

Fill in this information to identify the case:

Debtor name Lion Star Nacogdoches Hospital, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number 23-
(if known)

Check if this is an amended filing

Official Form 204

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

12/15

A 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 claims 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	TRS Managed Services, LLC 5001 Founders Way, Suite L10 Rogers, AR 72758	Caleb English, CFO 479-303-4233 cenglish@trshealthcare.com	Clinical Staffing				\$2,831,127.74
2	Cerner Health Services, Inc. PO Box 959156 St. Louis, MO 63195	Robert Gonzales 816-201-6674 robert.gonzales@oracle.com	Electronic Health Record-Patients				\$1,077,018.89
3	Medygate, Inc. 447 S. Robertson Blvd., #204 Beverly Hills, CA 90211	Darius Yaghoubi 310-385-7300 darius@medygate.com	Bio-Medical Services				\$581,896.00
4	EDF, Inc. PO Box 74007029 Chicago, IL 60674	Laendra Davis 281-366-0104 retailcustreceivable@bp.com	Electricity Provider				\$431,854.24
5	SCC Soft Computer 5400 Tech Data Dr. Clearwater, FL 33760	Tarrah Veilleux 727-789-0100 x4 tarrahv@softcomputer.com	Lab Software, Hardware Mtn. Interface				\$357,110.54

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	address, including zip code	address of creditor contact	debts, bank loans, professional services, and government contracts)	contingent, unliquidated, or disputed	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
6	AT&T PO Box 105414 Atlanta, GA 30348	Abdi Abdulahi 877-970-8878 aa120s@att.com	Telephone Provider				\$260,343.45
7	Medline Industries, Inc. Dept. 1080 PO Box 121080 Dallas, TX 75312	Tina Ridley 847-643-4019 tridley@medline.com	Medical Supplies				\$250,112.21
8	Gjerset & Lorez, LLP 2801 Via Fortuna Austin, TX 78746	Tammy Sullivan 512-692-8799 sullivan@gl-law.com	Attorney Fees				\$215,110.00
9	Wipfli, LLP PO Box 3160 Milwaukee, WI 53201	David M. Hersch 816-789-7014 david.hersch@wipfli.com	Former Proj. Mgr. for Electronic Health Record				\$196,129.24
10	Biomerieux, Inc. - St. Louis PO Box 500308 St. Louis, MO 63150	Kate Kohlschein 385-770-3110 kate.kohlschein@biomerieux.com	Lab Supplies				\$189,031.58
11	SCI Solutions PO Box 735381 Dallas, TX 75373	Bernie Gay 866-472-4338 x1 bgay@r1cm.com	Patient Scheduling Software				\$164,922.04
12	Young's Professional Svc 200 Greenleaves Blvd., Suite 5 Mandeville, LA 70448	Brian Young 985-951-2202 byoung@essentialamg.com	Anesthesia Services				\$162,945.48
13	Gordon Food PO Box 88029 Chicago, IL 60680	Chris Pitcher 616-717-4814 chris.pitcher@gfs.com	Dietary-Food Supplies (Cafeteria)				\$125,843.90

	complete mailing address, including zip code	number, and email address of creditor contact	(for example, trade debts, bank loans, professional services, and government contracts)	claim is contingent, unliquidated, or disputed	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
14	Medtronic Xomed PO Box 848088 Dallas, TX 75284	Mike Maday 800-511-0934 x5 mike.n.maday@medtronic.com	Cath Lab Medical Supplies				\$123,494.94
15	Matheson Tri-Gas Dept. 3028 PO Box 123028 Dallas, TX 75312	Rayanne Hayes 888-815-1000 x2 rahayes@matheson.com	Patient Cases				\$123,428.72
16	Biotronik, Inc. PO Box 205421 Dallas, TX 75320	Angela Stanfield 971-335-4506 angela.stanfield@biotronik.com	Cath Lab Medical Supplies				\$122,332.63
17	Stericycle, Inc. PO Box 8575 Carol Stream, IL 60197	Rodney Dickens 847-943-6231 rodney.dickens@stericycle.com	Medical Waste				\$120,379.80
18	Beckman Coulter, Inc. Dept. CH 10164 Palatine, IL 60055	Kevin Thomas 903-805-8001 rodney.dickens@stericycle.com	Supplies/Service Equip. Contract				\$111,340.65
19	Garlic Media Management LLC 1195 S Lipan St, Unit A Denver, CO 80223	Will Feldman 720-545-7635 will@garlicmediagroup.com	Marketing				\$108,000.00
20	Banner State Emergency Phy PA 5000 Ambassador Caffery Pkwy Bldg. 15, Suite A Lafayette, LA 70508	Mark McGrew 850-293-8879 mark.mcgreg@ecp.net	ER Physician Group				\$107,758.00

Fill in this information to identify the case and this filing:

Debtor Name	<u>Lion Star Nacogdoches Hospital, LLC</u>
United States Bankruptcy Court for the:	<u>NORTHERN DISTRICT OF TEXAS</u>
Case number (if known)	<u>23-</u>

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 208A/B)
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 208D)
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 208E/F)
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 208G)
- Schedule H: Codebtors (Official Form 208H)
- A Summary of Assets and Liabilities for Non-Individuals (Official Form 208-Summary)
- 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 11/16/2023
MM / DD / YYYY

X 
Signature of individual signing on behalf of debtor

Sean Fowler
Printed name
Chief Executive Officer
Position or relationship to debtor

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Northern District of Texas (Fort Worth) (State)

Case number (if known): 23- Chapter 11

Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

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 Lion Star Nacogdoches Hospital, LLC

2. All other names debtor used in the last 8 years See attached list

3. Debtor's federal Employer Identification Number (EIN) 87 - 114 2127

4. Debtor's address Principal place of business 1204 N Mound Street Nacogdoches, TX 75961 Mailing address, if different from principal place of business Location of principal assets, if different from principal place of business

5. Debtor's website (URL) https://nacmem.org

Debtor Lion Star Nacogdoches Hospital, LLC
Name

Case number (if known) 23-

6. Type of debtor

- Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
- Partnership (excluding LLP)
- Other. Specify: _____

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>

6 2 2 1

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

Check one:

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

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1118(1)(B).
- The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, and it chooses to proceed under Subchapter V of Chapter 11. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1118(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. § 1128(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

Debtor

Lion Star Nacogdoches Hospital, LLC
Name

Case number (if known) 23-

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years? No

Yes. District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

If more than 2 cases, attach a separate list.

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? No

Yes. Debtor _____ Relationship _____
District _____ When _____
MM / DD / YYYY

Case number, if known _____

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

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 _____

Debtor Lion Star Nacogdoches Hospital, LLC
Name

Case number (if known) 23-

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

- | | | |
|---|--|--|
| <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

- | | | |
|--|---|--|
| <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 |

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 11/16/2023
MM / DD / YYYY

x 

Signature of authorized representative of debtor

Sean Fowler

Printed name

Title Chief Executive Officer