



U.S. Department of Justice

Office of the United States Trustee

*Region 6 - Northern District of Texas
Dallas Division*

1100 Commerce, Room 976
Dallas, Texas 75242

Phone: (214) 767-8967
Fax: (214) 767-8971

August 26, 2008

To the Twenty Largest Unsecured Creditors of:

**Renaissance Hospital Grand Prairie, Inc.
Bankruptcy Case No. 08-43775-DML-11**

**Renaissance Hospital Terrell, Inc.
Bankruptcy Case No. 08-34143-BJH-11
United States Bankruptcy Court for the Northern District of Texas**

[Pending request for cases to be jointly administered under Bankruptcy Case No. 08-43775-DML-11]

You have been listed as a creditor in the chapter 11 bankruptcy case of Renaissance Hospital Grand Prairie, Inc. et al and its affiliated debtor in possession. The Office of the United States Trustee has scheduled an organizational meeting for unsecured creditors in the cases on **THURSDAY, SEPTEMBER 4, 2008 at 10:00 a.m. (Central Standard Time)** at the following location:

**United States Trustee Meeting Room
Fritz G. Lanham Federal Building
819 Taylor Street, Room 7A24
Fort Worth, Texas 76102**

The purpose of the meeting is to form an official committee of unsecured creditors. Although this is not a meeting of creditors held under Section 341 of the Bankruptcy Code, we anticipate that proposed counsel for the Debtors will be in attendance to provide a status report and answer general questions.

If you not interested in serving on the official unsecured creditors' committee, your presence at the meeting is not required. If you are interested in serving, you or a person holding a power of attorney must attend. If a person with a power of attorney attends, that person should be familiar with your claim.

If you wish to be considered for membership on the unsecured creditors' committee, please complete the attached "Creditors' Committee Acceptance Form." The Office of the United States Trustee will accept faxes sent to (214) 767-8971 or PDF files reflecting original signatures e-mailed to erin.schmidt2@usdoj.gov. The form must be **received** by the Office of the United States Trustee no later than **2:00 p.m. (Central Standard Time), on Wednesday , September 3, 2008.**¹

¹ Creditors wishing to serve as fiduciaries on any official committee are advised that they may not purchase, sell or otherwise trade in or transfer claims against any of the Debtors while they are committee members. By submitting the enclosed form and accepting membership on an

Very truly yours,

WILLIAM T. NEARY,
UNITED STATES TRUSTEE

/s/Erin Marie Schmidt

Erin Marie Schmidt, Attorney

Enclosure (acceptance form)

official committee of creditors, you agree to this prohibition. If you are appointed to an official committee of creditors, the United States Trustee may require periodic certifications of your claims while the bankruptcy cases are pending in the United States.

The United States Trustee reserves the right to take appropriate action, including removing a creditor from any committee, if the information provided in the Creditors' Committee Acceptance Form is inaccurate, if the foregoing prohibition is violated, or if other reasons suggest that removal would be a proper exercise of the United States Trustee's discretion. The United States Trustee may share this information with the Securities and Exchange Commission if he deems it appropriate.

**OFFICE OF THE UNITED STATES TRUSTEE
REGION 6-NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION**

**1100 Commerce St., Room 976
Dallas, TX 75242
(214) 767-8967 x235; FAX (214) 767-8971**

CREDITORS' COMMITTEE ACCEPTANCE FORM

**Renaissance Hospital Grand Prairie, Inc. 08-43775-DML-11
Renaissance Hospital Terrell, Inc. 08-34143- BJH-11
United States Bankruptcy Court for the Northern District of Texas**

[Pending request for cases to be jointly administered under Bankruptcy Case No. 08-43775-DML-11]

Please type or print neatly and clearly. You may also attach a signed written statement explaining any of your responses.

The undersigned creditor is willing to serve on a committee of unsecured creditors in **Renaissance Hospital Grand Prairie, Inc. 08-43775-DML-11 and Renaissance Hospital Terrell, Inc. 08-34143-BJH-11** [Pending request for joint administration under 08-43775-DML-11; collectively, the "Debtors"]:

_____ YES _____ NO

A. UNSECURED *CREDITOR'S* NAME, MAIL ADDRESS, TELEPHONE AND FAX NUMBERS, and REPRESENTATIVE'S E-MAIL:

Name: _____	Contact Person: _____
Address: _____	Position w/ Company: _____
_____	Phone: _____
_____	Fax: _____
	E-Mail: _____

B. NAME OF *COUNSEL* (if any) FOR CREDITOR, MAIL ADDRESS, TELEPHONE AND FAX NUMBERS, and E-MAIL:

Name: _____	Law Firm: _____
Address: _____	Phone: _____
_____	Fax: _____
_____	E-Mail: _____

C. NATURE OF CLAIM:

(1) DO YOU HAVE A PRE PETITION UNSECURED CLAIM AGAINST ANY OF THE DEBTORS?

_____ YES _____ NO

(2) PLEASE IDENTIFY THE DEBTOR(S) AGAINST WHICH YOU HAVE A *DIRECT* UNSECURED CLAIM.

Renaissance Hospital Grand Prairie, Inc. 08-43775-DML-11

Renaissance Hospital Terrell, Inc. 08-34143- BJH-11

I don't know

(3) AMOUNT OF DIRECT UNSECURED CLAIM: \$ _____

(4) PLEASE IDENTIFY THE DEBTOR(S) AGAINST WHICH YOU HAVE AN *INDIRECT* UNSECURED CLAIM, AND THE NATURE OF YOUR INDIRECT UNSECURED CLAIM (*e.g.*, guarantee).

(5) AMOUNT OF INDIRECT UNSECURED CLAIM: \$ _____

(6) ARE YOU THE HOLDER OF A SECURED CLAIM (EVEN IF PARTLY SECURED) AGAINST ANY OF THE DEBTORS?

YES NO

(6)(a) IF YES, STATE THE AMOUNT OF YOUR SECURED CLAIM

\$ _____

(6)(b) IF YES, ALSO IDENTIFY THE DEBTOR(S) AGAINST WHICH YOU HAVE A SECURED CLAIM.

(7) ARE YOU A CUSTOMER OF

Renaissance Hospital Grand Prairie, Inc. 08-43775-DML-11

Renaissance Hospital Terrell, Inc. 08-34143- BJH-11

YES NO

D. DESCRIBE THE NATURE OF YOUR UNSECURED CLAIM.
(Please check one of the following, or attach a written description.)

_____ GOODS PROVIDED (Please identify the goods.)

_____ SERVICES PROVIDED. (Describe the type of services provided.)

_____ REBATE CLAIM. (Please describe the rebate claim.)

_____ OTHER. Please describe.

E. SET-OFF, RECOUPMENT, RECLAMATION & SUPPLY OF GOODS. Respond, as applicable.

(1) IS ANY PORTION OF YOUR CLAIM SUBJECT TO SETOFF?

_____ YES. _____ NO.

(1)(a) IF SO, PLEASE DESCRIBE HOW MUCH OF YOUR CLAIM IS SUBJECT TO SETOFF, THE DEBTOR(S) AGAINST WHICH SETOFF MAY BE ASSERTED, AND WHETHER YOU INTEND TO ASSERT YOUR SETOFF RIGHTS.

(2) IS ANY PORTION OF YOUR CLAIM SUBJECT TO RECOUPMENT?

_____ YES. _____ NO.

(2)(a) IF SO, PLEASE DESCRIBE HOW MUCH OF YOUR CLAIM IS SUBJECT TO RECOUPMENT, THE DEBTOR(S) AGAINST WHICH RECOUPMENT MAY BE ASSERTED, AND WHETHER YOU INTEND TO ASSERT YOUR RECOUPMENT RIGHTS.

(3) DO YOU HAVE A RECLAMATION CLAIM AGAINST ANY OF THE DEBTORS?

___ YES. ___ NO.

(3)(a) IF SO, PLEASE DESCRIBE HOW MUCH OF YOUR CLAIM IS SUBJECT TO A RECLAMATION DEMAND, THE DEBTOR(S) AGAINST WHICH A RECLAMATION CLAIM MAY BE ASSERTED, AND WHETHER YOU INTEND TO ASSERT YOUR RECLAMATION RIGHTS.

(4) IF YOU SOLD GOODS TO THE DEBTORS AND THE DEBTORS RECEIVED THE GOODS WITHIN 20 DAYS OF THE COMMENCEMENT OF THE BANKRUPTCY CASES, DO YOU INTEND TO ASSERT AN ADMINISTRATIVE EXPENSE CLAIM FOR THE VALUE OF THOSE GOODS UNDER 11 U.S.C. § 503(b)(9)?

___ YES. ___ NO.

(4)(a) WHAT IS THE VALUE OF THE GOODS FOR WHICH YOU INTEND TO ASSERT AN ADMINISTRATIVE EXPENSE CLAIM?

\$ _____

F. HAVE YOU OR YOUR ATTORNEY ENTERED INTO A SETTLEMENT AGREEMENT WITH THE DEBTORS REGARDING RESOLUTION OF YOUR CLAIM?

___ YES. ___ NO.

G. ARE YOU AN OFFICER OR DIRECTOR OF THE DEBTORS, A PERSON IN CONTROL OF THE DEBTORS, OR RELATED TO AN OFFICER, DIRECTOR OR PERSON IN CONTROL?

_____ YES. ___ NO. IF YES, PLEASE DESCRIBE THE RELATIONSHIP:

H. DO YOU HOLD A CLAIM ARISING OUT OF YOUR ROLE AS AN OFFICER OR DIRECTOR OF ANY OF THE DEBTOR(S)?

___ YES. ___ NO. ___ N.A.

(1) IF YES, INDICATE THE POSITION: _____

(2) IF YES, STATE THE DOLLAR AMOUNT OF THE CLAIM ARISING OUT OF YOUR ROLE AS AN OFFICER OR DIRECTOR OF ANY OF THE DEBTOR(S)

\$ _____

I. ARE YOU OR AN ENTITY WITH WHICH YOU ARE AFFILIATED A SHAREHOLDER OF THE DEBTORS, OR RELATED TO A SHAREHOLDER OF THE DEBTORS?

___ YES. ___ NO. IF YES, STATE THE NUMBER OF SHARES _____

J. IF YOU ARE REPRESENTED BY COUNSEL, DOES YOUR ATTORNEY REPRESENT ANY OTHER PARTIES IN THE BANKRUPTCY CASE?

___ YES. ___ NO. ___ DON'T KNOW.

K. PLEASE INDICATE WHETHER YOU HAVE GIVEN A POWER OF ATTORNEY TO YOUR ATTORNEY IN CONNECTION WITH YOUR CLAIM. ___ YES. ___ NO.

(If you have given a power of attorney to your attorney, please use the official bankruptcy form, Form B11, and provide a photocopy of the power of attorney to the United States Trustee along with this creditor committee acceptance form on or before the organizational meeting.)

SIGNATURE: _____ **DATE:** _____

NAME (in print): _____ **TITLE: (in print):** _____

- KINDLY ANSWER ALL QUESTIONS SO THIS FORM CAN BE PROCESSED PROPERLY WITHOUT DELAY.
- YOU MAY ATTACH A SIGNED WRITTEN STATEMENT EXPLAINING YOUR RESPONSES.
- PLEASE RETURN TO THE UNITED STATES TRUSTEE BY FAX (214) 767-8971 ATTN: ERIN MARIE SCHMIDT, TRIAL ATTORNEY or PDF FILES REFLECTING ORIGINAL SIGNATURES EMAILED TO erin.schmidt2@usdoj.gov NO LATER THAN **2:00 p.m.**

(CENTRAL STANDARD TIME), ON WEDNESDAY , SEPTEMBER 3, 2008.²

- **THIS IS NOT A PROOF OF CLAIM FORM. PROOFS OF CLAIM ARE FILED WITH THE CLERK OF THE BANKRUPTCY COURT, NOT WITH THE UNITED STATES TRUSTEE.**

² Creditors wishing to serve as fiduciaries on any official committee are advised that they may not purchase, sell or otherwise trade in or transfer claims against any of the Debtors while they are committee members. By submitting the enclosed form and accepting membership on an official committee of creditors, you agree to this prohibition. If you are appointed to an official committee of creditors, the United States Trustee may require periodic certifications of your claims while the bankruptcy cases are pending in the United States.

The United States Trustee reserves the right to take appropriate action, including removing a creditor from any committee, if the information provided in the Creditors' Committee Acceptance Form is inaccurate, if the foregoing prohibition is violated, or if other reasons suggest that removal would be a proper exercise of the United States Trustee's discretion. The United States Trustee may share this information with the Securities and Exchange Commission if he deems it appropriate.