

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION**

In re:

WALKER COUNTY HOSPITAL CORPORATION,  
D/B/A HUNTSVILLE MEMORIAL HOSPITAL,

Debtor.

Chapter 11

Case No. 19-36300 (DRJ)

**FIFTEENTH MONTHLY FEE STATEMENT OF GRAY REED & MCGRAW LLP,  
FOR ALLOWANCE OF COMPENSATION FOR SERVICES RENDERED  
AND REIMBURSEMENT OF EXPENSES AS LOCAL COUNSEL TO THE  
OFFICIAL COMMITTEE OF UNSECURED CREDITORS FOR THE  
PERIOD OF FEBRUARY 1, 2021 THROUGH FEBRUARY 28, 2021**

Name of Applicant:	Gray Reed & McGraw LLP	
Applicant's Role in Case:	Local Counsel to the Official Committee of Unsecured Creditors	
Date Order of Employment Signed:	February 2, 2020 [Docket No. 272]	
	Beginning of Period	End of Period
Time period covered by this statement:	2/1/2021	2/28/2021
Summary of Total Fees and Expenses Requested:		
Total fees requested in this statement:	\$432.80 (80% of \$541.00)	
Total expenses requested in this statement:	\$0.00	
Total fees and expenses requested in this statement (inclusive of holdback amount):	\$541.00	
Blended hourly rate (all professionals):	\$386.43	
Blended hourly rate (attorneys only):	\$590.00	

1. Pursuant to sections 327, 330 and 331 of title 11 of the United States Code (the “Bankruptcy Code”), Rule 2016 of the Federal Rules of Bankruptcy Procedure (the “Bankruptcy Rules”), and rule 2016-1 of the Bankruptcy Local Rules for the Southern District of Texas (the “Bankruptcy Local Rules”), the *Order Granting Application for Entry of an Order Authorizing the Retention and Employment of Gray Reed & McGraw LLP as Local Counsel to the Official Committee of Unsecured Creditors Nunc Pro Tunc to December 14, 2019* [Docket No. 272], the *Order Establishing Procedures for Interim Compensation and Reimbursement of Expenses for*

*Professionals* [Docket No. 202] (the “Interim Compensation Order”), Gray Reed & McGraw LLP (“Gray Reed”), local counsel for the Official Committee of Unsecured Creditors (the “Committee”), hereby files this monthly fee statement (the “Monthly Fee Statement”) for (a) compensation in the amount of \$432.80 (80% of \$541.00) for the reasonable and necessary legal services Gray Reed rendered to the Committee from February 1, 2021 through and including February 28, 2021 (the “Compensation Period”) and (b) reimbursement in the amount of \$0.00 for the actual and necessary expenses that Gray Reed incurred during the Compensation Period.

**Services Rendered and Disbursements Incurred**

1. Attached as **Exhibit A** is a billing summary of Gray Reed professionals and paraprofessionals by individual, setting forth the (a) name and title of each individual who performed services during the Compensation Period, (b) aggregate time expended by each such individual, (c) hourly billing rate for each such individual, and (d) amount of fees earned by each Gray Reed professional and paraprofessional.

2. Attached as **Exhibit B** is a summary of hours and fees by task code.

3. Attached as **Exhibit C** is a summary of reimbursement sought by expense type for all expenses for the Compensation Period incurred in connection with the performance of professional services.

4. Attached as **Exhibit D** is Gray Reed’s itemized time records of its professionals and paraprofessionals and itemized records of reimbursement sought for the Compensation Period.

### **Reservations**

5. This Monthly Fee Statement includes all the information and supporting detail regarding fees and expenses available to Gray Reed at the time of the filing of this Monthly Fee Statement. If additional information and supporting detail in connection with this Compensation Period should become available, as a result of delays in accounting processing or an inadvertence with respect to time entered in the accounting system, or any other valid reason, Gray Reed reserves the right to make an application to the Court for an allowance of such fees and expenses not included in this Monthly Statement.

### **Notice**

6. Pursuant to the Interim Compensation Order, notice of this Monthly Fee Statement shall be served upon:

- (a) the Debtor, Walker County Hospital Corporation, Attn: Steven Smith, P.O. Box 4001, Huntsville, TX 77342-4001;
- (b) counsel to the Debtor, Waller Lansden Dortch & Davis, LLP, Attn: Blake D. Roth, 511 Union Street, Suite 2700, Nashville, Tennessee 37219, [blake.roth@wallerlaw.com](mailto:blake.roth@wallerlaw.com);
- (c) counsel to MidCap Funding IV Trust (a) Vedder Price P.C., Attn: Michael M. Eidelman and David L. Kane, 222 North LaSalle Street, Chicago, IL 60601, [meidelman@vedderprice.com](mailto:meidelman@vedderprice.com) and [dkane@vedderprice.com](mailto:dkane@vedderprice.com) and (b) Porter Hedges, LLP, Attn: John F. Higgins, 1000 Main Street, 36th Floor, Houston, TX 77002, [jhiggins@porterhedges.com](mailto:jhiggins@porterhedges.com); and
- (d) the Office of the United States Trustee, Attn: Stephen Statham, 515 Rusk Street, Houston, Texas 77002, [Stephen.Statham@usdoj.gov](mailto:Stephen.Statham@usdoj.gov).

WHEREFORE, Gray Reed, in connection with services rendered on behalf of the Committee, respectfully requests (a) allowance of compensation and reimbursement in the amount of (i) \$432.80 for reasonable and necessary professional services rendered (80% of \$541.00) and (ii) \$0.00 for 100% of actual and necessary costs and expenses incurred during the Compensation Period, for a total of \$432.80 and (b) payment of the forgoing sums.

Respectfully submitted this 19th day of April, 2021.

**GRAY REED**

By: /s/ Jason S. Brookner  
Jason S. Brookner  
Texas Bar No. 24033684  
1300 Post Oak Blvd., Suite 2000  
Houston, Texas 77056  
Telephone: (713) 986-7000  
Facsimile: (713) 986-7100  
Email: [jbrookner@grayreed.com](mailto:jbrookner@grayreed.com)

*Local Counsel to the Official  
Committee of Unsecured Creditors*

**CERTIFICATE OF SERVICE**

The undersigned hereby certifies that on the 19th day of April, 2021, he caused a true and correct copy of the foregoing pleading to be served via CM/ECF on all parties who have subscribed for electronic notice in this case.

/s/ Jason S. Brookner  
Jason S. Brookner

**EXHIBIT A****COMPENSATION BY PROFESSIONAL**

Attorney	Position and Year First Licensed to Practice		Hourly Billing Rate	Total Billed Hours	Total Compensation
Lydia R. Webb	Partner	2012	\$590.00	0.50	\$295.00
			\$550.00	0.00	\$0.00
TOTAL FOR ATTORNEYS				1.60	\$951.00

Paraprofessionals	Position with the Applicant	Hourly Rate	Total Billed Hours	Total Compensation
Clark D. Patterson	Paralegal	\$310.00	0.60	\$186.00
		\$0.00	0.00	\$0.00
Veronica T. Salazar	Legal Assistant	\$200.00	0.30	\$60.00
		\$185.00	0.00	\$0.00
TOTAL FOR PARAPROFESSIONALS			0.90	\$246.00

**EXHIBIT B****COMPENSATION BY PROJECT CATEGORY**

<b>Matter No.</b>	<b>Matter Description</b>	<b>Total Billed Hours</b>	<b>Total Fees Requested</b>	<b>Total Expenses Requested</b>	<b>Total Compensation</b>
12	Employment and Fee Applications	1.40	\$541.00	\$0.00	\$541.00
<b>TOTALS</b>		<b>1.40</b>	<b>\$541.00</b>	<b>\$0.00</b>	<b>\$541.00</b>

**EXHIBIT C****EXPENSE SUMMARY**

<b>Service Description</b>	<b>Amount</b>
Copies	\$0.00
Telephone	\$0.00
Online Research	\$0.00
Delivery Services/Courier	\$0.00
Local Travel	\$0.00
<b>Out-of-Town Travel:</b>	
Transportation	\$0.00
Hotel	\$0.00
Meals	\$0.00
Ground Transportation	\$0.00
Meals (local)	\$0.00
Court Fees	\$0.00
Transcripts	\$0.00
Litigation Support Vendors	\$0.00
<b>TOTAL</b>	<b>\$0.00</b>

**EXHIBIT D**

**TIME DETAIL**





# GRAY REED

ATTORNEYS & COUNSELORS

1300 Post Oak Boulevard, Suite 2000, Houston, Texas 77056  
Federal Tax Identification Number: 81-4045088

Bill Date: March 23, 2021  
Client.Matter: 022001.000012  
Attorney: LydiaWebb  
Invoice: 717961  
Page: 1 of 3

Walker County Hospital - UCC  
george.angelich@arentfox.com

Attention: George P. Angelich

RE: Employment and Fee Applications

## Bill-at-a-Glance – for services through February 28, 2021

<b>Professional Services</b>	\$541.00
<b>Total this Invoice</b>	<u>\$541.00</u>
<b>Previous Balance</b>	\$19,726.00
<b>Total Now Due</b>	<b>\$20,267.00</b>

### Please remit payment to:

Gray Reed & McGraw  
ATTN: Accounts Receivable  
1300 Post Oak Boulevard  
Suite 2000  
Houston, TX 77056

### Wire Instructions:

Domestic Routing #: 114000093 | Frost Bank  
100 W. Houston St., San Antonio, TX 78205

International SWIFT #: FRSTUS44

Beneficiary Account #: 502399725

Beneficiary Name: Gray Reed & McGraw Depository

### Credit Card Payment:

Pay your invoice online by using this internet address:  
<https://www.grayreed.com/Online-Bill-Pay>

**Reference:** 022001.000012 **Invoice #** 717961

For questions about this bill please call 1.888.908.8159 or  
e-mail us at [ar@grayreed.com](mailto:ar@grayreed.com)

## ||| Gray Reed &amp; McGraw

Walker County Hospital - UCC  
 george.angelich@arentfox.com

Bill Date: March 23, 2021  
 Client.Matter: 022001.000012  
 Invoice: 717961  
 Page: 2 of 3

**Matter 000012 – Employment and Fee Applications****Outstanding Invoices**

Date	Invoice Number	1-30 Days	31-60 Days	61-90 Days	Over 90 Days	Amount
03/20/20	533702	0.00	0.00	0.00	\$2,961.50	\$2,961.50
04/20/20	535721	0.00	0.00	0.00	\$3,727.50	\$3,727.50
05/20/20	537919	0.00	0.00	0.00	\$478.50	\$478.50
06/16/20	540577	0.00	0.00	0.00	\$4,005.00	\$4,005.00
07/20/20	701098	0.00	0.00	0.00	\$1,851.00	\$1,851.00
08/21/20	703753	0.00	0.00	0.00	\$404.50	\$404.50
09/21/20	705997	0.00	0.00	0.00	\$1,428.00	\$1,428.00
10/23/20	708107	0.00	0.00	0.00	\$977.50	\$977.50
11/23/20	710239	0.00	0.00	0.00	\$535.50	\$535.50
12/15/20	712672	0.00	0.00	0.00	\$830.00	\$830.00
01/15/21	714549	0.00	0.00	\$585.00	0.00	\$585.00
02/24/21	715856	\$1,942.00	0.00	0.00	0.00	\$1,942.00
<b>Total Outstanding</b>		\$1,942.00	\$0.00	\$585.00	\$17,199.00	\$19,726.00

## ||| Gray Reed &amp; McGraw

Walker County Hospital - UCC  
 george.angelich@arentfox.com

Bill Date: March 23, 2021  
 Client.Matter: 022001.000012  
 Invoice: 717961  
 Page: 3 of 3

**Matter 000012 – Employment and Fee Applications****Professional Services – Detail**

Date	Tkpr	Description of Services	Hours	Amount
02/01/21	LW	Review December fee statement.	0.20	\$ 118.00
02/01/21	VTs	Calculate December 2020 fees and expenses (.1); draft December 2020 fee statement (.2).	0.30	\$ 60.00
02/17/21	LW	Revise and finalize December fee statements.	0.30	\$ 177.00
02/17/21	CDP	Finalize and file December 2020 fee statements (.4); serve same pursuant to notice procedures (.2).	0.60	\$ 186.00
Total Professional Services			1.40	\$541.00

**Professional Services - Timekeeper Summary**

Person		Hours	Rate	Amount
LW	Lydia Webb	0.50	\$590.00	\$295.00
CDP	Clark D. Patterson	0.60	\$310.00	\$186.00
VTs	Veronica T. Salazar	0.30	\$200.00	\$60.00