

Fill in this information to identify your case:

United States Bankruptcy Court for the:

WESTERN DISTRICT OF MISSOURI

Case number (if known) Chapter 11

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available.

1. Debtor's name Noble Health Real Estate II LLC

2. All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 85-1372820

4. Debtor's address Principal place of business Mailing address, if different from principal place of business 850 S Hospital Dr. Fulton, MO 65251 620 East Monroe St Mexico, MO 65265 Callaway County 620 E Monroe Mexico, MO 65265

5. Debtor's website (URL)

6. Type of debtor Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) Partnership (excluding LLP) Other. Specify:

Debtor Noble Health Real Estate II LLC  
Name

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

7. Describe debtor's business

A. 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 above

B. Check all that apply

- Tax-exempt entity (as described in 26 U.S.C. §501)
- Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

5313

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- Chapter 7
- Chapter 9
- Chapter 11. Check all that apply:

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- A plan is being filed with this petition.
- Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- No.
- Yes.

If more than 2 cases, attach a separate list.

District _____	When _____	Case number _____
District _____	When _____	Case number _____

Debtor **Noble Health Real Estate II LLC** Case number (if known) \_\_\_\_\_  
 Name \_\_\_\_\_

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?  No  Yes.

List all cases. If more than 1, attach a separate list

Debtor \_\_\_\_\_ Relationship \_\_\_\_\_  
 District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_

11. Why is the case filed in this district? *Check all that apply:*  
 Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.  
 A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?  No  Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (*Check all that apply.*)

- It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
 What is the hazard? \_\_\_\_\_
- It needs to be physically secured or protected from the weather.
- It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other **It includes HIPAA protected medical records, medical supplies and medical equipment (e.g. imaging equipment) that need to continue to be secured.**

Where is the property? **620 E Monroe**  
**Mexico, MO, 65265-0000**  
 Number, Street, City, State & ZIP Code

Is the property insured?

No  
 Yes. Insurance agency \_\_\_\_\_  
 Contact name \_\_\_\_\_  
 Phone \_\_\_\_\_

**Statistical and administrative information**

13. Debtor's estimation of available funds. *Check one:*  
 Funds will be available for distribution to unsecured creditors.  
 After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors  1-49  1,000-5,000  25,001-50,000  
 50-99  5001-10,000  50,001-100,000  
 100-199  10,001-25,000  More than 100,000  
 200-999

15. Estimated Assets  \$0 - \$50,000  \$1,000,001 - \$10 million  \$500,000,001 - \$1 billion  
 \$50,001 - \$100,000  \$10,000,001 - \$50 million  \$1,000,000,001 - \$10 billion  
 \$100,001 - \$500,000  \$50,000,001 - \$100 million  \$10,000,000,001 - \$50 billion  
 \$500,001 - \$1 million  \$100,000,001 - \$500 million  More than \$50 billion

Debtor **Noble Health Real Estate II LLC** Case number (if known) \_\_\_\_\_  
Name

**16. Estimated liabilities**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> \$0 - \$50,000          | <input type="checkbox"/> \$1,000,001 - \$10 million             | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input type="checkbox"/> \$50,001 - \$100,000    | <input checked="" type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input type="checkbox"/> \$100,001 - \$500,000   | <input type="checkbox"/> \$50,000,001 - \$100 million           | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million          | <input type="checkbox"/> More than \$50 billion          |

Debtor **Noble Health Real Estate II LLC** Case number (if known) \_\_\_\_\_  
Name

**Request for Relief, Declaration, and Signatures**

**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.

**17. Declaration and signature of authorized representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.  
I have been authorized to file this petition on behalf of the debtor.  
I have examined the information in this petition and have a reasonable belief that the information is true and correct.  
I declare under penalty of perjury that the foregoing is true and correct.

Executed on **March 3, 2023**  
MM / DD / YYYY

**X /s/ Zev M. Reisman**  
Signature of authorized representative of debtor  
Title **General Manager / Corporate Secretary**

**Zev M. Reisman**  
Printed name

**18. Signature of attorney**

**X /s/ Ronald S. Weiss**  
Signature of attorney for debtor

Date **March 3, 2023**  
MM / DD / YYYY

**Ronald S. Weiss #21215**  
Printed name

**Berman DeLeve Kuchan & Chapman, LLC**  
Firm name

**1100 Main, Suite 2850**  
**Kansas City, MO 64105**  
Number, Street, City, State & ZIP Code

Contact phone **(816) 471-5900** Email address **rweiss@bdkc.com**

**#21215 MO**  
Bar number and State

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
Western District of Missouri

In re Noble Health Real Estate II LLC
Debtor(s)

Case No.
Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

FLAT FEE

For legal services, I have agreed to accept ..... \$
Prior to the filing of this statement I have received ..... \$
Balance Due ..... \$

RETAINER

For legal services, I have agreed to accept and received a retainer of ..... \$ 8,262.00
The undersigned shall bill against the retainer at an hourly rate of ..... \$ 350.00
[Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.

2. \$ 1,738.00 of the filing fee has been paid.

3. The source of the compensation paid to me was:

Debtor\* Other (specify): \* Funds supplied to the Debtor were from a Capital Contribution made by Pasture Medical LLC, the sole interest holder of the Debtor.

4. The source of compensation to be paid to me is:

Debtor Other (specify):

5. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
d. [Other provisions as needed]
Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

In re Noble Health Real Estate L.L.C.  
Debtor(s)

Case No. \_\_\_\_\_

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**  
(Continuation Sheet)

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

March 03, 2023  
*Date*

/s/ Ronald Weiss  
Ronald Weiss 21215  
*Signature of Attorney*  
Berman DeLeve Kuchan and Chapman  
1100 Main St Suite 2850  
Kansas City, MO 64105  
(816) 471-5900 Fax: (816) 842-9955  
rweiss@bdkc.com  
*Name of law firm*

22 Cap  
53 Bridge St. Ste 501  
Brooklyn NY 11201

AIR SYSTEMS LLC  
1208 JEFFERSON  
Columbia MO 65203

AIRGAS USA  
PO BOX 734672  
Dallas TX 75373-4672

AJ Equity  
1648 61st St.  
Brooklyn NY 11204

Alva  
300 Arthur Godfrey Rd. Ste. 201A  
Miami Beach FL 33140

AMEREN MISSOURI  
PO BOX 790098  
Saint Louis MO 63179-0098

AT&T  
PO BOX 5019  
Carol Stream IL 60197-5019

Central Bank of the Midwest  
609 N. M-291 Highway  
Lees Summit MO 64086

Everst/EBF  
5 West 57th St. Ste. 1100  
New York NY 10018

Forward Finance  
53 State St 20th Fl  
Boston MA 02109

GARDAWORLD SECURITY SERVICES  
PO. BOX 843886  
Kansas City MO 64184-3886



HUSCH BLACKWELL  
190 Carondelet Plaza, Suite 600  
Saint Louis MO 63105

KINGDOM TELEPHONE COMPANY  
211 S Main St  
Auxvasse MO 65231

LINDE GAS & EQUIPMENT  
2301 SE Creekview Dr  
Ankeny IA 50021

MISSOURI AMERICAN WATER  
P.O. Box 6029  
Carol Stream IL 60197-6029

POLSINELLI PC  
900 W. 48th Place, Suite 900  
Kansas City MO 64112

Red Stone Adv  
10 W 37th Street, RM 602  
New York NY 10018

SCHINDLER ELEVATOR CORP  
PO BOX 93050  
Chicago IL 60673-3050

SeaBrook  
220 Faraday Ave, Suite 204  
Jackson NJ 08527

Spin Cap  
1909 Tyler St Suite 504  
Hollywood FL 33020

Suprem Advance  
5314 16th Ave. Ste. 139  
Brooklyn NY 11219

**United States Bankruptcy Court  
Western District of Missouri**

In re **Noble Health Real Estate II LLC**

Debtor(s)

Case No. \_\_\_\_\_

Chapter

**11**

**VERIFICATION OF MAILING MATRIX**

The above-named Debtor(s) hereby verifies that the attached list of creditors is true and correct to the best of my knowledge and includes the name and address of my ex-spouse (if any).

Date: **March 3, 2023**

**/s/ Zev M. Reisman**

**Zev M. Reisman/General Manager / Corporate Secretary**  
Signer/Title

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

Debtor name **Noble Health Real Estate II LLC**

United States Bankruptcy Court for the: **WESTERN DISTRICT OF MISSOURI**

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

Check if this is an amended filing

**Official Form 204**  
**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders** 12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
22 Cap 53 Bridge St. Ste 501 Brooklyn, NY 11201			Disputed			\$500,000.00
AIR SYSTEMS LLC 1208 JEFFERSON Columbia, MO 65203						\$9,316.24
AIRGAS USA PO BOX 734672 Dallas, TX 75373-4672						\$5,517.69
AJ Equity 1648 61st St. Brooklyn, NY 11204			Disputed			\$524,650.00
Alva 300 Arthur Godfrey Rd. Ste. 201A Miami Beach, FL 33140			Disputed			\$500,000.00
AMEREN MISSOURI PO BOX 790098 Saint Louis, MO 63179-0098			Disputed			\$785,286.62
AT&T PO BOX 5019 Carol Stream, IL 60197-5019			Disputed			\$139,739.80
Everst/EBF 5 West 57th St. Ste. 1100 New York, NY 10018			Disputed			\$196,000.00
Forward Finance 53 State St 20th Fl Boston, MA 02109			Disputed			\$146,000.00

Debtor **Noble Health Real Estate II LLC**  
Name \_\_\_\_\_

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

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
GARDAWORLD SECURITY SERVICES PO. BOX 843886 Kansas City, MO 64184-3886						\$62,637.38
HUSCH BLACKWELL 190 Carondelet Plaza, Suite 600 Saint Louis, MO 63105						\$15,088.50
KINGDOM TELEPHONE COMPANY 211 S Main St Auxvasse, MO 65231						\$16,766.78
LINDE GAS & EQUIPMENT 2301 SE Creekview Dr Ankeny, IA 50021			Disputed			\$46,400.76
MISSOURI AMERICAN WATER P.O. Box 6029 Carol Stream, IL 60197-6029			Disputed			\$50,345.91
POLSINELLI PC 900 W. 48th Place, Suite 900 Kansas City, MO 64112						\$97,413.66
Red Stone Adv 10 W 37th Street, RM 602 New York, NY 10018			Disputed			\$700,000.00
SCHINDLER ELEVATOR CORP PO BOX 93050 Chicago, IL 60673-3050			Disputed			\$29,641.14
SeaBrook 220 Faraday Ave, Suite 204 Jackson, NJ 08527			Disputed			\$180,000.00
Spin Cap 1909 Tyler St Suite 504 Hollywood, FL 33020			Disputed			\$223,000.00

Debtor **Noble Health Real Estate II LLC**  
Name \_\_\_\_\_

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

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
<b>Suprem Advance 5314 16th Ave. Ste. 139 Brooklyn, NY 11219</b>			<b>Disputed</b>			<b>\$1,500,000.00</b>