

OFFICE OF THE UNITED STATES TRUSTEE
DISTRICT OF NEW MEXICO
421 Gold Avenue SW Room 112
P.O. Box 608
Albuquerque, NM 87103

QUESTIONNAIRE FOR OFFICIAL COMMITTEE OF UNSECURED CREDITORS

IN RE: OTERO COUNTY HOSPITAL ASSOCIATION, INC.
d/b/a Gerald Champion Regional Medical Center

Case No.: 11-13686-j11

Please complete the following questionnaire (**ONLY IF YOU WISH TO SERVE ON A COMMITTEE**), which will be used in determining membership on a unsecured creditors committee, and **return it to the** Office the United States Trustee at the **PO Box address** listed above or **FAX 505-248-6558**.

I AM WILLING TO SERVE ON A COMMITTEE OF UNSECURED CREDITORS () YES () NO

UNSECURED CREDITOR INFORMATION:

NAME	
ADDRESS	
PHONE #:	
FAX #:	
E MAIL:	

ARE YOU REPRESENTED BY AN ATTORNEY ? () YES () NO

NAME: _____

ADDRESS: _____

Does your attorney represent any other parties in the bankruptcy ?

() YES () NO () I DO NOT KNOW

AMOUNT OF CLAIM: \$ _____

Give a brief description below of the nature of your claim(s) i.e., whether arising from goods or services provided; loans made; litigation; etc. If any of the claim(s) arise from litigation, please state the nature of the claim, the case number and jurisdiction and the status. Describe if your claim is held individually, in a trust, by an agent, or in a corporation.

Is any portion of your claim secured by the debtor's property ? () YES () NO

If YES, give amount of secured claim \$ _____

Specify collateral for secured claim:

PLEASE INDICATE WHETHER YOU MIGHT BE AN "INSIDER" ** OF THE DEBTOR () YES () NO
**Generally, an "insider" is anyone who is an officer, director, shareholder, or partner of a debtor; or who has any family relationship to a debtor or to the principals of a debtor if the debtor is a corporation or a partnership.

If YES, please describe the nature of the relationship with the debtor

HAVE YOU EVER BEEN OR ARE YOU AN OFFICER, DIRECTOR, AGENT, REPRESENTATIVE OR EMPLOYEE OF THE DEBTOR? () YES () NO

DID YOU ACQUIRE ANY PORTION OF YOUR CLAIM AFTER THE BANKRUPTCY FILING? () YES () NO
If YES, set forth the date(s) acquired, the amount paid and the face amount of the claim

HAVE YOU OR YOUR ATTORNEY ENTERED INTO A SETTLEMENT AGREEMENT WITH THE DEBTOR REGARDING RESOLUTION OF THE CLAIM? () YES () NO

DO YOU HAVE A CLAIM AGAINST ANY ENTITY AFFILIATED WITH THE DEBTOR () YES () NO
If yes, state the name of the entity and the nature and amount of the claim

DO YOU HAVE ANY OTHER CLAIMS AGAINST THE DEBTOR?
() YES () NO

Description of Claims:	Dollar Amount

IF YOU HAVE GIVEN A PROXY TO A THIRD PARTY EITHER TO REPRESENT YOU IN CONNECTION WITH YOUR CLAIM, PLEASE ATTACH A COPY OF THE WRITTEN PROXY.

I hereby certify that, to the best of my knowledge and belief, the answers to this Questionnaire are true & correct.

Date: _____

Signature _____

Printed Name _____

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