

**IN THE UNITED STATES BANKRUPTCY COURT FOR THE
DISTRICT OF DELAWARE**

In re:

SHERMAN/GRAYSON HOSPITAL, LLC,
a Delaware limited liability company,¹

Debtor.

Chapter 11

Case No. 23-10810 (JKS)

**ORDER (I) ESTABLISHING ADMINISTRATIVE CLAIMS BAR DATE, (II)
APPROVING FORM AND MANNER FOR SUBMITTING SUCH CLAIMS, AND (III)
APPROVING NOTICE THEREOF**

Upon the motion (the “Motion”)² of the above-captioned debtor and debtor in possession (the “Debtor”) for entry of an order: (I) establishing Administrative Claims Bar Date, (II) approving form and manner for submitting such claims, and (III) approving notice thereof [D.I.337] (the “Motion”), and the Court having reviewed the Motion, and the Court having determined that the relief requested in the Motion is in the best interests of the Debtor, its estate, creditors, and other parties in interest; and it appearing that the notice of the Motion having been given as set forth therein was appropriate and that no other or further notice need be given; and upon the record herein; and after due deliberation thereon; and good and sufficient cause appearing therefor,

IT IS HEREBY ORDERED THAT:

1. The Motion is GRANTED as set forth herein.

¹ The last four digits of the Debtor’s federal tax identification number are 5690. The Debtor’s address is 500 N. Highland Avenue, Sherman, Texas 75092

² Capitalized terms not otherwise defined herein shall have the meaning set forth in the Motion.

2. Each person or entity (including, without limitation, each individual, partnership, joint venture, limited liability company, corporation, estate, trust, or governmental unit) wishing to assert an Administrative Claim against the Debtor is required to file a Proof of Administrative Claim Form, substantially in the form attached hereto as Exhibit 2, so that it is received on or before the **date that is thirty (30) days from the mailing of the Administrative Claims Bar Date Notice at 4:00 p.m. (prevailing Eastern Time)** (the “Administrative Claims Bar Date”).

3. Each Proof of Administrative Claim Form, including supporting documentation, must be received by the Claims Agent no later than 4:00 p.m. (prevailing Eastern Time) on the Administrative Claims Bar Date in the following manner:

If Proof of Administrative Claim Form is sent by Mail:

Donlin, Recano & Company, Inc.
Re: Sherman/Grayson Hospital, LLC
P.O. Box 2053
New York, NY 10272-2042

If Proof of Administrative Claim Form is sent by Overnight Courier or Hand Delivery:

Donlin, Recano & Company, Inc.
c/o Equiniti
Re: Sherman/Grayson Hospital, LLC
48 Wall Street, 22nd Floor
New York, NY 10005

Additionally, Proofs of Claim may be delivered electronically using the interface available on the Claims Agent’s website at
<https://www.donlinrecano.com/Clients/sgH/FileAdmExpenseClaim>

Proof of Administrative Claim Forms submitted by facsimile or e –mail will not be accepted.

If a Proof of Claim is mailed to the Claims Agent for filing, it must be mailed early enough so that the Claims Agent actually receives it on or before the Administrative Claims Bar Date.

4. Each Proof of Administrative Claim Form must: (i) be written in English; (ii) include a claim amount denominated in United States dollars; (iii) conform substantially with the

Proof of Administrative Claim Form provided by the Debtor or Official Bankruptcy Form 410; (iv) state an Administrative Claim against the Debtor; (v) be signed by the holder of the Administrative Claim or if such holder is not an individual, by an authorized agent of the holder of the Administrative Claim; and (vi) include supporting documentation (or, if such documentation is voluminous, include a summary of such documentation) or an explanation as to why such documentation is not available.

5. Creditors are not required to file a Proof of Administrative Claim Form for the following types of Administrative Claims:

- a. Administrative Claims on account of which a request for payment of the Administrative Claim already has been properly filed with the Claims Agent, if such request clearly sets forth that such party is asserting an Administrative Claim and includes supporting documentation;
- b. Administrative Claims that have been previously allowed or paid pursuant to an order of the Court;
- c. Administrative Claims asserted by professionals retained by the Debtor, the Committee, or the patient care ombudsman, to the extent that such claims are for services performed and reimbursement of expenses incurred in the Case;
- d. Administrative Claims held by the patient care ombudsman, to the extent that such claims are for services performed and reimbursement of expenses incurred in the Case;
- e. Administrative Claims asserted by the Office of the United States Trustee for the District of Delaware (the "US Trustee") for statutory fees required to be paid by the Debtor; and
- f. Administrative Claims for fees payable to the Clerk of this Court.

6. Absent further order of this Court, any individual or entity that is required to file a Proof of Administrative Claim Form in the form and manner specified in this Order and that fails to do so on or before the Administrative Claims Bar Date: (i) shall be forever barred, estopped, and enjoined from asserting such claim against the Debtor or its estate, or from thereafter filing a

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Proof of Administrative Claim Form with respect thereto in the Case; and (ii) shall not receive or be entitled to receive any payment or distribution of property from the Debtor or its successors or assigns with respect to such claim.

7. The Administrative Claims Bar Date Notice, substantially in the form attached hereto as **Exhibit 1**, and the Proof of Administrative Claim Form, substantially in the form attached hereto as **Exhibit 2**, are hereby approved in all respects.

8. Upon the Licensure Date, the Debtor shall file the Certification advising all parties-in-interest that: (1) AHS-Sherman has obtained all necessary licenses and regulatory approvals; (2) the sublease of WNJ and its assets has terminated; and (3) any possessory interests held by the Debtor in WNJ and its assets have terminated.

9. Upon filing of the Certification, the Debtor shall serve the Administrative Claims Bar Date Notice and Proof of Administrative Claim Form on the following parties:

- a. the US Trustee;
- b. all persons or entities that have requested notice of the proceedings in this Case pursuant to Bankruptcy Rule 2002;
- c. all persons or entities that have filed claims against the Debtor;
- d. all persons or entities that are known to hold a right to payment under section 503(b)(1) of the Bankruptcy Code;
- e. all parties to executory contracts or unexpired leases of the Debtor;
- f. the Internal Revenue Service, the United States Attorney's Office for the District of Delaware, all taxing authorities for the jurisdictions in which the Debtor currently conducts business, and all other applicable governmental units; and
- g. all other parties in the Debtor's creditor matrix not otherwise included above.

10. The Administrative Claims Bar Date Notice shall (i) set forth the Administrative Claims Bar Date; (ii) advise creditors under what circumstances they must file a Proof of

Administrative Claim Form; (iii) alert creditors to the consequences of failing to timely file a Proof of Administrative Claim Form.

11. The form and manner of the notice of the Administrative Claims Bar Date as set forth in this Order (including, without limitation, the Administrative Claims Bar Date Notice and Proof of Administrative Claim Form) is approved and constitutes (a) good, adequate and sufficient notice to all known creditors of the Administrative Claims Bar Date and their rights and obligations in connection with any Administrative Claim they may assert against the Debtor in this Case, and (b) satisfies the requirements of the Bankruptcy Code, the Bankruptcy Rules, and the Local Rules.

12. Nothing in this Order shall prejudice the rights of the Debtor or any other party in interest herein to dispute, or to assert offsets or defenses to, any Proof of Administrative Claim Form.

13. The deadline for the Debtor or AHS-Sherman to file objections, if any, to all filed Proofs of Administrative Claim Forms is the date thirty (30) days after the Administrative Claims Bar Date. In the event that any Administrative Claim dispute remains unresolved at the time of dismissal of the Case, the Court shall retain jurisdiction over any and all such Administrative Claim disputes post-dismissal.

14. The Debtor is authorized to take all actions necessary to effectuate the relief granted in this Order in accordance with the Motion.

15. This Court shall retain jurisdiction over any and all matters arising from the interpretation or implementation of this Order.

Dated: March 1st, 2024
Wilmington, Delaware


J. KATE STICKLES
UNITED STATES BANKRUPTCY JUDGE

Exhibit 1

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

In re:

SHERMAN/GRAYSON HOSPITAL, LLC,
a Delaware limited liability company,¹

Debtor.

Chapter 11

Case No. 23-10810 (JKS)

NOTICE OF DEADLINE FOR FILING ADMINISTRATIVE CLAIMS

PLEASE TAKE NOTICE THAT:

1. On June 23, 2023, Sherman/Grayson Hospital, LLC, the above-captioned debtor and debtor in possession (the “Debtor”), filed a voluntary petition for relief under chapter 11 of title 11 of the United States Code (the “Bankruptcy Code”) in the United States Bankruptcy Court for the District of Delaware (the “Court”).

2. On __, the Court entered the *Order (I) Establishing Administrative Claims Bar Date (II) Approving Form and Manner for Submitting such Claims; and (III) Approving Notice Thereof [D.I.]* (the “Administrative Claims Bar Date Order”). Pursuant to the Administrative Claims Bar Date Order:

- a. the deadline for submitting claims against the Debtor pursuant to Bankruptcy Code sections 503(b) and 507(a)(2) (each, an “Administrative Claim”) is **[precise date to be added]at 4:00 p.m. (ET)** (the “Administrative Claims Bar Date”).

3. The Administrative Claims Bar Date Order provides that creditors do NOT have to file proofs of claim by the Administrative Claims Bar Date for the types of claims and interests listed in this paragraph 3 (collectively, the “Excluded Claims”). You need not file a proof of claim at this time for any Excluded Claim. The Court may enter one or more separate orders at a later time requiring creditors to file proofs of claim for certain types of Excluded Claims and setting related deadlines. If the Court does enter such an order, you will receive notice of it. Excluded Claims include:

- a. Administrative Claims on account of which a request for payment of the Administrative Claim already has been properly filed with the Claims Agent, if such request clearly sets forth that such party is asserting an Administrative Claim and includes supporting

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documentation;

- b. Administrative Claims that have been previously allowed or paid pursuant to an order of the Court;
- c. Administrative Claims asserted by professionals retained by the Debtor, the Committee, or the patient care ombudsman, to the extent that such claims are for services performed and reimbursement of expenses incurred in the Case;
- d. Administrative Claims held by the patient care ombudsman, to the extent that such claims are for services performed and reimbursement of expenses incurred in the Case;
- e. Administrative Claims asserted by the Office of the United States Trustee for the District of Delaware (the "US Trustee") for statutory fees required to be paid by the Debtor; and
- f. any Administrative Claims for fees payable to the Clerk of this Court.

5. THE FACT THAT YOU HAVE RECEIVED THIS NOTICE DOES NOT MEAN THAT YOU HAVE AN ADMINISTRATIVE CLAIM OR THAT THE DEBTOR BELIEVES YOU HAVE AN ADMINISTRATIVE CLAIM.

INSTRUCTIONS FOR FILING PROOFS OF CLAIM

6. If you file a proof of claim, your filed proof of claim must (i) be written in English; (ii) include a claim amount denominated in United States dollars; (iii) conform substantially with the form provided by the Debtor (the "Proof of Administrative Claim Form") or Official Bankruptcy Form 410; (iv) state an Administrative Claim against the Debtor; (v) be signed by the holder of the Administrative Claim or if such holder is not an individual, by an authorized agent of the holder of the Administrative Claim; and (vi) include supporting documentation (or, if such documentation is voluminous, include a summary of such documentation) or an explanation as to why such documentation is not available. The Proof of Administrative Claim Form is enclosed for your use.

7. Your Proof of Administrative Claim Form must be **received on or before 4:00 p.m. prevailing Eastern Time on the Administrative Claims Bar Date** by Donlin, Recano & Company, Inc. (the "Claims Agent"). You can file the Proof of Administrative Claim Form in the following manner:

If Proof of Claim is sent by Mail:

Donlin, Recano & Company, Inc.
Re: Sherman/Grayson Hospital, LLC
P.O. Box 2053
New York, NY 10272-2042

If Proof of Claim is sent by Overnight Courier or Hand Delivery:

Donlin, Recano & Company, Inc.
c/o Equiniti
Re: Sherman/Grayson Hospital, LLC
48 Wall Street, 22nd Floor
New York, NY 10005

Additionally, Proof of Administrative Claim Forms may be delivered electronically using the interface available on the Claims Agent's website at <https://www.donlinrecano.com/Clients/sgh/FileAdmExpenseClaim>.

If you mail your Proof of Administrative Claim Form to the Claims Agent for filing, you must mail it early enough so that the Claims Agent will actually receive it on or before 4:00 p.m. prevailing Eastern time of the Administrative Claims Bar Date.

CONSEQUENCES OF MISSING THE DEADLINE FOR FILING CLAIMS:

8. ABSENT FURTHER ORDER OF THE COURT, ANY INDIVIDUAL OR ENTITY THAT IS REQUIRED TO FILE A PROOF OF ADMINISTRATIVE CLAIM FORM IN THE FORM AND MANNER SET FORTH IN THE ADMINISTRATIVE CLAIMS BAR DATE ORDER AND SUMMARIZED HEREIN AND THAT FAILS TO DO SO ON OR BEFORE THE ADMINISTRATIVE CLAIMS BAR DATE: (I) SHALL BE FOREVER BARRED, ESTOPPED, AND ENJOINED FROM ASSERTING SUCH CLAIM AGAINST THE DEBTOR OR ITS ESTATE, OR FROM THEREAFTER FILING A PROOF OF ADMINISTRATIVE CLAIM FORM WITH RESPECT THERETO IN THE CASE; AND (II) SHALL NOT RECEIVE OR BE ENTITLED TO RECEIVE ANY PAYMENT OR DISTRIBUTION OF PROPERTY FROM THE DEBTOR OR ITS SUCCESSORS OR ASSIGNS WITH RESPECT TO SUCH CLAIM.

QUESTIONS:

9. Proof of Administrative Claim Forms and a copy of the Administrative Claims Bar Date Order may be obtained by visiting <https://www.donlinrecano.com/Clients/sgh/Static/adminbd>, or by calling the following phone number, 866-659-2626. The Claims Agent cannot advise you how to file, or whether you should file, a proof of claim.

Dated:
Wilmington, Delaware

THE ROSNER LAW GROUP LLC
/s/

Scott J. Leonhardt (DE Bar No. 4885)
824 North Market Street, Suite 810
Wilmington, DE 19801
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Email: leonhardt@teamrosner.com

-and-

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Counsel to the Debtor and Debtor in Possession

Exhibit 2

UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE	ADMINISTRATIVE EXPENSE PROOF OF CLAIM	Administrative Expense Claims Bar Date
Sherman/Grayson Hospital, LLC (Case No. 23-10810(JKS))		
Name of Creditor (The person or entity to whom the debtor owes money or property)	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your administrative expense claim. Attach copy of statement giving particulars.	Check here if this claim: <input type="checkbox"/> replaces or <input type="checkbox"/> amends a previously filed administrative expense claim. Claim Number (if known): _____ Dated: _____
Name and Addresses Where Notices Should be Sent: Contact phone: _____ Contact email: _____	Name and Addresses Where Payment Should be Sent (if different): Contact phone: _____ Contact email: _____	
1. BASIS FOR CLAIM:		
2. DATE DEBT WAS INCURRED (IF KNOWN):		
3. DESCRIPTION OF CLAIM (IF KNOWN):		
4. TOTAL AMOUNT OF CLAIM: \$ _____ (Total)		
5. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor. 6. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. Do not send original documents. If the documents are not available, explain. If the documents are voluminous, attach a summary. 7. TIME-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		THIS SPACE IS FOR COURT USE ONLY
Date:	Sign and print the name and title, if any, of the creditor or other person authorized to file this Claim (attach copy of power of attorney, if any)	