

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

Debtor name Madera Community Hospital

United States Bankruptcy Court for the: EASTERN DISTRICT OF CALIFORNIA

Case number (if known) 2023-10457

Check if this is an amended filing

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 March 23, 2023

X   
Signature of individual signing on behalf of debtor

Karen Paolinelli, MSN, RN, FNP-C, PA-C  
Printed name

Chief Executive Officer  
Position or relationship to debtor

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**Official Form 206Sum  
Summary of Assets and Liabilities for Non-Individuals**

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**Part 1: Summary of Assets**

1. <b>Schedule A/B: Assets-Real and Personal Property</b> (Official Form 206A/B)	
1a. <b>Real property:</b> Copy line 88 from <i>Schedule A/B</i> .....	\$ <u>60,525,000.00</u>
1b. <b>Total personal property:</b> Copy line 91A from <i>Schedule A/B</i> .....	\$ <u>44,340,340.79</u>
1c. <b>Total of all property:</b> Copy line 92 from <i>Schedule A/B</i> .....	\$ <u>104,865,340.79</u>

**Part 2: Summary of Liabilities**

2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> .....	\$ <u>19,256,813.00</u>
3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
3a. <b>Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	972,232.54 (Priority) \$ <u>978,735.69 (Unsecured)</u> (unsecured)
3b. <b>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 <i>Schedule E/F</i> .....	+\$ <u>8,813,196.02</u>
4. <b>Total liabilities</b> ..... Lines 2 + 3a + 3b	<div style="border: 1px solid black; padding: 5px; display: inline-block;">           \$ <u>30,020,977.42</u> </div>

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# 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**  
**\$5,000.00**

2. **Cash on hand**

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. <u>Bank of America</u>	<u>Master General Account</u>	<u>8391</u>	<u>\$27,594.88</u>
3.2. <u>Bank of America</u>	<u>Depository</u>	<u>2081</u>	<u>\$31,006.77</u>
3.3. <u>Bank of America</u>	<u>Payroll Account</u>	<u>2082</u>	<u>\$306,132.18</u>
3.4. <u>Bank of America</u>	<u>Employee Benefit Account</u>	<u>2083</u>	<u>\$84,688.91</u>
3.5. <u>Bank of America</u>	<u>Section 125 Account</u>	<u>7730</u>	<u>\$46,439.08</u>
3.6. <u>Bank of America</u>	<u>Worker's Comp Collateral Account</u>	<u>8627</u>	<u>\$475,003.64</u>

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3.7.	<u>Bank of America</u>	<u>Accounts Payable</u>	<u>2549</u>	<u>\$5,330,998.41</u>
3.8.	<u>Edward Jones</u>	<u>1978 Bearer Bonds - Reserved</u>	<u>9808</u>	<u>\$73,993.85</u>
3.9.	<u>Citizens Business Bank</u>	<u>Savings</u>	<u>1185</u>	<u>\$144.27</u>
4.	<b>Other cash equivalents (Identify all)</b>			
4.1.	<u>Affiliated Physician's Practice Cashier's Check Payable to MCH.</u>			<u>\$140,000.00</u>

5. **Total of Part 1.** \$6,521,001.99  
Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**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

7.1.	<u>Deposits and Pre-Payments - See Attached.</u>			
7.2.	<u>Wanger Jones Helsley Trust Balance</u>			<u>\$173,628.80</u>
7.3.	<u>McCormick Barstow Trust Balance</u>			<u>\$20,000.00</u>

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**  
Description, including name of holder of prepayment

9. **Total of Part 2.** \$193,628.80  
Add lines 7 through 8. Copy the total to line 81.

**Part 3: Accounts receivable**

10. Does the debtor have any accounts receivable?

- No. Go to Part 4.
- Yes Fill in the information below.

11. **Accounts receivable**

**MADERA COMMUNITY HOSPITAL  
PREPAID INSURANCE**

<b>Insurance Type</b>	<b>Vendor</b>	<b>Policy Period</b>	<b>Balance as of 3.10.23</b>
Commercial Package Policy	Optima Healthcare - All Risk Property	07/01/22-06/30/23	\$ 44,945.28
Commercial Package Policy	Optima Healthcare - Crime	07/01/21-06/30/22	1,475.00
Auto Insurance:	Nationwide	10/05/22-10/05/23	4,626.52
	<b>Unamortized Prepaid Balance as of 3.10.23</b>		<b><u>\$ 51,046.80</u></b>

**Madera Community Hospital**  
**Prepaid Service Contracts & Software & License Fees**

<b>Vendor</b>	<b>Description</b>	<b>Period Covered</b>	<b>Balance as of 3.10.23</b>
Forward Advantage	OneSign Software (SSO) -Annual Premium-V Maintenance	12/01/22-11/30/23	21,748.74
Forward Advantage	Data Express -24x7 Annual Maintenance and Support Renewal	1/07/23-1/06/24	13,250.00
TruCode	TEADirect-TruCode Encoder License Fee	11/01/22-04/30/23	6,218.36
UpToDate (Wolters Kluwer)	Drug Dosing and Administration Database	10/01/22-09/20/23	14,639.74
UpToDate (Wolters Kluwer)	Renewal of UpToDate License	8/1/22-7/31/23	7,337.75
Intelligent Medical Objects shi International Corp	Annual Support of IMO- Software Image	4/01/22-3/31/23	1,940.16
shi International Corp	Sentide One Renewal -3year	4/01/20-3/31/23	711.30
shi International Corp	Software Subscription	4/1/22-3/31/23	1,596.47
shi International Corp	Software for PFPT - Support, Advanced &	5/01/22-4/30/23	4,144.90
Iatric System, Inc	Security Audit Manager -Annual Support	12/1/22-11/30/23	6,593.64
Iatric System, Inc	Software system - Annual Support	4/1/22-3/31/23	692.66
Medical Consultants Network	Ellucid Software - Annual License	6/28/22-6/28/23	3,677.40
Telcion Communications	UCS SmartNet Renewal	3/01/22-6/30/24	8,737.96
Telcion Communications	Meraki - Cisco Licensing Renewal	7/01/22-6/30/23	7,468.84
Vocera Communications, Inc	Engage- Software Support	6/1/22-5/31/23	1,656.38
LEAF (VAR Technology Finance)	Forcepoint DLP Tri Annual Renewal	8/1/22-7/31/23	16,530.65
Dept. of Public Health	Hospital Facility License	6/01/22-5/31/23	19,582.60
Office of Statewide Health Planning Dev (Department of Health Care Access and Information)	Annual Fee Disclosure	7/01/22-6/30/23	8,628.26
DrFirst	EPCS - Software License 12 month basic conv. + Loan / Basic	7/01/22-6/30/23	4,504.80
Nanosonics	Annual Service +Loan PoS	8/11/22-8/10/24	4,236.10
Medical Information Technology, Inc.	Meditech Software - Elect Case Reporting Public Health	9/01/22-8/31/23	6,595.26
Change Healthcare	CareSelect Imaging Software	10/01/22-9/30/23	7,790.32
ACHC	Renewal Accreditation Fees - ACH	7/01/23-6/01/26	40,939.56
<b>Unamortized Prepaid Balance as of 3.10.23</b>			<b>\$ 209,221.85</b>

**MADERA COMMUNITY HOSPITAL**  
**Prepaid Expenses Per Contracts and**  
**Invoices**

<b>Vendor</b>	<b>Description</b>	<b>Identified as of 3.10.23</b>
Alliance for Medical Outreach and Relief	Prepaid lease expense on Medota Clinic Lease	8,250.00
Huntington Technology Finance Inc.	Prepaid lease expense on Voalte Software Lease	16,368.00
Leasing Associates of Barrington	Last Prepaid lease expense of BD Max Analyzer	1,336.90
		<u>\$ 25,954.90</u>





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	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
19.	Raw materials Food		\$0.00		\$0.00
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies Surgical/Pharmacy Supplies		\$0.00	Owner Est.	\$25,000.00

23. Total of Part 5. \$25,000.00  
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.

**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. **ee list o e ecutory contr cts tt c ed to c edu e .**

**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)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1.	2010 GMC 3500 - VIN -1353	\$0.00		\$5,500.00

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47.2.	<u>2010 GMC 3500 VIN -0455</u>	<u>\$0.00</u>		<u>\$5,500.00</u>
47.3.	<u>2010 Dodge 1500 VIN -0109</u>	<u>\$0.00</u>		<u>\$4,000.00</u>
47.4.	<u>2010 SPCNS Ice Trailer</u>	<u>\$0.00</u>		<u>\$5,000.00</u>
47.5.	<u>2003 Dargo Trailer</u>	<u>\$0.00</u>		<u>\$2,500.00</u>
47.6.	<u>2000 Toyota Tacoma VIN -8050</u>	<u>\$0.00</u>		<u>\$3,000.00</u>
47.7.	<u>1999 Toyota Corolla VIN -3639</u>	<u>\$0.00</u>		<u>\$3,000.00</u>
48.	<b>Watercraft, trailers, motors, and related accessories</b> <i>Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels</i>			
48.1.	<u>Golf Carts (2)</u>	<u>\$0.00</u>		<u>\$2,500.00</u>
48.2.	<u>Forklift</u>	<u>\$0.00</u>		<u>\$3,500.00</u>
49.	<b>Aircraft and accessories</b>			
50.	<b>Other machinery, fixtures, and equipment (excluding farm machinery and equipment)</b>			
	<u>All Moveable Equipment and furnishings</u>	<u>\$0.00</u>	<u>Owner Est.</u>	<u>\$1,800,000.00</u>
	<u>ontro er ui ent oc ted t e n nd eet et</u>	<u>0.00</u>		<u>500,000.00</u>
51.	<b>Total of Part 8.</b> Add lines 47 through 50. Copy the total to line 87.			<u>\$2,334,500.00</u>
52.	<b>Is a depreciation schedule available for any of the property listed in Part 8?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
53.	<b>Has any of the property listed in Part 8 been appraised by a professional within the last year?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> 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.

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

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,	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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apartment or office building, if available.

55.1. **MCH owns 39 acres on which there is a hospital and several related medical buildings, some of which are leased to physicians. On the 39 acres are two buildings owned by physicians on land leased from MCH. MCH values its interest in this 39 acres at \$16,000,000 - \$60,000,000 depending on use.**

<b>100% Fee</b>	<b>\$0.00</b>	<b>Owner</b>	<b>\$60,000,000.00</b>
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55.2. **MCH owns 35.5 acres on Avenue 12 in Madera County. The 35 acres is leased to S and K Management on a long term development lease on which almonds are planted. MCH values this 35 acres at \$525,000.**

<b>100% Fee</b>	<b>\$0.00</b>	<b>Owner Est.</b>	<b>\$525,000.00</b>
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56. **Total of Part 9.** **\$60,525,000.00**  
Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

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
60. <b>Patents, copyrights, trademarks, and trade secrets</b>			
61. <b>Internet domain names and websites</b> <b>maderahospital.org</b>	<b>\$0.00</b>		<b>\$0.00</b>

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62. Licenses, franchises, and royalties  
Business License, Acute Care Hospital,  
Pharmacy Licenses, CLIA License, Provider  
Numbers, etc. - Not Transferable /No Value \$0.00 \$0.00

63. Customer lists, mailing lists, or other compilations  
Patient Records \$0.00 \$0.00

64. Other intangibles, or intellectual property  
65. Goodwill  
Gifted Mineral Rights \$0.00 Unknown

66. Total of Part 10. \$0.00  
Add lines 60 through 65. Copy the total to line 89.

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

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)  
**Affiliated Physicians Practice, Inc.** 6,070,208.00 - 5,870,208.00 =  
Notes (2015 and 2018 Notes) Total face amount doubtful or uncollectible amount  
\*Security Interest held by MCH \$200,000.00

**Sammons Promissory Note** 486,210.00 - 0.00 =  
**Secured by Deed of Trust** Total face amount doubtful or uncollectible amount \$486,210.00

72. Tax refunds and unused net operating losses (NOLs)  
Description (for example, federal, state, local)
73. Interests in insurance policies or annuities
74. Causes of action against third parties (whether or not a lawsuit has been filed)

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75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

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

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*  
**MCH controls the Madera Community Hospital Foundation. Assets consist of bank accounts controlled by MCH for use by MCH.**

Unknown

78. **Total of Part 11.**  
Add lines 71 through 77. Copy the total to line 90.

<u>\$686,210.00</u>
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79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

No

Yes

**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>	<u>\$6,521,001.99</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u>\$193,628.80</u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$34,729,000.00</u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u>\$80,000.00</u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u>\$25,000.00</u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u>\$1,834,500.00</u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<u>\$60,525,000.00</u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ <u>\$686,210.00</u>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<u>\$44,069,340.79</u>	+ 91b. <u>\$60,525,000.00</u>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u>\$104,594,340.79</u>

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**Official Form 206D**

**Schedule D: Creditors Who Have Claims Secured by Property**

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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 <small>Do not deduct the value of collateral.</small>	Column B Value of collateral that supports this claim
<p>2.1</p> <p><b>1.Saint Agnes Medical Center</b></p> <p><small>Creditor's Name</small> <b>Trinity Health</b> <b>Attn. CEO</b> <b>1303 E. Herndon Ave.</b> <b>Fresno, CA 93720-3309</b></p> <p><small>Creditor's mailing address</small></p> <hr/> <p><small>Creditor's email address, if known</small></p> <hr/> <p><b>Date debt was incurred</b></p> <hr/> <p><b>Last 4 digits of account number</b></p> <hr/> <p><b>Do multiple creditors have an interest in the same property?</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> No</li> <li><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</li> </ul>	<p><b>Describe debtor's property that is subject to a lien</b> <b>Security Interest in personal property and deed of trust on 39 acres and 35.5 acres.</b></p> <hr/> <p><b>Describe the lien</b> <b>UCC Filed 4/4/22 and Deed of Trust</b></p> <p><b>Is the creditor an insider or related party?</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> No</li> <li><input type="checkbox"/> Yes</li> </ul> <p><b>Is anyone else liable on this claim?</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> No</li> <li><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</li> </ul> <hr/> <p><b>As of the petition filing date, the claim is:</b> Check all that apply</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Contingent</li> <li><input type="checkbox"/> Unliquidated</li> <li><input type="checkbox"/> Disputed</li> </ul>	<p><b>\$15,406,798.00</b></p>	

<p>2.2</p> <p><b>2.New England Sheet Metal</b></p> <p><small>Creditor's Name</small> <b>2731 S Cherry Ave</b> <b>Fresno, CA 93706</b></p> <p><small>Creditor's mailing address</small></p> <hr/> <p><small>Creditor's email address, if known</small></p> <hr/> <p><b>Date debt was incurred</b></p> <hr/> <p><b>Last 4 digits of account number</b></p>	<p><b>Describe debtor's property that is subject to a lien</b> <b>Lien on Hospital Campus</b> <b>Three (3) Mechanics' Liens</b></p> <hr/> <p><b>Describe the lien</b> <b>Mechanic's Liens Recorded 1/10/23</b></p> <p><b>Is the creditor an insider or related party?</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> No</li> <li><input type="checkbox"/> Yes</li> </ul> <p><b>Is anyone else liable on this claim?</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> No</li> <li><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</li> </ul>	<p><b>\$1,105,155.00</b></p>	
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