

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Northern 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 Hillsville Rehabilitation and Healthcare Center, LLC

2. All other names debtor used in the last 8 years
f/k/a Trinity Mission of Hillsville, LLC
d/b/a Hillsville Rehabilitation and Healthcare Center

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

3. Debtor's federal Employer Identification Number (EIN) 62-1844463

4. Debtor's address **Principal place of business** **Mailing address, if different from principal place of business**

c/o Louis E. Robichaux IV, CRO
 Number Street

Number Street

15950 Dallas Parkway

P.O. Box

Dallas TX 75248
 City State Zip Code

City State Zip Code

Dallas County
 County

Location of principal assets, if different from principal place of business

Number Street

City State Zip Code

5. Debtor's website (URL) orianna.com

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 3 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:

- 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

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

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 See Rider 1 Relationship _____
- District _____ When MM / DD / YYYY
- Case number, if known _____

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

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 [See Rider 2]
- 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 _____

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

- | | | |
|--|--|--|
| <input checked="" 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 type="checkbox"/> 200-999 | | |

15. Estimated assets

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input checked="" 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 |

16. Estimated liabilities

- \$0-\$50,000
- \$50,001-\$100,000
- \$100,001-\$500,000
- \$500,001-\$1 million
- \$1,000,001-\$10 million
- \$10,000,001-\$50 million
- \$50,000,001-\$100 million
- \$100,000,001-\$500 million
- \$500,000,001-\$1 billion
- \$1,000,000,001-\$10 billion
- \$10,000,000,001-\$50 billion
- 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 03/06/2018
MM / DD / YYYY

* /s/ Louis E. Robichaux IV Louis E. Robichaux IV
Signature of authorized representative of debtor Printed name

Title: Chief Restructuring Officer

18. Signature of attorney

X /s/ Andrew B. Zollinger Date 03/06/2018
Signature of attorney for debtor MM / DD / YYYY

Andrew B. Zollinger
Printed name

DLA Piper LLP (US)
Firm name

1717 Main Street, Suite 4600
Number Street

Dallas TX 75201
City State ZIP Code

(214) 743-4509 andrew.zollinger@dlapiper.com
Contact phone Email address

24063944 TX
Bar number State

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION**

In re:	x	
	:	
	:	Chapter 11
HILLSVILLE REHABILITATION AND HEALTHCARE CENTER, LLC,	:	
	:	Case No. 18-____ (____)
Debtor.	:	
	:	
	x	

Rider 1

Pending Bankruptcy Cases Filed by the Debtor and Affiliates of the Debtor

On the date hereof, each of the entities listed below (collectively, the “Debtors”) filed a voluntary petition in the United States Bankruptcy Court for the Northern District of Texas for relief under chapter 11 of title 11 of the United States Code. The Debtors have moved for joint administration of their cases with the lead case number assigned to the chapter 11 case of 4 West Holdings, Inc.

#	Company	EIN
1.	4 West Holdings, Inc.	46-3599732
2.	4 West Investors, LLC	46-3666021
3.	Aiken RE, LLC	37-1561814
4.	Ambassador Rehabilitation and Healthcare Center, LLC	80-0421636
5.	Anchor Rehabilitation and Healthcare Center of Aiken, LLC	38-3789448
6.	Anderson RE TX, LLC	41-2273630
7.	Anderson RE, LLC	37-1561806
8.	Ark II Real Estate, LLC	41-2273628
9.	Ark III Real Estate, LLC	90-0460121
10.	Ark Mississippi Holding Company, LLC	20-8883765
11.	Ark Real Estate, LLC	20-8876014
12.	Ark South Carolina Holding Company, LLC	61-1570002
13.	Ark Texas Holding Company, LLC	20-8883739
14.	Battle Ground RE, LLC	58-2161818
15.	Brushy Creek Rehabilitation and Healthcare Center, LLC	81-3563292
16.	Bryan RE, LLC	41-2273633
17.	Burleson RE, LLC	20-8881777
18.	Capstone Rehabilitation and Healthcare Center, LLC	46-3957871
19.	Charlottesville Pointe Rehabilitation and Healthcare Center, LLC	62-1844467
20.	Charlottesville RE, LLC	54-1100836
21.	Cleveland RE, LLC	56-2486013
22.	Clinton RE, LLC	62-1858109
23.	Cobblestone Rehabilitation and Healthcare Center, LLC	80-0421612
24.	Collierville RE, LLC	42-1648845

#	Company	EIN
25.	Columbia RE, LLC	42-1648838
26.	Columbia Rehabilitation and Healthcare Center, LLC	32-0216772
27.	Comfort RE, LLC	20-8881902
28.	Connersville RE, LLC	58-2129824
29.	Corinth RE, LLC	20-8881777
30.	Cornerstone Rehabilitation and Healthcare Center, LLC	42-1648841
31.	Crystal Rehabilitation and Healthcare Center, LLC	42-1648842
32.	Delta Rehabilitation and Healthcare Center of Cleveland, LLC	45-0577212
33.	Descending Dove, LLC	61-1558081
34.	Diboll RE, LLC	20-8881939
35.	Easley RE II, LLC	37-1561819
36.	Easley RE, LLC	37-1561817
37.	Edgefield RE, LLC	58-2163574
38.	Farmville RE, LLC	54-1163442
39.	Farmville Rehabilitation and Healthcare Center, LLC	62-1844464
40.	Fleetwood Rehabilitation and Healthcare Center, LLC	46-4059615
41.	Fortress Health & Rehab of Rock Prairie, LLC	32-0241314
42.	Granbury RE, LLC	20-8881999
43.	Great Oaks RE, LLC	20-8881731
44.	Great Oaks Rehabilitation and Healthcare Center, LLC	56-2444357
45.	Greenville RE II, LLC	37-1561798
46.	Greenville RE, LLC	37-1561797
47.	Greenville Rehabilitation and Healthcare Center, LLC	47-1023920
48.	Greenwood RE, LLC	20-8881654
49.	Greer RE, LLC	37-1561795
50.	Greer Rehabilitation and Healthcare Center, LLC	38-3789462
51.	Grenada RE, LLC	20-8881623
52.	Grenada Rehabilitation and Healthcare Center, LLC	42-1648843
53.	Heritage Park Rehabilitation and Healthcare Center, LLC	20-8889055
54.	Hillsville RE, LLC	20-8882195
55.	Hillsville Rehabilitation and Healthcare Center, LLC	62-1844463
56.	Holly Lane Rehabilitation and Healthcare Center, LLC	20-8889103
57.	Holly RE, LLC	58-2161816
58.	Holly Springs RE, LLC	20-8881559
59.	Holly Springs Rehabilitation and Healthcare Center, LLC	48-1286524
60.	Indianola RE, LLC	56-2486022
61.	Indianola Rehabilitation and Healthcare Center, LLC	45-0577203
62.	Italy RE, LLC	20-8882086
63.	Iva RE, LLC	37-1561801
64.	Iva Rehabilitation and Healthcare Center, LLC	46-3970384
65.	Johns Island Rehabilitation and Healthcare Center, LLC	46-3924898
66.	Joy of Bryan, LLC	41-2274072
67.	Lampstand Health & Rehab of Bryan, LLC	30-0472002
68.	Linley Park Rehabilitation and Healthcare Center, LLC	46-3990525
69.	Macon Rehabilitation and Healthcare Center, LLC	47-1019644

#	Company	EIN
70.	Magnified Health & Rehab of Anderson, LLC	36-4629060
71.	Manna Rehabilitation and Healthcare Center, LLC	38-3789441
72.	Marietta RE, LLC	37-1561809
73.	McCormick RE, LLC	37-1561808
74.	McCormick Rehabilitation and Healthcare Center, LLC	46-4033193
75.	Memphis RE, LLC	42-1648846
76.	Midland RE, LLC	62-1635138
77.	Midland Rehabilitation and Healthcare Center, LLC	20-8889679
78.	Moultrie RE, LLC	80-0389943
79.	Mountain View Rehabilitation and Healthcare Center, LLC	20-8889227
80.	Natchez RE, LLC	56-2486019
81.	Natchez Rehabilitation and Healthcare Center, LLC	32-0216773
82.	New Ark Master Tenant, LLC	37-1757893
83.	New Ark Operator Holdings, LLC	37-1757623
84.	New Redeemer Health & Rehab of Pickens, LLC	46-4005321
85.	Olive Leaf Holding Company, LLC	90-0460129
86.	Olive Leaf, LLC	61-1570001
87.	Omega Health & Rehab of Greenville, LLC	38-3789461
88.	Orianna Health Systems, LLC	20-8875160
89.	Orianna Holding Company, LLC	20-8671323
90.	Orianna Investment, Inc.	20-8651141
91.	Orianna SC Operator Holdings, Inc.	90-1020383
92.	Palladium Hospice and Palliative Care, LLC	01-0961873
93.	Patewood Rehabilitation and Healthcare Center, LLC	38-3789457
94.	Picayune RE, LLC	58-2119749
95.	Picayune Rehabilitation and Healthcare Center, LLC	20-8889183
96.	Pickens RE II, LLC	37-1561823
97.	Pickens RE, LLC	37-1561821
98.	Piedmont RE, LLC	37-1561800
99.	Poinsett Rehabilitation and Healthcare Center, LLC	46-4020713
100.	Poplar Oaks Rehabilitation and Healthcare Center, LLC	02-0814771
101.	Portland RE, LLC	58-2161822
102.	Provo RE, LLC	58-2163568
103.	Rainbow Rehabilitation and Healthcare Center, LLC	02-0814772
104.	River Falls Rehabilitation and Healthcare Center, LLC	46-3979788
105.	Riverside Rehabilitation and Healthcare Center, LLC	47-1033951
106.	Rock Prairie RE, LLC	41-2273636
107.	Rocky Mount RE, LLC	54-1045904
108.	Rocky Mount Rehabilitation and Healthcare Center, LLC	62-1844466
109.	Roy RE, LLC	62-1635142
110.	Scepter Rehabilitation and Healthcare Center, LLC	80-0421630
111.	Scepter Senior Living Center, LLC	80-0421621
112.	Simpsonville RE II, LLC	37-1561804
113.	Simpsonville RE, LLC	37-1561802
114.	Simpsonville Rehabilitation and Healthcare Center, LLC	46-4043564

#	Company	EIN
115.	Snellville RE, LLC	80-0389933
116.	Southern Oaks Rehabilitation and Healthcare Center, LLC	46-4011141
117.	The Bluffs Rehabilitation and Healthcare Center, LLC	20-8889314
118.	The Ridge Rehabilitation and Healthcare Center, LLC	46-3951456
119.	Trinity Mission Health & Rehab of Connersville, LLC	20-8888787
120.	Trinity Mission of Burleson, LLC	62-1842585
121.	Trinity Mission of Comfort, LLC	62-1842573
122.	Trinity Mission of Diboll, LLC	62-1842581
123.	Trinity Mission of Granbury, LLC	62-1842582
124.	Trinity Mission of Italy, LLC	62-1842576
125.	Trinity Mission of Winnsboro, LLC	62-1842583
126.	Utah Valley Rehabilitation and Healthcare Center, LLC	20-88889661
127.	Vicksburg RE, LLC	58-2120150
128.	Victory Rehabilitation and Healthcare Center, LLC	20-8889485
129.	Wadesboro RE, LLC	80-0389929
130.	Wide Horizons RE, LLC	62-1635144
131.	Wide Horizons Residential Care Facility, LLC	20-8889387
132.	Winnsboro RE, LLC	20-8882134
133.	Woodlands Rehabilitation and Healthcare Center, LLC	27-0009127
134.	Yazoo City RE, LLC	42-1648844
135.	Yazoo City Rehabilitation and Healthcare Center, LLC	45-0577216

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION**

-----	x	
In re:	:	
	:	Chapter 11
HILLSVILLE REHABILITATION AND	:	
HEALTHCARE CENTER, LLC,	:	Case No. 18-____ (____)
	:	
Debtor.	:	
-----	x	

Rider 2

Real Property or Personal Property that Needs Immediate Attention

Question 12, among other things, asks the debtor to identify any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

The above-captioned debtor (the "Debtor") does not believe it owns or possesses any real or personal property that (i) poses a threat of imminent and identifiable hazard to public health or safety, (ii) needs to be physically secured or protected from the weather, or (iii) includes perishable goods or assets that could quickly deteriorate. The Debtor notes that it is not aware of the exact definition of "imminent and identifiable hazard" as used in this form.

OFFICER'S CERTIFICATE

Dated: March 6, 2018

The undersigned, the Chief Restructuring Officer of Orianna Investment, Inc., a Delaware corporation (the "Company"), does hereby certify the following at and as of the date hereof:

(i) attached as Annex A hereto is a true, correct and complete copy of the resolutions (the "Resolutions") adopted by written consent on March 6, 2018;

(ii) such Resolutions were adopted by the Company in accordance with the terms of the Company's bylaws; and

(iii) such Resolutions have not been amended, modified or rescinded since adopted, and are in full force and effect as of the date hereof.

IN WITNESS WHEREOF, the undersigned has caused this certificate to be executed as of the date first set forth above.

/s/ Louis E. Robichaux IV

Name: Louis E. Robichaux IV
Title: Chief Restructuring Officer

Annex A
Resolutions

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION**

In re:	x	
	:	
	:	Chapter 11
HILLSVILLE REHABILITATION AND HEALTHCARE CENTER, LLC,	:	
	:	Case No. 18-____ (____)
Debtor.	:	
	:	
	x	

**CONSOLIDATED LIST OF CREDITORS WHO HAVE THE
40 LARGEST UNSECURED CLAIMS AND ARE NOT INSIDERS**

The above-captioned debtor and its debtor affiliates (collectively, the “Debtors”) hereby certify that the *Consolidated List of Creditors Who Have the 40 Largest Unsecured Claims and Are Not Insiders* submitted herewith contains the names and addresses of the Debtors’ consolidated top 40 unsecured creditors (the “Top 40 List”). The list has been prepared from the Debtors’ unaudited books and records as of the Petition Date. The Top 40 List was prepared in accordance with Rule 1007(d) of the Federal Rules of Bankruptcy Procedure for filing in the Debtors’ chapter 11 cases. The Top 40 List does not include: (1) persons who come within the definition of an “insider” set forth in 11 U.S.C. § 101(31); or (2) secured creditors, unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 40 largest unsecured claims. The information presented in the Top 40 List shall not constitute an admission by, nor is it binding on, the Debtors. Moreover, nothing herein shall affect the Debtors’ right to challenge the amount or characterization of any claim at a later date. The failure of the Debtors to list a claim as contingent, unliquidated or disputed does not constitute a waiver of the Debtors’ right to contest the validity, priority, and/or amount of any such claim.

Fill in this information to identify the case:Debtor Name Hillsville Rehabilitation and Healthcare Center, LLCUnited States Bankruptcy Court for the: Northern District of Texas
(State)

Case number (If known): _____

 Check if this is an amended filingOfficial Form 204**Chapter 11 or Chapter 9 Cases: Consolidated List of Creditors Who Have the 40 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 40 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 40 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of 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
Healthcare Services Group Inc PO Box 829677 Philadelphia, PA 19182-9677	(864) 306-7785 info@hcsgrcorp.com	PROF SERV		\$0.00		\$17,590,874.23
Pharmerica Corporation 1900 South Sunset Street Unit 1a Longmont, CO 80501	(720) 652-4518 Jae4201@pharmerica.com	PHARMACY		\$0.00		\$5,015,934.94
Omnicare Inc Dept 781668 PO Box 78000 Detroit, MI 48278-1668	(313) 465-1500 results@omnicare.com	PHARMACY		\$0.00		\$3,853,708.84
Medline Industries Inc Dept 1080 PO Box 121080 Dallas, TX 75312-1080	(847) 643-4062 finance@medline.com	MED SUPPLY		\$0.00		\$1,841,862.58
Anthem BCBS PO Box 951254 Cleveland, OH 44193	(800) 786-8015 laura.crozier@anthem.com	INSURANCE		\$0.00		\$505,790.64
Mobilex Usa PO Box 17462 Baltimore, MD 21297	(800) 786-8015 jeff.barton@mobilexusa.com	MEDICAL		\$0.00		\$494,894.70
DME Tennessee LLC PO Box 1017 Dickson, TN 37056-1017	(877) 640-9795 Billers@alanahealthcare.com	PROF SERV		\$0.00		\$345,330.00

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of 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
Specialized Medical Services I 7237 Solution Ctr Chicago, IL 60677-7002	(800) 786-3656 oxegynbilling@specializedmed.com	MED SUPPLY		\$0.00		\$325,327.51
Direct Supply Box 88201 Milwaukee, WI 53288-0201	(800) 634-7328 DFord@directs.com	SUPPLIES		\$0.00		\$317,332.89
Joerns Healthcare LLC 19748 Dearborn Street Chatsworth, CA 91311	(800) 966-6662 treasury@joerns.com	EQUIPMENT		\$0.00		\$293,887.32
Reliance Standard Life Insuran PO Box 3124 Southeastern, PA 19398-3124	(267) 256-3500 customer.service@rsli.com	INSURANCE		\$0.00		\$254,072.14
Pointclickcare Technologies In PO Box 674802 Detroit, MI 48267-4802	(800) 277-5889 accountservices@pointclickcare.com	SOFTWARE		\$0.00		\$224,004.82
Regional Ambulance Service Inc 1089 Augusta Road Suite 300 Warrenville, SC 29851	(803) 392-7107 jodi@regionalambulance.net	TRANSPORT		\$0.00		\$186,986.96
American Healthtech Software PO Box 936171 Atlanta, GA 31193-6171	(601) 978-6800 katie.wilson@cpsi.com	SOFTWARE		\$0.00		\$167,907.89
National Datacare Corporation PO Box 222430 Chantilly, VA 20153-2430	(703) 830-3660 support@nationaldatacare.com	SUPPLIES		\$0.00		\$158,643.31
Pointright 150 Cambridge Park Dr Suite 301 Cambridge, MA 2140	(781) 457-5960 info@pointright.com	PROF SERV		\$0.00		\$127,530.00
Advance Nursing Corporation c/o Magnolia Financial Inc PO Box 16807 Atlanta, GA 30321-0807	(864) 573-9900 cbrock@advancenursing.com dtorres@advancenursing.com	STAFFING		\$0.00		\$111,057.02
Vital Care PO Box 51222 Piedmont, SC 29673	(866) 764-4911 Jdockery8105.jd@gmail.com	TRANSPORT		\$0.00		\$110,924.90

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of 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
Hancock Daniel Johnson & Nagle PO Box 72050 Richmond, VA 23255-2050	(804) 967-9604 info@hancockdaniel.com	LEGAL		\$0.00		\$109,652.27
Quintairos Prieto Wood & Boyer 9200 South Dadeland Blvd Suite 100 Miami, FL 33156	(305) 670-1101 fs@qpwlaw.com servicecopies@qpwlaw.com	LEGAL		\$0.00		\$108,428.62
Accelerated Care Plus Leasing 13828 Collections Center Drive Chicago, IL 60693	(800) 350-1100 acp-customersupport@hanger.com	RENTAL		\$0.00		\$104,327.39
HD Supply Facilities Maint Ltd PO Box 509058 San Diego, CA 92150-9058	(800) 798-8888 fmeft@hdsupply.com	REPAIRS		\$0.00		\$95,319.44
Brown & Brown Northwest PO Box 29018 Portland, OR 97296	(503) 274-6511 info@bbnw.com	INSURANCE		\$0.00		\$88,492.00
United Healthcare PO Box 30997 Salt Lake City, UT 84130	(877) 842-3210	PATIENT REFUND		\$0.00		\$86,372.29
Shred It Usa Inc 28883 Network Place Chicago, IL 60673	(800) 697-4733 Memphis@shredit.com	SHRED		\$0.00		\$84,600.41
Presidio Networked Solutions I PO Box 822169 Philadelphia, PA 19182	(770) 449-6116 eorfale@presidio.com	SOFTWARE		\$0.00		\$82,498.86
Medshore Ambulance Service Inc PO Box 650458 Dallas, TX 75265	(844) 597-4911 www.priorityambulance.com/southcarolina/contact-us/	TRANSPORT		\$0.00		\$80,440.04
Dell Marketing LP c/o Dell USA LP PO Box 534118 Atlanta, GA 30353-4118	(800) 283-2210 www.dell.com/Support/SendUsAMessage	SOFTWARE		\$0.00		\$77,047.30
Curaspan Health Group Inc Dept 2869 PO Box 122869 Dallas, TX 75312-2869	(617) 395-0125 info@navihealth.us	RENTAL		\$0.00		\$72,850.00
West IP Communications Inc Department 1413 Denver, CO 80256	(888) 728-0950 westipc.com	PHONE		\$0.00		\$67,144.80

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of 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
Health Care Services LLC 9221 SW Barber Blvd #207 Portland, OR 97219	(503) 977-0380	STAFFING		\$0.00		\$60,198.31
American Health Associates 15712 SW 41St Street Suite 16 Davie, FL 33331-1538	(954) 919-5005 contact@ahalabs.com	LAB		\$0.00		\$60,160.36
Staples Advantage Dept Dal PO Box 83689 Chicago, IL 60696	(888) 753-4103 arremittance@staples.com	SUPPLIES		\$0.00		\$58,235.69
Hall Booth Smith PC 191 Peachtree St Ne Suite 2900 Atlanta, GA 30303-1775	(404) 954-5000 bbendall@hallboothsmith.com lhall@hallboothsmith.com	LEGAL		\$0.00		\$57,465.36
Laser Recharge 485 E South Street Suite 101 Collierville, TN 38017	(901) 853-0742 orders@laser-recharge.com	SUPPLIES		\$0.00		\$57,271.69
Patterson Medical PO Box 93040 Chicago, IL 60673-3040	(800) 323-5547 victoria.schultz@patterson-medical.com	SUPPLIES		\$0.00		\$57,245.20
Inpatient Consultants Of North PO Box 844929 Los Angeles, CA 90084-4929	(888) 800-3377 iphealthcare.com	STAFFING		\$0.00		\$53,113.26
GA Dept Of Community Health Benefits Recovery Section PO Box 277941 Atlanta, GA 30384-7941	(800) 610-1863 (404) 651-6141 https://dch.georgia.gov/contact-dch	PATIENT REFUND		\$0.00		\$48,389.08
South Carolina Healthcare Asso 176 Laurelhurst Ave Columbia, SC 29210	(803) 772-7511 schca@schca.org	DUES		\$0.00		\$47,458.30
NRC Health PO Box 809030 Chicago, IL 60680-9030	(800) 601-3884 info@nrchealth.com	PROF SERV		\$0.00		\$46,350.00

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

Debtor Name Hillsville Rehabilitation and Healthcare Center, LLC

United States Bankruptcy Court for the: Northern District of Texas
(State)

Case number (If known): _____

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: Consolidated List of Creditors Who Have the 40 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 03/06/2018
MM / DD / YYYY

*s/ Louis E. Robichaux IV
Signature of individual signing on behalf of debtor

Louis E. Robichaux IV
Printed name

Chief Restructuring Officer
Position or relationship to debtor

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION**

In re:	x	
	:	
	:	Chapter 11
HILLSVILLE REHABILITATION AND HEALTHCARE CENTER, LLC,	:	
	:	Case No. 18-____ (____)
	:	
Debtor.	:	
	:	
	x	

STATEMENT OF CORPORATE OWNERSHIP

Pursuant to Rules 1007(a)(1) and 7007.1 of the Federal Rules of Bankruptcy Procedure, the undersigned authorized officer of the Debtor certifies that the following corporate entities or individuals own 10% or more of the Debtor.

Debtor's Shareholder	Percentage Ownership Interest
Orianna Health Systems, LLC c/o Louis E. Robichaux IV, CRO 15950 Dallas Parkway Dallas, TX 75248	100%

Orianna Health Systems, LLC Shareholder	Percentage Ownership Interest
Orianna Holding Company, LLC c/o Louis E. Robichaux IV, CRO 15950 Dallas Parkway Dallas, TX 75248	100%

Orianna Holding Company, LLC Shareholder	Percentage Ownership Interest
Orianna Investment, Inc. c/o Louis E. Robichaux IV, CRO 15950 Dallas Parkway Dallas, TX 75248	100%

Orianna Investment, Inc. Shareholder	Percentage Ownership Interest
4 West Holdings, Inc. c/o Louis E. Robichaux IV, CRO 15950 Dallas Parkway Dallas, TX 75248	100%

4 West Holdings, Inc. Shareholder	Percentage Ownership Interest
4 West Investors, LLC c/o Louis E. Robichaux IV, CRO 15950 Dallas Parkway Dallas, TX 75248	100%

4 West Investors, LLC Shareholder	Percentage Ownership Interest
HS New Ark Trust	44%
JS New Ark Trust	22%
DES New Ark Trust	34%

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

Debtor Name Hillsville Rehabilitation and Healthcare Center, LLC

United States Bankruptcy Court for the: Northern District of Texas
(State)

Case number (If known): _____

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors 12/15

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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* Statement of Corporate Ownership

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

Executed on 03/06/2018
MM / DD / YYYY

*/s/ Louis E. Robichaux IV
Signature of individual signing on behalf of debtor

Louis E. Robichaux IV
Printed name

Chief Restructuring Officer
Position or relationship to debtor

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION**

-----	X	
In re:	:	
	:	Chapter 11
HILLSVILLE REHABILITATION AND	:	
HEALTHCARE CENTER, LLC,	:	Case No. 18-____ (____)
	:	
Debtor.	:	
-----	X	

LIST OF EQUITY SECURITY HOLDERS

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

Name and Address of Interest Holder	Percentage of Interests Held
Orianna Health Systems, LLC c/o Louis E. Robichaux IV, CRO 15950 Dallas Parkway Dallas, TX 75248	100%

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

Debtor Name Hillsville Rehabilitation and Healthcare Center, LLC

United States Bankruptcy Court for the: Northern District of Texas
(State)

Case number (If known): _____

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors 12/15

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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

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- 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* List of Equity Security Holders

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

Executed on 03/06/2018
MM / DD / YYYY

*/s/ Louis E. Robichaux IV
Signature of individual signing on behalf of debtor

Louis E. Robichaux IV
Printed name

Chief Restructuring Officer
Position or relationship to debtor

