

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

In re:

LAVIE CARE CENTERS, LLC, *et al.*,<sup>1</sup>

Debtors.

Chapter 11

Case No. 24-55507 (PMB)

(Jointly Administered)

**AMENDED AND RESTATED SCHEDULE G FOR  
KIMWELL HEALTHCARE, LLC (CASE NO. 24-55560)**

<sup>1</sup> 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.



245556024080700000000001

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

Debtor Name: In re : Kimwell HealthCare, LLC

United States Bankruptcy Court for the: Northern District of Georgia

Case number (if known): 24-55560 (PMB)

Check if this is an amended filing

## Official Form 206G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

| 2. List all contracts and unexpired leases                                      | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
|---|--|
| State what the contract or lease is for and the nature of the debtor's interest | Name   |
|   | Notice Name  |
| State the term remaining  | Address  |
| List the contract number of any government contract                             |  |
|   | City State ZIP Code  |
|   | Country  |

Fill in this information to identify the case:

Debtor Name: In re : Kimwell HealthCare, LLC
United States Bankruptcy Court for the: Northern District of Georgia
Case number (if known): 24-55560 (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:

- Checkboxes for various schedules: Schedule A/B, Schedule D, Schedule E/F, Schedule G, Schedule H, Summary of Assets and Liabilities, Amended Schedule (checked), Chapter 11 or Chapter 9 Cases, Other document that requires a declaration.

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

Executed on 08/05/2024 MM / DD / YYYY

Signature of individual signing on behalf of debtor

M. Benjamin Jones
Printed name
Chief Restructuring Officer
Position or relationship to debtor