



**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

September 4, 2008

To the Thirty Largest Unsecured Creditors of:

**Renaissance Hospital Dallas, Inc.  
Bankruptcy Case No. 08-43819-DML-11**

**Houston Community Hospital, Inc.  
Bankruptcy Case No. 08-43820-RFN-11**

**Renaissance Hospitals, Inc.  
Bankruptcy Case No. 08-43821-DML-11**

**Renaissance Healthcare Systems, Inc.  
Bankruptcy Case No. 08-43822-RFN-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 **FRIDAY, SEPTEMBER 12, 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](mailto: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 Thursday, September 11, 2008.<sup>1</sup>

Very truly yours,

WILLIAM T. NEARY,  
UNITED STATES TRUSTEE

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/s/Erin Marie Schmidt

Erin Marie Schmidt, Attorney

Enclosure (acceptance form)

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<sup>1</sup> 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.

**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**

<b><u>Renaissance Hospital Dallas, Inc.</u></b>	<b>08-43819-DML-11</b>
<b><u>Houston Community Hospital, Inc.</u></b>	<b>08-43820-RFN-11</b>
<b><u>Renaissance Hospitals, Inc.</u></b>	<b>08-43821-DML-11</b>
<b><u>Renaissance Healthcare Systems, Inc.</u></b>	<b>08-43822-RFN-11</b>

**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 Dallas, Inc. 08-43819-DML-11, Houston Community Hospital, Inc. 08-43820-RFN-11, Renaissance Hospitals, Inc. 08-43821-DML-11 and Renaissance Healthcare Systems, Inc. 08-43822-RFN-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 Dallas, Inc. 08-43819-DML-11
- \_\_\_\_\_ Houston Community Hospital, Inc. 08-43820-RFN-11
- \_\_\_\_\_ Renaissance Hospitals, Inc. 08-43821-DML-11
- \_\_\_\_\_ Renaissance Healthcare Systems, Inc. 08-43822-RFN-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 Dallas, Inc. 08-43819-DML-11  
\_\_\_ Houston Community Hospital, Inc. 08-43820-RFN-11  
\_\_\_ Renaissance Hospitals, Inc. 08-43821-DML-11  
\_\_\_ Renaissance Healthcare Systems, Inc. 08-43822-RFN-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.

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(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.

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(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:

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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](mailto:erin.schmidt2@usdoj.gov) NO LATER THAN **2:00 p.m.**

(CENTRAL STANDARD TIME), ON THURSDAY, SEPTEMBER 11, 2008.<sup>2</sup>

- **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.**

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