

UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE	ADMINISTRATIVE EXPENSE PROOF OF CLAIM	Administrative Expense Claims Bar Date July 15, 2019 at 4:00 p.m., prevailing Eastern Time		
Fill in this information to identify the case (Select only one Debtor per claim form):				
<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <input type="checkbox"/> Promise Healthcare Group, LLC (18-12491) <input type="checkbox"/> Promise Properties of Shreveport, LLC (18-12492) <input type="checkbox"/> HLP HealthCare, Inc. (18-12493) <input type="checkbox"/> Promise Healthcare Holdings, Inc. (18-12494) <input type="checkbox"/> Quantum Health, Inc. (18-12495) <input type="checkbox"/> HLP Properties, Inc. (18-12496) <input type="checkbox"/> Quantum Properties, L.P. (18-12497) <input type="checkbox"/> Promise Healthcare of California, Inc. (18-12498) <input type="checkbox"/> Promise Healthcare, Inc. (18-12499) <input type="checkbox"/> PH-ELA, Inc. (18-12500) <input type="checkbox"/> Promise Hospital of East Los Angeles, L.P. (18-12501) <input type="checkbox"/> Promise Healthcare #2, LLC (18-12502) <input type="checkbox"/> Success Healthcare, LLC (18-12503) <input type="checkbox"/> HLP of Los Angeles, LLC (18-12504) <input type="checkbox"/> Promise Hospital of Dallas, Inc. (18-12505) <input type="checkbox"/> Promise Hospital of Overland Park, Inc. (18-12506) <input type="checkbox"/> Promise Hospital of Wichita Falls, Inc. (18-12507) <input type="checkbox"/> Promise Skilled Nursing Facility of Overland Park, Inc. (18-12508) <input type="checkbox"/> Promise Skilled Nursing Facility of Wichita Falls, Inc. (18-12509) <input type="checkbox"/> Promise Hospital of Phoenix, Inc. (18-12510) <input type="checkbox"/> Promise Hospital of Ascension, Inc. (18-12511) </td> <td style="width:50%; border: none; vertical-align: top;"> <input type="checkbox"/> Promise Hospital of Baton Rouge, Inc. (18-12512) <input type="checkbox"/> Promise Hospital of Louisiana, Inc. 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Note: This form should only be used by claimants asserting an Administrative Expense Claim against one of the above Debtors arising prior to or on April 30, 2019.				
Name of Creditor (The person or entity to whom the debtor owes money or property)	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your administrative expense claim. Attach copy of statement giving particulars.	Check here if this claim: <input type="checkbox"/> replaces or <input type="checkbox"/> amends a previously filed administrative expense claim.		
Name and Addresses Where Notices Should be Sent:	Name and Addresses Where Payment Should be Sent (if different):	Claim Number (if known): _____ Dated: _____		
1. BASIS FOR CLAIM:				
<input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Personal Injury/Wrongful Death <input type="checkbox"/> Wages (Dates): _____ <input type="checkbox"/> Money loaned <input type="checkbox"/> Taxes <input type="checkbox"/> Retiree Benefits as Defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Other(Specify): _____				
2. DATE DEBT WAS INCURRED (IF KNOWN):				
3. DESCRIPTION OF CLAIM (IF KNOWN):				
4. TOTAL AMOUNT OF CLAIM: \$ _____ (Total)				
5. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.		THIS SPACE IS FOR COURT USE ONLY		
6. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. Do not send original documents. If the documents are not available, explain. If the documents are voluminous, attach a summary.				
7. TIME-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.				
Date:	Sign and print the name and title, if any, of the creditor or other person authorized to file this Claim (attach copy of power of attorney, if any)			