EXHIBIT C-1

BALLOT FOR CLASS 2

ALLOWED BOND CLAIMS

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

In re:	:	**Chapter 11**
ST. FRANCIS' HOSPITAL, POUGHKEEPSIE, NEW YORK, *et al.*,[1]	:	**Case No. 13-37725 (CGM)**
Debtors.	:	**(Jointly Administered)**

BALLOT FOR ACCEPTING OR REJECTING DEBTORS' JOINT PLAN OF REORGANIZATION UNDER CHAPTER 11 OF THE BANKRUPTCY CODE

CLASS 2: ALLOWED BOND CLAIMS

THE VOTING DEADLINE TO ACCEPT OR REJECT THE PLAN IS APRIL 23, 2014 at 4:00 P.M., EASTERN TIME.

St. Francis' Hospital, Poughkeepsie, New York and its affiliated debtors, as debtors in possession (collectively, the "Debtors"), are soliciting votes with respect to the Debtors' Joint Plan of Reorganization Under Chapter 11 of the Bankruptcy Code (as it may be amended, the "Plan"). This Ballot is submitted to you to solicit your vote to accept or reject the Plan, described in the accompanying Disclosure Statement, dated February 24, 2014 (as it may be amended, the "Disclosure Statement"). Capitalized terms used in this Ballot and the attached instructions that are not otherwise defined have the meanings given to them in the Plan.

If you, as of **March 17, 2014** (the "Voting Record Date"), hold a Class 2 Allowed Bond Claim, as defined in the Plan, against the Debtors, this Ballot permits you to cast your vote to accept or reject the Plan. This Ballot is for beneficial holders of the Allowed Bond Claims.

This ballot is to be used for voting by holders of Allowed Bond Claims. In order for your vote to the counted, the Ballot must be properly completed, signed, and returned in the envelope provided. The deadline for receipt by the Voting Agent (as defined below) of all Ballots (including Ballots and Master Ballots cast on behalf of beneficial holders) is the Voting Deadline indicated above.

The Disclosure Statement has been approved by the United States Bankruptcy Court for the Southern District New York (the "Bankruptcy Court").Bankruptcy Court approval of the Disclosure Statement does not indicate Bankruptcy Court approval of the Plan. The Plan can be confirmed by the Bankruptcy Court and thereby made binding on you if the Plan (i) is accepted by the holders of at least two-thirds in amount and more than one-half in number of the Claims in each impaired Class of Claims who vote on the Plan, (ii) is accepted by the holders of at least two thirds in amount of the interests in each impaired Class of interests who vote on the Plan and (iii) otherwise satisfies the applicable requirements of section 1129(a) of the Bankruptcy Code. If the requisite acceptances are not obtained, the Bankruptcy Court nonetheless may confirm the Plan if it finds that the Plan (i) provides fair and equitable treatment to, and does not unfairly discriminate against, the Class or Classes rejecting the Plan and (ii) otherwise satisfies the requirements of section 1129(b) of the Bankruptcy Code. Ballots submitted by e-mail or facsimile transmission will not be accepted. Ballots should not be sent to the Debtors or the Bankruptcy Court.

---

[1] The debtors in these chapter 11 cases, along with the last four digits of each debtor's federal tax identification number include: St. Francis' Hospital, Poughkeepsie, New York (8503), Saint Francis Home Care Services Corporation (3842), SFH Ventures, Inc. (0024), Saint Francis Health Care Foundation, Inc. (5066), and Saint Francis Hospital Preschool Program (1079).

You should review the Disclosure Statement and the Plan before you vote. You may wish to seek legal advice concerning the Plan and the classification and treatment of your claim or claims under the Plan. All of your claims arising from the Allowed Bond Claims against the Debtors have been placed in Class 2 under the Plan. If you hold claims in more than one class or in multiple accounts, you will receive a Ballot for each class or account in which you are entitled to vote.

Upon completion, this Ballot should be returned to the Voting Agent by mail, overnight courier or personal delivery to the Voting Agent at the applicable following address:

BY UNITED STATES MAIL:

BMC Group Inc.
Attn: St. Francis' Hospital Ballot Processing
P.O. Box 3020
Chanhassen, MN 55317-3020

BY OVERNIGHT COURIER OR PERSONAL DELIVERY:

BMC Group Inc.
Attn: St. Francis' Hospital Ballot Processing
18675 Lake Drive East
Chanhassen, MN 55317

If your Ballot is not received by the Voting Agent on or before the Voting Deadline and such deadline is not extended, your vote will not count as either an acceptance or rejection of the Plan. Ballots will not be accepted by facsimile transmission. If the Plan is confirmed by the Bankruptcy Court, it will be binding on you whether or not you vote.

THE VOTING DEADLINE IS APRIL 23, 2014 AT 4:00 P.M., EASTERN TIME.

PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE COMPLETING THIS BALLOT.

HOW TO VOTE:

1. COMPLETE ITEMS 1 AND 2.

2. IF YOU HAVE VOTED OTHER CLASS 2 BALLOTS, COMPLETE ITEM 3.

3. REVIEW THE CERTIFICATIONS CONTAINED IN ITEM 4.

4. **SIGN AND DATE THE BALLOT**.

5. RETURN THE BALLOT IN THE ENCLOSED PRE-ADDRESSED ENVELOPE.

6. YOU MUST VOTE THE FULL AMOUNT OF ALL YOUR ALLOWED PREPETITION CREDIT AGREEMENT CLAIMS, *EITHER* TO ACCEPT *OR* TO REJECT THE PLAN AND MAY NOT SPLIT YOUR VOTE.

7. ANY EXECUTED BALLOT RECEIVED THAT DOES NOT INDICATE EITHER AN ACCEPTANCE OR REJECTION OF THE PLAN OR THAT INDICATES BOTH AN ACCEPTANCE AND A REJECTION OF THE PLAN, WILL TREATED AS HAVING BEEN CAST TO ACCEPT THE PLAN.

Item 1. **Vote.** The undersigned, a holder of an Allowed Prepetition Credit Agreement Claim in Class 4 of the Plan against the Debtors as of **March 17, 2014** (the "Voting Record Date") in the amount set forth below votes to (check one box):

☐ **ACCEPT** the Plan. ☐ **REJECT** the Plan.

IF YOU VOTE TO ACCEPT THE PLAN, YOU ARE SPECIFICALLY CONSENTING TO THE RELEASES CONTAINED IN THE PLAN WITH RESPECT TO ALL CLAIMS VOTED ON THIS BALLOT. SUCH RELEASES INCLUDE, BUT ARE NOT LIMITED TO, THE RELEASES CONTAINED IN SECTION 10 OF THE PLAN.

Item 2. **Amount of Allowed Prepetition Credit Agreement Claim Voted.** The undersigned certifies that as of the Voting Record Date, the undersigned held the Allowed Bond Claim in the following aggregate principal amount:

$

Item3. Third-Party Releases.

The settlement, release, exculpation, and injunction provisions contained in Sections 10.4 and 10.5 of the Plan are included in the Disclosure Statement. All entities are advised to carefully review and consider the Plan, including the settlement, release, exculpation, and injunction provisions, as their rights may be affected.

COMPLETE THIS ITEM ONLY IF YOU DID NOT VOTE TO EITHER ACCEPT OR REJECT THE PLAN IN ITEM 1 ABOVE. Pursuant to the Plan, if you return a Ballot and vote to accept the Plan, you are automatically deemed to have accepted the Third-Party Release provisions in Section 10.4 of the Plan. You are also deemed to have accepted the Third-Party Release provisions of Section 10.4 of the Plan if you do not cast a vote with respect to Section 10.4 of the Plan; however, if you do not cast a vote with respect to the Plan, you may check the box below to reject the Third-Party Release provisions of Article 10.4 of the Plan.

The holder of the Class 2 (Allowed Bond Claim) set forth in Item 4 elects to:

☐ **Reject the Third-Party Release.**

Item 4. **Certification.** By returning this Ballot, the holder of the Allowed Bond Claim identified in Item 2 certifies that (a) it has full power and authority to vote to accept or reject the Plan with respect to the Allowed Bond Claim listed in Item 2, (b) it was the holder of the Allowed Bond Claim described in Item 2 as of the Voting Record Date, (c) all Ballots to vote Class 2 Allowed Bond Claim submitted by the holder indicate the same vote to accept or reject the Plan that the holder has indicated on this Ballot, and (d) it has received a copy of the Disclosure Statement (excluding the exhibits thereto) and understands that the solicitation of votes for the Plan is subject to all the terms and conditions set forth in the Disclosure Statement and Plan.

YOUR RECEIPT OF THIS BALLOT DOES NOT SIGNIFY THAT YOUR CLAIM HAS BEEN OR WILL BE ALLOWED.

Name of Allowed Bond Claim Holder:_____
(Print or Type)

Social Security or Federal Tax I.D. No.:_____
(Optional)

Signature:_____

Print Name:_____

Title:_____
(If Appropriate)

Street Address:_____

City, State, Zip Code:_____

Telephone Number:_(___)_____

Date Completed:_____

VOTING INSTRUCTION FOR COMPLETING THE BALLOT FOR BENEFICIAL HOLDERS OF ALLOWED BOND CLAIMS

1. This Ballot is submitted to you to solicit your vote to accept or reject the Plan. **PLEASE READ THE PLAN AND DISCLOSURE STATEMENT CAREFULLY BEFORE COMPLETING THE BALLOT.**

2. In the boxes provided in Item 1 of the Ballot, please indicate acceptance or rejection of the Plan. ***If you vote to accept the Plan, you are specifically consenting to the releases contained in the Plan. Such releases include, but are not limited to, the releases contained in Section 10 of the Plan.***

   THE VOTING DEADLINE IS APRIL 23, 2014 AT 4:00 P.M. (EASTERN TIME).

   PLEASE USE THE RETURN ENVELOPE PROVIDED. UNLESS OTHERWISE DIRECTED, THIS BALLOT MUST BE RETURNED TO YOUR BANK, BROKER, NOMINEE OR OTHER INTERMEDIARY WITH SUFFICIENT TIME TO PERMIT THE MASTER BALLOTS TO BE RETURNED TO THE VOTING AGENT PRIOR TO THE VOTING DEADLINE.

   If a Ballot is received after the Voting Deadline, it will not be counted. *Ballots should not be sent to the Debtors, the Bond Trustee or the Bankruptcy Court.*

3. If you hold Claims in more than one voting Class under the Plan, or if you hold multiple Claims within the same voting Class under the Plan, you may receive a separate Ballot for each such Claim, coded by Class number and description, and a set of solicitation materials. **Each Ballot you receive is for voting only those Claims described on the Ballot. Please complete and return each Ballot you receive. The attached Ballot is designated only for voting Allowed Bond Claims in Class 2.** You must vote all of your Bond Claim under the Plan either to accept or reject the Plan. Accordingly, if you return more than one Ballot voting Allowed Bond Claims under the Plan and the Ballots are not voted in the same manner, such Ballots shall not be counted. If you hold any portion of a single Claim, you and all other holders of any portion of such Claim will be (a) treated as a single creditor for voting purposes and (b) required to vote every portion of such Claim collectively to either accept or reject the Plan. In the event a group of Ballots received from the various holders of multiple portions of a single Claim partially accepts and partially rejects the Plan, such Ballots shall be treated as having been cast to accept the Plan.

4. The Ballot does not constitute and shall not be deemed a proof of Claim or interest or an assertion of a Claim or interest.

PLEASE RETURN YOUR BALLOT PROMPTLY.

THE VOTING AGENT WILL *NOT* ACCEPT BALLOTS BY E-MAIL OR FACSIMILE TRANSMISSION. BALLOTS SHOULD NOT BE SENT TO THE DEBTORS OR THE BANKRUPTCY COURT.

IF YOU HAVE RECEIVED A DAMAGED BALLOT OR HAVE LOST YOUR BALLOT, OR IF YOU HAVE ANY QUESTIONS CONCERNING THIS BALLOT OR THE VOTING PROCEDURES, PLEASE CONTACT THE VOTING AGENT, BMC GROUP, INC., AT (888) 909-0100.