

THE FOLLOWING IS A LEGAL NOTICE OF THE DEADLINE TO FILE PROOFS OF CLAIM AGAINST ANY OF THE DEBTORS LISTED BELOW. THE FAILURE TO COMPLY WITH THIS NOTICE ON A TIMELY BASIS MAY RESULT IN THE DISALLOWANCE OF SUCH CLAIMS FOR DISTRIBUTION PURPOSES. YOU ARE URGED, TO THE EXTENT YOU DEEM IT NECESSARY, TO CONSULT WITH COUNSEL OF YOUR CHOICE TO ENSURE TIMELY COMPLIANCE WITH THIS NOTICE.

**UNITED STATES BANKRUPTCY COURT  
FOR THE EASTERN DISTRICT OF NEW YORK**

In re:

Chapter 11 Cases

Tender Loving Care Health Care Services, Inc.,	:	Case Nos.:	02-88020
A Reliable Homemaker of Martin St Lucie County, Inc.,	:		02-88021
Albert Gallatin Home Care, Inc.,	:		02-88022
Careco, Inc.,	:		02-88023
Ethicare Certified Services, Inc.,	:		02-88024
S. B. H. F. Inc.,	:		02-88025
St. Lucie Home Health Agency, Inc.,	:		02-88026
Staff Builders Home Health Care, Inc.,	:		02-88027
Staff Builders, Inc.,	:		02-88028
Staff Builders International, Inc.,	:		02-88029
Staff Builders Services, Inc.,	:		02-88030
T.L.C. Home Health Care, Inc.,	:		02-88031
T.L.C. Medicare Services of Broward, Inc.,	:		02-88032
T.L.C. Medicare Services of Dade, Inc.,	:		02-88033
T.L.C. Midwest, Inc.,	:		02-88034
Tender Loving Care Home Care Services, Inc.,	:		02-88035
U.S. Ethicare Chautauqua Corp.,	:		02-88036
U.S. Ethicare Corp.,	:		02-88037
U.S. Ethicare Erie Corp.,	:		02-88038
U.S. Ethicare Niagara Corp.,	:		02-88039

Debtors.

**NOTICE OF BAR DATE TO FILE PROOFS OF CLAIM**  
**MAY 30, 2003**

**TO ALL CREDITORS OR HOLDERS OF CLAIMS AGAINST ANY OF THE ABOVE  
CAPTIONED DEBTORS:**

**PLEASE TAKE NOTICE** that, on or about March 19, 2003, the United States Bankruptcy Court for the Eastern District of New York (the "Court") entered an Order (the "Bar Date Order") Fixing Time within Which Proofs of Claim Must Be Filed and Designating Form and Manner Of Notice in the above-referenced Chapter 11 cases. The Bar Date Order established a procedure by which the general claims bar date (the "Bar Date") would be established in the Chapter 11 cases of the above-referenced debtors in possession (collectively, the "Debtors"). By the Bar Date Order, the Court authorized the Debtors to fix as the Bar Date a date that is no fewer than 60 days after the date of service of this Notice on the holders of claims against the Debtors.

Pursuant to this authority, the Bar Date in the Debtors' Chapter 11 cases is **MAY 30, 2003**.

60 JUL 7 2003  
U.S. BANKRUPTCY COURT  
EASTERN DISTRICT OF NEW YORK

The Bar Date Order requires that **ALL PERSONS AND ENTITIES, INCLUDING BUT NOT LIMITED TO, INDIVIDUALS, PARTNERSHIPS, CORPORATIONS, ESTATES, TRUSTS AND GOVERNMENTAL UNITS ("ENTITIES"), WHICH HOLD CLAIMS (AS DEFINED IN 11 U.S.C. § 101(5)) AGAINST THE DEBTORS, OR ANY OF THEM, INCLUDING, WITHOUT LIMITATION, ANY CLAIM BASED UPON THE DEBTORS' PRIMARY OR SECONDARY, DIRECT OR INDIRECT, SECURED OR UNSECURED, CONTINGENT, GUARANTY OR INDEMNIFICATION LIABILITY OR ANY CLAIM RELATING IN ANY WAY TO, OR ARISING FROM, RESCISSION OF A PURCHASE OR SALE, OR FOR REIMBURSEMENT OR CONTRIBUTION ALLOWED UNDER 11 U.S.C. § 502 ON ACCOUNT OF SUCH A CLAIM, AS REFERRED TO IN 11 U.S.C. § 510(B), OR FOR OR ON ACCOUNT OF ANY ALLEGED OBLIGATION OR LIABILITY OF THE DEBTORS WHATSOEVER (INCLUDING CREDITORS OF THE DEBTORS)** who hold or believe they hold Claims against any of the other Debtors, which Claims arose on or before November 8, 2002, the date upon which these Chapter 11 cases were commenced, **EXCEPT THOSE CLAIMS DESCRIBED IN PARAGRAPHS A THROUGH G BELOW, TO FILE A PROOF OF SUCH CLAIM WITH DONLIN RECANO & COMPANY, INC. ("DONLIN"):**

**IF SENT VIA STANDARD MAIL:**

DONLIN, RECANO & COMPANY, INC.  
AS AGENT FOR USBC - EDNY  
RE: TENDER LOVING CARE HEALTH CARE SERVICES, INC., ET AL.  
P.O. BOX 2070, MURRAY HILL STATION  
NEW YORK, NY 10156

**IF SENT VIA HAND DELIVERY OR OVERNIGHT COURIER:**

DONLIN, RECANO & COMPANY, INC.  
AS AGENT FOR USBC - EDNY  
RE: TENDER LOVING CARE HEALTH CARE SERVICES, INC., ET AL.  
419 PARK AVENUE SOUTH, SUITE 1206  
NEW YORK, NY 10016

**ON OR BEFORE MAY 30, 2003 AT 5:00 P.M. PREVAILING EASTERN TIME.**

**PROOFS OF CLAIM MUST BE SUBMITTED IN PERSON OR BY COURIER SERVICE, HAND DELIVERY OR MAIL ADDRESSED TO DONLIN AT THE PRECEDING ADDRESSES.** Proofs of claim should NOT be filed with the United States Bankruptcy Court for the Eastern District of New York. Any proof of claim submitted to Donlin by **FACSIMILE OR E-MAIL WILL NOT BE ACCEPTED** and will not be deemed filed until such proof of claim is submitted by one of the methods described above. Proofs of claim will be **DEEMED FILED ONLY WHEN ACTUALLY RECEIVED BY DONLIN.** If you wish to receive acknowledgment of Donlin's receipt of your proof of claim, you must also submit a copy of your original proof of claim and a self-addressed, stamped envelope. Donlin can be reached at (212) 771-1128 with any questions regarding the filing or processing of a proof of claim. However, please be advised that the staff of Donlin is unable to provide legal advice to any creditors or holders of Claims.

Any Entity whose prepetition Claim against a Debtor is not listed in the Debtors' Consolidated Schedules or is listed as "disputed" "contingent" or "unliquidated" and that desires to share in any distribution in any of these chapter 11 cases, and any Entity that believes its prepetition Claim is improperly classified in the Consolidated Schedules or is listed in an incorrect amount and that desires to

**ALL PERSONS AND ENTITIES OTHER THAN THOSE EXCEPTED IN PARAGRAPHS A, B, C, D, E, F AND G ABOVE MUST FILE A PROOF OF CLAIM ON OR BEFORE THE BAR DATE. OTHERWISE, THEY SHALL BE FOREVER BARRED FROM VOTING UPON OR RECEIVING A DISTRIBUTION UNDER ANY PLAN OF REORGANIZATION IN THESE CASES.**

Proofs of claim shall conform substantially to the forms approved by this Court, copies of which are on file at the Office of the Clerk and which are enclosed with this notice.

Copies of the Debtors' consolidated schedules are available for inspection during regular business hours at the Clerk's Office, U.S. Bankruptcy Court, Long Island Federal Courthouse, 290 Federal Plaza, Central Islip, New York, 11722.

The Debtors reserve the right to: (1) dispute, or to assert offsets or defenses against, any filed Claim or any Claim listed or reflected in the Consolidated Schedules as to nature, amount, liability, classification or otherwise; and (2) subsequently designate any Claim as disputed, contingent or unliquidated. Nothing set forth in this Notice shall preclude the Debtors from objecting to any Claim, whether scheduled or filed, on any grounds.

A holder of a possible claim against the Debtors should consult an attorney regarding any matters not covered by this notice, such as whether the holder should file a proof of claim.

Dated: New York, New York  
March 28, 2003

KLESTADT & WINTERS, LLP  
*Counsel for Debtors Tender Loving Care Health  
Care Services, Inc., et al.*

By: /s/ T. Klestadt  
Tracy L. Klestadt (TK-3591)  
Ian R. Winters (IW-5102)  
Sean C. Southard (SS-2825)  
381 Park Avenue South, 12<sup>th</sup> Floor  
New York, New York 10016-8811  
(212) 972-3000

## UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK

## PROOF OF CLAIM

IN RE: TENDER LOVING CARE HEALTH CARE SERVICES, INC., ET AL. 02-88020(SB)

This Space is For Court Use Only

DEBTOR:

CASE NUMBER:

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

NAME AND ADDRESS OF CREDITOR (the person or entity to whom the debtor owes money or property). If address is incorrect, please insert correct address.

011741-0179-007A  
SECRETARY OF STATE  
STATE OF RHODE ISLAND-  
CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE RI 02903-1335

Phone Number:

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check box if you have never received any notices in this case.

☐ Check box if the address differs from the address on the envelope sent to you by the Bankruptcy Court.

You have received this form because you have a past relationship with one or more of the Debtors. The Debtors do not believe you are owed any money and **YOU HAVE NOT BEEN SCHEDULED AS A CREDITOR. IF YOU DISAGREE, YOU MUST FILE A PROOF OF CLAIM** in order to assert your right to a distribution from one or more of the Debtors' estates. If you believe that you are owed money and that you are owed money by a particular debtor entity, then you **MUST** file a proof of claim against a particular debtor entity in order to preserve your status as a creditor of that particular debtor entity. Proofs of claims that are filed without specifying the particular debtor entity will be deemed to be filed against Tender Loving Care Health Care Services, Inc.

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:

Check here if this claim: ☐ replaces  
☐ amends a previously filed claim dated \_\_\_\_\_

## 1. BASIS FOR CLAIM:

- ☐ Goods sold  
☐ Services performed  
☐ Money loaned  
☐ Personal injury/wrongful death  
☐ Taxes  
☐ Other (Describe briefly) \_\_\_\_\_

- ☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)  
☐ Wages, salaries, and compensation (Fill out below)  
Your social security number \_\_\_\_\_  
Unpaid compensation for services performed  
from \_\_\_\_\_ (date) to \_\_\_\_\_ (date)

## 2. DATE DEBT WAS INCURRED:

## 3. IF COURT JUDGMENT, DATE OBTAINED:

## 4. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED:

- If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.  
☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

\$ \_\_\_\_\_  
(Total)

## 5. SECURED CLAIM.

- ☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

☐ Real Estate ☐ Motor Vehicle☐ Other \_\_\_\_\_

Value of Collateral: \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included  
in secured claim, if any: \$ \_\_\_\_\_

## 6. UNSECURED PRIORITY CLAIM.

- ☐ Check this box if you have an unsecured priority claim:  
Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim:

- ☐ Wages, salaries, or commissions (up to \$4,650\*), earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507 (a)(3).  
☐ Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(4).  
☐ Up to \$2,100\* of deposits toward purchase, lease, or rental of property or services for personal, family or household use - 11 U.S.C. § 507 (a)(6).  
☐ Alimony, maintenance or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507 (a)(7).  
☐ Taxes or penalties of governmental units - 11 U.S.C. § 507 (a)(8).  
☐ Other- specify applicable paragraph of 11 U.S.C. § 507(a)( \_\_\_\_\_ ).

\* Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. **DO NOT SEND ORIGINAL DOCUMENTS.** If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. DATE-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

**THE ORIGINAL OF THIS PROOF OF CLAIM MUST BE SENT SO THAT IT IS RECEIVED ON OR BEFORE 5:00 P.M., PREVAILING EASTERN TIME, ON MAY 30, 2003.**

IF PROOF OF CLAIM IS SENT BY MAIL, SEND TO:

DONLIN, RECANO &amp; COMPANY, INC.

AS AGENT FOR USBC - EDNY

RE: TENDER LOVING CARE HEALTH CARE SERVICES, INC., ET AL.

P.O. BOX 2070, MURRAY HILL STATION

NEW YORK, NY 10156

IF PROOF OF CLAIM IS SENT BY OVERNIGHT COURIER, OR BY HAND, SEND TO:

DONLIN, RECANO &amp; COMPANY, INC.

AS AGENT FOR USBC - EDNY

RE: TENDER LOVING CARE HEALTH CARE SERVICES, INC., ET AL.

419 PARK AVENUE SOUTH, SUITE 1206

NEW YORK, NY 10016

Please see instructions on back of Proof of Claim.

THIS SPACE IS FOR  
COURT USE ONLY

Date:

Sign and print the name and title, if any, of the creditor or other person authorized to file  
this claim (attach copy of power of attorney, if any):