

Fill in this information to identify the case:

United States Bankruptcy Court for the:

_____ Western _____ District of Texas
 _____ (State)

Case number (if known): _____ Chapter 11
☐ Check if this is an amended filing
Official Form 201**Voluntary Petition for Non-Individuals Filing for Bankruptcy**

04/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Timberlands Healthcare, LLC

2. All other names debtor used in the last 8 years SEE ATTACHED

Include any assumed names, trade names, and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN) 35-2561890

4. Debtor's address	Principal place of business	Mailing address, if different from principal place of business
	1700 Brazos Avenue Number Street	_____ Number Street
	_____ P.O. Box	_____ P.O. Box
	Rockdale TX 76567 City State ZIP Code	_____ City State ZIP Code
	Milam USA County	Location of principal assets, if different from principal place of business
		_____ Number Street
		_____ City State ZIP Code

5. Debtor's website (URL) http://lrhealthcare.com/

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify: _____

Debtor Timberlands Healthcare, LLC
Name

Case number (if known) _____

7. Describe debtor's business

A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☐ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See

<http://www.uscourts.gov/four-digit-national-association-naics-codes> .

NAICS Code 621510

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☐ Chapter 7
- ☐ Chapter 9
- ☒ Chapter 11. Check all that apply:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**☒ No☐ YesDistrict _____ When _____ Case number _____
MM/DD/YY

If more than 2 cases, attach a separate list.

District _____ When _____ Case number _____
MM/DD/YY**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**☐ No☒ YesDebtor See Schedule 1 Relationship _____

District _____ When _____

Case number, if known _____ MM/DD/YY

List all cases. If more than 1, attach a separate list.

Debtor Timberlands Healthcare, LLC Case number (if known) _____
 Name

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☒ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

- ☒ No
- ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
 What is the hazard? _____
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other _____

Where is the property?

Number _____ Street _____

City _____ State _____ ZIP Code _____

Is the property insured?

- ☐ No
- ☐ Yes. Insurance agency _____
- Contact name _____
- Phone _____

For more detailed information regarding rig insurance, see the [Motion of Debtors for Interim and Final Authority to Amend and Continue Their Insurance Programs and Pay All Obligations with Respect Thereto Pursuant to Sections 105(a), 362(d), 363(b), and 503(b) of the Bankruptcy Code and Bankruptcy Rules 4001, 6003, and 6004], filed concurrently herewith.

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors (on a consolidated basis)

- | | | |
|---|--|--|
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input checked="" type="checkbox"/> 200-999 | | |

15. Estimated assets (on a consolidated basis)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor

Timberlands Healthcare, LLC
Name

Case number (if known)

16. Estimated liabilities

- | | | |
|--|---|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input checked="" type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement 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.

17. Declaration and signature of authorized representative of debtor

- ☒ The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
- ☒ I have been authorized to file this petition on behalf of the debtor.
- ☒ I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 07/24/2018
MM/DD/YYYY

X

/s/ Ronald Winters

Signature of authorized representative of debtor

Ronald Winters

Printed name

Title Chief Restructuring Officer

18. Signature of attorney

X

/s/ Morris D. Weiss

Signature of attorney for debtor

Morris D. Weiss

Printed name

Waller Lansden Dortch & Davis, LLP

Firm name

100 Congress Avenue, Suite 1800

Address

Austin, TX 78710

City, State Zip

(512) 685-6400

Contact phone

morris.weiss@wallerlaw.com

Email address

21110850

Bar number

Texas

State

07/24/2018

Date MM/DD/YYYY

Schedule 1**Pending Bankruptcy Cases Filed by Debtor and Affiliates of Debtor**

On the date hereof, each of the affiliated entities listed below, including the debtor in this chapter 11 case, filed a voluntary petition for relief under chapter 11 of title 11 of the United States Code in the United States Bankruptcy Court for the Western District of Texas (the “**Court**”). A motion will be filed with the Court requesting that the chapter 11 cases of the entities listed below be consolidated for procedural purposes only and jointly administered, pursuant to Rule 1015(b) of the Federal Rules of Bankruptcy Procedure, under the case number assigned to the chapter 11 case of Little River Healthcare Holdings, LLC

Debtor		Tax ID #
1	Cantera Way Ventures, LLC	81-1457815
2	Compass Pointe Holdings, LLC	81-4561142
3	King's Daughters Pharmacy, LLC	81-2897097
4	Little River Healthcare - Physicians of King's Daughters, LLC	74-2795264
5	Little River Healthcare Holdings, LLC	32-0457956
6	Little River Healthcare Management, LLC	81-2306688
7	Rockdale Blackhawk, LLC	20-5220791
8	Timberlands Healthcare, LLC	35-2561890

Exhibit A

All Other Names Debtor Used in the Last 8 Years:
Little River Healthcare - Timberlands Clinical Diagnostics
Little River Healthcare - Timberlands Hospital
Little River Healthcare - Timberlands Testing
Timberlands Clinic
Timberlands Healthcare - Clinical Diagnostics
Timberlands Healthcare - Crockett Clinic
Timberlands Healthcare - Groveton Clinic
Timberlands Healthcare Testing
Timberlands Hospital

**UNANIMOUS WRITTEN CONSENT OF THE MANAGERS
AND MEMBER OF TIMBERLANDS HEALTHCARE, LLC**

July 12, 2018

Pursuant to and in accordance with Section 6.201 of the Texas Business Organizations Code (the “**Code**”), Section 6.01 of the Third Amended and Restated Company Agreement of Little River Healthcare Holdings, LLC dated March 31, 2017 (as amended), and the Operating Agreement of Timberlands Healthcare, LLC (the “**Company**”) dated April 29, 2016 (as amended, the “**Operating Agreement**”)¹, the undersigned, constituting all of the Managers (the “**Managers**”) and the sole Member of the Company (the “**Member**”), hereby take action, without holding a meeting, providing notice, or taking a vote, and consent to the adoption of the following resolutions as of the date first written above:

WHEREAS, the following resolutions are being adopted by the Managers and the Member in the name and on behalf of the Company, acting (i) in their own capacity, and (ii) in its capacity as the sole member of Company (such capacities being referred to herein as the “**Applicable Capacities**”); and

WHEREAS, Little River Healthcare Holdings, LLC is the sole member holding a Membership Interest in the Company; and

WHEREAS, on June 25, 2018, the Company entered into an engagement letter with Healthcare Management Partners, LLC (“**HMP**”) for HMP to provide certain financial and business advisory services to Company (the “**Engagement Agreement**”); and

WHEREAS, Section 2.3 of the Operating Agreement provides that the Managers may, from time to time, designate one or more Persons to be officers of the Company and designate the specific authority and duties of such officer; and

WHEREAS, the Company and the Managers desire to designate Ronald Winters (“**Winters**”) as the Chief Restructuring Officer (“**CRO**”) and Derek Pierce (“**Pierce**”) as the Chief Financial Officer (“**CFO**”) of the Company with such duties as set forth in the Engagement Agreement; and

WHEREAS, Section 2.1 of the Operating Agreement provides that the business affairs of the Company shall be managed under the direction of the Managers in the ordinary course of business; and

WHEREAS, the Company is insolvent and unable to pay its debts when due; and

WHEREAS, it is desirable and in the best interest of the Company, its creditors, its equity holders, and other interested parties, that a petition (the “**Petition**”) be filed seeking relief

¹ All capitalized terms used herein and not otherwise defined shall have the same meaning as ascribed to them in the Operating Agreement.

under the provisions of Chapter 11 of Title 11, United States Code (the “**Bankruptcy Code**”) in which the authority to operate as a debtor-in-possession will be sought;

Appointment of Chief Restructuring Officer and Chief Financial Officer

NOW THEREFORE, IT IS HEREBY RESOLVED, that Winters is appointed as the CRO and Pierce is appointed as the CFO of the Company effective as of the date of the executed Engagement Agreement, to act on behalf of the Company in the transaction of the business of the Company and to serve in the capacities as set forth in the Engagement Agreement until death, resignation, removal, or termination of the Engagement Agreement by the Company; and it is further

RESOLVED, Winters and Pierce, as officers of the Company, shall be covered by the Company’s Director’s and Officer’s Liability Policy; and it is further

Bankruptcy Filing

RESOLVED, that the Managers and the Member find that the execution, delivery, and filing of the Petition is necessary and convenient to the conduct, promotion, and attainment of the business and purpose of the Company and that the execution, delivery, and filing of the Petition, is reasonably expected to directly and indirectly benefit the Company and is in the best interest of the Company; and it is further

RESOLVED, that in the judgment of the Managers and Member, it is desirable and in the best interest of the Company, its creditors, its equity holders, and other interested parties, that the Petition be filed seeking relief under the provisions of Chapter 11 of the Bankruptcy Code in which the authority to operate as a debtor-in-possession will be sought, and the filing of the Petition is authorized hereby, and the Company shall initiate a case and proceedings; and it is further

RESOLVED, that each of the Managers and any duly elected and appointed officers of the Company, including Peggy Borgfeld, Jeffrey Madison, Winters, and Pierce (collectively, the “**Authorized Persons**” and each an “**Authorized Person**”) be, and hereby are, authorized and directed, for and on behalf of the Company, to execute and verify the Petition in the name of the Company under Chapter 11 of the Bankruptcy Code and cause the same to be filed in the United States Bankruptcy Court for the Western District of Texas, in their Applicable Capacities, and without necessity for joinder or consent of any other person, with such changes therein as such Authorized Person executing the same shall approve, such approval to be evidenced conclusively by his or her execution and delivery of the Petition; and it is further

RESOLVED, that the Authorized Persons of the Company, or any of them, are hereby authorized to execute, verify and/or file or cause to be filed (or direct others to do so on their behalf), all documents including, without limitation, petitions, schedules, lists, affidavits, motions, pleadings, and other papers, and to take any and all action which they deem necessary or proper in connection with such proceedings under Chapter 11, and in that connection to retain

and employ Waller Lansden Dortch & Davis, LLP, as principal bankruptcy counsel; and to retain and employ other legal counsel or professionals which they may deem necessary or proper with a view to the successful conclusion of such bankruptcy case (together, the “**Restructuring Professionals**”); and it is further

RESOLVED, that the Authorized Persons of the Company are hereby authorized and directed to execute retention agreements, pay retainers, prior to, immediately upon and after the filing of the bankruptcy case, and to cause to be filed an application for authority to retain the services of the Restructuring Professionals; and it is further

Debtor-in-Possession Financing

RESOLVED, that the Company, as debtor-in-possession be, and hereby is, authorized to enter into negotiations with lenders for debtor-in-possession financing and enter into such agreements as it deems necessary to obtain debtor-in-possession financing including, but not limited to, guaranty, pledge, mortgage, and other security agreements; and it is further

RESOLVED, that the Company, as debtor-in-possession be, and hereby is, authorized to file, or cause to be filed, a motion to use cash collateral of Monroe Capital Corporation, Monroe Capital Management Advisors, and/or Monroe Capital Partners Fund, LP, to fund its operations; and it is further


RESOLVED, that each of the Authorized Persons be, and hereby is, authorized, empowered and directed for and on behalf of the Company, in its Applicable Capacities, to execute and deliver on behalf of the Company such other documents, to take, or cause to be taken, such further action for and on behalf of the Company as such Authorized Person shall deem necessary or appropriate to enable the Company to perform its respective obligations and exercise its respective rights under Chapter 11 and otherwise to carry out the intent and purpose of the foregoing resolutions and the transactions contemplated thereby; and it is further

RESOLVED, that any and all actions heretofore taken, and any and all things theretofore done, by the Authorized Person or other representative of the Company, in connection with, or with respect to, the matters referred to in the foregoing resolutions be, and they hereby are, confirmed, ratified and approved as authorized and valid acts taken on behalf of the Company, as the case may be.

[SIGNATURES ON FOLLOWING PAGE]

IN WITNESS WHEREOF, the undersigned have executed this Consent, effective as of the date first written above.

MANAGERS:



Peggy Borgfeld



Jeffrey Madison

MEMBER:



Little River Healthcare Holdings, LLC

By: Peggy Borgfeld

Its: Manager

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF TEXAS
AUSTIN DIVISION**

In re:	§	
	§	Chapter 11
	§	
LITTLE RIVER HEALTHCARE	§	Case No. 18-____-__
HOLDINGS, LLC, <i>et al.</i>	§	
	§	
Debtors. ¹	§	(Joint Administration Requested)
	§	

CONSOLIDATED CORPORATE OWNERSHIP STATEMENT

Pursuant to Federal Rule of Bankruptcy Procedure 1007(a)(1) and 7007.1, attached hereto as **Exhibit A** is an organizational chart reflecting all of the ownership interests in Compass Pointe Holdings, LLC (“***LRH Parent***”) and certain of its subsidiaries (the “***Non-Parent Debtors***”), as proposed debtors and debtors in possession in the above-captioned chapter 11 cases (collectively, the “***Debtors***”). LRH Parent, on behalf of itself and the Non-Parent Debtors, respectfully represents as follows:

- Each Debtor listed in **Exhibit A** is 100% owned by its direct parent unless otherwise noted.
- LRH Parent is the ultimate parent company of each of the Non-Parent Debtors, and directly or indirectly owns a 100% equity interest in each of the Non-Parent Debtors unless otherwise noted.

¹ The Debtors in these chapter 11 cases, along with the last four digits of each Debtor’s federal tax identification number, as applicable, are: Compass Pointe Holdings, LLC (1142), Little River Healthcare Holdings, LLC (7956), Timberlands Healthcare, LLC (1890), King’s Daughters Pharmacy, LLC (7097), Rockdale Blackhawk, LLC (0791), Little River Healthcare - Physicians of King’s Daughters, LLC (5264), Cantera Way Ventures, LLC (7815), and Little River Healthcare Management, LLC (6688). The Debtors’ mailing address is 1700 Brazos Ave, Rockdale, TX 76567.

- LRH Parent's equity securities are privately held. As of the date hereof, the Jeff and Ashley Madison Management Trust and Ryan Downton own 10% of the membership interests of LRH Parent.

Fill in this information to identify the case:Debtor name LITTLE RIVER HEALTHCARE HOLDINGS, LLC, et al.United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS - AUSTIN DIVISION

Case number (if known) _____

Official Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

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:

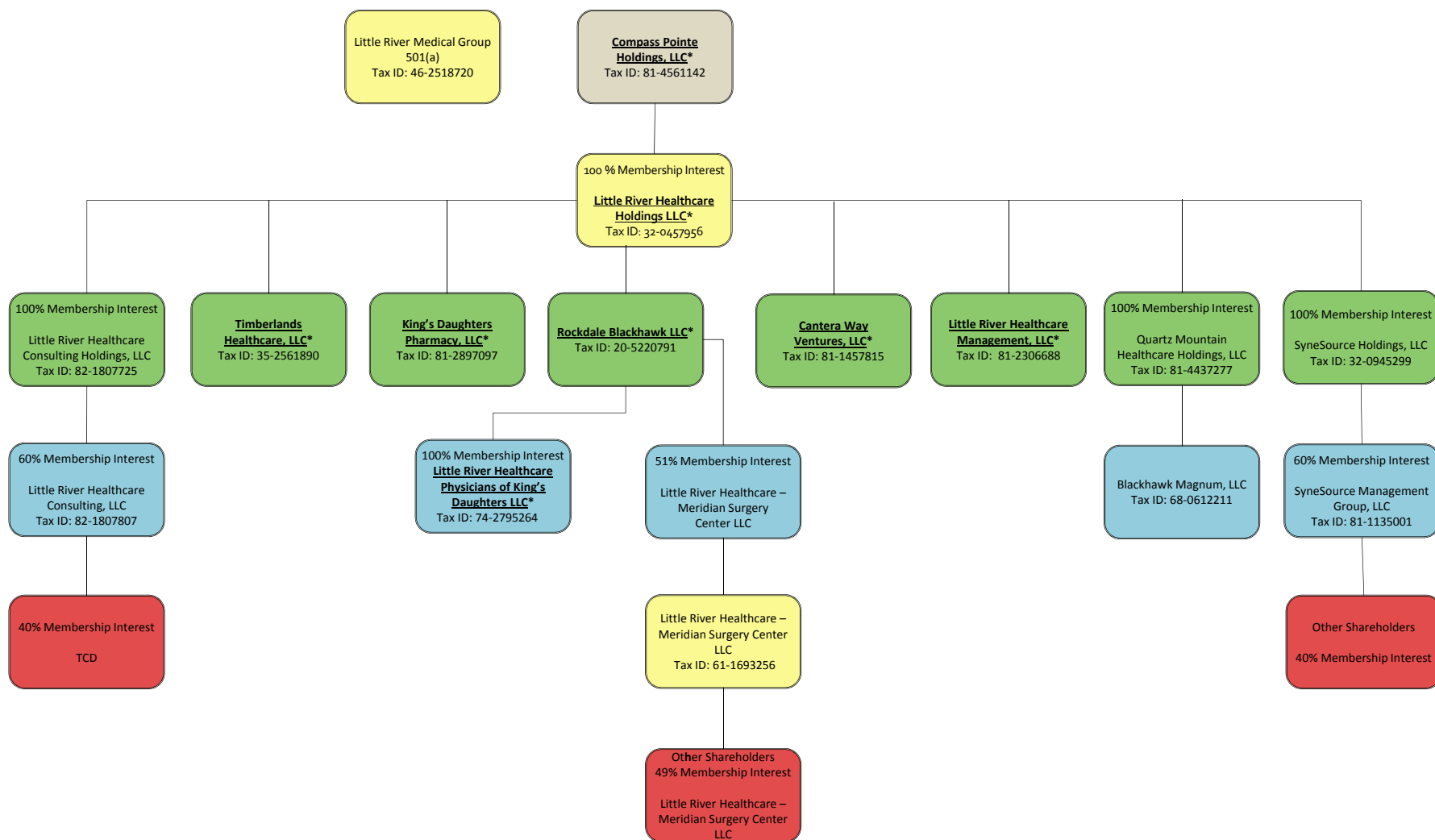
- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official 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 declaration:
CONSOLIDATED CORPORATE OWNERSHIP STATEMENT

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 07/24/2018**X** /s/ Ron Winters_____
Signature of individual signing on behalf of debtor_____
Ron Winters_____
Printed name_____
Chief Restructuring Officer_____
Position or relationship to debtor

Exhibit A

Organizational Chart



* = Debtor

Fill in this information to Identify the case:

Debtor Name: Little River Healthcare Holdings, LLC

United States Bankruptcy Court for the: Western District of Texas

Case Number (If known): 18-_____

☐ Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: Consolidated List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A consolidated list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1 AMERICAN EXPRESS 1017 1105 LAUREL OAK RD. SUITE 136 VOORHEES, NJ 08043	CONTACT: SHRADDHA BHARATIA, CLAIMS ADMIN FAX: 9787386942 proofofclaim@becket-lee.com	TRADE DEBTS		\$3,526,254.25		
2 OUTREACH MANAGEMENT SOLUTIONS, LLC DBA TRUE HEALTH OUTREACH 6710 RESEARCH RD, SUITE 211 FRISCO, TX 75033	PHONE: 8774435227 FAX: 8043432704 info@truehealthdiag.com	TRADE DEBTS		\$3,402,221.94		
3 CERNER CORPORATION 2800 ROCKCREEK PARKWAY KANSAS CITY, MO 64117	CONTACT: MARK C ELKINS PHONE: 8162010550 FAX: 8162017057 melkins@cerner.com	TRADE DEBTS		\$1,401,434.82		
4 PHARMERICA HOSPITAL PHARMACY SERVICES, LLC DBA LUKER PHARMACY 1901 CAMPUS PLACE LOUISVILLE, KY 40299	CONTACT: BERNARD RICHARDSON PHONE: 8308334499 FAX: 8308335960 dluker@lukerrx.com; Bernard.Richardson@pharm-rica.com	TRADE DEBTS		\$1,362,923.86		
5 JACOBS MARKETING, INC. 17484 NW FREEWAY, SUITE 276 HOUSTON, TX 77040		SETTLEMENT		\$1,329,340.31		
6 NEXT LEVEL HEALTHCARE CONSULTANTS 47 SOUTH WIND DRIVE MONTGOMERY, TX 77356	CONTACT: TINA BARKSDALE PHONE: 8448079734 Tina.Barksdale@nlhpartners.com	SETTLEMENT		\$761,286.00		

Debtor: Little River Healthcare Holdings, LLC

Case Number (if known): 18-____01

Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
7 HING-SHEUNG EUGENE FUNG, M.D., P.A. 611 W. HIGHWAY 6, STE. 101 WACO, TX 76710	CONTACT: EUGENE FUNG, M.D. AND ALISON FUNG PHONE: 2547554582 FAX: 2547554585	SETTLEMENT		\$629,153.49		
8 REV MD PARTNERS, LLC 1111 PASQUINELLI DR SUITE 400 WESTMONT, IL 60559	PHONE: 8558969990 FAX: 6307494292 sales@revmdpartners.com	TRADE DEBTS		\$601,030.32		
9 ASCEND PROFESSIONAL CONSULTING INC 1391 CALDER AVENUE SUITE A BEAUMONT, TX 77701	CONTACT: MARK SWARTZ mswartz@ascendplanning.com	TRADE DEBTS		\$600,611.77		
10 GE HEALTHCARE #14456 500 W. MONROE STREET CHICAGO, IL 60661	PHONE: 8005263593 FAX: 8772958102 GEHCWire@ge.com; cs-us@ge.com	TRADE DEBTS		\$464,883.28		
11 DML SLEEP DIAGNOSTICS, LLC 14603 HUEBNER ROAD BUILDING 2 SAN ANTONIO, TX 78230		TRADE DEBTS		\$362,436.54		
12 ALCON LABORATORIES, INC ALCON LABORATORIES INC PNC BANK\LOCKBOX 3714 SOLUTIONS CENTER CHICAGO, IL 60677	CONTACT: JASON CHAVEZ PHONE: 8175686580 FAX: 8175687153 jason.chavez@alconlabs.com	TRADE DEBTS		\$349,790.16		
13 GE HEALTHCARE FIN SERVICE P.O. BOX 641419 PITTSBURGH, PA 15264-1419	CONTACT: LISA M. PETERS PHONE: (402) 661-8609 FAX: (402) 346-1148 Lisa.Peters@KutakRock.com	EQUIPMENT LEASE		\$329,075.78		
14 SHI INTERNATIONAL CORP 290 DAVIDSON AVENUE SOMERSET, NJ 08873	CONTACT: GREG ROHLEDER & JENNY FRANCIS PHONE: 8882353871 Greg_Rohleder@shi.com; jenny_francis@shi.com	TRADE DEBTS		\$319,048.60		
15 ARAMARK UNIFORM SERVICE INC 115 N FIRST ST BURBANK, CDA 91502	CONTACT: MIKE FADDEN, PRESIDENT PHONE: 8889996780 FAX: 8594221760 m.fadden@uniform.aramark.com	TRADE DEBTS		\$290,527.00		
16 BBL, LLC DBA BBL CONSTRUCTION SERVICES LLC 302 WASHINGTON AVE EXTENSION ALBANY, NY 12203	CONTACT: JIM CHURCH & KEVIN MOORE jchurch@bblinc.com; kmoore@bblinc.com	TRADE DEBTS		\$252,142.86		
17 GRANT THORNTON LLP 33562 TREASURY CENTER CHICAGO, IL 60694-3500	CONTACT: TIFFANY HARPER PHONE: 3126028948 FAX: 3126028099 tiffany.harper@us.gt.com	TRADE DEBTS		\$246,257.18		
18 GA HC REIT II TEMPLE MOB, LLC 62781 COLLECTION CENTER DRIVE CHICAGO, IL 60693-0627	PHONE: 2149165670	TRADE DEBTS		\$231,143.40		

Debtor: Little River Healthcare Holdings, LLC

Case Number (if known): 18-____01

Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
19 SCI SOLUTIONS 720 THIRD AVENUE SUITE 1000 SEATTLE, WA 98104	FAX: 4083780347 ar@scisolutions.com	TRADE DEBTS		\$214,872.23		
20 COMPUTER PROGRAMS ANS SYSTEMS, INC EVIDENT LLC 6600 WALL STREET MOBILE, AL 36695	PHONE: 8007112774 FAX: 2516398214 sales@evident.com	TRADE DEBTS		\$202,503.11		

Fill in this information to identify the case:Debtor name LITTLE RIVER HEALTHCARE HOLDINGS, LLC, et al.United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS - AUSTIN DIVISION

Case number (if known) _____

Official Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

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 declaration: _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 7/24/2018**X** /s/ Ronald Winters_____
Signature of individual signing on behalf of debtor_____
Ronald Winters_____
Printed name_____
Chief Restructuring Officer_____
Position or relationship to debtor

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF TEXAS
AUSTIN DIVISION**

In re:	§	
	§	Chapter 11
	§	
TIMBERLANDS HEALTHCARE, LLC	§	Case No. 18-____-__
	§	
Debtor.	§	
	§	

**LIST OF EQUITY SECURITY HOLDERS PURSUANT TO
RULE 1007(a)(3) OF THE FEDERAL RULES OF BANKRUPTCY PROCEDURE**

Pursuant to Federal Rule of Bankruptcy Procedure 1007(a)(3), the following is a list of equity security holders of the above-captioned debtor:

Name and Last Known Address of Equity Interest Holder	Kind/Class of Interest	Number of Interests Held
Little River Healthcare Holdings, LLC 1700 Brazos Avenue Rockdale, TX 76567	Membership Interest	100%

Fill in this information to identify the case:Debtor name TIMBERLANDS HEALTHCARE, LLCUnited States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS - AUSTIN DIVISION

Case number (if known) _____

Official Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

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 declaration: LIST OF EQUITY SECURITY HOLDERS

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 07/24/2018**X** /s/ Ronald Winters

Signature of individual signing on behalf of debtor

Ronald Winters

Printed name

Chief Restructuring Officer

Position or relationship to debtor