BOOK 3107, PAGE 1153</p> <p><b>Is the creditor an insider or related party?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</p> <p><b>As of the petition filing date, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p>
<p>2.7. <b>Creditor's name and address</b></p> <p>JNR GUTTERS, INC 38-40 LANCASTER ST HAVERHILL MA 01830</p> <p><b>Creditor's email address, if known</b> _____</p> <p><b>Date debt was incurred:</b> 9/5/19</p> <p><b>Last 4 digits of account number:</b> _____</p> <p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?</p> <p><input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____</p> <p><input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines: 2.10</p>	<p><b>Describe debtor's property that is subject to a lien</b></p> <p>95 WYMAN RD. AND 100 WYMAN RD., KEENE, NH 03431      \$139,308.00      UNDETERMINED</p> <p><b>Describe the lien</b></p> <p>CONSOLIDATED ORDER RECORDED 10/25/2019 IN CHESHIRE COUNTY, NH IN BOOKS 3086, PAGE 932 AND 3087, PAGE 174</p> <p><b>Is the creditor an insider or related party?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</p> <p><b>As of the petition filing date, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p>

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2.8.	<b>Creditor's name and address</b>  METRO WALLS, INC 49 HANCOCK ST MANCHESTER NH 03101  <b>Creditor's email address, if known</b> _____  <b>Date debt was incurred:</b> 5/16/19  <b>Last 4 digits of account number:</b>  <b>Do multiple creditors have an interest in the same property?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines: 2.10	<b>Describe debtor's property that is subject to a lien</b>  95 WYMAN RD. AND 100 WYMAN RD., KEENE, NH 03431  <b>Describe the lien</b> EX PARTE MECHANICS LIEN ATTACHED RECORDED 8/23/2019 IN CHESHIRE COUNTY, NH, BOOK 3077, PAGE 1127  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$679,568.36      UNDETERMINED
2.9.	<b>Creditor's name and address</b>  PRO STOCK KITCHENS, LLC 70 JAFFREY RD PETERBOROUGH NH 03458  <b>Creditor's email address, if known</b> _____  <b>Date debt was incurred:</b> _____  <b>Last 4 digits of account number:</b>  <b>Do multiple creditors have an interest in the same property?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines: 2.10	<b>Describe debtor's property that is subject to a lien</b>  95 WYMAN RD., KEENE, NH 03431  <b>Describe the lien</b> CONSOLIDATED ORDER RECORDED 10/25/2019 IN CHESHIRE COUNTY, NH IN BOOKS 3086, PAGE 932 AND 3087, PAGE 174  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$130,000.00      UNDETERMINED

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<p>2.10. <b>Creditor's name and address</b></p> <p>SAVINGS BANK OF WALPOLE KEENE NH 84 MARLBORO ST PO BOX 744 KEENE NH 03431</p> <p><b>Creditor's email address, if known</b></p> <hr/> <p><b>Date debt was incurred:</b> 4/23/19</p> <p><b>Last 4 digits of account number:</b></p> <p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?</p> <p><input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. THE BOND TRUSTEE AND SAVINGS BANK OF WALPOLE HAVE PARI PASSU FIRST PRIORITY RIGHTS AGAINST ANY GROSS RECEIPTS AND REVENUES AND THE BOND TRUSTEE HAS A FIRST PRIORITY LIEN AS AGAINST ANY MECHANICS LIENS.</p> <p><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines: _____</p>	<p><b>Describe debtor's property that is subject to a lien</b></p> <p>GROSS RECEIPTS \$1,867,407.74 UNDETERMINED</p> <p><b>Describe the lien</b></p> <p>UCC-1 RECORDED 4/23/2019 IN STATE OF NEW HAMPSHIRE AS DOCUMENT # 1904240001645</p> <p><b>Is the creditor an insider or related party?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</p> <p><b>As of the petition filing date, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>
<p>2.11. <b>Creditor's name and address</b></p> <p>SCHINDLER ELEVATOR CORP 20 WHIPPANY RD MORRISTOWN NJ 07960</p> <p><b>Creditor's email address, if known</b></p> <hr/> <p><b>Date debt was incurred:</b> _____</p> <p><b>Last 4 digits of account number:</b></p> <p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?</p> <p><input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</p> <hr/> <p><input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines: 2.10</p>	<p><b>Describe debtor's property that is subject to a lien</b></p> <p>MONEY, GOODS, CHATTELS, RIGHTS, AND CREDITS \$110,000.00 UNDETERMINED</p> <p><b>Describe the lien</b></p> <p>JUDGMENT LIEN RECORDED 12/17/2019 IN CHESHIRE COUNTY, NH, BOOK 3092, PAGE 1145</p> <p><b>Is the creditor an insider or related party?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</p> <p><b>As of the petition filing date, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p>

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<p>2.12. <b>Creditor's name and address</b></p> <p>THE MACMILLIN CO 17 ELM ST KEENE NH 03431</p> <p><b>Creditor's email address, if known</b></p> <p>_____</p> <p><b>Date debt was incurred:</b> Various</p> <p><b>Last 4 digits of account number:</b></p> <p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?</p> <p><input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</p> <p>_____</p> <p><input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines: 2.10</p>	<p><b>Describe debtor's property that is subject to a lien</b></p> <p>_____ \$3,615,775.46 UNDETERMINED</p> <p><b>Describe the lien</b></p> <p>CONSOLIDATED ORDER RECORDED 10/25/2019 IN CHESHIRE COUNTY, NH IN BOOKS 3086, PAGE 932 AND 3087, PAGE 174</p> <p><b>Is the creditor an insider or related party?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</p> <p><b>As of the petition filing date, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p>
<p>2.13. <b>Creditor's name and address</b></p> <p>UMB BANK NA BOND TRUSTEE VIRGINIA A HOUSUM 120 SIXTH STREET SOUTH STE 1400 MINNEAPOLIS MN 55403</p> <p><b>Creditor's email address, if known</b></p> <p>_____</p> <p><b>Date debt was incurred:</b> 6/1/17</p> <p><b>Last 4 digits of account number:</b></p> <p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?</p> <p><input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</p> <p>_____</p> <p><input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines: 2.10</p>	<p><b>Describe debtor's property that is subject to a lien</b></p> <p>SERIES 2017 BONDS \$64,659,386.30 \$33,000,000.00</p> <p><b>Describe the lien</b></p> <p>SUBSTANTILLY ALL ASSETS OF THE DEBTOR</p> <p><b>Is the creditor an insider or related party?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</p> <p><b>As of the petition filing date, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p>

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<p>2.14. <b>Creditor's name and address</b></p> <p>WALLACE BUILDING PRODUCTS CORP 40 WALLACE LN DANBURY NH 03230</p> <p><b>Creditor's email address, if known</b></p> <p>_____</p> <p><b>Date debt was incurred:</b> 3/29/19</p> <p><b>Last 4 digits of account number:</b></p> <p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?</p> <p><input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</p> <p>_____</p> <p><input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines: 2.10</p>	<p><b>Describe debtor's property that is subject to a lien</b></p> <p>_____</p> <p><b>Describe the lien</b></p> <p>CONSOLIDATED ORDER RECORDED 10/25/2019 IN CHESHIRE COUNTY, NH IN BOOKS 3086, PAGE 932 AND 3087, PAGE 174</p> <p><b>Is the creditor an insider or related party?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</p> <p><b>As of the petition filing date, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p>	<p>\$325,579.64</p>	<p>UNDETERMINED</p>
<p>2.15. <b>Creditor's name and address</b></p> <p>WAYNE J GRIFFIN ELECTRIC, INC 116 HOPPING BROOK RD HOLLISTON MA 01746</p> <p><b>Creditor's email address, if known</b></p> <p>_____</p> <p><b>Date debt was incurred:</b> 8/11/19</p> <p><b>Last 4 digits of account number:</b></p> <p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?</p> <p><input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</p> <p>_____</p> <p><input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines: 2.10</p>	<p><b>Describe debtor's property that is subject to a lien</b></p> <p>REAL PROPERTY LOCATED AT 95 WYMAN RD. AND 99 WYMAN RD., KEENE, NH 03431</p> <p><b>Describe the lien</b></p> <p>CONSOLIDATED ORDER RECORDED 10/25/2019 IN CHESHIRE COUNTY, NH IN BOOKS 3086, PAGE 932 AND 3087, PAGE 174</p> <p><b>Is the creditor an insider or related party?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</p> <p><b>As of the petition filing date, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p>	<p>\$687,414.12</p>	<p>UNDETERMINED</p>
<p>3. <b>Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.</b></p>		<p><b>\$73,090,754.75</b></p>	

Debtor **The Prospect-Woodward Home**Case number (if known) **21-10523****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.	BERNKOPF GOODMAN LLP JASON A MANEKAS,ESQ 2 SEAPORT LANE, 9TH FLOOR BOSTON MA 02210	Line 2.13	_____
3.2.	BERNSTEIN SHUR KELLY GAGLIUSO 670 NORTH COMMERCIAL STREET SUITE 108 MANCHESTER NH 03105	Line 2.8	_____
3.3.	BERNSTEIN SHUR SAWYER AND NELSON PA HILARY HOMES RHEAUME 670 NORTH COMMERCIAL STREET SUITE 108 MANCHESTER NH 03105	Line 2.1	_____
3.4.	BERNSTEIN SHUR SAWYER AND NELSON PA HILLARY HOMES RHEAUME 670 N COMMERCIAL ST STE 108 MANCHESTER NH 03105	Line 2.8	_____
3.5.	BERNSTEIN SHUR SAWYER AND NELSON PA MICHAEL BOSSE 670 N COMMERCIAL ST STE 108 MANCHESTER NH 03105	Line 2.1	_____
3.6.	BRUCE J MARSHALL LAW OFFICES PLLC BRUCE MARSHALL 48 GRANDVIEW RD STE # 3 BOW NH 03304	Line 2.14	_____
3.7.	COUGHLIN RAINBOTH MURPHY AND LOWN PA KENNETH MURPHY 439 MIDDLE ST PORTSMOUTH NH 03801	Line 2.11	_____
3.8.	DEVINE MILLIMET & BRANCH P.A. CHARLES R POWELL III,ESQ 111 AMHERST ST MANCHESTER NH 03101	Line 2.10	_____
3.9.	DEW CONSTRUCTION THE MACMILLIN BUILDING 17 ELM STREET KEENE NH 03431	Line 2.12	_____
3.10.	DROHAN, HITT & HADAS LLC THOMAS B. DROHAN 50 FEDERAL STREET BOSTON MA 02110	Line 2.12	_____
3.11.	DRUMMOND WOODSUM JEREMY R FISCHER 670 N COMMERCIAL ST.,STE 207 MANCHESTER NH 03101	Line 2.12	_____

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3.12.	MCLANE MIDDLETON PA JEREMY WALKER & ASHLEY B CAMPBELL 900 ELM ST PO BOX 326 MANCHESTER NH 03105-0326	Line 2.15 _____
3.13.	MINTZ LEVIN COHN FERRIS ET AL. DANIEL S. BLECK ONE FINANCIAL CENTER BOSTON MA 02111	Line 2.13 _____
3.14.	NEW HAMPSHIRE HEALTH AND EDUCATION FACILITIES AUTHORITY CONCORD, NH 54 SOUTH STATE STREET CONCORD NH 03301	Line 2.13 _____
3.15.	NICOSIA AND ASSOCIATES PC PETER NICOSIA PO BOX 721 259 MIDDLESEX RD TYNGSBORO MA 01879	Line 2.7 _____
3.16.	NOTINGER LAW PLLC STEVEN M NOTINGER P O BOX 7010 NASHUA NH 03060	Line 2.13 _____
3.17.	ORR AND RENO PA JAMES LABOE 45 SOUTH MAIN ST PO BOX 3550 CONCORD NH 03302-3550	Line 2.12 _____
3.18.	PILLSBURY WINTHROP SHAW PITTMAN, LLP MELISSA LESMES 1200 17TH ST NW WASHINGTON DC 20036	Line 2.12 _____
3.19.	RIEMER & BRAUNSTEIN LLP ALAN L BRAUNSTEIN,ESQ 100 CAMBRIDGE ST.,22ND FLOOR BOSTON MA 02114	Line 2.7 _____
3.20.	RIEMER & BRAUNSTEIN LLP ALAN L BRAUNSTEIN,ESQ 100 CAMBRIDGE ST.,22ND FLOOR BOSTON MA 02114	Line 2.1 _____
3.21.	SCHUBERT LAW OFFICES WILLIAM SCHUBERT 100 WEBSTER ST MANCHESTER NH 03104	Line 2.2 _____
3.22.	SCHUBERT LAW OFFICES WILLIAM SCHUBERT 100 WEBSTER STREET MANCHESTER NH 03104	Line 2.6 _____
3.23.	THE TAMPOSI LAW GROUP PC PETER N TAMPOSI 159 MAIN ST NASHUA NH 03060	Line 2.13 _____
3.24.	UPTON AND HATFIELD LLP SABRINA BEAVENS 10 CENTRE ST PO BOX 1090 CONCORD NH 03302	Line 2.9 _____
3.25.	WADLEIGH STARR AND PETERS PLLC FRANK P SPINELLA 95 MARKET ST MANCHESTER NH 03101	Line 2.5 _____

**Fill in this information to identify the case:****Debtor name:** The Prospect-Woodward Home**United States Bankruptcy Court for the:** District of New Hampshire**Case number (if known):** 21-10523☐ Check if this is an amended filing

Official Form 206E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

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

**Part 1: List All Creditors with PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☒ No. Go to Part 2.☐ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.**2.1. Priority creditor's name and mailing address**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**As of the petition filing date, the claim is:**

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Total claim**

\$ \_\_\_\_\_

**Priority amount**

\$ \_\_\_\_\_

**Nonpriority amount**

\$ \_\_\_\_\_

**Date or dates debt was incurred**

\_\_\_\_\_

**Basis for the claim:**

\_\_\_\_\_

**Last 4 digits of account number:** \_ \_ \_ \_

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

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Debtor **The Prospect-Woodward Home**Case number (if known) **21-10523****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

**3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

3.1.	<b>Nonpriority creditor's name and mailing address</b> AFFORDABLE WATER HEATERS LLC PO BOX 334 AYER MA 01432	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Amount of claim</b> \$545.00
	<b>Date or dates debt was incurred</b> 7/1/21 - 8/29/21	<b>Basis for the claim:</b> SUPPLIER	
	<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.2.	<b>Nonpriority creditor's name and mailing address</b> AIRGAS USA LLC PO BOX 734445 CHICAGO IL 60673-4445	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Amount of claim</b> \$136.34
	<b>Date or dates debt was incurred</b> 7/1/21 - 8/29/21	<b>Basis for the claim:</b> SUPPLIER	
	<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.3.	<b>Nonpriority creditor's name and mailing address</b> ALLIANCE BUILDING AUTOMATION PO BOX 666 ESSEX JUNCTION VT 05453	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Amount of claim</b> \$1,623.60
	<b>Date or dates debt was incurred</b> 7/1/21 - 8/29/21	<b>Basis for the claim:</b> SUPPLIER	
	<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.4.	<b>Nonpriority creditor's name and mailing address</b> AMMONS, DIANE 420 MONADNOCK STREET TROY NH 03465  <b>Date or dates debt was incurred</b> 7/1/21 - 8/29/21  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> SUPPLIER  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$200.00
3.5.	<b>Nonpriority creditor's name and mailing address</b> ARCOMM COMMUNICATIONS CORPORATION 462 WEST MAIN STREET #3 HILLSBOROUGH NH 03244  <b>Date or dates debt was incurred</b> 7/1/21 - 8/29/21  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> SUPPLIER  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$551.25
3.6.	<b>Nonpriority creditor's name and mailing address</b> ATTANE INC 8880 WARD PARKWAY SUITE 400 KANSAS CITY MO 64114  <b>Date or dates debt was incurred</b> 7/1/21 - 8/29/21  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> SUPPLIER  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$12,316.00

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3.7.	<b>Nonpriority creditor's name and mailing address</b> BACKFLOW PREVENTER INSPECTION SERVICES OF RICHMOND LLC 50 BULLOCK ROAD RICHMOND NH 03470  <b>Date or dates debt was incurred</b> 7/1/21 - 8/29/21  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> SUPPLIER  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,575.00
3.8.	<b>Nonpriority creditor's name and mailing address</b> BENAQUIST, LAWRENCE M 166 SOUTH LINCOLN STREET KEENE NH 03431  <b>Date or dates debt was incurred</b> 7/1/21 - 8/29/21  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> SUPPLIER  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$100.00
3.9.	<b>Nonpriority creditor's name and mailing address</b> CITY OF KEENE PO BOX 544 KEENE NH 03431-0544  <b>Date or dates debt was incurred</b> 4/1/2021 - 9/30/2021  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PAYMENT IN LIEU OF TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$329,000.00

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3.10.	<b>Nonpriority creditor's name and mailing address</b> CONSOLIDATED COMMUNICATIONS INC PO BOX 11021 LEWISTON ME 04243-9472  <b>Date or dates debt was incurred</b> 7/1/21 - 8/29/21  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> SUPPLIER  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$74.65
3.11.	<b>Nonpriority creditor's name and mailing address</b> CONVENIENTMD URGENT CARE 111 NEW HAMPSHIRE AVENUE STE 2 PORTSMOUTH NH 03801  <b>Date or dates debt was incurred</b> 7/1/21 - 8/29/21  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> SUPPLIER  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,305.00
3.12.	<b>Nonpriority creditor's name and mailing address</b> CORT 10 POST OFFICE SQUARE BOSTON MA 02109  <b>Date or dates debt was incurred</b> 7/1/21 - 8/29/21  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> SUPPLIER  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,321.75

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3.13.	<b>Nonpriority creditor's name and mailing address</b> DARTMOUTH-HITCHCOCK PO BOX 419114 BOSTON MA 02241-9114  <b>Date or dates debt was incurred</b> 7/1/21 - 8/29/21  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> SUPPLIER  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,300.00
3.14.	<b>Nonpriority creditor's name and mailing address</b> DE LAGE LANDEN FINANCIAL SERVICES INC PO BOX 41602 PHILADELPHIA PA 19101-1602  <b>Date or dates debt was incurred</b> 7/1/21 - 8/29/21  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> SUPPLIER  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$381.30
3.15.	<b>Nonpriority creditor's name and mailing address</b> DIRECT ENERGY BUSINESS PO BOX 70220 PHILADELPHIA PA 19176-0220  <b>Date or dates debt was incurred</b> 7/1/21 - 8/29/21  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> SUPPLIER  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$13,119.64

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3.16.	<b>Nonpriority creditor's name and mailing address</b> DIRECT SUPPLY INC 6767 N INDUSTRIAL ROAD MILWAUKEE WI 53223  <b>Date or dates debt was incurred</b> 7/1/21 - 8/29/21  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> SUPPLIER  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$402.68
3.17.	<b>Nonpriority creditor's name and mailing address</b> DOLE & BAILEY INC 16 CONN STREET WOBURN MA 01801  <b>Date or dates debt was incurred</b> 7/1/21 - 8/29/21  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> SUPPLIER  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,311.90
3.18.	<b>Nonpriority creditor's name and mailing address</b> DURKIN, PAMELA 1070 ROUTE 63 WESTMORELAND NH 03467  <b>Date or dates debt was incurred</b> 7/1/21 - 8/29/21  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> SUPPLIER  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,410.00

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3.19.	<b>Nonpriority creditor's name and mailing address</b> FW WEBB COMPANY 160 MIDDLESEX TURNPIKE BEDFORD MA 01730  <b>Date or dates debt was incurred</b> 7/1/21 - 8/29/21  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> SUPPLIER  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$263.97
3.20.	<b>Nonpriority creditor's name and mailing address</b> GRAINGER DEPARTMENT 887421649 PALATINE IL 60038-0001  <b>Date or dates debt was incurred</b> 7/1/21 - 8/29/21  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> SUPPLIER  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$695.22
3.21.	<b>Nonpriority creditor's name and mailing address</b> HAMPSHIRE FIRE PROTECTION 8 NORTH WENTWORTH AVENUE LONDONDERRY NH 03053  <b>Date or dates debt was incurred</b> 7/1/21 - 8/29/21  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> SUPPLIER  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$11,775.00

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3.22.	<b>Nonpriority creditor's name and mailing address</b> HAMSHAW LUMBER INC PO BOX 725 KEENE NH 03431  <b>Date or dates debt was incurred</b> 7/1/21 - 8/29/21  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> SUPPLIER  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$28.65
3.23.	<b>Nonpriority creditor's name and mailing address</b> HANNAH GRIMES CENTER INC 25 ROXBURY STREET #104 KEENE NH 03431  <b>Date or dates debt was incurred</b> 7/1/21 - 8/29/21  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> SUPPLIER  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$93.50
3.24.	<b>Nonpriority creditor's name and mailing address</b> HOME DEPOT PRO, THE PO BOX 742480 ATLANTA GA 30374-2480  <b>Date or dates debt was incurred</b> 7/1/21 - 8/29/21  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> SUPPLIER  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,180.24

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3.25.	<b>Nonpriority creditor's name and mailing address</b> HOWARD PRINTING, INC. HOWARD PRINTING PO BOX 996 BRATTLEBORO VT 05302  <b>Date or dates debt was incurred</b> 7/1/21 - 8/29/21  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> SUPPLIER  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$120.00
3.26.	<b>Nonpriority creditor's name and mailing address</b> IMPACT FIRE SERVICES, LLC 26 HAMPSHIRE DRIVE HUDSON NH 03051  <b>Date or dates debt was incurred</b> 7/1/21 - 8/29/21  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> SUPPLIER  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,850.00
3.27.	<b>Nonpriority creditor's name and mailing address</b> IRVING OIL COMPANY PO BOX 11012 LEWISTON ME 04243-9463  <b>Date or dates debt was incurred</b> 7/1/21 - 8/29/21  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> SUPPLIER  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$806.55

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3.28.	<b>Nonpriority creditor's name and mailing address</b> JON-DON INC 37302 EAGLE WAY CHICAGO IL 60678-1373	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Amount of claim</b> \$39.61
	<b>Date or dates debt was incurred</b> 7/1/21 - 8/29/21	<b>Basis for the claim:</b> SUPPLIER	
	<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.29.	<b>Nonpriority creditor's name and mailing address</b> JP PEST SERVICES LLC 101 EMERSON ROAD MILFORD NH 03055	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Amount of claim</b> \$349.40
	<b>Date or dates debt was incurred</b> 7/1/21 - 8/29/21	<b>Basis for the claim:</b> SUPPLIER	
	<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.30.	<b>Nonpriority creditor's name and mailing address</b> LIFE CARE COMPANIES LLC CAPITAL SQUARE 400 LOCUST STREET SUITE 820 DES MOINES IA 50309	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Amount of claim</b> \$1,746.05
	<b>Date or dates debt was incurred</b> 7/1/21 - 8/29/21	<b>Basis for the claim:</b> SUPPLIER	
	<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.31.	<b>Nonpriority creditor's name and mailing address</b> MAPLE HILL NURSERY 197 WEST SWANZEY ROAD SWANZEY NH 03446  <b>Date or dates debt was incurred</b> 7/1/21 - 8/29/21  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> SUPPLIER  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$871.00
3.32.	<b>Nonpriority creditor's name and mailing address</b> MCKESSON MEDICAL-SURGICAL MN SUPPLY INC 12755 HIGHWAY 55 STE R200 MINNEAPOLIS MN 55441-4664  <b>Date or dates debt was incurred</b> 7/1/21 - 8/29/21  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> SUPPLIER  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,954.61
3.33.	<b>Nonpriority creditor's name and mailing address</b> PINNACLEVIEW EQUIPMENT INC RT. 12 PO BOX 697 WALPOLE NH 03608  <b>Date or dates debt was incurred</b> 7/1/21 - 8/29/21  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> SUPPLIER  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$35.26

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3.34.	<b>Nonpriority creditor's name and mailing address</b> PITNEY BOWES PURCHASE POWER PO BOX 371874 PITTSBURGH PA 15250-7887  <b>Date or dates debt was incurred</b> 7/1/21 - 8/29/21  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> SUPPLIER  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$207.91
3.35.	<b>Nonpriority creditor's name and mailing address</b> PRETI, FLAHERTY, BELIVEAU & PACHIOS, CHARTERED, LLP 57 NORTH MAIN STREET CONCORD NH 03301  <b>Date or dates debt was incurred</b> 7/1/21 - 8/29/21  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> SERVICES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,742.50
3.36.	<b>Nonpriority creditor's name and mailing address</b> PRIME ROAST COFFEE CO., LLC 16 MAIN STREET KEENE NH 03431  <b>Date or dates debt was incurred</b> 7/1/21 - 8/29/21  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> SUPPLIER  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$340.00

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3.37.	<b>Nonpriority creditor's name and mailing address</b> PRODUCE ALLIANCE LLC PO BOX 7762 CAROL STREAM IL 60197-7762  <b>Date or dates debt was incurred</b> 7/1/21 - 8/29/21  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> SUPPLIER  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$192.37
3.38.	<b>Nonpriority creditor's name and mailing address</b> PUBLIC SERVICE COMPANY OF NEW HAMPSHIRE PO BOX 56003 BOSTON MA 02205-6003  <b>Date or dates debt was incurred</b> 7/1/21 - 8/29/21  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> SUPPLIER  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$12,571.12
3.39.	<b>Nonpriority creditor's name and mailing address</b> R.J. MASE, INC 1 TESTA PLACE NORWALK CT 06854  <b>Date or dates debt was incurred</b> 7/1/21 - 8/29/21  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> SUPPLIER  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$70.50

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3.40.	<b>Nonpriority creditor's name and mailing address</b> REINHART FOOD SERVICE PO BOX 489 NORTH SPRINGFIELD VT 05150  <b>Date or dates debt was incurred</b> 7/1/21 - 8/29/21  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> SUPPLIER  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,473.93
3.41.	<b>Nonpriority creditor's name and mailing address</b> SAF-GARD SAFETY SHOE CO 2701 PATTERSON STREET GREENSBORO NC 27407  <b>Date or dates debt was incurred</b> 7/1/21 - 8/29/21  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> SUPPLIER  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$249.97
3.42.	<b>Nonpriority creditor's name and mailing address</b> SHARPS COMPLIANCE INC PO BOX 679502 DALLAS TX 75267-9502  <b>Date or dates debt was incurred</b> 7/1/21 - 8/29/21  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> SUPPLIER  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$70.00

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3.43.	<b>Nonpriority creditor's name and mailing address</b> SIEMENS FIRE SAFETY PO BOX 2134 CAROL STREAM IL 60132-2134  <b>Date or dates debt was incurred</b> 7/1/21 - 8/29/21  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> SUPPLIER  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,355.00
3.44.	<b>Nonpriority creditor's name and mailing address</b> STAPLES ADVANTAGE 500 STAPLES DRIVE FRAMINGHAM MA 01702  <b>Date or dates debt was incurred</b> 7/1/21 - 8/29/21  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> SUPPLIER  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$215.81
3.45.	<b>Nonpriority creditor's name and mailing address</b> SUBURBAN PROPANE L P PO BOX 160 WHIPPANY NJ 07981-0160  <b>Date or dates debt was incurred</b> 7/1/21 - 8/29/21  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> SUPPLIER  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,174.43

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3.46.	<b>Nonpriority creditor's name and mailing address</b> SYSCO BOSTON LLC 99 SPRING STREET PLYMPTON MA 02367  <b>Date or dates debt was incurred</b> 7/1/21 - 8/29/21  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> SUPPLIER  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$7,566.11
3.47.	<b>Nonpriority creditor's name and mailing address</b> THE KEENE SENTINEL PO BOX 546 KEENE NH 03431-0546  <b>Date or dates debt was incurred</b> 7/1/21 - 8/29/21  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> SUPPLIER  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$200.00
3.48.	<b>Nonpriority creditor's name and mailing address</b> TOUCHTOWN INC 931 THIRD STREET SUITE 100 OAKMONT PA 15139  <b>Date or dates debt was incurred</b> 7/1/21 - 8/29/21  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> SUPPLIER  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,015.00

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3.49.	<b>Nonpriority creditor's name and mailing address</b> TSOMIDES ASSOCIATES LLC ECHO BRIDGE OFFICE PK 389 ELLIOT ST NEWTON UPPER FALLS MA 02464  <b>Date or dates debt was incurred</b> 7/1/21 - 8/29/21  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RETAINAGE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$586,378.23
3.50.	<b>Nonpriority creditor's name and mailing address</b> TUCKERS POWER EQUIPMENT CENTER 61 PINEHURST AVENUE KEENE NH 03431  <b>Date or dates debt was incurred</b> 7/1/21 - 8/29/21  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> SUPPLIER  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$20.85
3.51.	<b>Nonpriority creditor's name and mailing address</b> US CELLULAR DEPT. 0205 PALATINE IL 60055-0205  <b>Date or dates debt was incurred</b> 7/1/21 - 8/29/21  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> SUPPLIER  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$310.55

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3.52.	<b>Nonpriority creditor's name and mailing address</b> WASTE MANAGEMENT OF NEW HAMPSHIRE, INC. PO BOX 13648 PHILADELPHIA PA 19101-3648  <b>Date or dates debt was incurred</b> 7/1/21 - 8/29/21  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> SUPPLIER  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$5,618.96
3.53.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1001 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$418,500.00
3.54.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1002 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$423,000.00

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3.55.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1003 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - DUE UPON RECEIPT OF REPLACEMENT ENTRANCE FEE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$28,200.00
3.56.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1004 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$307,800.00
3.57.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1005 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$539,100.00

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3.58.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1006 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$292,500.00
3.59.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1007 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$278,100.00
3.60.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1008 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$355,500.00

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3.61.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1009 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$401,400.00
3.62.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1010 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$270,000.00
3.63.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1011 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$248,400.00

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3.64.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1012 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$243,900.00
3.65.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1013 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$403,200.00
3.66.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1015 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$260,100.00

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3.67.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1016 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$342,900.00
3.68.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1017 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$346,500.00
3.69.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1018 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$409,500.00

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3.70.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1019 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - DUE UPON RECEIPT OF REPLACEMENT ENTRANCE FEE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$17,600.00
3.71.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1020 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - DUE UPON RECEIPT OF REPLACEMENT ENTRANCE FEE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$41,600.00
3.72.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1021 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$436,500.00

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3.73.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1022 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$539,100.00
3.74.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1023 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - DUE UPON RECEIPT OF REPLACEMENT ENTRANCE FEE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$85,560.00
3.75.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1024 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$342,900.00

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3.76.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1024 Address Intentionally Omitted	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Amount of claim</b> \$33.74
	<b>Date or dates debt was incurred</b> 7/1/21 - 8/29/21	<b>Basis for the claim:</b> RESIDENT CREDIT BALANCE	
	<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.77.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1025 Address Intentionally Omitted	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Amount of claim</b> \$164,340.00
	<b>Date or dates debt was incurred</b> <hr/>	<b>Basis for the claim:</b> ENTRANCE FEE REFUND - DUE UPON RECEIPT OF REPLACEMENT ENTRANCE FEE	
	<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.78.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1026 Address Intentionally Omitted	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Amount of claim</b> \$400,500.00
	<b>Date or dates debt was incurred</b> <hr/>	<b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT	
	<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.79.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1027 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$403,200.00
3.80.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1028 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$284,400.00
3.81.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1029 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$245,700.00

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3.82.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1031 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$289,800.00
3.83.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1032 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$363,600.00
3.84.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1034 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$301,500.00

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3.85.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1037 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$342,900.00
3.86.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1039 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - DUE UPON RECEIPT OF REPLACEMENT ENTRANCE FEE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$29,000.00
3.87.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1040 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$387,000.00

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3.88.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1044 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - DUE UPON RECEIPT OF REPLACEMENT ENTRANCE FEE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$31,600.00
3.89.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1045 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$403,200.00
3.90.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1046 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$398,700.00

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3.91.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1047 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$387,000.00
3.92.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1049 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$429,300.00
3.93.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1050 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

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3.94.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1050 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - DUE UPON RECEIPT OF REPLACEMENT ENTRANCE FEE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$403,200.00
3.95.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1051 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - DUE UPON RECEIPT OF REPLACEMENT ENTRANCE FEE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$577,800.00
3.96.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1052 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$381,600.00

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3.97.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1053 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - DUE UPON RECEIPT OF REPLACEMENT ENTRANCE FEE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$234,000.00
3.98.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1053 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> REFUND OF PREPAID RENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,697.79
3.99.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1054 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$292,500.00

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3.100.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1055 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$262,800.00
3.101.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1056 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$320,400.00
3.102.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1057 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$455,400.00

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3.103.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1058 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$387,000.00
3.104.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1059 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$549,900.00
3.105.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1060 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - DUE UPON RECEIPT OF REPLACEMENT ENTRANCE FEE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$342,900.00

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3.106.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1060 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.107.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1061 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$423,000.00
3.108.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1062 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$315,900.00

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3.109.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1063 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$241,200.00
3.110.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1064 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$350,100.00
3.111.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1065 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$320,400.00

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3.112.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1066 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$409,500.00
3.113.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1067 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - DUE UPON RECEIPT OF REPLACEMENT ENTRANCE FEE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$41,100.00
3.114.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1069 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$292,500.00

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3.115.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1070 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$254,700.00
3.116.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1074 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$260,100.00
3.117.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1075 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$324,000.00

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3.118.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1076 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$267,300.00
3.119.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1077 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$400,500.00
3.120.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1077 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> 7/1/21 - 8/29/21 <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT CREDIT BALANCE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$8,801.45

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3.121.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1079 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$382,500.00
3.122.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1080 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$544,500.00
3.123.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1081 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$370,800.00

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3.124.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1082 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - DUE UPON RECEIPT OF REPLACEMENT ENTRANCE FEE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$18,600.00
3.125.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1083 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - DUE UPON RECEIPT OF REPLACEMENT ENTRANCE FEE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$448,200.00
3.126.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1086 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - DUE UPON RECEIPT OF REPLACEMENT ENTRANCE FEE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$399,600.00

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3.127.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1088 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - DUE UPON RECEIPT OF REPLACEMENT ENTRANCE FEE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$207,480.00
3.128.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1089 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$304,200.00
3.129.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1090 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$409,500.00

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3.130.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1091 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$297,000.00
3.131.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1101 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$86,020.00
3.132.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1102 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$111,720.00

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3.133.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1103 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$232,400.00
3.134.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1104 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$171,780.00
3.135.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1105 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$147,400.00

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3.136.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1106 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$125,600.00
3.137.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1107 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$106,020.00
3.138.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1108 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$273,000.00

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3.139.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1109 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$106,400.00
3.140.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1110 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$113,760.00
3.141.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1111 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$192,000.00

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3.142.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1111 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> 7/1/21 - 8/29/21  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT CREDIT BALANCE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$74.30
3.143.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1112 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$107,640.00
3.144.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1113 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$187,200.00

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3.145.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1114 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$95,220.00
3.146.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1115 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$85,800.00
3.147.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1116 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$122,760.00

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3.148.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1118 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$99,880.00
3.149.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1119 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$112,980.00
3.150.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1120 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$240,426.00

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3.151.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1121 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$80,960.00
3.152.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1122 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$104,420.00
3.153.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1123 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$128,340.00

Debtor **The Prospect-Woodward Home**Case number (if known) **21-10523**

3.154.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1124 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$161,280.00
3.155.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1125 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$144,480.00
3.156.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1126 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$118,360.00

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3.157.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1127 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$122,760.00
3.158.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1128 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$94,000.00
3.159.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1129 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$109,940.00

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3.160.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1130 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$149,100.00
3.161.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1131 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$128,800.00
3.162.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1132 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$141,220.00

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3.163.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1133 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$197,880.00
3.164.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1134 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$103,320.00
3.165.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1135 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$128,940.00

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3.166.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1136 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$124,500.00
3.167.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1138 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$109,940.00
3.168.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1139 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$169,880.00

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3.169.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1140 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$204,440.00
3.170.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1141 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$174,960.00
3.171.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1142 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$99,000.00

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3.172.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1143 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$111,720.00
3.173.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1144 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$141,440.00
3.174.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1145 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$111,720.00

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3.175.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1146 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$117,600.00
3.176.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1147 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ENTRANCE FEE REFUND - CURRENT RESIDENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$123,200.00
3.177.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1148 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT ESCROW DEPOSIT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$359,000.00

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3.178.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1149 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT ESCROW DEPOSIT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$660,250.00
3.179.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1150 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT ESCROW DEPOSIT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$391,000.00
3.180.	<b>Nonpriority creditor's name and mailing address</b> RESIDENT - F1151 Address Intentionally Omitted  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT ESCROW DEPOSIT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$423,700.00

Debtor **The Prospect-Woodward Home**Case number (if known) **21-10523**3.181. **Nonpriority creditor's name and mailing address**RESIDENT - F1152  
Address Intentionally Omitted**As of the petition filing date, the claim is:***Check all that apply.*

- ☒ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Amount of claim**

\$373,000.00

**Date or dates debt was incurred**

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**Last 4 digits of account number:****Basis for the claim:**

RESIDENT ESCROW DEPOSIT

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Debtor **The Prospect-Woodward Home**Case number (if known) **21-10523****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
CRAIG DEACHMAN AND ASSOCIATES PLLC JAMES W CRAIG 1662 ELM ST MANCHESTER NH 03101	Part 2 line 3.106	_____
CRAIG DEACHMAN AND ASSOCIATES PLLC JAMES W CRAIG 1662 ELM ST MANCHESTER NH 03101	Part 2 line 3.105	_____
HOLLAND & KNIGHT LLP LYNNE B XERRAS;EDWIN HALL 10 ST JAMES AVE.,11TH FLOOR BOSTON MA 02116	Part 2 line 3.49	_____
RESIDENT - F1050 JOSEPH D. STEINFELD 130 COURT ST KEENE NH 03431	Part 2 line 3.93	_____

Debtor **The Prospect-Woodward Home**Case number (if known) **21-10523****Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

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**5. Add the amounts of priority and nonpriority unsecured claims.****Total of claim amounts**

<b>5a. Total claims from Part 1</b>	5a.		\$0.00
<b>5b. Total claims from Part 2</b>	5b.	+	\$32,735,799.69
<b>5c. Total of Parts 1 and 2</b> Lines 5a + 5b = 5c.	5c.		\$32,735,799.69

**Fill in this information to identify the case:****Debtor name:** The Prospect-Woodward Home**United States Bankruptcy Court for the:** District of New Hampshire**Case number (if known):** 21-10523☐ Check if this is an amended filing

Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

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

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2.	List all contracts and unexpired leases	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.1.	<p><b>Title of contract</b> EXECUTORY COTRACT</p> <p><b>State what the contract or lease is for</b> REFERRALS</p> <p><b>Nature of debtor's interest</b> CONTRACT PARTY</p> <p><b>State the term remaining</b> NO EXPIRATION, MTM</p> <p><b>List the contract number of any government contract</b> _____</p>	<p>A PLACE FOR MOM DMCA DESIGNEE 200 SOUTH WACKER DR STE 2900 CHICAGO IL 60606</p>
2.2.	<p><b>Title of contract</b> EXECUTORY COTRACT</p> <p><b>State what the contract or lease is for</b> MAINTENANCE</p> <p><b>Nature of debtor's interest</b> CONTRACT PARTY</p> <p><b>State the term remaining</b> 4/1/2022</p> <p><b>List the contract number of any government contract</b> _____</p>	<p><b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b></p> <p>ABM HEALTHCARE SUPPORT SVC INC ABM HEALTH PO BOX 419860 BOSTON MA 02241-0860</p>
2.3.	<p><b>Title of contract</b> EMPLOYEE SUPPORT SERVICES CONTRACT</p> <p><b>State what the contract or lease is for</b> PAYROLL PROCESSING</p> <p><b>Nature of debtor's interest</b> CONTRACT PARTY</p> <p><b>State the term remaining</b> 12/31/2023</p> <p><b>List the contract number of any government contract</b> _____</p>	<p><b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b></p> <p>ADP, LLC 1 ADP BLVD ROSELAND NJ 07068</p>

Debtor **The Prospect-Woodward Home**Case number (if known) **21-10523**

- 2.4. **Title of contract** INSURANCE CONTRACT  
**State what the contract or lease is for** POLICY NO. 1081952  
**Nature of debtor's interest** INSURED  
**State the term remaining** 6/30/2022  
**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**  
 AFFILIATED FM INSURANCE CO  
 270 CENTRAL AVE  
 PO BOX 7500  
 JOHNSTOWN RI 02919-4949
- 2.5. **Title of contract** EXECUTORY CONTRACT  
**State what the contract or lease is for** ELEVATOR REPAIR  
**Nature of debtor's interest** CONTRACT PARTY  
**State the term remaining** 3/1/2023  
**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**  
 ALL WAYS ACCESSIBLE INC  
 128 HALL ST STE F  
 CONCORD NH 03301
- 2.6. **Title of contract** EXECUTORY CONTRACT  
**State what the contract or lease is for** UNIFORMS  
**Nature of debtor's interest** CONTRACT PARTY  
**State the term remaining** 12/18/2021  
**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**  
 AMERIPRIDE SVC INC  
 PO BOX 1390  
 BEMIDJI MN 56619-1390
- 2.7. **Title of contract** EXECUTORY CONTRACT  
**State what the contract or lease is for** HVAC MAINTENANCE  
**Nature of debtor's interest** CONTRACT PARTY  
**State the term remaining** 5/8/2023  
**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**  
 ARCH MECHANICAL CONTRACTORS  
 PO BOX 724  
 BRADFORD VT 05033
- 2.8. **Title of contract** EXECUTORY CONTRACT  
**State what the contract or lease is for** MOVIE LICENSE  
**Nature of debtor's interest** CONTRACT PARTY  
**State the term remaining** 3/25/2022  
**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**  
 ASCAP LICENSE AGREEMENT  
 PO BOX 331608  
 NASHVILLE TN 37203-7515

Debtor **The Prospect-Woodward Home**Case number (if known) **21-10523**

- 2.9.<sup>1</sup>      **Title of contract**                      EXECUTORY 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**                      RETIREMENT HOME TV
- Nature of debtor's interest**                      CONTRACT PARTY                      ASCENTUM CAPITAL  
23970 HIGHWAY 59 N  
KINGWOOD TX 77339
- State the term remaining**                      6/14/2024
- List the contract number of any government contract**                      \_\_\_\_\_
- 
- 2.10.      **Title of contract**                      CONSTRUCTION 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**                      CONSTRUCTION REPAIR AGREEMENT
- Nature of debtor's interest**                      CONTRACT PARTY                      BERGERON CONSTRUCTION CO  
INC  
27 MATTHEWS RD  
KEENE NH 03431
- State the term remaining**                      NO EXPIRATION
- List the contract number of any government contract**                      \_\_\_\_\_
- 
- 2.11.      **Title of contract**                      EXECUTORY 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**                      VENDING MACHINES
- Nature of debtor's interest**                      CONTRACT PARTY                      BEST VENDORS, LLC  
4150 OLSON MEMORIAL HWY  
STE 200  
MINNEAPOLIS MN 55422
- State the term remaining**                      8/25/2022
- List the contract number of any government contract**                      \_\_\_\_\_
- 
- 2.12.      **Title of contract**                      EXECUTORY 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**                      FIRE ALARM TESTING
- Nature of debtor's interest**                      CONTRACT PARTY                      BK SYSTEMS INC  
27 SHEEP DAVIS RD  
PEMBROKE NH 03275
- State the term remaining**                      3/1/2022
- List the contract number of any government contract**                      \_\_\_\_\_
- 
- 2.13.      **Title of contract**                      EXECUTORY 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**                      SALON
- Nature of debtor's interest**                      CONTRACT PARTY                      BLANCHETTE\*LISA M  
166 CROSS RD  
WEST CHESTERFIELD NH 03466
- State the term remaining**                      NO EXPIRATION, MTM
- List the contract number of any government contract**                      \_\_\_\_\_

Debtor **The Prospect-Woodward Home**Case number (if known) **21-10523**

- 2.14. **Title of contract** EXECUTORY 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** MARKETING
- Nature of debtor's interest** CONTRACT PARTY **BLUESPIRE INC**
- State the term remaining** 8/1/2022 **7650 EDINBOROUGH WAY**
- List the contract number of any government contract** \_\_\_\_\_ **STE 425**
- EDINA MN 55435**
- 2.15.<sup>2</sup> **Title of contract** PAYMENT IN LIEU OF TAXES **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** PAYMENT IN LIEU OF TAXES
- Nature of debtor's interest** CONTRACT PARTY **CITY OF KEENE**
- State the term remaining** 11/22/2029 **3 WASHINGTON ST**
- List the contract number of any government contract** \_\_\_\_\_ **KEENE NH 03431**
- 2.16. **Title of contract** AGREEMENT FOR PAYMENT IN LIEU OF TAXES ("PILOT") BY AND BETWEEN THE CITY OF KEENE AND THE PROSPECT-WOODWARD HOME **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** PAYMENT AGREEMENT **CITY OF KEENE**
- Nature of debtor's interest** CONTRACT PARTY **3 WASHINGTON ST**
- State the term remaining** 3/31/2030 **KEENE NH 03431**
- List the contract number of any government contract** \_\_\_\_\_
- 2.17. **Title of contract** INSURANCE 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** EMPLOYEE BENEFITS
- Nature of debtor's interest** CONTRACT PARTY **COLONIAL LIFE**
- State the term remaining** \_\_\_\_\_ **PO BOX 903**
- List the contract number of any government contract** \_\_\_\_\_ **COLUMBIA SC 29202-0903**
- 2.18. **Title of contract** MODEL HOME FURNITURE **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** VARIOUS PIECES OF DISPLAY FURNITURE
- Nature of debtor's interest** LESEE **CORT**
- State the term remaining** 11 MONTHS **10 POST OFFICE SQUARE**
- List the contract number of any government contract** \_\_\_\_\_ **STE 160**
- BOSTON MA 02109**

Debtor **The Prospect-Woodward Home**

Case number (if known) **21-10523**

2.19. <sup>3</sup>	<b>Title of contract</b>	ASSET PURCHASE AGREEMENT	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b>  COVENANT LIVING SERVICES ATTN DAVID ERICKSON 5700 OLD ORCHARD RD CHICAGO IL 60077
	<b>State what the contract or lease is for</b>	SALE - THE PROSPECT-WOODWARD HOME D/B/A HILLSIDE VILLAGE KEENE	
	<b>Nature of debtor's interest</b>	SELLER	
	<b>State the term remaining</b>	N/A	
	<b>List the contract number of any government contract</b>	_____	
2.20.	<b>Title of contract</b>	EXECUTORY COTRACT	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b>  CT CORPORATION SYSTEM, AS REPRESENTATIVE ATTN SPRS 330 N BRAND BLVD SUITE 700 GLENDALE CA 91203
	<b>State what the contract or lease is for</b>	BUSINESS COMPLIANCE	
	<b>Nature of debtor's interest</b>	LESSEE	
	<b>State the term remaining</b>	NO EXPIRATION, MTM	
	<b>List the contract number of any government contract</b>	_____	
2.21.	<b>Title of contract</b>	EXECUTORY COTRACT	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b>  CUMMINS SALES AND SVC PO BOX 419404 BOSTON MA 02241-9404
	<b>State what the contract or lease is for</b>	GENERATOR MAINTENANCE	
	<b>Nature of debtor's interest</b>	CONTRACT PARTY	
	<b>State the term remaining</b>	5/1/2024	
	<b>List the contract number of any government contract</b>	_____	
2.22.	<b>Title of contract</b>	EXECUTORY COTRACT	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b>  DARTMOUTH-HITCHCOCK PO BOX 419114 BOSTON MA 02241-9114
	<b>State what the contract or lease is for</b>	MEDICAL DIRECTOR	
	<b>Nature of debtor's interest</b>	CONTRACT PARTY	
	<b>State the term remaining</b>	2/22/2022	
	<b>List the contract number of any government contract</b>	_____	
2.23.	<b>Title of contract</b>	EXECUTORY COTRACT	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b>  DENRON MAINTENANCE 605 FRONT ST MANCHESTER NH 03102
	<b>State what the contract or lease is for</b>	HVAC MAINTENANCE	
	<b>Nature of debtor's interest</b>	CONTRACT PARTY	
	<b>State the term remaining</b>	11/27/2021	
	<b>List the contract number of any government contract</b>	_____	

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- 2.24. **Title of contract** EXECUTORY CONTRACT  
**State what the contract or lease is for** STATE COVID TESTING  
**Nature of debtor's interest** CONTRACT PARTY  
**State the term remaining** NO EXPIRATION, MTM  
**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**  
 DHHS COVID TESTING PROGRAM  
 29 HAZEN DR  
 CONCORD NH 03301
- 2.25.<sup>4</sup> **Title of contract** EXECUTORY CONTRACT  
**State what the contract or lease is for** UTILITY  
**Nature of debtor's interest** CONTRACT PARTY  
**State the term remaining** NO EXPIRATION, MTM  
**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**  
 DIRECT ENERGY  
 194 S WOOD AVE  
 ISELIN NJ 08830
- 2.26. **Title of contract** EMPLOYEE SUPPORT SERVICES CONTRACT  
**State what the contract or lease is for** EMPLOYEE BENEFITS  
**Nature of debtor's interest** CONTRACT PARTY  
**State the term remaining** 12/31/2023  
**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**  
 EMPLOYEE SVC INC  
 55 CHAMBERLAIN ST  
 WELLSVILLE NY 14895
- 2.27. **Title of contract** TORK LEASE  
**State what the contract or lease is for** TORK WASHROOM DISPENSERS  
**Nature of debtor's interest** LESEE  
**State the term remaining** 6/30/2022  
**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**  
 ESSITY  
 2929 ARCH ST.  
 #2600  
 PHILADELPHIA PA 19104
- 2.28. **Title of contract** INSURANCE CONTRACT  
**State what the contract or lease is for** POLICY NO. 82556563  
**Nature of debtor's interest** INSURED  
**State the term remaining** 1/1/2022  
**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**  
 FEDERAL INSURANCE CO  
 15 MOUNTAIN VIEW RD  
 WARREN NJ 07059

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- 2.29. **Title of contract** EXECUTORY 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** POS SYSTEM
- Nature of debtor's interest** CONTRACT PARTY FULL COUNT  
1555 SE DELAWARE AVE  
STE A  
ANKENY IA 50021
- State the term remaining** 2/14/2022
- List the contract number of any government contract** \_\_\_\_\_
- 2.30. **Title of contract** EXECUTORY 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** SNOW PLOWING
- Nature of debtor's interest** CONTRACT PARTY GDS LANDMARK GROUP  
80 WARMAC RD  
SWANZEY NH 03446
- State the term remaining** 8/24/2023
- List the contract number of any government contract** \_\_\_\_\_
- 2.31. **Title of contract** BROKERAGE 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** REAL ESTATE MARKETING & SALES AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY GRANDBRIDGE REAL ESTATE  
CAPITAL LLC  
DAVID KIEWER  
1408 N WESTSHORE BLVD  
TAMPA FL 33607
- State the term remaining** NO EXPIRATION, MTM
- List the contract number of any government contract** \_\_\_\_\_
- 2.32. **Title of contract** EXECUTORY 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** SPRINKLER/ALARM TESTING
- Nature of debtor's interest** CONTRACT PARTY HAMPSHIRE FIRE PROTECTION  
KEVIN THIBODEAU  
8 NORTH WENTWORTH AVE  
LONDONDERRY NH 03053
- State the term remaining** NO EXPIRATION, MTM
- List the contract number of any government contract** \_\_\_\_\_
- 2.33. **Title of contract** INSURANCE 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** EMPLOYEE BENEFITS
- Nature of debtor's interest** CONTRACT PARTY HARVARD PILGRIM HEALTH CARE  
INC  
PO BOX 970050  
BOSTON MA 02297-0050
- State the term remaining** 12/31/2021
- List the contract number of any government contract** \_\_\_\_\_

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- 2.34. **Title of contract** INSURANCE 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** POLICY NO. ELU175985-21
- Nature of debtor's interest** INSURED HISCOX
- State the term remaining** 6/30/2022 5 CONCOURSE PKWY
- List the contract number of any government contract** \_\_\_\_\_ ATLANTA GA 30328
- 2.35. **Title of contract** EXECUTORY COTRACT **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 CONSULTING
- Nature of debtor's interest** CONTRACT PARTY HOGAN\*KAREN
- State the term remaining** NO EXPIRATION 19 PLEASANT AVE
- List the contract number of any government contract** \_\_\_\_\_ SCARBOROUGH ME 04074
- 2.36. **Title of contract** EXECUTORY COTRACT **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 CLEANING
- Nature of debtor's interest** CONTRACT PARTY IMPACT FIRE SERVICES, LLC
- State the term remaining** 10/17/2021 26 HAMPSHIRE DR
- List the contract number of any government contract** \_\_\_\_\_ HUDSON NH 03051
- 2.37. **Title of contract** INSURANCE 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** POLICY NO. HC7SACAI55001; HC7SACAI6H001
- Nature of debtor's interest** INSURED IRONSHORE
- State the term remaining** 6/30/2022 ONE STATE STREET PLZ
- List the contract number of any government contract** \_\_\_\_\_ 7TH FLOOR
- NEW YORK NY 10004
- 2.38. **Title of contract** EXECUTORY COTRACT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PEST SERVICE
- Nature of debtor's interest** CONTRACT PARTY JP PEST SVC LLC
- State the term remaining** 1/1/2022 101 EMERSON RD
- List the contract number of any government contract** \_\_\_\_\_ MILFORD NH 03055

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- |       |   |   |  |
|-------|---|---|--|
| 2.39. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | EMPLOYEE SUPPORT SERVICES CONTRACT<br>EMPLOYEE BENEFITS<br>CONTRACT PARTY<br>12/31/2023<br><hr/>                        | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>KRONOS INC<br>PO BOX 743208<br>ATLANTA GA 30374-3208  |
| 2.40. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | PRE-OPENING AND MANAGEMENT SERVICES AGREEMENT<br>FACILITY MANAGEMENT AGREEMENT<br>CONTRACT PARTY<br>12/31/2023<br><hr/> | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>LIFE CARE COMPANIES LLC<br>CAPITAL SQUARE<br>400 LOCUST ST STE 820<br>DES MOINES IA 50309     |
| 2.41. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | INSURANCE CONTRACT<br>POLICY NO. ESJ0126257149<br>INSURED<br>1/1/2022<br><hr/>  | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>LLOYDS OF LONDON<br>280 PARK AVE<br>EAST TOWER 24TH FLOOR<br>NEW YORK NY 10017                |
| 2.42. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | EXECUTORY COTRACT<br>LAND PURCHASE OPTION<br>CONTRACT PARTY<br>1/1/2024<br><hr/>  | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>LORY*JEREMY<br>63 WYMAN RD<br>KEENE NH 03431  |
| 2.43. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | EXECUTORY COTRACT<br>CHARGE CAPTURE FOR MED SUPPLIES<br>CONTRACT PARTY<br>4/1/2024<br><hr/>                             | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>MCKESSON ORBITS SYSTEM AGREEMENT<br>12755 HIGHWAY 55<br>STE R200<br>MINNEAPOLIS MN 55441-4664 |

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- 2.44. **Title of contract** EXECUTORY 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** SOFTWARE LICENSE
- Nature of debtor's interest** CONTRACT PARTY MEALSUITE INC  
5001 LYNDON B JOHNSON HWY  
DALLAS TX 75244
- State the term remaining** 3/6/2022
- List the contract number of any government contract** \_\_\_\_\_
- 2.45. **Title of contract** EXECUTORY 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** X-RAY
- Nature of debtor's interest** CONTRACT PARTY MOBILE X DIAGNOSTICS  
109 RHODE ISLAND RD  
LAKEVILLE MA 02347
- State the term remaining** 8/1/2022
- List the contract number of any government contract** \_\_\_\_\_
- 2.46. **Title of contract** EXECUTORY 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** MUSIC LICENSE
- Nature of debtor's interest** CONTRACT PARTY MPLC LICENSE AGREEMENT  
PO BOX 80144  
CITY OF INDUSTRY CA 91716-8144
- State the term remaining** 3/31/2022
- List the contract number of any government contract** \_\_\_\_\_
- 2.47. **Title of contract** INSURANCE 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** EMPLOYEE BENEFITS
- Nature of debtor's interest** CONTRACT PARTY MUTUAL OF OMAHA INSURANCE  
CO  
PAYMENT PROCESSING CENTER  
PO BOX 2147  
OMAHA NE 68103-2147
- State the term remaining** 12/31/2021
- List the contract number of any government contract** \_\_\_\_\_
- 2.48. **Title of contract** EXECUTORY 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** MYUNITY BILLING SYSTEM
- Nature of debtor's interest** CONTRACT PARTY NETSMART INFO SYSTEMS  
11100 NALL AVE  
OVERLAND PARK KS 66211
- State the term remaining** 2/18/2024
- List the contract number of any government contract** \_\_\_\_\_

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- |       |   |  |   |
|-------|---|--|---|
| 2.49. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | TOSHIBA COPIER SYSTEM<br>TOSHIBA COLOR SYSTEMS (MODEL #S 3515AC AND 4515AC)<br>LESEE<br>2/20/23<br><hr/>                           | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>NEW ENGLAND OFFICE SOLUTIONS INC<br>D/B/A OFFICE SYSTEM OF VERMONT INC<br>20 WINTERSPORT LN<br>STE 145<br>WILLISTON VT 05495 |
| 2.50. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | INSURANCE CONTRACT<br>EMPLOYEE BENEFITS<br>CONTRACT PARTY<br>12/31/2021<br><hr/>   | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>NORTHEAST DELTA DENTAL<br>PO BOX 9566<br>MANCHESTER NH 03108-9566  |
| 2.51. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | EXECUTORY COTRACT<br>COPIER LEASES (3) - THROUGH BANKING PARTNERS: DE LAGE LANDON AND LEAF<br>CONTRACT PARTY<br>2/20/2024<br><hr/> | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>OFFICE SYSTEM OF VT/NH<br>L-3757<br>COLUMBUS OH 43260  |
| 2.52. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | EXECUTORY COTRACT<br>PHARMACY<br>CONTRACT PARTY<br>3/1/2023<br><hr/>   | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>OMNICARE OF NEW HAMPSHIRE<br>DEPT 781668<br>PO BOX 78000<br>DETROIT MI 48278-1668  |
| 2.53. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | EXECUTORY COTRACT<br>PHONE COMMUNICATION BLAST<br>CONTRACT PARTY<br>5/21/2022<br><hr/>   | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>ONE CALL NOW<br>6450 POE AVE STE 500<br>DAYTON OH 45414  |

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- 2.54. **Title of contract** EMPLOYEE SUPPORT SERVICES 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** EMPLOYEE BENEFITS
- Nature of debtor's interest** CONTRACT PARTY ORACLE HCM  
2300 ORACLE WAY  
AUSTIN TX 78741
- State the term remaining** 12/31/2023
- List the contract number of any government contract** \_\_\_\_\_
- 2.55. **Title of contract** MAILING SYSTEM **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** SENDPRO C-425 DIGITAL MAILING SYSTEM
- Nature of debtor's interest** LESEE PITNEY BOWES  
PO BOX 571677  
SALT LAKE CITY UT 84157-1677
- State the term remaining** 6/18/2024
- List the contract number of any government contract** \_\_\_\_\_
- 2.56. **Title of contract** EXECUTORY COTRACT **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** MAILING MACHINE LEASE
- Nature of debtor's interest** CONTRACT PARTY PITNEY BOWES GLOBAL  
FINANCIAL SVC LLC  
PO BOX 371887  
PITTSBURGH PA 15250-7887
- State the term remaining** NO EXPIRATION
- List the contract number of any government contract** \_\_\_\_\_
- 2.57. **Title of contract** EXECUTORY COTRACT **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** MAILING SUPPLIES/POSTAGE
- Nature of debtor's interest** CONTRACT PARTY PITNEY BOWES PURCHASE  
POWER  
PO BOX 371874  
PITTSBURGH PA 15250-7887
- State the term remaining** NO EXPIRATION
- List the contract number of any government contract** \_\_\_\_\_
- 2.58. **Title of contract** EXECUTORY COTRACT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MAINTENANCE AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY POWERS GENERATOR SERVICE,  
LLC  
PO BOX 10005  
SWANZEY NH 03446
- State the term remaining** 12/22/2021
- List the contract number of any government contract** \_\_\_\_\_

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|-------|---|---|--|
| 2.59. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | EXECUTORY COTRACT<br>RELOCATION/PLACEMENT<br>CONTRACT PARTY<br>2/5/2022<br><hr/>                                  | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>PREMIERE TRANSITIONS<br>3927 WINCHESTER RD<br>STE 200<br>MEMPHIS TN 38118 |
| 2.60. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | EMPLOYEE RETIREMENT CONTRACT<br>EMPLOYEE BENEFITS<br>CONTRACT PARTY<br>NO EXPIRATION, MTM<br><hr/>                | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>PRINCIPAL FINANCIAL GROUP<br>711 HIGH ST<br>DES MOINES IA 50392           |
| 2.61. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | PLAN ADMINISTRATION AGREEMENT<br>EMPLOYEE 403(B) SERVICES<br>CONTRACT PARTY<br>NO EXPIRATION/ UNDEFINED.<br><hr/> | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>PRINCIPAL FINANCIAL GROUP<br>711 HIGH ST<br>DES MOINES IA 50392           |
| 2.62. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | EXECUTORY COTRACT<br>KITCHEN APPLIANCE MAINTENANCE<br>CONTRACT PARTY<br>4/4/2022<br><hr/>                         | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>PROCTOR AND GAMBLE<br>1 P&G PLZ<br>CINCINNATI OH 45202                    |
| 2.63. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | EXECUTORY COTRACT<br>TRAINING<br>CONTRACT PARTY<br>11/1/2021<br><hr/>   | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RELIAS LLC<br>1010 SYNC ST<br>MORRISVILLE SC 27560                        |

Debtor **The Prospect-Woodward Home**Case number (if known) **21-10523**

- 2.64. **Title of contract** EXECUTORY CONTRACT
- State what the contract or lease is for** OWNERS REP
- Nature of debtor's interest** CONTRACT PARTY
- State the term remaining** NO EXPIRATION
- 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**
- RESILIENT BUILDINGS GROUP INC  
6 DIXON AVE STE 200  
CONCORD NH 03301
- 2.65. **Title of contract** INSURANCE CONTRACT
- State what the contract or lease is for** POLICY NO. LHT918877
- Nature of debtor's interest** INSURED
- State the term remaining** 6/30/2022
- 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**
- RSUI/LANDMARK  
945 EAST PACES FERRY RD NE  
ATLANTA GA 30326
- 2.66. **Title of contract** EXECUTORY CONTRACT
- State what the contract or lease is for** CRM
- Nature of debtor's interest** CONTRACT PARTY
- State the term remaining** 12/31/2023
- 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**
- SALESFORCE  
415 MISSION ST  
THIRD FL  
SAN FRANCISCO CA 94105
- 2.67. **Title of contract** EXECUTORY CONTRACT
- State what the contract or lease is for** ELEVATOR MAINTENANCE
- Nature of debtor's interest** CONTRACT PARTY
- State the term remaining** 2/24/2022
- 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**
- SCHINDLER ELEVATOR CORP  
PO BOX 93050  
CHICAGO IL 60673-3050
- 2.68. **Title of contract** EXECUTORY CONTRACT
- State what the contract or lease is for** SALON
- Nature of debtor's interest** CONTRACT PARTY
- State the term remaining** 12/1/2022
- 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**
- SCHMITT\*RAQUEL D  
323 POND RD  
SURREY NH 03431

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|--------------------|---|--|---|
| 2.69.              | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | EXECUTORY COTRACT<br>FIRE ALARM TESTING<br>CONTRACT PARTY<br>3/1/2023<br><hr/> | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>SEIMENS<br>SIEMENS INDUSTRY INC<br>CITIBANK (BLDG TECH)<br>PO BOX 2134<br>CAROL STREAM IL 60132-2134 |
| 2.70.              | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | EXECUTORY COTRACT<br>MUSIC PERFORMANCE<br>CONTRACT PARTY<br>4/5/2022<br><hr/>  | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>SESAC, LLC<br>PO BOX 5246<br>NEW YORK NY 10008-5246  |
| 2.71.              | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | EXECUTORY COTRACT<br>DISPOSAL<br>CONTRACT PARTY<br>9/28/2018<br><hr/>          | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>SHARPS COMPLIANCE INC<br>PO BOX 679502<br>DALLAS TX 75267-9502                                       |
| 2.72.              | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | INVIA COM<br>NETWORK EQUIPMENT<br>LESEE<br>8/31/2022<br><hr/>                  | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>SINGLE DIGITS<br>INVIA COM<br>2022 VAN BUREN AVE<br>INDIAN TRAIL NC 28079                            |
| 2.73. <sup>5</sup> | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | EXECUTORY COTRACT<br>PROPANE<br>CONTRACT PARTY<br>8/15/2022<br><hr/>           | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>SUBURBAN PROPANE<br>240 RTE 10 WEST<br>PO BOX 206<br>WHIPPANY NJ 07981-0206                          |

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| 2.74. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | EXECUTORY COTRACT<br>FOOD DELIVERY<br>CONTRACT PARTY<br>NO EXPIRATION<br>_____                           | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>SYSCO BOSTON LLC<br>99 SPRING ST<br>PLYMPTON MA 02367                        |
| 2.75. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | EMPLOYEE SUPPORT SERVICES CONTRACT<br>EMPLOYEE BENEFITS<br>CONTRACT PARTY<br>NO EXPIRATION, MTM<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>THE RICHARDS GROUP<br>48 HARRIS PL<br>BRATTLEBORO VT 05301                   |
| 2.76. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | ESCROW AGREEMENT<br>BANK ESCROW ACCOUNT AGREEMENT<br>CONTRACT PARTY<br>_____<br>_____                    | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>TMI TRUST COMPANY<br>BARBARA JAMES<br>901 SUMMIT AVE<br>FORTH WORTH TX 76102 |
| 2.77. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | EXECUTORY COTRACT<br>RESIDENT DIGITAL CONCIERGE<br>CONTRACT PARTY<br>NO EXPIRATION, MTM<br>_____         | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>TOUCHTOWN INC<br>931 THIRD ST<br>STE 100<br>OAKMONT PA 15139                 |
| 2.78. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | EXECUTORY COTRACT<br>CELL PHONE<br>CONTRACT PARTY<br>1/8/2023<br>_____                                   | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>US CELLULAR<br>DEPT 0205<br>PALATINE IL 60055-0205                           |

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| 2.79. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | EXECUTORY COTRACT<br>TRASH<br>CONTRACT PARTY<br>12/14/2021<br><hr/>  | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>WASTE MANAGEMENT OF NEW HAMPSHIRE, INC<br>26 PATRIOTS PL<br>FOXBORO MA 02035  |
| 2.80. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | VEHICLE LEASE<br>2019 FORD ECONOLINE E350 STARCRAFT, 1FDEE3FS2KDC22130 (LEASED)<br>LESEE<br>3/4/2024<br><hr/>              | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>WELLS FARGO EQUIPMENT FINANCE, INC.<br>CHRIS TRETSVEN<br>600 SOUTH 4TH ST.<br>MAC N9300-100<br>MINNEAPOLIS MN 55415 |
| 2.81. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | EXECUTORY COTRACT<br>GREASE TRAP<br>CONTRACT PARTY<br>10/1/2021<br><hr/>   | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>WRE SVC (WIND RIVER)<br>46 LIZOTTE DR<br>MARLBORO MA 01752  |
| 2.82. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | INSURANCE CONTRACT<br>POLICY NO. BAP 0378614; WC 4192894<br>INSURED<br>6/30/2022<br><hr/>                                  | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>ZURICH<br>FOUR WORLD TRADE CTR<br>150 GREENWICH STREET<br>NEW YORK NY 10007   |
| 2.83. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENCY AND CARE AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br><hr/> | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1001<br>Address Intentionally Omitted   |

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| 2.84. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENCY AND CARE AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____                   | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1002<br>Address Intentionally Omitted |
| 2.85. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENT AGREEMENT<br>ENTRANCE FEE REFUND - DUE UPON RECEIPT OF REPLACEMENT ENTRANCE FEE<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1003<br>Address Intentionally Omitted |
| 2.86. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENCY AND CARE AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____                   | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1004<br>Address Intentionally Omitted |
| 2.87. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENCY AND CARE AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____                   | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1005<br>Address Intentionally Omitted |
| 2.88. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENCY AND CARE AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____                   | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1006<br>Address Intentionally Omitted |

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2.89.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENCY AND CARE AGREEMENT ENTRANCE FEE REFUND - CURRENT RESIDENT CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1007 Address Intentionally Omitted
2.90.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENCY AND CARE AGREEMENT ENTRANCE FEE REFUND - CURRENT RESIDENT CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1008 Address Intentionally Omitted
2.91.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENCY AND CARE AGREEMENT ENTRANCE FEE REFUND - CURRENT RESIDENT CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1009 Address Intentionally Omitted
2.92.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENCY AND CARE AGREEMENT ENTRANCE FEE REFUND - CURRENT RESIDENT CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1010 Address Intentionally Omitted
2.93.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENCY AND CARE AGREEMENT ENTRANCE FEE REFUND - CURRENT RESIDENT CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1011 Address Intentionally Omitted

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| 2.94. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENCY AND CARE AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1012<br>Address Intentionally Omitted |
| 2.95. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENCY AND CARE AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1013<br>Address Intentionally Omitted |
| 2.96. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENCY AND CARE AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1015<br>Address Intentionally Omitted |
| 2.97. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENCY AND CARE AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1016<br>Address Intentionally Omitted |
| 2.98. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENCY AND CARE AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1017<br>Address Intentionally Omitted |

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2.99.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENCY AND CARE AGREEMENT ENTRANCE FEE REFUND - CURRENT RESIDENT CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1018 Address Intentionally Omitted
2.100.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENT AGREEMENT ENTRANCE FEE REFUND - DUE UPON RECEIPT OF REPLACEMENT ENTRANCE FEE CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1019 Address Intentionally Omitted
2.101.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENT AGREEMENT ENTRANCE FEE REFUND - DUE UPON RECEIPT OF REPLACEMENT ENTRANCE FEE CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1020 Address Intentionally Omitted
2.102.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENCY AND CARE AGREEMENT ENTRANCE FEE REFUND - CURRENT RESIDENT CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1021 Address Intentionally Omitted
2.103.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENCY AND CARE AGREEMENT ENTRANCE FEE REFUND - CURRENT RESIDENT CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1022 Address Intentionally Omitted

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2.104.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENT AGREEMENT ENTRANCE FEE REFUND - DUE UPON RECEIPT OF REPLACEMENT ENTRANCE FEE CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1023 Address Intentionally Omitted
2.105.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENCY AND CARE AGREEMENT ENTRANCE FEE REFUND - CURRENT RESIDENT CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1024 Address Intentionally Omitted
2.106.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENT AGREEMENT ENTRANCE FEE REFUND - DUE UPON RECEIPT OF REPLACEMENT ENTRANCE FEE CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1025 Address Intentionally Omitted
2.107.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENCY AND CARE AGREEMENT ENTRANCE FEE REFUND - CURRENT RESIDENT CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1026 Address Intentionally Omitted
2.108.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENCY AND CARE AGREEMENT ENTRANCE FEE REFUND - CURRENT RESIDENT CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1027 Address Intentionally Omitted

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2.109.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENCY AND CARE AGREEMENT ENTRANCE FEE REFUND - CURRENT RESIDENT CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1028 Address Intentionally Omitted
2.110.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENCY AND CARE AGREEMENT ENTRANCE FEE REFUND - CURRENT RESIDENT CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1029 Address Intentionally Omitted
2.111.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENCY AND CARE AGREEMENT ENTRANCE FEE REFUND - CURRENT RESIDENT CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1031 Address Intentionally Omitted
2.112.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENCY AND CARE AGREEMENT ENTRANCE FEE REFUND - CURRENT RESIDENT CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1032 Address Intentionally Omitted
2.113.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENCY AND CARE AGREEMENT ENTRANCE FEE REFUND - CURRENT RESIDENT CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1034 Address Intentionally Omitted

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| 2.114. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENCY AND CARE AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____                   | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1037<br>Address Intentionally Omitted |
| 2.115. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENT AGREEMENT<br>ENTRANCE FEE REFUND - DUE UPON RECEIPT OF REPLACEMENT ENTRANCE FEE<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1039<br>Address Intentionally Omitted |
| 2.116. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENCY AND CARE AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____                   | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1040<br>Address Intentionally Omitted |
| 2.117. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENT AGREEMENT<br>ENTRANCE FEE REFUND - DUE UPON RECEIPT OF REPLACEMENT ENTRANCE FEE<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1044<br>Address Intentionally Omitted |
| 2.118. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENCY AND CARE AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____                   | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1045<br>Address Intentionally Omitted |

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2.119.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENCY AND CARE AGREEMENT ENTRANCE FEE REFUND - CURRENT RESIDENT CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1046 Address Intentionally Omitted
2.120.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENCY AND CARE AGREEMENT ENTRANCE FEE REFUND - CURRENT RESIDENT CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1047 Address Intentionally Omitted
2.121.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENCY AND CARE AGREEMENT ENTRANCE FEE REFUND - CURRENT RESIDENT CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1049 Address Intentionally Omitted
2.122.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENT AGREEMENT ENTRANCE FEE REFUND - DUE UPON RECEIPT OF REPLACEMENT ENTRANCE FEE CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1050 Address Intentionally Omitted
2.123.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENT AGREEMENT ENTRANCE FEE REFUND - DUE UPON RECEIPT OF REPLACEMENT ENTRANCE FEE CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1051 Address Intentionally Omitted

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2.124.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENCY AND CARE AGREEMENT ENTRANCE FEE REFUND - CURRENT RESIDENT CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1052 Address Intentionally Omitted
2.125.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENT AGREEMENT ENTRANCE FEE REFUND - DUE UPON RECEIPT OF REPLACEMENT ENTRANCE FEE CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1053 Address Intentionally Omitted
2.126.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENCY AND CARE AGREEMENT ENTRANCE FEE REFUND - CURRENT RESIDENT CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1054 Address Intentionally Omitted
2.127.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENCY AND CARE AGREEMENT ENTRANCE FEE REFUND - CURRENT RESIDENT CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1055 Address Intentionally Omitted
2.128.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENCY AND CARE AGREEMENT ENTRANCE FEE REFUND - CURRENT RESIDENT CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1056 Address Intentionally Omitted

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| 2.129. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENCY AND CARE AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____                   | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1057<br>Address Intentionally Omitted |
| 2.130. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENCY AND CARE AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____                   | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1058<br>Address Intentionally Omitted |
| 2.131. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENCY AND CARE AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____                   | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1059<br>Address Intentionally Omitted |
| 2.132. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENT AGREEMENT<br>ENTRANCE FEE REFUND - DUE UPON RECEIPT OF REPLACEMENT ENTRANCE FEE<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1060<br>Address Intentionally Omitted |
| 2.133. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENCY AND CARE AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____                   | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1061<br>Address Intentionally Omitted |

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| 2.134. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENCY AND CARE AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1062<br>Address Intentionally Omitted |
| 2.135. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENCY AND CARE AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1063<br>Address Intentionally Omitted |
| 2.136. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENCY AND CARE AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1064<br>Address Intentionally Omitted |
| 2.137. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENCY AND CARE AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1065<br>Address Intentionally Omitted |
| 2.138. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENCY AND CARE AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1066<br>Address Intentionally Omitted |

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2.139.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENT AGREEMENT ENTRANCE FEE REFUND - DUE UPON RECEIPT OF REPLACEMENT ENTRANCE FEE CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1067 Address Intentionally Omitted
2.140.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENCY AND CARE AGREEMENT ENTRANCE FEE REFUND - CURRENT RESIDENT CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1069 Address Intentionally Omitted
2.141.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENCY AND CARE AGREEMENT ENTRANCE FEE REFUND - CURRENT RESIDENT CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1070 Address Intentionally Omitted
2.142.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENCY AND CARE AGREEMENT ENTRANCE FEE REFUND - CURRENT RESIDENT CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1074 Address Intentionally Omitted
2.143.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENCY AND CARE AGREEMENT ENTRANCE FEE REFUND - CURRENT RESIDENT CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1075 Address Intentionally Omitted

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2.144.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENCY AND CARE AGREEMENT ENTRANCE FEE REFUND - CURRENT RESIDENT CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1076 Address Intentionally Omitted
2.145.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENCY AND CARE AGREEMENT ENTRANCE FEE REFUND - CURRENT RESIDENT CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1077 Address Intentionally Omitted
2.146.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENCY AND CARE AGREEMENT ENTRANCE FEE REFUND - CURRENT RESIDENT CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1079 Address Intentionally Omitted
2.147.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENCY AND CARE AGREEMENT ENTRANCE FEE REFUND - CURRENT RESIDENT CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1080 Address Intentionally Omitted
2.148.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENCY AND CARE AGREEMENT ENTRANCE FEE REFUND - CURRENT RESIDENT CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1081 Address Intentionally Omitted

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| 2.149. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENT AGREEMENT<br>ENTRANCE FEE REFUND - DUE UPON RECEIPT OF REPLACEMENT ENTRANCE FEE<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br><hr/> | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1082<br>Address Intentionally Omitted |
| 2.150. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENCY AND CARE AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br><hr/>                   | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1083<br>Address Intentionally Omitted |
| 2.151. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENT AGREEMENT<br>ENTRANCE FEE REFUND - DUE UPON RECEIPT OF REPLACEMENT ENTRANCE FEE<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br><hr/> | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1086<br>Address Intentionally Omitted |
| 2.152. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENT AGREEMENT<br>ENTRANCE FEE REFUND - DUE UPON RECEIPT OF REPLACEMENT ENTRANCE FEE<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br><hr/> | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1088<br>Address Intentionally Omitted |
| 2.153. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENCY AND CARE AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br><hr/>                   | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1089<br>Address Intentionally Omitted |

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| 2.154. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENCY AND CARE AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1090<br>Address Intentionally Omitted |
| 2.155. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENCY AND CARE AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1091<br>Address Intentionally Omitted |
| 2.156. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENCY AND CARE AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1094<br>Address Intentionally Omitted |
| 2.157. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENCY AND CARE AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1095<br>Address Intentionally Omitted |
| 2.158. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENCY AND CARE AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1097<br>Address Intentionally Omitted |

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| 2.159. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENCY AND CARE AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1099<br>Address Intentionally Omitted |
| 2.160. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENCY AND CARE AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1100<br>Address Intentionally Omitted |
| 2.161. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENT AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____           | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1101<br>Address Intentionally Omitted |
| 2.162. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENT AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____           | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1102<br>Address Intentionally Omitted |
| 2.163. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENT AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____           | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1103<br>Address Intentionally Omitted |

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| 2.164. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENT AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1104<br>Address Intentionally Omitted |
| 2.165. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENT AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1105<br>Address Intentionally Omitted |
| 2.166. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENT AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1106<br>Address Intentionally Omitted |
| 2.167. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENT AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1107<br>Address Intentionally Omitted |
| 2.168. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENT AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1108<br>Address Intentionally Omitted |

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2.169.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENT AGREEMENT ENTRANCE FEE REFUND - CURRENT RESIDENT CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1109 Address Intentionally Omitted
2.170.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENT AGREEMENT ENTRANCE FEE REFUND - CURRENT RESIDENT CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1110 Address Intentionally Omitted
2.171.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENT AGREEMENT ENTRANCE FEE REFUND - CURRENT RESIDENT CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1111 Address Intentionally Omitted
2.172.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENT AGREEMENT ENTRANCE FEE REFUND - CURRENT RESIDENT CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1112 Address Intentionally Omitted
2.173.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENT AGREEMENT ENTRANCE FEE REFUND - CURRENT RESIDENT CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1113 Address Intentionally Omitted

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| 2.174. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENT AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1114<br>Address Intentionally Omitted |
| 2.175. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENT AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1115<br>Address Intentionally Omitted |
| 2.176. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENT AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1116<br>Address Intentionally Omitted |
| 2.177. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENT AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1118<br>Address Intentionally Omitted |
| 2.178. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENT AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1119<br>Address Intentionally Omitted |

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| 2.179. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENT AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1120<br>Address Intentionally Omitted |
| 2.180. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENT AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1121<br>Address Intentionally Omitted |
| 2.181. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENT AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1122<br>Address Intentionally Omitted |
| 2.182. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENT AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1123<br>Address Intentionally Omitted |
| 2.183. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENT AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1124<br>Address Intentionally Omitted |

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| 2.184. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENT AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1125<br>Address Intentionally Omitted |
| 2.185. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENT AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1126<br>Address Intentionally Omitted |
| 2.186. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENT AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1127<br>Address Intentionally Omitted |
| 2.187. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENT AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1128<br>Address Intentionally Omitted |
| 2.188. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENT AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1129<br>Address Intentionally Omitted |

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2.189.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENT AGREEMENT ENTRANCE FEE REFUND - CURRENT RESIDENT CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1130 Address Intentionally Omitted
2.190.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENT AGREEMENT ENTRANCE FEE REFUND - CURRENT RESIDENT CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1131 Address Intentionally Omitted
2.191.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENT AGREEMENT ENTRANCE FEE REFUND - CURRENT RESIDENT CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1132 Address Intentionally Omitted
2.192.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENT AGREEMENT ENTRANCE FEE REFUND - CURRENT RESIDENT CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1133 Address Intentionally Omitted
2.193.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENT AGREEMENT ENTRANCE FEE REFUND - CURRENT RESIDENT CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1134 Address Intentionally Omitted

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| 2.194. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENT AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1135<br>Address Intentionally Omitted |
| 2.195. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENT AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1136<br>Address Intentionally Omitted |
| 2.196. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENT AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1138<br>Address Intentionally Omitted |
| 2.197. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENT AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1139<br>Address Intentionally Omitted |
| 2.198. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENT AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1140<br>Address Intentionally Omitted |

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2.199.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENT AGREEMENT ENTRANCE FEE REFUND - CURRENT RESIDENT CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1141 Address Intentionally Omitted
2.200.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENT AGREEMENT ENTRANCE FEE REFUND - CURRENT RESIDENT CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1142 Address Intentionally Omitted
2.201.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENT AGREEMENT ENTRANCE FEE REFUND - CURRENT RESIDENT CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1143 Address Intentionally Omitted
2.202.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENT AGREEMENT ENTRANCE FEE REFUND - CURRENT RESIDENT CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1144 Address Intentionally Omitted
2.203.	<b>Title of contract</b> <b>State what the contract or lease is for</b> <b>Nature of debtor's interest</b> <b>State the term remaining</b> <b>List the contract number of any government contract</b>	RESIDENT AGREEMENT ENTRANCE FEE REFUND - CURRENT RESIDENT CONTRACT PARTY UPON TRIGGERING EVENT _____	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> RESIDENT - F1145 Address Intentionally Omitted

Debtor **The Prospect-Woodward Home**Case number (if known) **21-10523**

- |        |   |  |  |
|--------|---|--|--|
| 2.204. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENT AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1146<br>Address Intentionally Omitted |
| 2.205. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENT AGREEMENT<br>ENTRANCE FEE REFUND - CURRENT RESIDENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1147<br>Address Intentionally Omitted |
| 2.206. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENT AGREEMENT<br>RESIDENT OPT-IN AGREEMENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____              | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1148<br>Address Intentionally Omitted |
| 2.207. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENT AGREEMENT<br>RESIDENT OPT-IN AGREEMENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____              | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1149<br>Address Intentionally Omitted |
| 2.208. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | RESIDENT AGREEMENT<br>RESIDENT OPT-IN AGREEMENT<br>CONTRACT PARTY<br>UPON TRIGGERING EVENT<br>_____              | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESIDENT - F1150<br>Address Intentionally Omitted |

Debtor **The Prospect-Woodward Home**Case number (if known) **21-10523**

2.209.	<b>Title of contract</b>	RESIDENT AGREEMENT	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b>
	<b>State what the contract or lease is for</b>	RESIDENT OPT-IN AGREEMENT	
	<b>Nature of debtor's interest</b>	CONTRACT PARTY	RESIDENT - F1151
	<b>State the term remaining</b>	UPON TRIGGERING EVENT	Address Intentionally Omitted
	<b>List the contract number of any government contract</b>	_____	
2.210.	<b>Title of contract</b>	RESIDENT AGREEMENT	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b>
	<b>State what the contract or lease is for</b>	RESIDENT OPT-IN AGREEMENT	
	<b>Nature of debtor's interest</b>	CONTRACT PARTY	RESIDENT - F1152
	<b>State the term remaining</b>	UPON TRIGGERING EVENT	Address Intentionally Omitted
	<b>List the contract number of any government contract</b>	_____	

<sup>1</sup>CONCORD<sup>2</sup>KEENE<sup>3</sup>BOSTON<sup>4</sup>BEDFORD<sup>5</sup>WILMINGTON

**Fill in this information to identify the case:****Debtor name:** The Prospect-Woodward Home**United States Bankruptcy Court for the:** District of New Hampshire**Case number (if known):** 21-10523☐ 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. \_\_\_\_\_

- ☐ D
- ☐ E/F
- ☐ G

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

Debtor name: The Prospect-Woodward Home

United States Bankruptcy Court for the: District of New Hampshire

Case number (if known): 21-10523

**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**

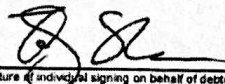
I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

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 9/28/2021  
MM/DD/YYYY

x   
Signature of individual signing on behalf of debtor

Toby Shea  
Printed name

Chief Restructuring Officer  
Position or relationship to debtor