Case	2:18-bk-20151-ER Doc 95 Filed 00/06/19 Main Document P	age 1 of / Docket #0095 Date Filed: 9/6/2018	
1 2 3 4 5 6 7 8			
10	LOS ANGELES DIVISION		
11	In re:) Lead Case No.: 2:18-bk-20151-ER	
12) Jointly Administered With:	
13	VERITY HEALTH SYSTEM OF CALIFORNIA, INC. et al.,	Case No.: 2:18-bk-20162-ER; Case No.: 2:18-bk-20163-ER;	
14	Debtor(s).) Case No.: 2:18-bk-20164-ER;) Case No.: 2:18-bk-20165-ER;) Case No.: 2:18-bk-20167-ER;	
15	X Affects All Debtors	Case No.: 2:18-bk-20107-ER; Case No.: 2:18-bk-20168-ER; Case No.: 2:18-bk-20169-ER;	
16	Affects Verity Health System of California, Inc.) Case No.: 2:18-bk-20171-ER;) Case No.: 2:18-bk-20172-ER;	
17	Affects O'Connor Hospital) Case No.: 2:18-bk-20172-ER;) Case No.: 2:18-bk-20173-ER;) Case No.: 2:18-bk-20175-ER;	
18	Affects Saint Louise Regional Hospital Affects St. Francis Medical Center) Case No.: 2:18-bk-20176-ER;	
19	Affects St. Vincent Medical Center Affects Seton Medical Center) Case No.: 2:18-bk-20178-ER;) Case No.: 2:18-bk-20179-ER;	
20	Affects O'Connor Hospital Foundation Affects Saint Louise Regional Hospital) Case No.: 2:18-bk-20180-ER;) Case No.: 2:18-bk-20181-ER	
21	Foundation Affects St. Francis Medical Center of) Chapter 11 Cases	
22	Lynwood Foundation Affects St. Vincent Foundation) NOTICE OF FORMATION MEETING	
23	Affects St. Vincent Dialysis Center, Inc. Affects Seton Medical Center) FOR OFFICIAL COMMITTEE OF) UNSECURED CREDITORS	
24	Foundation Affects Verity Business Services)	
25	Affects Verity Medical Foundation Affects Verity Holdings, LLC) Date: September 14, 2018) Time: 9:00 a.m.	
26	Affects De Paul Ventures, LLC Affects De Paul Ventures – San Jose) Place: 915 Wilshire Blvd, 10th Fl. Room 2 Los Angeles, CA 90017-3560	
27	Dialysis, LLC))	
28	Debtors and Debtors In Possession))	
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TO THE HONORABLE ERNEST M. ROBLES, UNITED STATES BANKRUPTCY JUDGE FOR THE CENTRAL DISTRICT OF CALIFORNIA, DEBTOR, AND ALL PARTIES IN INTEREST:

The above-named debtors filed a voluntary petition for relief under Chapter 11 of the Bankruptcy Code. Section 1102(b) of the Bankruptcy Code authorizes the United States Trustee to appoint an Official Committee of Unsecured Creditors ("Committee"). The Committee represents the interests, and acts on behalf of all unsecured creditors. Members of the Committee are generally selected from the list of the twenty largest unsecured creditors. Under the Bankruptcy Code, the Committee has the right to demand that the debtor consult with the Committee before making major decisions or changes, to request the appointment of a trustee or examiner, to participate in the formation of a plan of reorganization, and in some cases, to propose its own plan of reorganization. If appropriate, the Committee may request that the Bankruptcy Court convert a chapter 11 case to one under chapter 7, at which time the debtor's operations would cease and its assets would be liquidated. The Committee is authorized to select and employ an attorney and other necessary professionals, subject to court approval. Fees of professionals employed by the Committee may be paid from available assets, if any, of the bankruptcy estate after court approval. Further, Committee members' actual expenses may be reimbursed from estate assets.

PLEASE TAKE NOTICE that the United States Trustee will hold a meeting to form a Committee on FRIDAY, SEPTEMBER 14, 2018 AT 9:00 A.M. at the Office of the United States Trustee, 915 Wilshire Blvd, 10th Floor, Room 2, Los Angeles, CA 90017-3560. If you wish to be considered for membership on the Committee, please complete the attached Questionnaire and return to the form to the Office of the United States Trustee, Attn. Hatty Yip, 915 Wilshire Blvd, Suite 1850, Los Angeles, CA 90017 by September 13, 2018. The United States Trustee will take completed Questionnaires at the formation meeting, but submission of the Questionnaire by September 13 is preferable. No telephonic appearances for the meeting will be available.

If you wish to be considered for Committee membership but are unable to attend, you should immediately notify the Office of the United States Trustee and return a completed

Filed 09/06/18 Entered 09/06/18 14:40:39 Case 2:18-bk-20151-ER Doc 95 Main Document Page 3 of 7 1 Questionnaire. If you do not attend the meeting and do not affirmatively indicate your willingness 2 to serve, you will not be considered. If you send an individual to represent you at the meeting, that 3 representative must present your written notarized proxy authorizing him or her to act on your 4 behalf. 5 PLEASE ALSO TAKE NOTICE that all professionals who wish to seek employment as a 6 professional for the Committee should arrive no earlier than 1:00 p.m. on September 14, 2018 in 7 Room 2, 915 Wilshire Blvd, Suite 1850, Los Angeles, CA. The United States Trustee urges said 8 professionals to arrive no earlier than 1:00 p.m. due to the limited amount of space available. 9 DATED: September 6, 2018 Respectfully submitted, PETER C. ANDERSON 10 UNITED STATES TRUSTEE 11 12 HATTY YIP 13 Trial Attorney 14 15 16 17 18 19 20 21 22 23 24 25 26 27

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U.S. Department of Justice United States Trustee Central District of California

915 Wilshire Boulevard, Suite 1850 Los Angeles, California 90017

Phone:

(213) 894-6811

Fax: (213) 894-2603 Website www.justice.gov/ust/r16

September 6, 2018

RE: VERITY HEALTH SYSTEM OF CALIF INC; 18-20151-ER

QUESTIONNAIRE FOR OFFICIAL COMMITTEE OF UNSECURED CREDITORS¹

Please	e Type or Print Clearly.				
I am v	villing to serve on a Committee of Unsecured Creditors.	Yes () N	Yes () No ()		
Α.	Unsecured Creditor's Name and Contact Information:				
Name		Phone:			
Addre	ess:	_ Fax: _ E-mail:			
В.	Counsel (If Any) for Creditor and Contact Information:	•			
Name		Phone:			
Addre	ess:	Fax: E-mail:			
C.	If you have been contacted by a professional person(s) (e.g., attorney, accountant, financial advisor) regarding the formation of this committee, please provide the individual's name and/or contact information:				
Name	·	Phone:			

¹ Note: This is not a proof of claim form. Proof of claims forms are filed with the Clerk of the Bankruptcy Court, not with the United States Trustee

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Addr	ress:	Fax: E-mail:		
D.	Amount of Unsecured Claim (U.S. \$)			
Е.	If your claim is against more than one debtor, list all debtors:			
F.	Describe the nature of your claim(s), <i>i.e.</i> , whether arising from goods or services provided; loans made; litigation; <i>etc.</i> , including whether any portion is secured. If secured, please describe the collateral securing the claim. If any portion of the claim(s) arises from litigation, please state the nature of the claim, the case number and jurisdiction (if applicable) and the status.			
G.	Amount of Unsecured Claim entitled to 11 U.S.C. §503(b) treatment as an administrative expense:			
Н.	Would your schedule permit you to actively participate on the committee by attending weekly meetings (either by telephone or in person)? Yes () No ()			
Rep	resentations:			
1.	Are you or the company you represent in any way "affiliated" with any of the debtors within the meaning of Section 101(2) of the Bankruptcy Code, or a shareholder of, or related to, the debtor(s)? Yes () No ()			
	If a shareholder, state the number of shares:			
2.	Do you, or the company you represent, engage in a business which directly or indirectly competes with any of the businesses of the debtor(s)? Yes () No ()			
3.	Have you ever been or are you an officer, director, agenthe debtor(s)? Yes () No ()	at, representative or employee of		
	Does your claim arise from this relationship? Yes () No ()			

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Sept	ember 6, 2018
4.	State when you acquired the claim, the amount paid, and the face amount of the claim
5.	Have you or your attorney entered into a settlement agreement with the debtor regarding resolution of your claim? Yes () No ()
6.	Do you have a claim against any entity affiliated with the debtor? Yes () No () State the name of the entity and the nature and amount of the claims:

- 7. Do you or any affiliated entities have any other claims against, or debt or equity securities of, the debtor(s)? Yes () No ()
- 8. Do you or any affiliated entities have any financial arrangement that may affect the value of your claim(s) against or interest(s) in the debtor(s) (e.g., personal guarantees, credit insurance, etc.)? Yes () No ()
- 9. If you have given a proxy to a third party either to represent you at the creditors' committee formation meeting, or in connection with your claim, please attach a copy of the written proxy. If a professional person has arranged for someone to hold a proxy on your behalf, please identify that individual:

You may attach a written statement to explain or supplement any responses.

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Creditors wishing to serve as fiduciaries on an official committee are advised that they may not purchase, sell or otherwise trade in or transfer claims against the debtor while they are committee members absent an order of the court on application of the creditor.

Please be advised that once a committee is formed, the United States Trustee will file a notice of appointment in the court record that contains contact information for any creditor appointed, including the creditor's name, address, and telephone number.

Privacy Act Statement. 11 U.S.C. § 1102 authorizes the collection of this information. The information will be used by the United States Trustee to determine your qualifications for appointment to the Committee. Disclosure of this information may be to a bankruptcy trustee or examiner when the information is needed to perform the trustee's or examiner's duties, or to the appropriate federal, state, local, regulatory, tribal, or foreign law enforcement agency when the information indicates a violation or potential violation of law. Other disclosures may be made for routine purposes. For a discussion of the types of routine disclosures that may be made, you may consult the Executive Office for United States Trustee's systems of records notice, UST-001, "Bankruptcy Case Files and Associated Records." See 71 Fed. Reg. 59,818 et seq. (Oct. 11, notice obtained of the may be at the following http://www.justice.gov/ust/eo/rules regulations/index.htm. Your disclosure of information is voluntary; however, failure to provide the requested information may result in the rejection of your application to be appointed to the Committee.

I hereby certify that, to the best of my knowledge and belief, the answers to this Questionnaire are true and correct. By executing this Questionnaire, I also agree to the restrictions and conditions set forth in the preceding paragraphs and in the Committee Information Sheet, and I agree to provide the periodic certifications upon the request of the United States Trustee.

Date:		
	Signature	·
	Print Name	
	•	
	Title	