



02-2250

United States Bankruptcy Court
District of Columbia
333 Constitution Avenue NW
Washington, DC 20001

FILED
DEC 29 2008
Clerk, U.S. District and
Bankruptcy Courts

December 19, 2008

To Whom It May Concern:

Effective Monday, July 23, 2007, Quality Medical Services, Inc. changed DBA (doing business as) names from Firstat Nursing Service to Alpha Nursing Service.

This change followed the acquisition of Alpha Christian Registry, a home healthcare agency based in northern Illinois since 1979. We subsequently relocated to our current location in Naperville, IL, and eventually closed the office location in Oak Park. We are still operating as the same corporation and the same tax ID number as we previously did as Firstat Nursing Service.

Please contact me at 630-922-5742 with any question regarding this change or any further requirements concerning our claim regarding our d/b/a name change.

Sincerely:

William M. Lehman
President

CC: Lillian Killian

Quality Medical Services

Alpha Nursing Service
1952 McDowell Rd, Suite # 100
Naperville, IL 60563-6505
(630) 922-5742 • (630) 922-2570 fax

White & Case LLP
701 Thirteenth Street, NW
Washington, DC 20005

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**** Important Tax Document Enclosed ****
**** Immediate Response Requested ****

November 18, 2008



03330599011259

FIRSTAT NURSING SERVICE
1100 LAKE ST STE 265
OAK PARK, IL 60301-1015

Re: In re Greater Southeast Community Hospital Corporation, et al., Case No. 02-2250 (SMT), United States Bankruptcy Court for the District of Columbia, jointly administering the following cases:

- PACIN Healthcare-Hadley Memorial Hospital Corporation, Case No. 02-2248 (SMT);
- Doctors Community Healthcare Corporation, Case No. 02-2249 (SMT);
- Greater Southeast Community Hospital Corporation I, Case No. 02-2250 (SMT);
- Michael Reese Medical Center Corporation, Case No. 02-2251 (SMT);
- Pine Grove Hospital Corporation, Case No. 02-2252 (SMT); and
- Pacifica of the Valley Corporation, Case No. 02-2253 (SMT) (collectively, the "Cases");

Request for Tax Identification Number, Social Security Number, or Claim of Exemption
Claim No.: s9108; Allowed Amount: \$4,080.75

Dear Claimant:

On November 20, 2002, the above-referenced entities filed for chapter 11 protection under title 11 of the United States Code. On April 2, 2004, the United States Bankruptcy Court for the District of Columbia entered an order approving the Debtors' Second Joint Amended Plan of Reorganization (the "Plan"). On April 5, 2004, the Plan went into effect, the Debtors reorganized, the DCHC Liquidating Trust (the "Trust") was formed and certain assets, claims and responsibilities were transferred to the Trust. BMC Group has been retained by the Trust to assist in the process of making distributions to holders of Allowed Claims (as defined in the Plan). Our records show that you have filed a proof of claim in the Cases or such a claim was scheduled on your behalf: Claim No. s9108, which has been determined to be an Allowed Claim of \$4,080.75.

We are required by the Internal Revenue Service ("IRS") to have your tax identification number ("TIN"), Social Security Number ("SSN"), if you are an individual, or your claim of exemption on file and to report any distributions to the IRS if you are not exempt from reporting. Prior to making any distributions, we are therefore requesting that you complete and return the attached IRS Form W-9 so that it is received by the Trust by February 16, 2009. Please return your completed form in the pre-addressed envelope to: BMC Group, DCHC Disbursing Agent, P.O. Box 903, El Segundo, CA 90245 - 0903. Only originally signed documents will be accepted. No fax or email copies will be accepted. If you have any questions, please contact our Call Center at (888) 909-0100.

If we do not receive your TIN, SSN or claim of exemption by February 16, 2009, you will not be entitled to receive your share, if any, of distributions from the Trust. Failure to return a completed IRS Form W-9 by the deadline will be deemed a waiver of your interests, if any, in the Trust. If your interest is waived, proceeds that would have been distributed to you will be distributed to the other beneficiaries of the Trust ratably. Successful completion and return of an IRS Form W-9 does not necessarily mean that you are eligible to receive a distribution.

Thank you.

Sam J. Alberts
encl.

Form W-9 (Rev. November 2005) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification	Give form to the requester. Do not send to the IRS.
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Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) Quality Medical Services, Inc. (11259)	
	Business name, if different from above Alpha Nursing Service	
	Check appropriate box. <input type="checkbox"/> Individual/ Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other <input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.) 1952 McDowell Road Suite 100	Requester's name and address (optional)
	City, state, and ZIP code Naperville, IL 60563	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number <table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											or Employer identification number <table border="1" style="width: 100%; height: 20px;"> <tr> <td>3</td><td>6</td><td>4</td><td>1</td><td>0</td><td>5</td><td>4</td><td>1</td><td>8</td> </tr> </table>	3	6	4	1	0	5	4	1	8
3	6	4	1	0	5	4	1	8												

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here	Signature of U.S. person	Date 12/10/08
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<p>Purpose of Form</p> <p>A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.</p> <p>U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:</p> <ol style="list-style-type: none"> Certify that the TIN you are giving is correct (or you are waiting for a number to be issued), Certify that you are not subject to backup withholding, or Claim exemption from backup withholding if you are a U.S. exempt payee. <p>In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.</p> <p>Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.</p> <p>For federal tax purposes, you are considered a person if you are:</p>	<ul style="list-style-type: none"> An individual who is a citizen or resident of the United States, A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information. <p>Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.</p> <p>The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:</p> <ul style="list-style-type: none"> The U.S. owner of a disregarded entity and not the entity,
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