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Hearing Date: December 21, 2022
Time: 10:00 a.m. (Pacific Time)
Location: Telephonic only
Phone Number: (877) 402-9757
Conference Code: 7036041

Attorneys for the Reorganized Debtor

7 **UNITED STATES BANKRUPTCY COURT**
8 **EASTERN DISTRICT OF WASHINGTON**

9 In re:
10 ASTRIA HEALTH,
11 Debtor and Debtor in
12 Possession.

Chapter 11
Case No. 19-01189-11

**REORGANIZED DEBTOR'S
SUPPLEMENTAL NOTICE OF
SATISFACTION OF CERTAIN
CONTINUED AND RELATED
CONVENIENCE CLASS CLAIMS**

13 **CLAIMANTS RECEIVING THIS NOTICE SHOULD
LOCATE THEIR NAMES AND CLAIMS ON EXHIBIT A.**

14 **PLEASE NOTE THAT SOME OF THE CLAIMS
15 NOTICED HERETO ARE CONTINUED FROM A
16 PREVIOUS NOTICE OF SATISFACTION.**

17 **PLEASE TAKE NOTICE** that Astria Health (“Astria” or the “Reorganized
18 Debtor”), formerly a debtor and debtor in possession (as such, collectively with its
19 affiliated former debtor entities, the “Debtors” and, as reorganized, the “Reorganized
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**NOTICE OF SATISFACTION OF
CONVENIENCE CLASS CLAIMS**

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601 DENTONS US LLP BUSH KORNFIELD LLP
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Phor 1901189221121000000000001 JI-2373
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1 of 35 (206) 292-2104

1 Debtors)¹ in the above-captioned chapter 11 bankruptcy case, has satisfied certain
2 proofs of claim (the “Claims”) filed against the Debtors, as identified on Exhibit A
3 and supported by the Declaration of Maxwell Owens, both of which are attached
4 hereto.

5 **PLEASE TAKE FURTHER NOTICE** that the Claims constitute Class 3 -
6 Convenience Class Claims, whether by Claim amount or election by the holder of a
7 Claim (each, a “Claimant”), pursuant to the terms of the *Modified Second Amended*
8 *Joint Chapter 11 Plan of Reorganization of Astria Health and Its Debtor Affiliates*
9 [Docket No. 2196] (including all exhibits thereto, any plan supplement, and as
10 amended, modified, or supplemented from time to time, the “Plan”), which was
11 confirmed by order dated December 23, 2020 [Docket No. 2217].

12 **PLEASE TAKE FURTHER NOTICE** that the Reorganized Debtor has
13 satisfied each Claim in full accord and satisfaction through postpetition payments of
14 “20% of allowed amount of claim up to a maximum of \$1,000,” as reflected on
15 Exhibit A. See Plan, at 30. In Exhibit A, the “allowed amount of claim” is listed as

16 _____
17 ¹ In addition to Astria, the other Debtors, along with their case numbers, were as
18 follows (the “Affiliated Cases”): Glacier Canyon, LLC (19-01193-11), Kitchen and
19 Bath Furnishings, LLC (19-01194-11), Oxbow Summit, LLC (19-01195-11), SHC
20 Holdco, LLC (19-01196-11), SHC Medical Center - Toppenish (19-01190-11), SHC
21 Medical Center - Yakima (19-01192-11), Sunnyside Community Hospital
Association (19-01191-11), Sunnyside Community Hospital Home Medical Supply,
LLC (19-01197-11), Sunnyside Home Health (19-01198-11), Sunnyside
Professional Services, LLC (19-01199-11), Yakima Home Care Holdings, LLC (19-
01201-11), and Yakima HMA Home Health, LLC (19-01200-11). On June 30, 2021,
the Court entered a Final Decree [Docket No. 2590] closing the Affiliated Cases.

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1 the “Filed Claim Amount” and the payable amount pursuant to the Plan is listed as
2 the “Plan Amount.”

3 **PLEASE TAKE FURTHER NOTICE** that certain of the Claims previously
4 appeared on the *Reorganized Debtor’s Notice of Satisfaction of Certain Convenience*
5 *Class Claims* [D.I. 2671], dated November 12, 2021 (the “Previous Notice”). After
6 filing the Previous Notice, the Debtors discovered discrepancies with regard to
7 certain Claims (the “Continued Claims”) marked as satisfied in the Previous Notice,
8 and, at the hearing held on December 14, 2021, requested that the Court continue any
9 hearing on the Continued Claims pending further review by the Debtors. The Court
10 granted the Debtors’ request pursuant to the *Initial Order Re: Reorganized Debtor’s*
11 *Notice of Satisfaction of Certain Convenience Class Claims* [D.I. 2719], entered
12 December 23, 2021 (the “Continuance Order”). Since entry of the Continuance
13 Order, the Debtors have examined the Continued Claims further, along with certain
14 other Convenience Class Claims held by the same Claimants, and made additional
15 Plan Amount payments as appropriate. **Exhibit A** hereto supplements, clarifies,
16 and/or corrects the information previously set forth on Exhibit B to the Continuance
17 Order (the “Previous Exhibit”). Claimants should **review Exhibit A** for specific
18 information concerning the clarification or correction Continued Claims.

19 **PLEASE TAKE FURTHER NOTICE** that any Claimant or other party
20 disputing the Reorganized Debtor’s determination that the Claims have been satisfied
21 or resolved and satisfied as set forth in **Exhibit A** must file a response (a “Response”)

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1 with this Court and serve a copy of it on the Reorganized Debtor, the GUC
2 Distribution Trustee (as defined in and appointed pursuant to the Plan), and the office
3 of the United States Trustee, Region 18: Eastern District of Washington no later than
4 **December 12, 2022 at 4:00 p.m.** (Pacific Time) (the “Response Deadline”). A
5 Response must be a complete written statement of all reasons supporting the
6 responding party’s dispute, declarations and copies of all evidence on which the
7 responding party intends to rely, and any responding memorandum of points and
8 authorities. The Reorganized Debtor will then make a good faith effort to review the
9 disputed Claim with the Claimant to determine what indebtedness, if any, remains
10 outstanding thereunder.

11 **PLEASE TAKE FURTHER NOTICE** that to the extent a Response is filed
12 regarding any Claim and the Reorganized Debtor is unable to resolve the Response,
13 the notice shall be deemed an objection by the Reorganized Debtor to such Claim
14 pursuant to Federal Rule of Bankruptcy Procedure 3007 and/or 3007(d)(5), which
15 shall constitute a separate contested matter as contemplated by Federal Rule of
16 Bankruptcy Procedure 9014; and any order entered by the Court regarding such an
17 objection shall be deemed a separate order with respect to each Claim subject thereto.
18 The Reorganized Debtor reserves the right to contest any new assertion of liability
19 against the Debtors or the Reorganized Debtors made by the holders of the Claims
20 with respect thereto.

**NOTICE OF SATISFACTION OF
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1 **PLEASE TAKE FURTHER NOTICE** that, if necessary, a hearing on the
2 disputed Claim will be held on **December 21, 2022, at 10:00 a.m. (Pacific Time)**
3 (the “Hearing”). The Hearing will be telephonic only, with the following call-in
4 details: (877) 402-9757; conference code 7036041.

5 **PLEASE TAKE FURTHER NOTICE** that if a Claimant fails to file and
6 serve a timely Response by the Response Deadline, (a) the Claimant is deemed to
7 have consented to the Reorganized Debtor’s determinations with respect to its Claim,
8 as set forth on **Exhibit A** to this Notice, and (b) this Notice shall serve as a request
9 for the Court to enter an order, without further notice to any party (including the
10 Claimant), directing that the Claim be reflected as fully satisfied on the official claims
11 register.

12 **PLEASE TAKE FURTHER NOTICE** that the Reorganized Debtor
13 expressly reserves its rights to amend, modify or supplement this Notice or file a new
14 objection to assert additional objections to the Claims or any other proofs of claim
15 (filed or not) that may be asserted by the Claimants. Separate notice and a hearing
16 will be provided in respect of any such additional objections.

17 **PLEASE TAKE FURTHER NOTICE**, for the avoidance of doubt, that all
18 of the Reorganized Debtor’s and the GUC Distribution Trustee’s rights, claims,
19 defenses, causes of action and/or objections, including, without limitation, objections
20 to any general unsecured claims asserted by such Claimants, are expressly reserved
21 and preserved.

**NOTICE OF SATISFACTION OF
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Dated: November 21, 2022

/s/ Sam J. Alberts

SAMUEL R. MAIZEL (Admitted *Pro Hac Vice*)
SAM J. ALBERTS (WSBA #22255)
DENTONS US LLP

Attorneys for the Reorganized Debtor

**NOTICE OF SATISFACTION OF
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1 **DECLARATION OF MAXWELL OWENS**

2 I, Maxwell Owens, declare that if called on as a witness, I would and could
3 testify of my own personal knowledge as follows:

4 1. I am the Senior Vice President and Chief Financial Officer of Astria
5 Health (“CFO”). I began as the Senior Vice President, Finance with Astria Health in
6 July 2020 and was promoted to CFO by the Astria Health Board in January 2021.

7 2. I have over 30 years of health care CFO experience with both non-profit
8 and for-profit healthcare systems. I served as CFO for Paradise Valley Hospital,
9 where I improved the operating margin from 3.7% to 15.1% during my 18-month
10 tenure. Prior to Paradise I served as the CFO for Huntsville Memorial Hospital in
11 Huntsville Texas and various other hospitals and health systems across the United
12 States. I have a history of success with improving the performance of the hospitals
13 and health care systems and have led initiatives in increasing profits and sustaining a
14 positive cash flow, cost management and budgeting, business/partnership
15 development, and leveraging performance measurement analytics in strategic
16 planning initiatives. I received a Master of Business Administration from California
17 Coast University and a Bachelor’s of Science from Loma Linda University. I am
18 credentialed as a Fellow in both the Healthcare Financial Management Association
19 (FHFMA) and the American College of Healthcare Executives (FACHE).

20 3. This declaration is prepared in support of the *Reorganized Debtor’s*
21

1 *Supplemental Notice of Satisfaction of Certain Continued and Related Convenience*
2 *Class Claims* (the “Notice”).¹

3 4. The statements herein are based upon my personal knowledge of the
4 facts and information gathered by me in my capacity as CEO for Astria.

5 5. The Reorganized Debtor has satisfied certain proofs of claim filed
6 against the Debtors that constitute Class 3 - Convenience Class Claims, in full accord
7 and satisfaction, through postpetition payments of “20% of allowed amount of claim
8 up to a maximum of \$1,000,” as reflected on **Exhibit A** to the Notice.

9 6. After filing the Previous Notice, the Debtors discovered discrepancies
10 with regard to certain Claims marked as satisfied in the Previous Notice and
11 requested that the Court continue any hearing on such Claims pending further review
12 by the Debtors. Since entry of the Continuance Order, the Debtors have examined
13 the Continued Claims further, along with certain other Convenience Class Claims
14 held by the same Claimants, and made additional Plan Amount payments as
15 appropriate. **Exhibit A** to the Notice supplements, clarifies, and/or corrects the
16 information previously set forth on the Previous Exhibit.

17 I declare under penalty of perjury under the laws of the United States of
18 America that the foregoing is true and correct.

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20 ¹ All capitalized terms not otherwise defined herein have the meanings ascribed to
21 them in the Notice.

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Dated: November 21, 2022

ASTRIA HEALTH

By: /s/ Maxwell Owens
Maxwell Owens
Senior Vice President and Chief
Executive Officer

**DECLARATION ISO NOTICE OF
SATISFACTION OF CONVENIENCE
CLASS CLAIMS**

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Exhibit A

Exhibit A: Satisfied Claims¹

Summary: For the reasons set forth in the Notice of Satisfaction, and as summarized and indicated below, the following claims have been satisfied. Although the current Notice has been served on all below Claimants, to the extent their Claims were previously included in Exhibit B to the *Initial Order Re: Reorganized Debtor’s Notice of Satisfaction of Certain Convenience Class Claims* [D.I. 2719] (the “Previous Exhibit”) and continued, original data is reflected in standard type, *while new or changed data is reflected in Bold Italic.*

	Line # in Previous Exhibit	Claimant Name	Debtor (Case Number)	Claim Number²	Filed Claim Amount	Payment Amount Under Plan (20% of Claim Amount, Up to \$1,000) (“<u>Plan Amount</u>”)	Comments
<i>A. The following Claims were not included in the Previous Exhibit. All included Claims have now been satisfied.</i>							
1.	N/A	AAA WHOLESALE CO. INC	SHC Medical Center-Toppenish (19-01190)	Scheduled	\$214.44	\$42.89	Satisfied (Paid Plan Amount in full on 8/22/22)
2.	N/A	ABBOTTS PRINTING INC	SHC Medical Center-Toppenish (19-01190)	17	\$678.13	\$135.63	Satisfied (Paid Plan Amount in full on 8/22/22)
3.	N/A	ABIOMED INC	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$1,418.25	\$283.65	Satisfied (Paid Plan Amount in full on 8/22/22)

¹ For the avoidance of doubt, (a) nothing in the Notice or this Exhibit shall constitute an allowance of any general unsecured claim (GUC) not otherwise previously allowed; and (b) all of the Reorganized Debtor’s and the GUC Distribution Trustee’s rights, claims, defenses, causes of action and/or objections, including, without limitation, objections to any general unsecured claims asserted by holders of these Claims are expressly reserved and preserved.

² Claim numbers refer to the official claims register maintained in the case number indicated in the previous column.

4.	N/A	AESCULAP	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$1,008.85	\$201.77	Satisfied (Paid Plan Amount in full on 8/22/22)
5.	N/A	Aetna, Inc.	SHC Medical Center-Toppenish (19-01190)	41	\$699.96	\$139.99	Satisfied (Paid Plan Amount in full on 8/22/22)
6.	N/A	Allstream	Astria Health (19-01189)	270	\$153.74	\$30.75	Satisfied (Paid Plan Amount in full on 8/22/22)
7.	N/A	Allstream	Astria Health (19-01189)	269	\$191.93	\$38.39	Satisfied (Paid Plan Amount in full on 8/22/22)
8.	N/A	AMERICAN COLLEGE OF CARDIOLOGY	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$800.00	\$160.00	Satisfied (Paid Plan Amount in full on 8/22/22)
9.	N/A	AMERICAN MEDICAL RESPONSE, INC	SHC Medical Center-Yakima (19-01192)	Scheduled	\$2,670.50	\$534.10	Satisfied (Paid Plan Amount in full on 8/22/22)
10.	N/A	API HEALTHCARE	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$15.00	\$3.00	Satisfied (Paid Plan Amount in full on 8/22/22)
11.	N/A	APPLIED STATISTICS & MANAGEMENT	SHC Medical Center-Yakima (19-01192)	Scheduled	\$4,488.12	\$897.62	Satisfied (Paid Plan Amount in full on 8/22/22)
12.	N/A	ASM CAPITAL X LLC	Astria Health (19-01189)	434	\$5,000.00	\$1,000.00	Satisfied (Paid Plan Amount in full on 9/13/22)

13.	N/A	ASM CAPITAL X LLC	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$5,000.00	\$1,000.00	Satisfied (Paid Plan Amount in full on 9/13/22)
14.	N/A	BD DIAGNOSTICS	SHC Medical Center-Toppenish (19-01190)	Scheduled	\$491.37	\$98.27	Satisfied (Paid Plan Amount in full on 8/22/22)
15.	N/A	BD DIAGNOSTICS	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$2,541.75	\$508.35	Satisfied (Paid Plan Amount in full on 8/22/22)
16.	N/A	BERGEN SCREEN PRINT	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$207.74	\$41.55	Satisfied (Paid Plan Amount in full on 8/22/22)
17.	N/A	BERGEN SCREEN PRINT	Astria Health (19-01189)	Scheduled	\$222.89	\$44.58	Satisfied (Paid Plan Amount in full on 8/22/22)
18.	N/A	BRAMSTEDT INSTRUMENT, INC.	Sunnyside Community Hospital Association (19-01191)	65	\$1,261.28	\$252.26	Satisfied (Paid Plan Amount in full on 8/22/22)
19.	N/A	BRAMSTEDT INSTRUMENT, INC.	SHC Medical Center-Toppenish (19-01190)	40	\$3,674.53	\$734.91	Satisfied (Paid Plan Amount in full on 8/22/22)
20.	N/A	BREG, INC.	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$4,639.06	\$927.81	Satisfied (Paid Plan Amount in full on 8/22/22)
21.	N/A	BREG, INC.	SHC Medical Center-Yakima (19-01192)	Scheduled	\$4,833.35	\$966.67	Satisfied (Paid Plan Amount in full on 8/22/22)

22.	N/A	Bushnell Plumbing Inc	SHC Medical Center- Toppenish (19-01190)	47	\$2,418.06	\$483.61	Satisfied (Paid Plan Amount in full on 8/22/22)
23.	N/A	Bushnell Plumbing Inc	Sunnyside Community Hospital Association (19-01191)	58	\$2,906.46	\$581.29	Satisfied (Paid Plan Amount in full on 8/22/22)
24.	N/A	Cascade Natural Gas Corporation	Sunnyside Community Hospital Association (19-01191)	80	\$477.79	\$95.56	Satisfied (Paid Plan Amount in full on 8/22/22)
25.	N/A	Cascade Natural Gas Corporation	SHC Medical Center- Yakima (19-01192)	89	\$1,360.91	\$272.18	Satisfied (Paid Plan Amount in full on 8/22/22)
26.	N/A	CERIUM NETWORKS, INC.	SHC Medical Center- Yakima (19-01192)	Scheduled	\$906.36	\$181.27	Satisfied (Paid Plan Amount in full on 8/22/22)
27.	N/A	CHARTER COMMUNICATIONS	Astria Health (19- 01189)	65	\$501.82	\$100.36	Satisfied (Paid Plan Amount in full on 8/22/22)
28.	N/A	CHARTER COMMUNICATIONS	Astria Health (19- 01189)	64	\$983.06	\$196.61	Satisfied (Paid Plan Amount in full on 8/22/22)
29.	N/A	CHARTER COMMUNICATIONS	Astria Health (19- 01189)	72	\$996.24	\$199.25	Satisfied (Paid Plan Amount in full on 8/22/22)
30.	N/A	CHARTER COMMUNICATIONS	Astria Health (19- 01189)	69	\$1,701.45	\$340.29	Satisfied (Paid Plan Amount in full on 8/22/22)

31.	N/A	CHARTER COMMUNICATIONS	Astria Health (19-01189)	68	\$2,272.24	\$454.45	Satisfied (Paid Plan Amount in full on 8/22/22)
32.	N/A	CHARTER COMMUNICATIONS	Astria Health (19-01189)	74	\$3,044.16	\$608.83	Satisfied (Paid Plan Amount in full on 8/22/22)
33.	N/A	CHARTER COMMUNICATIONS	Astria Health (19-01189)	70	\$3,896.39	\$779.28	Satisfied (Paid Plan Amount in full on 8/22/22)
34.	N/A	CHARTER COMMUNICATIONS	Astria Health (19-01189)	73	\$3,961.27	\$792.25	Satisfied (Paid Plan Amount in full on 8/22/22)
35.	N/A	CHG Medical Staffing, Inc. d/b/a RN Network	SHC Medical Center-Toppenish (19-01190)	16	\$1,815.83	\$363.17	Satisfied (Paid Plan Amount in full on 8/22/22)
36.	N/A	Cintas Corporation	SHC Medical Center-Toppenish (19-01190)	44	\$3,777.27	\$755.45	Satisfied (Paid Plan Amount in full on 8/22/22)
37.	N/A	CIOX	SHC Medical Center-Toppenish (19-01190)	Scheduled	\$79.84	\$15.97	Satisfied (Paid Plan Amount in full on 8/22/22)
38.	N/A	CIOX	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$88.06	\$17.61	Satisfied (Paid Plan Amount in full on 8/22/22)
39.	N/A	COLLEGE OF AMERICAN PATHOLOGIST	SHC Medical Center-Toppenish (19-01190)	Scheduled	\$1,200.89	\$240.18	Satisfied (Paid Plan Amount in full on 8/22/22)

40.	N/A	COLLEGE OF AMERICAN PATHOLOGIST	SHC Medical Center-Yakima (19-01192)	Scheduled	\$3,390.57	\$678.11	Satisfied (Paid Plan Amount in full on 8/22/22)
41.	N/A	COMPHEALTH, INC.	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$85.54	\$17.11	Satisfied (Paid Plan Amount in full on 8/22/22)
42.	N/A	CONMED CORPORATION	SHC Medical Center-Toppenish (19-01190)	Scheduled	\$1,661.36	\$332.27	Satisfied (Paid Plan Amount in full on 8/22/22)
43.	N/A	CONMED CORPORATION	SHC Medical Center-Yakima (19-01192)	Scheduled	\$2,400.07	\$480.01	Satisfied (Paid Plan Amount in full on 8/22/22)
44.	N/A	CONMED CORPORATION	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$4,153.95	\$830.79	Satisfied (Paid Plan Amount in full on 8/22/22)
45.	N/A	Connell Oil	Astria Health (19-01189)	389	\$3,519.62	\$703.92	Satisfied (Paid Plan Amount in full on 8/22/22)
46.	N/A	COOK MEDICAL INCORPORATED	SHC Medical Center-Toppenish (19-01190)	Scheduled	\$339.04	\$67.81	Satisfied (Paid Plan Amount in full on 8/22/22)
47.	N/A	CooperSurgical, Inc	Astria Health (19-01189)	23	\$1,155.07	\$231.01	Satisfied (Paid Plan Amount in full on 8/22/22)
48.	N/A	CooperSurgical, Inc	Astria Health (19-01189)	22	\$1,316.24	\$263.25	Satisfied (Paid Plan Amount in full on 8/22/22)

49.	N/A	CR BARD INCORPORATED	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$3,139.69	\$627.94	Satisfied (Paid Plan Amount in full on 8/22/22)
50.	N/A	CUMMINS INC	SHC Medical Center- Toppenish (19-01190)	Scheduled	\$2,822.94	\$564.59	Satisfied (Paid Plan Amount in full on 8/22/22)
51.	N/A	CURBELL MEDICAL PRODUCTS,	SHC Medical Center- Yakima (19-01192)	Scheduled	\$1,221.64	\$244.33	Satisfied (Paid Plan Amount in full on 8/22/22)
52.	N/A	DATEX OHMEDA INC	SHC Medical Center- Toppenish (19-01190)	Scheduled	\$760.98	\$152.20	Satisfied (Paid Plan Amount in full on 8/22/22)
53.	N/A	ECOLAB	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$2,139.35	\$427.87	Satisfied (Paid Plan Amount in full on 8/22/22)
54.	N/A	ECOLAB	SHC Medical Center- Yakima (19-01192)	Scheduled	\$3,700.24	\$740.05	Satisfied (Paid Plan Amount in full on 8/22/22)
55.	N/A	ECOLAB INC	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$310.79	\$62.16	Satisfied (Paid Plan Amount in full on 8/22/22)
56.	N/A	ECOLAB INC	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$418.98	\$83.80	Satisfied (Paid Plan Amount in full on 8/22/22)
57.	N/A	ECOLAB INC	SHC Medical Center- Yakima (19-01192)	Scheduled	\$1,434.16	\$286.83	Satisfied (Paid Plan Amount in full on 8/22/22)

58.	N/A	ECOLAB INC	SHC Medical Center- Toppenish (19-01190)	Scheduled	\$1,721.63	\$344.33	Satisfied (Paid Plan Amount in full on 8/22/22)
59.	N/A	ECOLAB INC	SHC Medical Center- Yakima (19-01192)	Scheduled	\$2,904.88	\$580.98	Satisfied (Paid Plan Amount in full on 8/22/22)
60.	N/A	ECOLAB INC	SHC Medical Center- Toppenish (19-01190)	Scheduled	\$3,644.24	\$728.85	Satisfied (Paid Plan Amount in full on 8/22/22)
61.	N/A	GE Precision Healthcare LLC	Sunnyside Community Hospital Association (19-01191)	19	\$175.32	\$35.06	Satisfied (Paid Plan Amount in full on 8/22/22)
62.	N/A	GE Precision Healthcare LLC	SHC Medical Center- Toppenish (19-01190)	9	\$2,663.43	\$532.69	Satisfied (Paid Plan Amount in full on 8/22/22)
63.	N/A	GE Precision Healthcare LLC	Sunnyside Community Hospital Association (19-01191)	18	\$3,161.60	\$632.32	Satisfied (Paid Plan Amount in full on 8/22/22)
64.	N/A	GETINGE USA SALES LLC	SHC Medical Center- Toppenish (19-01190)	Scheduled	\$712.14	\$142.43	Satisfied (Paid Plan Amount in full on 8/22/22)
65.	N/A	GETINGE USA SALES LLC	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$4,475.85	\$895.17	Satisfied (Paid Plan Amount in full on 8/22/22)
66.	N/A	GUARDIAN SECURITY SYSTEMS, INC.	SHC Medical Center- Toppenish (19-01190)	Scheduled	\$94.35	\$18.87	Satisfied (Paid Plan Amount in full on 8/22/22)

67.	N/A	GUARDIAN SECURITY SYSTEMS, INC.	SHC Medical Center-Yakima (19-01192)	Scheduled	\$491.48	\$98.30	Satisfied (Paid Plan Amount in full on 8/22/22)
68.	N/A	GUY BROWN MANAGEMENT LLC	SHC Medical Center-Toppenish (19-01190)	Scheduled	\$1,731.63	\$346.33	Satisfied (Paid Plan Amount in full on 8/22/22)
69.	N/A	HALYARD HEALTH INC	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$2,258.40	\$451.68	Satisfied (Paid Plan Amount in full on 8/22/22)
70.	N/A	HEALTHSTREAM, INC.	SHC Medical Center-Yakima (19-01192)	Scheduled	\$2,698.76	\$539.75	Satisfied (Paid Plan Amount in full on 8/22/22)
71.	N/A	IRON MOUNTAIN	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$1,055.65	\$211.13	Satisfied (Paid Plan Amount in full on 8/22/22)
72.	N/A	JANITORS CLOSET	SHC Medical Center-Toppenish (19-01190)	Scheduled	\$363.77	\$72.75	Satisfied (Paid Plan Amount in full on 8/22/22)
73.	N/A	Kelleys Tele-Communications, Inc	Astria Health (19-01189)	79	\$24.10	\$4.82	Satisfied (Paid Plan Amount in full on 8/22/22)
74.	N/A	Kelleys Tele-Communications, Inc	Astria Health (19-01189)	191	\$131.09	\$26.22	Satisfied (Paid Plan Amount in full on 8/22/22)
75.	N/A	Kelleys Tele-Communications, Inc	Astria Health (19-01189)	98	\$358.19	\$71.64	Satisfied (Paid Plan Amount in full on 8/22/22)

76.	N/A	Kelleys Tele-Communications, Inc	Astria Health (19-01189)	78	\$1,399.54	\$279.91	Satisfied (Paid Plan Amount in full on 8/22/22)
77.	N/A	KEY SURGICAL INC	SHC Medical Center-Toppenish (19-01190)	Scheduled	\$1,331.50	\$266.30	Satisfied (Paid Plan Amount in full on 8/22/22)
78.	N/A	LANTHEUS MEDICAL IMAGING	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$1,728.00	\$345.60	Satisfied (Paid Plan Amount in full on 8/22/22)
79.	N/A	LINKEDIN CORPORATION	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$4,677.75	\$935.55	Satisfied (Paid Plan Amount in full on 8/22/22)
80.	N/A	LSL HEALTHCARE INC	SHC Medical Center-Toppenish (19-01190)	Scheduled	\$2,393.67	\$478.73	Satisfied (Paid Plan Amount in full on 8/22/22)
81.	N/A	MASIMO	SHC Medical Center-Toppenish (19-01190)	Scheduled	\$481.23	\$96.25	Satisfied (Paid Plan Amount in full on 8/22/22)
82.	N/A	MASIMO	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$3,175.29	\$635.06	Satisfied (Paid Plan Amount in full on 8/22/22)
83.	N/A	MCKESSON MEDICAL SURGICAL	SHC Medical Center-Toppenish (19-01190)	Scheduled	\$1,854.84	\$370.97	Satisfied (Paid Plan Amount in full on 8/22/22)
84.	N/A	MEDIVATORS INC	Sunnyside Community Hospital Association (19-01191)	85	\$2,781.75	\$556.35	Satisfied (Paid Plan Amount in full on 8/22/22)

85.	N/A	Medline Industries Inc.	Astria Health (19-01189)	319	\$3,202.98	\$640.60	Satisfied (Paid Plan Amount in full on 8/22/22)
86.	N/A	Medtronic USA, Inc.	SHC Medical Center-Toppenish (19-01190)	37	\$381.00	\$76.20	Satisfied (Paid Plan Amount in full on 8/22/22)
87.	N/A	MENKE JACKSON BEYER, LLP NUMBER	Astria Health (19-01189)	Scheduled	\$878.00	\$175.60	Satisfied (Paid Plan Amount in full on 8/22/22)
88.	N/A	Nancy J Leahy	Astria Health (19-01189)	637	\$709.98	\$142.00	Satisfied (Paid Plan Amount in full on 8/22/22)
89.	N/A	NET HEALTH SYSTEMS, INC.	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$4,937.02	\$987.40	Satisfied (Paid Plan Amount in full on 8/22/22)
90.	N/A	NORTHWEST VITAL RECORDS CENTER	Yakima HMA Home Health, LLC (19-01200)	Scheduled	\$2,245.32	\$449.06	Satisfied (Paid Plan Amount in full on 11/8/22)
91.	N/A	Olympus America Inc	Astria Health (19-01189)	313	\$521.12	\$104.22	Satisfied (Paid Plan Amount in full on 8/22/22)
92.	N/A	Oscar Hernandez	Astria Health (19-01189)	Scheduled	\$1,049.03	\$209.81	Satisfied (Paid Plan Amount in full on 8/22/22)
93.	N/A	Otis Elevator Company	Astria Health (19-01189)	470	\$1,297.90	\$259.58	Satisfied (Paid Plan Amount in full on 8/22/22)

94.	N/A	PACIFIC MEDICAL	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$2,544.15	\$508.83	Satisfied (Paid Plan Amount in full on 8/22/22)
95.	N/A	PACIFIC MEDICAL	SHC Medical Center-Toppenish (19-01190)	Scheduled	\$3,885.00	\$777.00	Satisfied (Paid Plan Amount in full on 8/22/22)
96.	N/A	PacifiCorp	Yakima HMA Home Health, LLC (19-01200)	11	\$1,297.04	\$259.41	Satisfied (Paid Plan Amount in full on 8/22/22)
97.	N/A	PacifiCorp	Sunnyside Community Hospital Association (19-01191)	61	\$3,779.89	\$755.98	Satisfied (Paid Plan Amount in full on 8/22/22)
98.	N/A	PALM HARBOR MEDICAL	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$2,228.90	\$445.78	Satisfied (Paid Plan Amount in full on 8/22/22)
99.	N/A	PARTS SOURCE INC	SHC Medical Center-Toppenish (19-01190)	Scheduled	\$3,025.11	\$605.02	Satisfied (Paid Plan Amount in full on 8/22/22)
100.	N/A	PATHOLOGY ASSOC MEDICAL LABS	Yakima HMA Home Health, LLC (19-01200)	Scheduled	\$14.50	\$2.90	Satisfied (Paid Plan Amount in full on 8/22/22)
101.	N/A	PATHOLOGY ASSOC MEDICAL LABS	SHC Medical Center-Toppenish (19-01190)	Scheduled	\$389.20	\$77.84	Satisfied (Paid Plan Amount in full on 8/22/22)
102.	N/A	PATHOLOGY ASSOC MEDICAL LABS	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$1,681.01	\$336.20	Satisfied (Paid Plan Amount in full on 8/22/22)

103.	N/A	PDC HEALTHCARE	SHC Medical Center- Toppenish (19-01190)	Scheduled	\$185.10	\$37.02	Satisfied (Paid Plan Amount in full on 8/22/22)
104.	N/A	PDC HEALTHCARE	SHC Medical Center- Yakima (19-01192)	Scheduled	\$1,480.96	\$296.19	Satisfied (Paid Plan Amount in full on 8/22/22)
105.	N/A	PDC HEALTHCARE	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$3,575.77	\$715.15	Satisfied (Paid Plan Amount in full on 8/22/22)
106.	N/A	PEPSI COLA BOTTLING	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$1,793.20	\$358.64	Satisfied (Paid Plan Amount in full on 8/22/22)
107.	N/A	PEPSI COLA BOTTLING	SHC Medical Center- Toppenish (19-01190)	Scheduled	\$3,849.36	\$769.87	Satisfied (Paid Plan Amount in full on 8/22/22)
108.	N/A	PHILIPS HEALTHCARE	SHC Medical Center- Toppenish (19-01190)	Scheduled	\$3,039.55	\$607.91	Satisfied (Paid Plan Amount in full on 8/22/22)
109.	N/A	PLATT ELECTRIC SUPPLY, IN	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$1,596.91	\$319.38	Satisfied (Paid Plan Amount in full on 8/22/22)
110.	N/A	POSEY COMPANY	SHC Medical Center- Toppenish (19-01190)	Scheduled	\$83.52	\$16.70	Satisfied (Paid Plan Amount in full on 8/22/22)
111.	N/A	Precision Dynamics Corporation	SHC Medical Center- Toppenish (19-01190)	4	\$185.10	\$37.02	Satisfied (Paid Plan Amount in full on 8/22/22)

112.	N/A	Precision Dynamics Corporation	SHC Medical Center-Yakima (19-01192)	7	\$1,320.71	\$264.14	Satisfied (Paid Plan Amount in full on 8/22/22)
113.	N/A	Precision Dynamics Corporation	Sunnyside Home Health (19-01198)	1	\$3,666.99	\$733.40	Satisfied (Paid Plan Amount in full on 8/22/22)
114.	N/A	PRESS GANEY	SHC Medical Center-Yakima (19-01192)	Scheduled	\$3,458.54	\$691.71	Satisfied (Paid Plan Amount in full on 8/22/22)
115.	N/A	ROTO ROOTER-WA	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$631.91	\$126.38	Satisfied (Paid Plan Amount in full on 8/22/22)
116.	N/A	ROTO ROOTER-WA	SHC Medical Center-Toppenish (19-01190)	Scheduled	\$1,887.15	\$377.43	Satisfied (Paid Plan Amount in full on 8/22/22)
117.	N/A	Siemens Healthcare Diagnostics, Inc.	Astria Health (19-01189)	265	\$1,733.48	\$346.70	Satisfied (Paid Plan Amount in full on 8/22/22)
118.	N/A	SPECIAL CLEANING SERVICES/A	Yakima HMA Home Health, LLC (19-01200)	Scheduled	\$1,207.95	\$241.59	Satisfied (Paid Plan Amount in full on 8/22/22)
119.	N/A	SPECIAL CLEANING SERVICES/A	SHC Medical Center-Toppenish (19-01190)	Scheduled	\$3,182.00	\$636.40	Satisfied (Paid Plan Amount in full on 8/22/22)
120.	N/A	SPECIAL CLEANING SERVICES/A	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$4,124.16	\$824.83	Satisfied (Paid Plan Amount in full on 8/22/22)

121.	N/A	Specialty Center MOB LLC	SHC Medical Center-Yakima (19-01192)	Scheduled	\$1,127.90	\$225.58	Satisfied (Paid Plan Amount in full on 8/22/22)
122.	N/A	STANLEY CONVERGENT SECURITY SO	Yakima HMA Home Health, LLC (19-01200)	Scheduled	\$186.38	\$37.28	Satisfied (Paid Plan Amount in full on 8/22/22)
123.	N/A	STANLEY CONVERGENT SECURITY SO	SHC Medical Center-Toppenish (19-01190)	Scheduled	\$1,888.79	\$377.76	Satisfied (Paid Plan Amount in full on 8/22/22)
124.	N/A	STRATEGIC SYSTEMS	SHC Medical Center-Toppenish (19-01190)	Scheduled	\$1,729.23	\$345.85	Satisfied (Paid Plan Amount in full on 8/22/22)
125.	N/A	STRYKER FINANCE	SHC Medical Center-Toppenish (19-01190)	Scheduled	\$289.31	\$57.86	Satisfied (Paid Plan Amount in full on 8/22/22)
126.	N/A	STRYKER INSTRUMENTS	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$509.94	\$101.99	Satisfied (Paid Plan Amount in full on 8/22/22)
127.	N/A	STRYKER INSTRUMENTS	SHC Medical Center-Toppenish (19-01190)	Scheduled	\$3,102.13	\$620.43	Satisfied (Paid Plan Amount in full on 8/22/22)
128.	N/A	STRYKER MEDICAL	SHC Medical Center-Yakima (19-01192)	Scheduled	\$4,528.47	\$905.69	Satisfied (Paid Plan Amount in full on 8/22/22)
129.	N/A	SYSCO	SHC Medical Center-Yakima (19-01192)	Scheduled	\$33.84	\$6.77	Satisfied (Paid Plan Amount in full on 8/22/22)

130.	N/A	TALENTWISE	SHC Medical Center- Toppenish (19-01190)	Scheduled	\$3,053.62	\$610.72	Satisfied (Paid Plan Amount in full on 8/22/22)
131.	N/A	THE ULTIMATE SOFTWARE GROUP INC	Astria Health (19- 01189)	Scheduled	\$600.00	\$120.00	Satisfied (Paid Plan Amount in full on 8/22/22)
132.	N/A	THE ULTIMATE SOFTWARE GROUP INC	SHC Medical Center- Yakima (19-01192)	Scheduled	\$1,377.66	\$275.53	Satisfied (Paid Plan Amount in full on 8/22/22)
133.	N/A	THREE M COMPANY 3M VXC5717	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$841.86	\$168.37	Satisfied (Paid Plan Amount in full on 8/22/22)
134.	N/A	TOPPENISH/CITY OF	SHC Medical Center- Yakima (19-01192)	Scheduled	\$272.22	\$54.44	Satisfied (Paid Plan Amount in full on 8/22/22)
135.	N/A	UnitedHealthcare Insurance Company	Sunnyside Community Hospital Association (19-01191)	1	\$4,215.33	\$843.07	Satisfied (Paid Plan Amount in full on 8/22/22)
136.	N/A	UNIVERSAL BACKGROUND SCREENING	SHC Medical Center- Toppenish (19-01190)	Scheduled	\$922.50	\$184.50	Satisfied (Paid Plan Amount in full on 8/22/22)
137.	N/A	UNIVERSAL BACKGROUND SCREENING	SHC Medical Center- Yakima (19-01192)	Scheduled	\$3,768.00	\$753.60	Satisfied (Paid Plan Amount in full on 8/22/22)
138.	N/A	VALLEY SURGICAL	SHC Medical Center- Toppenish (19-01190)	Scheduled	\$4,388.00	\$877.60	Satisfied (Paid Plan Amount in full on 8/22/22)

139.	N/A	WASHINGTON STATE DEPARTMENT OF HEALTH	SHC Medical Center- Toppenish (19-01190)	Scheduled	\$495.00	\$99.00	Satisfied (Paid Plan Amount in full on 8/22/22)
140.	N/A	WASHINGTON STATE DEPARTMENT OF HEALTH	SHC Medical Center- Yakima (19-01192)	Scheduled	\$1,046.51	\$209.30	Satisfied (Paid Plan Amount in full on 8/22/22)
141.	N/A	YAKIMA HERALD REPUBLIC	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$1,224.44	\$244.89	Satisfied (Paid Plan Amount in full on 8/22/22)
142.	N/A	YAKIMA HERALD REPUBLIC	SHC Medical Center- Yakima (19-01192)	Scheduled	\$1,633.12	\$326.62	Satisfied (Paid Plan Amount in full on 8/22/22)
143.	N/A	YAKIMA VALLEY MEMORIAL HOSPITAL	Astria Health (19- 01189)	402	\$36.30	\$7.26	Satisfied (Paid Plan Amount in full on 8/22/22)
144.	N/A	Yakima Valley Memorial Hospital	Astria Health (19- 01189)	416	\$1,930.00	\$386.00	Satisfied (Paid Plan Amount in full on 8/22/22)
145.	N/A	YAKIMA VALLEY MEMORIAL HOSPITAL	Astria Health (19- 01189)	400	\$4,413.72	\$882.74	Satisfied (Paid Plan Amount in full on 8/22/22)
146.	N/A	ZOLL MEDICAL CORP	SHC Medical Center- Toppenish (19-01190)	Scheduled	\$1,588.19	\$317.64	Satisfied (Paid Plan Amount in full on 8/22/22)
147.	N/A	ZOLL MEDICAL CORP	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$2,291.85	\$458.37	Satisfied (Paid Plan Amount in full on 8/22/22)

148.	N/A	ZOLL MEDICAL CORP	SHC Medical Center-Yakima (19-01192)	Scheduled	\$3,911.65	\$782.33	Satisfied (Paid Plan Amount in full on 8/22/22)
<p><i>B. The Previous Exhibit combined and aggregated two <u>scheduled</u> Claims under “Filed Claim Amount,” but referenced only one of the two Debtors against whom the Claims were scheduled, and included a “Plan Amount” of only one of the Claims. This exhibit clarifies/corrects the Previous Exhibit to split the total between the two Debtors as scheduled, and indicate the additional payable Plan Amount. All included Claims have now been satisfied.</i></p>							
149.	1	ALADDIN TEMP RITE LLC	SHC Medical Center-Yakima (19-01192)	Scheduled	\$930.96	\$186.19	Satisfied (Paid Plan Amount in full: \$186.19 on 1/25/2021, \$33.29 on 1/20/2022)
			<i>SHC Medical Center-Toppenish (19-01190)</i>		\$166.43	\$33.29	
					Total: \$1,097.39	Total: \$219.48	
150.	2	American Profit Recovery	SHC Medical Center-Toppenish (19-01190)	Scheduled	\$1,327.66	\$265.53	Satisfied (Paid Plan Amount in full: \$265.53 on 1/25/2021, \$30.09 on 1/20/2022)
			<i>SHC Medical Center-Yakima (19-01192)</i>		\$150.44	\$30.09	
					Total: \$1,478.10	Total: \$295.62	
151.	7	BESTWESTERN GRAPEVINE INN	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$430.76	\$86.15	Satisfied (Paid Plan Amount in full: \$86.15 on 1/25/2021, \$43.08 on 1/20/2022)
			<i>Astria Health (19-01189)</i>		\$215.38	\$43.08	
					Total: \$646.14	Total: \$129.23	
152.	9	CLINICAL AND LABORATORY STANDARDS INSTITUTE	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$708.40	\$141.68	Satisfied (Paid Plan Amount in full: \$141.68 on

			<i>SHC Medical Center-Yakima (19-01192)</i>		\$198.00	\$39.60	1/25/2021, \$39.60 on 1/20/2022)
					Total: \$906.40	Total: \$181.28	
153.	10	DatCard Systems, INC.	SHC Medical Center-Yakima (19-01192)	Scheduled	\$672.00	\$134.40	Satisfied (Paid Plan Amount in full: \$134.40 on 1/25/2021, \$38.40 on 1/20/2022)
			<i>SHC Medical Center-Toppenish (19-01190)</i>		\$192.00	\$38.40	
					Total: \$864.00	Total: \$172.80	
154.	12	EXPAND A BAND MEDICAL PRODUCTS	SHC Medical Center-Yakima (19-01192)	Scheduled	\$462.00	\$92.40	Satisfied (Paid Plan Amount in full: \$92.40 on 1/25/2021, \$8.80 on 1/20/2022)
			<i>SHC Medical Center-Toppenish (19-01190)</i>		\$44.00	\$8.80	
					Total: \$506.00	Total: \$101.20	
155.	13	FERGUSON ENTERPRISES, INC FEI #3007	SHC Medical Center-Yakima (19-01192)	Scheduled	\$3,268.38	\$653.68	Satisfied (Paid Plan Amount in full: \$653.68 on 1/25/2021, \$9.70 on 1/20/2022)
			<i>Yakima HMA Home Health, LLC (19-01200)</i>		\$48.48	\$9.70	
					Total: \$3,316.86	Total: \$663.38	
156.	5	GRANDVIEW CHAMBER OF COMMERCE	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$255.00	\$51.00	Satisfied (Paid Plan Amount in full: \$51.00 on 1/25/2021, \$36.00 on 1/20/2022)
			<i>Astria Health (19-01189)</i>		\$180.00	\$36.00	

					Total: \$435.00	Total: \$87.00	
157.	6	INLAND FIRE PROTECTION	SHC Medical Center-Yakima (19-01192)	Scheduled	\$491.41	\$98.28	Satisfied (Paid Plan Amount in full: \$98.28 on 1/25/2021, \$43.28 on 1/20/2022)
			<i>Sunnyside Community Hospital Association (19-01191)</i>		\$216.40	\$43.28	
					Total: \$707.81	Total: \$141.56	
158.	8	MERIT RESOURCE SERVICES	SHC Medical Center-Yakima (19-01192)	Scheduled	\$270.00	\$54.00	Satisfied (Paid Plan Amount in full: \$54.00 on 1/25/2021, \$4.40 on 1/20/2022)
			<i>Sunnyside Community Hospital Association (19-01191)</i>		\$22.00	\$4.40	
					Total: \$292.00	Total: \$58.40	
159.	9	MICRO-AIRE	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$573.48	\$114.70	Satisfied (Paid Plan Amount in full: \$114.70 on 1/25/2021, \$38.16 on 1/20/2022)
			<i>SHC Medical Center-Yakima (19-01192)</i>		\$190.80	\$38.16	
					Total: \$764.28	Total: \$152.86	
160.	20	MSR WEST	SHC Medical Center-Toppenish (19-01190)	Scheduled	\$753.02	\$150.60	Satisfied (Paid Plan Amount in full: \$150.60, on 1/25/2021, \$32.37 on 1/20/2022)
			<i>Sunnyside Community Hospital Association (19-01191)</i>		\$161.86	\$32.37	

					Total: \$914.88	Total: \$182.97³	
161.	21	NETWORK SERVICES	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$785.37	\$157.07	Satisfied (Paid Plan Amount in full: \$157.07, on 1/25/2021, \$6.82 on 1/20/2022)
			<i>SHC Medical Center-Toppenish (19-01190)</i>		\$34.08	\$6.82	
					Total: \$819.45	Total: \$163.89	
162.	26	PERFORMANCE HEALTH	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$3,332.23	\$666.45	Satisfied (Paid Plan Amount in full: \$666.45, on 1/25/2021, \$40.95 on 1/20/2022)
			<i>SHC Medical Center-Yakima (19-01192)</i>		\$204.73	\$40.95	
					Total: \$3,536.96	Total: \$707.40⁴	
163.	28	SUNNYSIDE HIGH SCHOOL ASB	Astria Health (19-01189)	Scheduled	\$750.00	\$150.00	Satisfied (Paid Plan Amount in full: \$150.00, on 1/25/2021, \$20.00 on 1/20/2022)
			<i>Sunnyside Community Hospital Association (19-01191)</i>		\$100.00	\$20.00	
					Total: \$850.00	Total: \$170.00	
164.	29	TRI-TECH, INC.	SHC Medical Center-Yakima (19-01192)	Scheduled	\$297.00	\$59.40	Satisfied (Paid Plan Amount in

³ Due to rounding, there is a one-cent difference between the sum of the two Plan Amounts, and 20% of the total Filed Claim Amount. The total listed reflects the Plan Amounts paid on account of each discrete Claim.

⁴ See note 3.

			<i>Sunnyside Community Hospital Association (19-01191)</i>		\$114.00	\$22.80	full: \$59.40, on 1/25/2021, \$22.80 on 1/20/2022)
					Total: \$411.00	Total: \$82.20	
165.	30	YAKIMA COUNTY PUBLIC WORKS	SHC Medical Center-Yakima (19-01192)	Scheduled	\$1,164.64	\$232.93	Satisfied (Paid Plan Amount in full: \$232.93, on 1/25/2021, \$20.00 on 1/20/2022)
			<i>Sunnyside Community Hospital Association (19-01191)</i>		\$100.00	\$20.00	
					Total: \$1,264.64	Total: \$252.93	
166.	31	Yakima Steak Company	Astria Health (19-01189)	Scheduled	\$442.20	\$88.44	Satisfied (Paid Plan Amount in full: \$88.44, on 1/25/2021, \$34.35 on 1/20/2022)
			<i>Sunnyside Community Hospital Association (19-01191)</i>		\$171.76	\$34.35	
					Total: \$613.96	Total: \$122.79	
<p><i>C. The Previous Exhibit listed two <u>filed</u> Claims separately for each Claimant, and listed the respective Plan Amounts correctly, but the Filed Claim Amount for each Claim set forth the aggregated total for that Claimant. This exhibit clarifies/corrects the Previous Exhibit to show the respective Claim amounts asserted. All included Claims have been satisfied as represented in the Previous Exhibit.</i></p>							
167.	3	APOLLO SHEET METAL, INC.	Astria Health (19-01189)	472	\$482.31 (Total with POC 606: \$2,139.30)	\$96.46	Satisfied (Paid Plan Amount in full 1/25/2021)

168.	4	APOLLO SHEET METAL, INC.	Astria Health (19-01189)	606	\$1,656.99 <i>(Total with POC 472: \$2,139.30)</i>	\$331.40	Satisfied (Paid Plan Amount in full 1/25/2021)
169.	5	Beckman Coulter, Inc.	Sunnyside Community Hospital Association (19-01191)	9	\$581.89 <i>(Total with POC 103: \$2,191.55)</i>	\$116.38	Satisfied (Paid Plan Amount in full 1/25/2021)
170.	6	Beckman Coulter, Inc.	Astria Health (19-01189)	103	\$1,609.66 <i>(Total with POC 9: \$2,191.55)</i>	\$321.93	Satisfied (Paid Plan Amount in full 1/25/2021)
<p><i>D. The Previous Exhibit listed two <u>scheduled</u> Claims separately for one Claimant, and both the total Filed Claim Amount and the total Plan Amount paid to Claimant was correct aggregating both Claims, the respective Plan Amounts had a slight error. This exhibit clarifies/corrects the Previous Exhibit to list the correct Filed Claim Amount and Plan Amount for each Claim. All included Claims have been satisfied as represented in the Previous Exhibit.</i></p>							
171.	22	NORTHWEST TISSUE CENTER	SHC Medical Center-Yakima (19-01192)	Scheduled	<i>Corrected: \$1,102.50</i> <i>(Previously: \$1,101.00)</i> <i>(Total: \$3,273.50)</i>	<i>Corrected: \$220.50</i> <i>(Previously: \$220.20)</i> <i>(Total: \$654.70)</i>	Satisfied (Paid Plan Amount in full 1/25/2021)

172.	23	NORTHWEST TISSUE CENTER	Sunnyside Community Hospital Association (19-01191)	Scheduled	Corrected: \$2,171.00 (Previously: \$2,172.50) (Total: \$3,273.50)	Corrected: \$434.20 (Previously: \$434.50) (Total: \$654.70)	Satisfied (Paid Plan Amount in full 1/25/2021)
<i>E. The Previous Exhibit had an error in the Filed Claim Amount, but the Plan Amount paid was correct and satisfied as represented in the Previous Exhibit. In addition, the Reorganized Debtor identified and satisfied an additional Claim belonging to this Claimant.</i>							
173.	14	FISHER & PAYKEL HEALTHCARE INC	SHC Medical Center-Yakima (19-01192)	Scheduled	Corrected: \$516.23 (Previously: \$513.23)	\$103.25	Satisfied (Paid Plan Amount in full 1/25/2021)
			SHC Medical Center-Toppenish (19-01190)	Scheduled	\$129.48	\$25.90	Satisfied (Paid Plan Amount in full 1/20/2022)
<i>F. The Previous Exhibit referenced one <u>filed</u> Claim, and set forth its correct Plan Amount, but set forth a total Filed Claim Amount which aggregated three different filed Claims belonging to the same Claimant. This exhibit clarifies/corrects the Previous Exhibit to indicate the three Claims, their respective Filed Claim Amounts, and their respective Plan Amounts. All included Claims have now been satisfied.</i>							
174.	11	e3 Diagnostics	Astria Health (19-01189)	427	\$1,681.04	\$336.21	Satisfied (Paid Plan Amount in full: \$492.65 on 1/25/2021; \$34.32 on 1/20/2022)
				425	\$782.25	\$156.45	
				426	\$171.58	\$34.32	
					Total: \$2,634.87	Total: \$526.97	
175.	24	On Hold Concepts, Inc.	SHC Medical Center-Yakima (19-01192)	28	\$315.25	\$63.05	Satisfied (Paid Plan Amount in

			<i>SHC Medical Center- Toppenish (19-01190)</i>	<i>19</i>	<i>\$207.90</i>	<i>\$41.58</i>	full: \$63.05 on 1/25/2021, \$41.58 on 1/20/2022)
					<i>Total: \$523.15</i>	<i>Total: \$104.63</i>	