

STATE OF WISCONSIN

CIRCUIT COURT

SAWYER COUNTY

NORTHWEST LONG TERM
CARE DISTRICT D/B/A
NORTHERNBRIDGES,

Plaintiff

v.

Case No. 14CV11

Case Code: 30304

KITTY RHOADES, SECRETARY OF
THE WISCONSIN DEPARTMENT OF
HEALTH SERVICES,

Defendant.

**NOTICE OF RECEIVERSHIP, BAR DATE FOR
FILING CLAIMS, AND INJUNCTION**

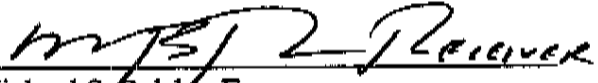
TO: CREDITORS AND OTHER INTERESTED PARTIES

PLEASE TAKE NOTICE that the undersigned has been appointed Receiver over the assets of Northwest Long Term Care District d/b/a NorthernBridges ("NB"), by Order of the Circuit Court for Sawyer County, Wisconsin, and in proceedings pending in the Circuit Court for Sawyer County, Wisconsin. The undersigned is the Receiver of all of the property and assets of NB and the Court has vested with the undersigned all of the powers of the Receiver pursuant to Chapter 813, Wisconsin Statutes.

All creditors of NB are required by Order of the Court entered in these proceedings to file their verified claims with the Honorable Gerald L. Wright, Sawyer County Courthouse, 10610 Main Street, Suite 244, Hayward, Wisconsin 54843 on or before April 24, 2014. Those failing to timely file their claim with the Court will be precluded from participating in any dividend in this matter.

You are further notified that on January 16, 2014, the Court entered an Order enjoining certain proceedings by creditors against NB, other than the filing of claims in these proceedings. NB, its officers, agents, employees and members are also enjoined and restrained from transferring or encumbering or otherwise disposing of any of the assets of NB.

Dated this 23rd day of January, 2014.


Michael S. Polsky, Esq.
Wis. Stats. Chapter 813 Receiver
State Bar No. 1016921

P.O. Address:

BECK, CHAET, BAMBERGER & POLSKY, S.C.
Two Plaza East, Suite 1085
330 East Kilbourn Avenue
Milwaukee, WI 53202
(414) 390-5935 - Tel
(414) 273-7786 - Fax
mpolsky@bcblaw.net

Should you have questions regarding this proceeding, please contact:
Pat Foster, Paralegal to the Receiver
414-390-5935 – telephone
pfoster@bcblaw.net

NORTHWEST LONG TERM
CARE DISTRICT D/B/A
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PROOF OF CLAIM

_____, of _____
(Print Your Name) Company Name)

_____, _____, _____
(Street Address) (City) (State & Zip)

deposes and says:

1. Amount of Claim \$ _____.
2. Basis for Claim: _____
3. Date Debt Was Incurred: _____
4. If Court Judgment, Dated Obtained: _____
5. Credits and Setoffs: The amount of all payments on this claim has been credited and deducted for the purpose of making this claim. In filing this claim, creditor has deducted all amounts that creditor owes to debtor.
6. Security: Creditor or anyone on creditor's behalf, does not hold any security, collateral or lien for the debt except: _____
7. Supporting Documents: Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements, contracts, judgments or evidence of security interest or liens. If the documents are not available, explain. If they are voluminous, attach a summary.

8. Attorney: Creditor appoints the undersigned as creditor's attorney to receive future notices.

Creditor Signature

Creditor's Attorney (if any)

Address

Address

Address

Address

Telephone Number

Telephone Number

Required Verification:

Subscribed and sworn to before me this _____ day
of _____, 2014.

Creditors: Claims Must Be Filed By:
April 24, 2014 and mailed to:

Notary Public: _____ County

Honorable Gerald L. Wright
Sawyer County Circuit Court
10610 Main Street, Suite 244
Hayward, WI 54943

State of _____

My Commission Expires: _____

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