

IN THE UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION

In re:

LAVIE CARE CENTERS, LLC, *et al.*,¹

Debtors.

Chapter 11

Case No. 24-55507 (PMB)

(Jointly Administered)

**AMENDED SCHEDULE A/B 75² FOR
BOSSIER HEALTHCARE, LLC (CASE NO. 24-55559)**

- ¹ The last four digits of LaVie Care Centers, LLC's federal tax identification number are 5592. There are 282 Debtors in these chapter 11 cases, which are being jointly administered for procedural purposes only. A complete list of the Debtors and the last four digits of their federal tax identification numbers are not provided herein. A complete list of such information may be obtained on the website of the Debtors' claims and noticing agent at <https://www.veritaglobal.net/LaVie>. The location of LaVie Care Centers, LLC's corporate headquarters and the Debtors' service address is 1040 Crown Pointe Parkway, Suite 600, Atlanta, GA 30338.
- ² This amended Schedule A/B 75 incorporates by reference and must be considered in connection with the Global Notes and Statement of Limitations, Methodology, and Disclaimers Regarding the Debtors' Schedules of Assets and Liabilities and Statements of Financial Affairs attached to the Schedules of Assets and Liabilities for the above-captioned debtor. Except for Item #75 as modified by this amendment, nothing contained herein amends, modifies, or supersedes the Schedules of Assets and Liabilities or the Statement of Financial Affairs previously filed for the above-captioned debtor. All filings related to the Schedules of Assets and Liabilities are available at <https://www.veritaglobal.net/LaVie/document/list/6110>.



2455559250531000000000001

Fill in this information to identify the case:

Debtor Name: In re : Bossier HealthCare, LLC

United States Bankruptcy Court for the: Northern District of Georgia

Case number (if known): 24-55559 (PMB)

☒ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)

1a. Real property:

Copy line 88 from *Schedule A/B*

\$ 0.00

1b. Total personal property:

Copy line 91A from *Schedule A/B*

\$ 74,553.09

1c. Total of all property:

Copy line 92 from *Schedule A/B*

\$ 74,553.09

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*

\$ 0.00

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims:

Copy the total claims from Part 1 from line 5a of *Schedule E/F*

\$ 0.00

3b. Total amount of claims of nonpriority amount of unsecured claims:

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*

+ \$ 3,082,657.86

4. Total liabilities

Lines 2 + 3a + 3b

\$ 3,082,657.86

Fill in this information to identify the case:

Debtor Name: In re : Bossier HealthCare, LLC

United States Bankruptcy Court for the: Northern District of Georgia

Case number (if known): 24-55559 (PMB)

☒ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

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

2. **Cash on hand**

2.1 None \$

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		
3.1 Wells Fargo	Depository	3170	\$	0.00
3.2 Wells Fargo	Depository - Government	1568	\$	0.00

4. **Other cash equivalents** (Identify all)

\$

5. **Total of Part 1**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$ 0.00

Debtor: Bossier HealthCare, LLC

Document Page 4 of 16 Case number (if known): 24-55559

Name

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.

Current value of debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1 Deposits, including security deposits and utility deposits (various holders) \$ 7,203.00

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

Prepayments, including prepayments on executory contracts, leases, insurance, taxes and rent (various
8.1 holders) \$ 139.40**9. Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$ 7,342.40

Debtor: Bossier HealthCare, LLC

Document Page 5 of 16

Case number (if known):

24-55559

Name

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

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

Current value of debtor's interest**11. Accounts receivable**

	Description	face amount	doubtful or uncollectible accounts		
11a. 90 days old or less:	Accounts Receivable	\$ 0.00	- \$ 0.00	=..... →	\$ 0.00

11b. Over 90 days old:	Accounts Receivable	\$ 121,792.34	- \$ 78,059.08	=..... →	\$ 43,733.26
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12. Total of Part 3.

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ 43,733.26

Debtor: Bossier HealthCare, LLC

Document Page 6 of 16

Case number (if known):

24-55559

Name

Part 4: Investments**13. Does the debtor own any investments?**

- ☒ No. Go to Part 5.
- ☐ Yes. Fill in the information below.

Valuation method used
for current value

Current value of debtor's interest

14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock:

\$

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

\$

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

\$

17. Total of Part 4.

Add lines 14 through 16. Copy the total to line 83.

\$ 0.00

Debtor: Bossier HealthCare, LLC

Document Page 7 of 16

Case number (if known):

24-55559

Name

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.
- ☐ Yes. Fill in the information below.

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		\$		\$
20. Work in progress		\$		\$
21. Finished goods, including goods held for resale		\$		\$
22. Other inventory or supplies		\$		\$

23. Total of Part 5.

Add lines 19 through 22. Copy the total to line 84.

\$ 0.00

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. Description _____ 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

Debtor: Bossier HealthCare, LLC

Document Page 8 of 16

Case number (if known):

24-55559

Name

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.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested	\$ _____	_____	\$ _____
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish	\$ _____	_____	\$ _____
30. Farm machinery and equipment (Other than titled motor vehicles)	\$ _____	_____	\$ _____
31. Farm and fishing supplies, chemicals, and feed	\$ _____	_____	\$ _____
32. Other farming and fishing-related property not already listed in Part 6	\$ _____	_____	\$ _____
33. Total of Part 6. Add lines 28 through 32. Copy the total to line 85.			\$ _____ 0.00

34. Is the debtor a member of an agricultural cooperative?

- ☐ No
- ☐ Yes. Is any of the debtor's property stored at the cooperative?
- ☐ No
- ☐ Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
- ☐ Yes. Description _____ Book value \$ _____ Valuation method _____ Current value \$ _____

36. Is a depreciation schedule available for any of the property listed in Part 6?

- ☐ No
- ☐ Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

Debtor: Bossier HealthCare, LLC

Document Page 9 of 16

Case number (if known):

24-55559

Name

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.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
	\$		\$
40. Office fixtures			
	\$		\$
41. Office equipment, including all computer equipment and communication systems equipment and software			
	\$		\$
42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
	\$		\$

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$ 0.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☐ No
- ☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

Debtor: Bossier HealthCare, LLC

Document Page 10 of 16 Case number (if known): 24-55559

Name

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	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	(Where available)		

47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

_____ \$ _____ \$ _____

48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

_____ \$ _____ \$ _____

49. Aircraft and accessories

_____ \$ _____ \$ _____

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

_____ \$ _____ \$ _____

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$ _____ 0.00

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☐ No
- ☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

Debtor: Bossier HealthCare, LLC

Document Page 11 of 16 Case number (if known): 24-55559

Name

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	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
Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.				
55.1 _____		\$ _____		\$ _____

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ 0.00

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

Debtor: Bossier HealthCare, LLC

Document Page 12 of 16

Case number (if known):

24-55559

Name

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. Patents, copyrights, trademarks, and trade secrets	\$		\$
61. Internet domain names and websites	\$		\$
62. Licenses, franchises, and royalties	\$		\$
63. Customer lists, mailing lists, or other compilations	\$		\$
64. Other intangibles, or intellectual property	\$		\$
65. Goodwill	\$		\$

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$ 0.00

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

Debtor: Bossier HealthCare, LLC

Document

Page 13 of 16

Case number (if known):

24-55559

Name

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)	Total face amount	doubtful or uncollectible accounts	
71.1 None	\$	- \$	=..... → \$

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)	Tax year	
72.1 None		\$

73. Interests in insurance policies or annuities

73.1 See Schedule A/B 73 Attachment	\$	Undetermined
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74. Causes of action against third parties (whether or not a lawsuit has been filed)

74.1 Former Resident Claim	\$	Undetermined
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Nature of claim	Claim in Probate Proceeding
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Amount requested	\$ 18,650.72
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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

Claims and causes of action against
2575 Airline Drive OpCo LLC d/b/a
Heritage Manor Health & Rehab for
various estimated outstanding 2024
remittances owed to Debtor as former
operator under terms of operations

75.1 transfer agreement.	\$	Undetermined
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Nature of claim	
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Amount requested	\$ Undetermined
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76. Trusts, equitable or future interests in property

76.1 None	\$	
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77. Other property of any kind not already listed Examples: Season tickets, country club membership

77.1 Other assets	\$	23,477.43
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78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$	23,477.43
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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

Debtor: Bossier HealthCare, LLC

Document Page 14 of 16

Case number (if known):

24-55559

Name

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. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$ 0.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$ 7,342.40	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$ 43,733.26	
83. Investments. <i>Copy line 17, Part 4.</i>	\$ 0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$ 0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$ 0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$ 0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$ 0.00	
88. Real property. <i>Copy line 56, Part 9.....</i> →		\$ 0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$ 0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	\$ 23,477.43	
91. Total. Add lines 80 through 90 for each column.....91a.	\$ 74,553.09	\$ 0.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$ 74,553.09

Fill in this information to identify the case:

Debtor Name: In re : Bossier HealthCare, LLC

United States Bankruptcy Court for the: Northern District of Georgia

Case number (if known): 24-55559 (PMB)

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 A/B 75
- ☐ *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 05/30/2025

MM / DD / YYYY

✕ / s / M. Benjamin Jones

Signature of individual signing on behalf of debtor

M. Benjamin Jones

Printed name

Chief Restructuring Officer

Position or relationship to debtor

In re: LaVie Care Centers, LLC, et al.

All Debtors

Schedule A/B 73

Interests in insurance policies or annuities

Company	Account number / Policy number	Current value of debtor's interest
Arch Insurance Company	ABL1000171-00	Undetermined
Arch Specialty Insurance Company	E71209232CSP*	Undetermined
Ascot Insurance Company	MLXS241000088703	Undetermined
Axis Surplus Insurance Company	PG2305094*	Undetermined
Beazley Excess & Surplus Insurance	006589300*	Undetermined
Beazley Insurance Company, Inc.	ELU18947623*	Undetermined
Certain Underwriters at Lloyd's	2022900415602*	Undetermined
Certain Underwriters at Lloyd's	PG2305095*	Undetermined
Certain Underwriters at Lloyd's	100039666304*	Undetermined
Certain Underwriters at Lloyd's	XAR323059Q00*	Undetermined
Covington Specialty Insurance Company	VEL10001200	Undetermined
Crum & Forster Specialty Insurance Company	PG2305070*	Undetermined
Endurance American Specialty Insurance Co	PG2305141*	Undetermined
Everest Indemnity Insurance Company	PG2305077*	Undetermined
Greenwich Insurance Company	RAD943801204	Undetermined
Hartford Fire Insurance Co.	8706122548	Undetermined
Hartford Fire Insurance Co.	8706122544	Undetermined
Hartford Fire Insurance Co.	6500397772	Undetermined
Hartford Fire Insurance Co.	8706155316	Undetermined
Hartford Fire Insurance Co.	8706155328	Undetermined
HDI Global Specialty SE	EAF66108023*	Undetermined
Hudson Insurance Company	SXS3121040403	Undetermined
Imperial Fire and Casualty Insurance Company	2930039	Undetermined
Indian Harbor Insurance Company	US00083743SP23A*	Undetermined
Ironshore Specialty Insurance Company	PG2305096*	Undetermined
Ironshore Specialty Insurance Company	IRONTX009053303	Undetermined
Lexington Insurance Company	ESP30000648605*	Undetermined
Lloyds of London	W28A39230501	Undetermined
Lloyds of London	B0507CU2400076	Undetermined
Lloyds of London	B0507CU2400077	Undetermined
Midwest Insurance Group Inc., a RRG	PLGLFL240002079	Undetermined
Mt Hawley Insurance Company	PG2305015*	Undetermined
MunichRe	PG2305071*	Undetermined
National Union Fire Ins Co of Pittsburgh PA	27779740	Undetermined
Navigators Specialty Insurance Company	JEM23XS1329*	Undetermined
Obsidian Specialty Insurance Company	PG2305058*	Undetermined
PartnerRe Insurance Solutions Bermuda Ltd	PG2305072*	Undetermined
RSUI Indemnity Company	NPP709141	Undetermined
Starstone Specialty Insurance Company	CA3P006689231*	Undetermined
Travelers Property Casualty Co. of America	BME18P634732TIL24	Undetermined
Twin City Fire Insurance Co.	21PE042118524	Undetermined
Twin City Fire Insurance Co.	21PE042541324	Undetermined
Westchester Surplus Lines Insurance Co	D37376474014*	Undetermined
XL Specialty Insurance	RWD300140706	Undetermined

TOTAL: Undetermined

All insurance policies marked with an asterisk were renewed as of May 31, 2024, and policy numbers for such policies are currently pending (see Global Notes).