

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

United States Bankruptcy Court for the:

\_\_\_\_ District of Delaware  
(State)Case number (if known): \_\_\_\_\_ Chapter 11☐ Check if this**Official Form 205****Involuntary Petition Against a Non-Individual**

12/15

Use this form to begin a bankruptcy case against a non-individual you allege to be a debtor subject to an involuntary case. If you want to begin a case against an individual, use the *Involuntary Petition Against an Individual* (Official Form 105). Be as complete and accurate as possible. If more space is needed, attach any additional sheets to this form. On the top of any additional pages, write debtor's name and case number (if known).

**Part 1:** Identify the Chapter of the Bankruptcy Code Under Which Petition Is Filed**1. Chapter of the Bankruptcy Code**

Check one:

☐ Chapter 7☒ Chapter 11**Part 2:** Identify the Debtor**2. Debtor's name** Oak HRC New Castle, LLC**3. Other names you know the debtor has used in the last 8 years**

Include any assumed names, trade names, or doing business as names.

**4. Debtor's federal Employer Identification Number (EIN)**☒ Unknown

EIN \_\_\_\_\_ - \_\_\_\_\_

**5. Debtor's address****Principal place of business**32 Buena Vista Drive  
Number StreetNew Castle DE 19720  
City State ZIP CodeNew Castle  
County**Mailing address, if different**\_\_\_\_\_  
Number Street\_\_\_\_\_  
P.O. Box\_\_\_\_\_  
City State ZIP Code**Location of principal assets, if different from principal place of business**\_\_\_\_\_  
Number Street\_\_\_\_\_  
City State ZIP Code

Debtor Oak HRC New Castle, LLC Case number (if known) \_\_\_\_\_  
Name

6. Debtor's website (URL) http://newcastle-health.com

7. Type of debtor

- ☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))  
☐ Partnership (excluding LLP)  
☐ Other type of debtor. Specify: \_\_\_\_\_

8. Type of debtor's business

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 types of business listed.  
☐ Unknown type of business.

9. To the best of your knowledge, are any bankruptcy cases pending by or against any partner or affiliate of this debtor?

- ☒ No  
☐ Yes. Debtor \_\_\_\_\_ Relationship \_\_\_\_\_  
District \_\_\_\_\_ Date filed \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY  
Debtor \_\_\_\_\_ Relationship \_\_\_\_\_  
District \_\_\_\_\_ Date filed \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY

Part 3: Report About the Case

10. Venue

Check one:

- ☒ Over the last 180 days before the filing of this bankruptcy, the debtor had a domicile, principal place of business, or principal assets in this district longer than in any other district.  
☐ A bankruptcy case concerning debtor's affiliates, general partner, or partnership is pending in this district.

11. Allegations

Each petitioner is eligible to file this petition under 11 U.S.C. § 303(b).  
The debtor may be the subject of an involuntary case under 11 U.S.C. § 303(a).

At least one box must be checked:

- ☒ The debtor is generally not paying its debts as they become due, unless they are the subject of a bona fide dispute as to liability or amount.  
☒ Within 120 days before the filing of this petition, a custodian, other than a trustee, receiver, or an agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.

12. Has there been a transfer of any claim against the debtor by or to any petitioner?

- ☒ No  
☐ Yes. Attach all documents that evidence the transfer and any statements required under Bankruptcy Rule 1003(a).

Debtor Oak HRC New Castle, LLC  
Name

Case number (if known) \_\_\_\_\_

**13. Each petitioner's claim**

Name of petitioner	Nature of petitioner's claim	Amount of the claim above the value of any lien
<u>Healthcare Services Group, Inc.</u>	<u>Trade</u>	<u>\$ 164,712.80</u>
<u>McKesson Medical-Surgical</u>		
<u>Minnesota Supply Inc.</u>	<u>Trade</u>	<u>\$ 63,291.25</u>
<u>Medline Industries, Inc.</u>	<u>Trade</u>	<u>\$ 34,524.76</u>
Total of petitioners' claims		<u>\$ 262,528.81</u>

If more space is needed to list petitioners, attach additional sheets. Write the alleged debtor's name and the case number, if known, at the top of each sheet. Following the format of this form, set out the information required in Parts 3 and 4 of the form for each additional petitioning creditor, the petitioner's claim, the petitioner's representative, and the petitioner's attorney. Include the statement under penalty of perjury set out in Part 4 of the form, followed by each additional petitioner's (or representative's) signature, along with the signature of the petitioner's attorney.

**Part 4: Request for Relief**

**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.

Petitioners request that an order for relief be entered against the debtor under the chapter of 11 U.S.C. specified in this petition. If a petitioning creditor is a corporation, attach the corporate ownership statement required by Bankruptcy Rule 1010(b). If any petitioner is a foreign representative appointed in a foreign proceeding, attach a certified copy of the order of the court granting recognition.

I have examined the information in this document and have a reasonable belief that the information is true and correct.

**Petitioners or Petitioners' Representative****Name and mailing address of petitioner**

Healthcare Services Group, Inc.  
Name  
3220 Tillman Drive, Suite 300  
Number Street  
Bensalem PA 19020  
City State ZIP Code

**Name and mailing address of petitioner's representative, if any**

Patrick Orr  
Name  
3220 Tillman Drive, Suite 300  
Number Street  
Bensalem PA 19020  
City State ZIP Code

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

Executed on 1 11 2018  
MM / DD / YYYY

x

[Signature], SVP  
Signature of petitioner or representative, including representative's title

**Attorneys**

Joseph H. Huston, Jr.  
Printed name  
Stevens & Lee, P.C.  
Firm name, if any  
919 North Market Street, Suite 1300  
Number Street  
Wilmington DE 19801  
City State ZIP Code

Contact phone (302) 425-3310 Email jhh@stevenslee.com

Bar number 4035

State DE

x /s/ Joseph H. Huston, Jr.

Signature of attorney

Date signed 1/12/2018  
MM / DD / YYYY

Debtor Oak HRC New Castle, LLC  
Name

Case number (if known) \_\_\_\_\_

## Name and mailing address of petitioner

Medline Industries, Inc.

Name

Three Lakes Drive

Number Street

Northfield

City

IL

State

60093

ZIP Code

## Name and mailing address of petitioner's representative, if any

Shane Reed

Name

Three Lakes Drive

Number Street

Northfield

City

IL

State

60093

ZIP Code

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

Executed on

1-11-18

MM / DD / YYYY

X

Signature of petitioner or representative, including representative's title

Joseph H. Huston, Jr.

Printed name

Stevens & Lee, P.C.

Firm name, if any

919 North Market Street, Suite 1300

Number Street

Wilmington

City

DE

State

19801

ZIP Code

Contact phone (302) 425-3310Email jhh@stevenslee.comBar number 4035

State

DE

X

/s/ Joseph H. Huston, Jr.

Signature of attorney

Date signed 1/12/2018

MM / DD / YYYY

## Name and mailing address of petitioner

McKesson Medical-Surgical Minnesota Supply Inc.

Name

One Post Street

Number Street

San Francisco

City

CA

State

94104

ZIP Code

## Name and mailing address of petitioner's representative, if any

Melanie Brewer

Name

4345 Southpoint Boulevard #110

Number Street

Jacksonville

City

FL

State

32216

ZIP Code

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

Executed on

MM / DD / YYYY

X

Signature of petitioner or representative, including representative's title

Joseph H. Huston, Jr.

Printed name

Stevens & Lee, P.C.

Firm name, if any

919 North Market Street, Suite 1300

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Wilmington

City

DE

State

19801

ZIP Code

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State

DE

X

Signature of attorney

Date signed

MM / DD / YYYY

Debtor

Oak HRC New Castle, LLC

Name

Case number (if known)

## Name and mailing address of petitioner

Medline Industries, Inc.

Name

Three Lakes Drive

Number Street

Northfield

City

IL

State

60093

ZIP Code

## Name and mailing address of petitioner's representative, if any

Shane Reed

Name

Three Lakes Drive

Number Street

Northfield

City

IL

State

60093

ZIP Code

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

Executed on

MM / DD / YYYY

X

Signature of petitioner or representative, including representative's title

Joseph H. Huston, Jr.

Printed name

Stevens &amp; Lee, P.C.

Firm name, if any

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Signature of attorney

Date signed

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McKesson Medical-Surgical Minnesota Supply Inc.

Name

One Post Street

Number Street

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City

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State

94104

ZIP Code

## Name and mailing address of petitioner's representative, if any

Melanie Brewer

Name

4345 Southpoint Boulevard #110

Number Street

Jacksonville

City

FL

State

32216

ZIP Code

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

Executed on

01/11/2018  
MM / DD / YYYY

X

Signature of petitioner or representative, including representative's title

Joseph H. Huston, Jr.

Printed name

Stevens &amp; Lee, P.C.

Firm name, if any

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Joseph H. Huston, Jr.

Signature of attorney

Date signed

1/12/2018  
MM / DD / YYYY