

**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 (the “Petition Date”), 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. Prior to the Petition Date, the Debtor entered into two agreements with AHS Sherman, LLC (“AHS Sherman”): (i) an asset purchase agreement which contemplated the private sale of substantially all of the Debtor’s assets to AHS Sherman (the “Sale”), and (ii) a management services agreement whereby AHS Sherman assumed management of the hospital formerly known as Wilson N. Jones Regional Medical Center (the “Hospital”) and became obligated to pay for all Hospital and administrative expenses.²

3. On August 29, 2023, the Court entered an order authorizing the Sale [D.I. 161].

4. By no later than March 15, 2024, AHS Sherman obtained all licenses necessary to operate the Hospital, and by no later than March 9, 2025, all employees and assets of the Debtor were transferred to AHS Sherman. **Any unpaid obligations incurred after March 9, 2025 are solely the obligation of AHS Sherman and requests for payment shall be made directly to AHS Sherman.**

5. On March 1, 2024, 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. 390] (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

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 All of AHS Sherman’s rights, claims and defenses concerning any claim, including, without limitation, any Administrative Claim (as defined herein), are fully reserved.

Code sections 503(b) (including claims arising under section 503(b)(9)) and 507(a)(2) arising after the Petition Date and prior to March 9, 2025 (each, an “Administrative Claim”) is **June 8, 2026 at 4:00 p.m. (ET)** (the “Administrative Claims Bar Date”).

6. Creditors do NOT have to file proofs of claim by the Administrative Claims Bar Date for the types of claims listed in this paragraph 6 (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. Any claims arising after March 9, 2025 (*see*, paragraph 4);
- b. Any claims by patients of the Hospital arising from services rendered or care provided after the Petition Date. All such claims are solely the obligation of AHS Sherman, and shall be resolved and paid by the Hospital or AHS Sherman in the ordinary course of business and subject to all rights, claims and defenses that may exist;
- c. Any obligation, liability, or claim arising under the CMS Medicare Provider Agreement AHS Sherman assumed from the Debtor, including, but not limited to, overpayments and civil penalties;
- d. Any claims held by the Internal Revenue Service;
- e. Administrative Claims on account of which a request for payment of the Administrative Claim already has been properly filed with Donlin, Recano & Company, LLC (the “Claims Agent”), if such request clearly sets forth that such party is asserting an Administrative Claim and includes supporting documentation;
- f. Administrative Claims that have been previously allowed or paid pursuant to an order of the Court;
- g. Administrative Claims asserted by professionals of the Debtor’s bankruptcy estate, the Official Committee of Unsecured Creditors and the patient care ombudsman (the “PCO”) whose retention was approved pursuant to an order entered by the Court, to the extent that such claims are for services performed and reimbursement of expenses incurred in the Case;
- h. Administrative Claims held by the PCO, to the extent that such claims are for services performed and reimbursement of expenses incurred in the Case;

- i. 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
- j. Any Administrative Claims for fees payable to the Clerk of this Court.

7. 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

8. 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 arising after the Petition Date and prior to March 9, 2025; (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.

9. 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 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, LLC
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, send to:

Donlin, Recano & Company, LLC
c/o Angeion Group
Re: Sherman/Grayson Hospital, LLC
200 Vesey Street, 24th Floor
New York, NY 10281

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:

10. 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 WITH RESPECT TO SUCH CLAIM.

11. 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>. The Claims Agent cannot advise you how to file, or whether you should file, a proof of claim.

Dated: May 4, 2026
Wilmington, Delaware

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