

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF OKLAHOMA**

IN RE:)	
)	
)	
HOSPITAL FOR SPECIAL SURGERY, LLC)	Chapter 11
d/b/a ONECORE HEALTH,)	
)	Case No. 24-12862-JDL
Debtor.)	

**DEBTOR'S NOTICE OF SECOND AMENDMENT TO (I) SCHEDULES AND (II)
STATEMENT OF FINANCIAL AFFAIRS COVER SHEET**

Debtor's Notice of Second Amendment to (I) Schedules and (II) Statement of Financial Affairs corrects deficiencies and also supplements **Debtor's Notice of Amendments to (I) Schedules and (II) Statement of Financial Affairs** [Dkt. No. 139] and is filed to:

- ☒ Corrects the previous filed document(s).
☐ Replaces the previous filed document(s).
☒ Supplements the previous filed document(s).

Summary of revisions:

CORRECTIONS AND SUPPLEMENTS TO SCHEDULES:

- Schedule A: amended as follows:
 - No. 3: Corrected cash balances in operating account;
 - No. 54: Supplemented to add commercial lease agreement;
 - No. 73: Supplemented to add insurance policies as property of the estate; and
 - No. 75: Supplemented to add claims as property of the estate.
- Schedule F: Supplemented to add the new individuals and new vendors as creditors of the estate and unknown at the time of the filing.
- Schedule H: Supplemented to add co-obligors to commercial lease agreement.

CORRECTIONS AND SUPPLEMENTS TO STATEMENT OF FINANCIAL AFFAIRS:

- No. 3 and No. 4: Corrected and supplemented balances to provide detailed descriptions on payments or transfers made within 90 days before filing this case and payments or transfers made within one year before filing this case to insiders; and
- No. 7: Supplemented to add additional legal actions that were filed postpetition, and about which Debtor was unaware prior to the petition date.

I declare under penalty of perjury that the foregoing is true and correct.

Date: 12/23/2024

/s/ Steve Hockert

Debtor's Signature

Printed Name: Steve Hockert

Joint Debtor's Signature (if applicable)

Printed Name: _____

☐ Pro se Debtor - you must fill out address on 2nd page

☐ Represented by Counsel - you must fill out address on 2nd page

Attorney Signature block

s/ William H. Hoch, III

William H. Hoch, III, OBA No. 15788

Attorney's Name – Bar Number

Crowe & Dunlevy, PC

Address 324 N Robinson Ave., Ste 100

Oklahoma City, OK 73102

City, State, and Zip Code

(405) 235-7700

Telephone Number

will.hoch@crowedunlevy.com

Email Address

Counsel for Debtor

Fill in this information to identify the case:Debtor name Hospital for Special Surgery, LLCUnited States Bankruptcy Court for the: WESTERN DISTRICT OF OKLAHOMACase number (if known) 24-12862-JDL

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 12/23/2024x /s/ Steve Hockert

Signature of individual signing on behalf of debtor

Steve Hockert

Printed name

Chief Executive Officer

Position or relationship to debtor

Fill in this information to identify the case:Debtor name **Hospital for Special Surgery, LLC**United States Bankruptcy Court for the: **WESTERN DISTRICT OF OKLAHOMA**Case number (if known) **24-12862-JDL**
☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ 0.00
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ 15,776,901.25
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ 15,776,901.25

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 1,095,985.63
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 0.00
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 20,805,250.71
4. Total liabilities Lines 2 + 3a + 3b	\$ 21,901,236.34

Fill in this information to identify the case:Debtor name **Hospital for Special Surgery, LLC**United States Bankruptcy Court for the: **WESTERN DISTRICT OF OKLAHOMA**Case number (if known) **24-12862-JDL**
☐ Check if this is an amended filing
Official Form 206A/B**Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest**

2.	Cash on hand	\$2,513.00
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3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1.	Bank of Oklahoma	Government Receivable Account	\$0.00

16013.2. **Bank of Oklahoma****Collateral Account****2821****\$0.00**3.3. **Bank of Oklahoma****ORC Distribution Escrow****1657****\$0.00**3.4. **Bank of Oklahoma****Operating Account****2810****\$1,185,684.94****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$1,188,197.94**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

Debtor Hospital for Special Surgery, LLC
NameCase number (If known) 24-12862-JDL

- ☐ No. Go to Part 3.
- ☒ Yes Fill in the information below.

7. **Deposits, including security deposits and utility deposits**
Description, including name of holder of deposit

7.1. Oklahoma City Utilities Deposit \$3,320.88

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment

8.1. Prepaid Insurance - AFCO, Chubb, Travelers & Health Insurance \$265,565.03

8.2. Crowe & Dunlevy Retainer \$127,460.00

8.3. McEntire Advisory Retainer \$94,250.00

8.4. Software & Other Subscriptions/Services \$77,448.16

8.5. Rent \$107,540.76

8.6. Stryker Flex \$6,695.36

8.7. Verital Global \$35,000.00

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$717,280.19

Part 3: Accounts receivable

10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
- ☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 3,555,374.34 - 0.00 = \$3,555,374.34
face amount doubtful or uncollectible accounts

12.	Total of Part 3. Current value on lines 11a + 11b = line 12. Copy the total to line 82.	\$5,668,487.47
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13. Does the debtor own any investments?

- 18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
- ☒ Yes Fill in the information below.

23.	Total of Part 5. Add lines 19 through 22. Copy the total to line 84.	\$0.00
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- ☐ No
☐ Yes

- ☐
- No

- | <input type="checkbox"/> Yes. Book value | Valuation method | Current Value |
|--|------------------|---------------|
|--|------------------|---------------|

- ☒ No
☐ Yes

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☐ No. Go to Part 7.
- ☐ Yes Fill in the information below.

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.

Debtor Hospital for Special Surgery, LLC
NameCase number (If known) 24-12862-JDL☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Furniture & Fixtures	\$238,084.44	N/A	Unknown
40.	Office fixtures Kitchen Appliances	\$16,113.21	N/A	Unknown
41.	Office equipment, including all computer equipment and communication systems equipment and software Office Equipment	\$72,809.39	N/A	Unknown

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$0.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**☒ No☐ Yes45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**☒ No☐ Yes**Part 8: Machinery, equipment, and vehicles**46. **Does the debtor own or lease any machinery, equipment, or vehicles?**☐ No. Go to Part 9.☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
48.	Watercraft, trailers, motors, and related accessories <i>Examples:</i> Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
49.	Aircraft and accessories			
50.	Other machinery, fixtures, and equipment (excluding farm machinery and equipment) Medical Equipment	\$1,157,344.65	N/A	Unknown

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$0.00

Debtor Hospital for Special Surgery, LLC
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52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☒ No
☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.
☒ Yes Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.

Nature and extent of debtor's interest in property**Net book value of debtor's interest (Where available)****Valuation method used for current value****Current value of debtor's interest**

55.1. **Commercial Lease Agreement for 100 NE 85th Street, Oklahoma City, OK 73116**

LeaseUnknownUnknown56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
 Copy the total to line 88.

\$0.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☒ No
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☒ No. Go to Part 11.
☐ Yes Fill in the information below.

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes Fill in the information below.

Current value of debtor's interest

Debtor Hospital for Special Surgery, LLC
NameCase number (If known) 24-12862-JDL71. **Notes receivable**
Description (include name of obligor)72. **Tax refunds and unused net operating losses (NOLs)**
Description (for example, federal, state, local)**Sales Tax Refunds**Tax year **2012****\$6,051.52****Sales Tax Refunds**Tax year **2016****\$16,905.66****Sales Tax Refunds**Tax year **2017****\$51,843.59****Sales Tax Refunds**Tax year **2018****\$268.92****Sales Tax Refunds**Tax year **2020****\$21,765.96****Employee Retention Credits**Tax year **2020****\$106,100.00**73. **Interests in insurance policies or annuities**
Allied World Insurance Company; Professional &
General Liability; Policy Number 0312-6808; \$3,000,000
aggregate**\$3,000,000.00****Allied World; Umbrella Liability; \$1,000,000 aggregate****\$1,000,000.00****Lloyd's of London; Cyber Liability; Various limits****Unknown****Professional Solutions Ins Co; Directors & Officers**
Liability; \$2,000,000 aggregate**\$2,000,000.00****Chubb Group of Insurance Companies; Pollution Policy;**
\$1,000,000 aggregate**\$1,000,000.00****Federal Insurance Co; Property Policy; Various Limits****Unknown****Zenith; Workers Comp Policy; \$1,000,000 per accident****\$1,000,000.00**74. **Causes of action against third parties (whether or not a lawsuit**
has been filed)75. **Other contingent and unliquidated claims or causes of action of**

Debtor Hospital for Special Surgery, LLC
NameCase number (If known) 24-12862-JDL

every nature, including counterclaims of the debtor and rights to set off claims

Hoisington & Lindsey PLLC - Potential claim arising from representation of Debtor in Emma Base litigation matter

Unknown

Nature of claim	<u>Causes of Action</u>
Amount requested	<u>\$0.00</u>

76. **Trusts, equitable or future interests in property**77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$8,202,935.6579. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**☒ No☐ Yes

Debtor **Hospital for Special Surgery, LLC**
NameCase number (If known) **24-12862-JDL****Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$1,188,197.94	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$717,280.19	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$5,668,487.47	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$8,202,935.65	
91. Total. Add lines 80 through 90 for each column	\$15,776,901.25	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$15,776,901.25

Case number (if known) **24-12862-JDL**

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56831

Debtor	Name	Case number (if known)		
2.3	Hospital for Special Surgery, LLC ALI SANDERS 16425 GRACE ANN CT Edmond, OK 73013	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.4	ALLISON MILLER 7315 WAVERLY AVE Oklahoma City, OK 73120	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.5	ALYNER COLEMAN 205 NW 88TH ST Oklahoma City, OK 73114	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.6	ALYSSA ROBERSON 11500 RUGER RD Yukon, OK 73099	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)		
	Hospital for Special Surgery, LLC	24-12862-JDL		
2.7	Priority creditor's name and mailing address AMANDA MOORE 6709 APPLEWOOD DR Edmond, OK 73034	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.8	Priority creditor's name and mailing address AMANDA RIMEL 1759 W LAKEAIRE DR Mustang, OK 73064	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.9	Priority creditor's name and mailing address AMY SHAHSAVARI 4405 KENSAL RISE PL Norman, OK 73072	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.10	Priority creditor's name and mailing address AMY SLABAUGH 1700 GLENDALE DR Edmond, OK 73034	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Hospital for Special Surgery, LLC <small>Name</small>	Case number (if known)	24-12862-JDL
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2.11	Priority creditor's name and mailing address AMY TAYLOR 13317 AMBLESIDE DRIVE Yukon, OK 73099	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.12	Priority creditor's name and mailing address ANDREA MORGAN 3101 CASTLEROCK RD Oklahoma City, OK 73120	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.13	Priority creditor's name and mailing address ANGELA PAIGE 3233 NW 24TH ST Oklahoma City, OK 73107	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.14	Priority creditor's name and mailing address ANNA BEASLEY 13803 OXFORD DRIVE Edmond, OK 73013	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

	Debtor Hospital for Special Surgery, LLC Name	Case number (if known) 24-12862-JDL		
2.15	Priority creditor's name and mailing address APRILLE GRADNEY 704 S DREXEL ST Guthrie, OK 73044	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.16	Priority creditor's name and mailing address ASHLEY CROSSLEY 1112 WILSHIRE DR Newcastle, OK 73065	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.17	Priority creditor's name and mailing address BAYLEY HANES 2537 NW 21ST STREET Oklahoma City, OK 73107	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.18	Priority creditor's name and mailing address BECKY HOGUE 16400 WILLOW BEND AVENUE Oklahoma City, OK 73165	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)		
2.19	Priority creditor's name and mailing address BERTHA NUNEZ-HERRERA 700 N. CHEROKEE WAY Mustang, OK 73064	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.20	Priority creditor's name and mailing address BRANDEE PRIETO 3237 SW 94TH STREET Oklahoma City, OK 73159	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.21	Priority creditor's name and mailing address BRENDA GATTO 1000 N. CIMARRON ROAD Yukon, OK 73099	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.22	Priority creditor's name and mailing address BRITNEY MCCANN 13000 SALVAGE RD Yukon, OK 73099	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.23	Priority creditor's name and mailing address BRYANNA MYERS 1405 SAINT GEORGE AVENUE MOORE, OK 73160	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.24	Priority creditor's name and mailing address CALI TAYLOR 212 SCOTTIE DRIVE Tuttle, OK 73089	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.25	Priority creditor's name and mailing address CANDI CLEVELAND-BELCHER 3028 NW 191ST TERRACE Edmond, OK 73012	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.26	Priority creditor's name and mailing address CHARLES MOONEY 5800 N PORTLAND AVE Oklahoma City, OK 73112	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	24-12862-JDL
2.27	Priority creditor's name and mailing address CHRISTIAN PETRICEK 20809 COLONY AVE Harrah, OK 73045	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.28	Priority creditor's name and mailing address CLAYTON CORINA 223 NE 2ND ST Oklahoma City, OK 73104	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.29	Priority creditor's name and mailing address Cleveland County Treasurer 201 South Jones Suite 100 Norman, OK 73069	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.30	Priority creditor's name and mailing address CODY LARSON 15122 ICET CREEK AVE Baytown, TX 77523	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.31	Priority creditor's name and mailing address CYNTHIA JOHNSTON 1810 HUNT CLUB CIRCLE Blanchard, OK 73010	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.32	Priority creditor's name and mailing address DANA LARKINS 15508 ELIZABETH ST Piedmont, OK 73078	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.33	Priority creditor's name and mailing address DAPHNE LUKE 9821 NE 10TH ST Oklahoma City, OK 73130	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.34	Priority creditor's name and mailing address DEBORAH BAKER 22150 TERRITORY RIDGE Luther, OK 73054	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)		
2.35	Priority creditor's name and mailing address EMILY FRAZIER 904 EDINBURG DRIVE Yukon, OK 73099	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.36	Priority creditor's name and mailing address EMMA SALANIC 18817 VEA DR Edmond, OK 73012	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.37	Priority creditor's name and mailing address EUNICE RODRIGUEZ 8820 NW 82ND ST Oklahoma City, OK 73132	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.38	Priority creditor's name and mailing address FELIPE ESPINOZA 3937 NW 12TH Oklahoma City, OK 73107	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)		
	Hospital for Special Surgery, LLC	24-12862-JDL		
2.39	Priority creditor's name and mailing address GORDON BUTLER 6351 STONE HILL DR Edmond, OK 73034	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.40	Priority creditor's name and mailing address HAVYN HARNESS 3101 NW 11ST ST Oklahoma City, OK 73107	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.41	Priority creditor's name and mailing address HEATHER LANDOLFI 13609 WATSON DR Piedmont, OK 73078	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.42	Priority creditor's name and mailing address Internal Revenue Service Centralized Insolvency Operation PO Box 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)		
	Hospital for Special Surgery, LLC	24-12862-JDL		
2.43	Priority creditor's name and mailing address JASMINE PHETSAVANH 3700 PALMETTO TRAIL Oklahoma City, OK 73179	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.44	Priority creditor's name and mailing address JASON THOMPSON 2620 NW 115TH PL Oklahoma City, OK 73120	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.45	Priority creditor's name and mailing address JEAN FOTI 4624 CRESTMERE LANE Edmond, OK 73025	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.46	Priority creditor's name and mailing address JENNIFER COOVER 6650 EAST TECUMSEH ROAD Norman, OK 73026-7302	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)		
2.47	Hospital for Special Surgery, LLC JENNIFER GARCIA 5609 NW 112TH STREET Oklahoma City, OK 73162	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.48	JESSICA HUNZIE 119 S STEWART AVE Norman, OK 73071	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.49	JESSICA MATNEY 8712 SW 38TH ST Oklahoma City, OK 73179	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.50	JOELY TAYLOR 212 SCOTTIE DR Tuttle, OK 73089	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)		
	Hospital for Special Surgery, LLC	24-12862-JDL		
2.51	Priority creditor's name and mailing address JOHNNA SKIDMORE 4354 NW 36TH ST Oklahoma City, OK 73112	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.52	Priority creditor's name and mailing address JOICE ROBINSON 7212 NW 146TH ST Oklahoma City, OK 73142	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.53	Priority creditor's name and mailing address JUSTIN ROSALEZ 8280 LOG CABIN RD NW Piedmont, OK 73078	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.54	Priority creditor's name and mailing address KAILEY SPARKS 13904 VILLAGE RUN DRIVE Piedmont, OK 73078	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)		
	Hospital for Special Surgery, LLC	24-12862-JDL		
2.55	Priority creditor's name and mailing address KAREN WADE PO BOX 57523 Oklahoma City, OK 73157	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.56	Priority creditor's name and mailing address KARLA SNOW 7413 NW 135TH STREET Oklahoma City, OK 73142	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.57	Priority creditor's name and mailing address KATHARINE DOBBS 1200 SW 158TH ST. Oklahoma City, OK 73170	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.58	Priority creditor's name and mailing address KATHLEEN REYNOLDS 2220 NW 49TH STREET Oklahoma City, OK 73112	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)		
2.59	Hospital for Special Surgery, LLC KAYLEY SMITH 14900 DAVENTRY DR Jones, OK 73049	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.60	KEITH LUETKEMEYER 832 SE 9TG MOORE, OK 73160	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.61	KELLY BROWN 1800 ALEXANDER WAY Yukon, OK 73099	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.62	KIMBERLY RAMSEY 2804 COUNTY STREET 2870 Chickasha, OK 73018	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)		
2.63	Hospital for Special Surgery, LLC KRISTEN WHITE 2500 THOMAS DRIVE Edmond, OK 73003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.64	KRISTI LAFFOON 11709 MILANO RD Oklahoma City, OK 73173	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.65	KRISTIE LITTLES 11205 NILE AVE Oklahoma City, OK 73114	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.66	KYLA MCCracken 16254 SE 23RD ST Choctaw, OK 73020	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Hospital for Special Surgery, LLC Name	Case number (if known)	24-12862-JDL
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2.67	Priority creditor's name and mailing address LILLY AMOS 507 ANNAWOOD DRIVE Yukon, OK 73099	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.68	Priority creditor's name and mailing address LISA BAKER 5000 NW 27TH Oklahoma City, OK 73127	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.69	Priority creditor's name and mailing address LISA POE 12516 CLARENCE CT Oklahoma City, OK 73142	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.70	Priority creditor's name and mailing address LUCIA BAEZA 3217 HAYVEN CIRCLE Yukon, OK 73099	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.71	Priority creditor's name and mailing address LYNNE BENNETT 2216 NORTHWEST 31ST STREET Oklahoma City, OK 73112	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.72	Priority creditor's name and mailing address MACKENZIE MATTHEWS 209 EARL AVE Yukon, OK 73099	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.73	Priority creditor's name and mailing address MATTHEW BECKER 9101 NW 123RD STREET Yukon, OK 73099	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.74	Priority creditor's name and mailing address MAURINA RAY 16009 QUIET STORM DR Oklahoma City, OK 73170	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.75	Priority creditor's name and mailing address MEGAN BROWN 1017 NW 167TH ST Edmond, OK 73012	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.76	Priority creditor's name and mailing address MELANIE MORRIS 1811 BOWLING GREEN CT Norman, OK 73071	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.77	Priority creditor's name and mailing address MELINDA SKINNER 1400 SUNNYBROOK LN Oklahoma City, OK 73128	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.78	Priority creditor's name and mailing address MELISSA SIMPSON 18085 WHISPER CREEK Choctaw, OK 73020	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.79	Priority creditor's name and mailing address MICHAEL GRABLE 14208 PADDLE WHEEL PL Oklahoma City, OK 73170	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.80	Priority creditor's name and mailing address MICHELLE JOHNIGARN 1006 SW 84TH STREET Oklahoma City, OK 73139	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.81	Priority creditor's name and mailing address MISTY MULLER 5205 SE 47TH Oklahoma City, OK 73135	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.82	Priority creditor's name and mailing address NATALIE BROWN 2901 CHAPEL HILL ROAD Oklahoma City, OK 73120	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.83	Priority creditor's name and mailing address NICOLAS BROADNAX 116 S 2ND ST Guthrie, OK 73044	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.84	Priority creditor's name and mailing address NICOLE PADILLA 10220 LITTLE POND DR Oklahoma City, OK 73162	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.85	Priority creditor's name and mailing address NICOLETTE CONLEY 2905 ACROPOLIS ST Oklahoma City, OK 73120	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.86	Priority creditor's name and mailing address Oklahoma County Assessor 320 Robert S. Kerr Ave #315 Oklahoma City, OK 73102	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.87	Priority creditor's name and mailing address Oklahoma County Treasurer 320 Robert S. Kerr Ave #307 Oklahoma City, OK 73102	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.88	Priority creditor's name and mailing address Oklahoma Employment Security Commission 2401 N. Lincoln Blvd Oklahoma City, OK 73105	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.89	Priority creditor's name and mailing address Oklahoma Tax Commission Oklahoma City, OK 73194	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.90	Priority creditor's name and mailing address ONDINA MANESS 754 BROOKWOOD DR Oklahoma City, OK 73139	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.91	Priority creditor's name and mailing address PATRICK COOPER 2200 ANDY AVE NW Piedmont, OK 73078	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.92	Priority creditor's name and mailing address RENEE EUSTICE 9004 S. SHARTEL AVE Oklahoma City, OK 73139	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.93	Priority creditor's name and mailing address RHONDA BROWN 7841 JESSE TRAIL Oklahoma City, OK 73150	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.94	Priority creditor's name and mailing address ROBERT COLLIER 11716 NW 135TH ST Piedmont, OK 73078	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)		
2.95	Priority creditor's name and mailing address RYAN HODGES 12930 ARBOR MEADOWS LN Oklahoma City, OK 73165	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.96	Priority creditor's name and mailing address SAMANTHA PHILLIPS 1214 GARDEN GRV Yukon, OK 73099	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.97	Priority creditor's name and mailing address SANDRA MILACEK 3337 NW 159TH TERRACE Edmond, OK 73013	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.98	Priority creditor's name and mailing address SARAH BLOUGH 2900 S. I-35 SERVICE RD. Oklahoma City, OK 73160	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)		
2.99	Hospital for Special Surgery, LLC SEAN BROWNING 12320 HICKORY CREEK BLVD Oklahoma City, OK 73170	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		24-12862-JDL Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.100	SELMA BEDIAKO 2327 SHELL DR Oklahoma City, OK 73130	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.101	SHANNON BUICK 1804 VICTORIA DR Edmond, OK 73003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.102	SHELBY KITCHENS 4201 W MEMORIAL RD Oklahoma City, OK 73134	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.103	Priority creditor's name and mailing address SHELLI MEYER 6608 RANDI ROAD Oklahoma City, OK 73132	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.104	Priority creditor's name and mailing address SHERYLON CAMERON 2732 SE 89TH TERRANCE MOORE, OK 73160	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.105	Priority creditor's name and mailing address SONYA LONDON 8225 NW 83RD STREET Oklahoma City, OK 73132	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.106	Priority creditor's name and mailing address STACEY BROCK 529 S WOODLAND DR Mustang, OK 73064	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)		
2.107	Hospital for Special Surgery, LLC STEPHANIE JOHNSON 715 OAK PARK DR Choctaw, OK 73020	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.108	STEVE HOCKERT 6701 BELMAR CIRCLE Norman, OK 73071	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.109	SUE SHULTZ 1537 COUNTY ROAD 1250 Tuttle, OK 73089	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.110	TAMARA CHATMAN 510 NE 20TH STREET Newcastle, OK 73065	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)		
2.111	Hospital for Special Surgery, LLC TAYLOR NIX 6124 OXNARD ST Edmond, OK 73034	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.112	TERESA GAGE 305 N ROCKY POINT DRIVE Edmond, OK 73003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.113	TESS KNOX 12701 N PENNSYLVANIA AVE Oklahoma City, OK 73120	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.114	TIFFANY DAWSON 11806 RED OAK WAY Oklahoma City, OK 73162	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Hospital for Special Surgery, LLC <small>Name</small>	Case number (if known)	24-12862-JDL
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2.115	Priority creditor's name and mailing address VERONICA MARTINEZ 1308 CARLISLE CT Oklahoma City, OK 73120	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.116	Priority creditor's name and mailing address VICTORIA OWINGS 1316 SAINT GEORGE AVENUE MOORE, OK 73160	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.117	Priority creditor's name and mailing address WHITNEY GORDON 11935 NORTH MUSTANG ROAD Yukon, OK 73099	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim	
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3.1	Nonpriority creditor's name and mailing address 9000 BROADWAY OWNERS ASSOCIATION LLC 5100 NORTH CLASSEN BLVD Oklahoma City, OK 73118	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,107.70	
	Date(s) debt was incurred _	Basis for the claim: _		
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

3.2	Nonpriority creditor's name and mailing address ABBOTT LABORATORIES INC 22400 NETWORK PLACE Chicago, IL 60673-1224	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$58,740.00	
	Date(s) debt was incurred _	Basis for the claim: _		
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name	Case number (if known)	
Hospital for Special Surgery, LLC	24-12862-JDL	
3.3 Nonpriority creditor's name and mailing address ABBVIE US LLC 62671 COLLECTION CENTER DRIVE CHICAGO, IL 60693-0626 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$61,800.00
3.4 Nonpriority creditor's name and mailing address ACCEL TECHNOLOGY GROUP LLC PO BOX 5123 Edmond, OK 73083 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,129.17
3.5 Nonpriority creditor's name and mailing address ADMIRAL EXPRESS PO BOX 470650 Tulsa, OK 74147-0650 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,895.85
3.6 Nonpriority creditor's name and mailing address ADVANCED MEDICAL SALES 232 AVENIDA FABRICANTE SUITE 103/104 San Clemente, CA 92672 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,265.03
3.7 Nonpriority creditor's name and mailing address ADVANCED NEURO SOLUTIONS 9521 B RIVERSIDE PARKWAY #338 Tulsa, OK 74137 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
3.8 Nonpriority creditor's name and mailing address ADVANCED STERILIZATION PRODUCTS SERVICES PO BOX 74007359 Chicago, IL 60674-7359 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,467.15
3.9 Nonpriority creditor's name and mailing address AESCULAP INC PO BOX 780391 Philadelphia, PA 19178-0426 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,483.80

Debtor Name	Hospital for Special Surgery, LLC	Case number (if known)	24-12862-JDL
3.10	Nonpriority creditor's name and mailing address ALCON VISION LLC PO BOX 735843 Dallas, TX 75373-5843 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$67,030.29
3.11	Nonpriority creditor's name and mailing address ALEXIS CALDWELL 2404 CHERRY LANE Oklahoma City, OK 73130 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.00
3.12	Nonpriority creditor's name and mailing address Allied World Insurance Company Beth Davison 1690 New Britain Ave Suite 101 Farmington, CT 06032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Contingent unsecured claim for fees and expenses against wasting policy that is property of estate</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.13	Nonpriority creditor's name and mailing address ALLOSOURCE PO BOX 801020 Kansas City, MO 64180-1020 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,952.91
3.14	Nonpriority creditor's name and mailing address AMANDA FAUGHT 1007 SOUTH BARNES AVE Oklahoma City, OK 73108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.12
3.15	Nonpriority creditor's name and mailing address AMBLER SURGICAL 730 SPRINGDALE DRIVE Exton, PA 19341 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,577.97
3.16	Nonpriority creditor's name and mailing address AMERICAN INTRAOPERATIVE MONITORING 13401 RAILWAY DRIVE Oklahoma City, OK 73114 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,800.00

Debtor	Hospital for Special Surgery, LLC Name	Case number (if known)	24-12862-JDL
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3.17	Nonpriority creditor's name and mailing address AMERIPATH OKLAHOMA CITY PO BOX 849893 Dallas, TX 75284-9893 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$583.98
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3.18	Nonpriority creditor's name and mailing address AMO SALES AND SERVICE INC PO BOX 74007099 Chicago, IL 60674-7099 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,026.57
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3.19	Nonpriority creditor's name and mailing address ANESTHESIA SERVICE 1821 N CLASSEN BLVD Oklahoma City, OK 73106-6012 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,403.86
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3.20	Nonpriority creditor's name and mailing address ANETHESIA SPECIALISTS OF OKLAHOMA LLC 21 NE 3RD STREET Oklahoma City, OK 73104 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,082.79
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3.21	Nonpriority creditor's name and mailing address ANGELA SCHEETS 7416 NOAH PARKWAY Oklahoma City, OK 73132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,315.60
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3.22	Nonpriority creditor's name and mailing address ANIKA THERAPEUTICS INC 32 WIGGINS AVE BEDFORD, MA 01730 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,944.50
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3.23	Nonpriority creditor's name and mailing address APEX HEALTHCARE PARTNERS CONSULTING LLC 12344 MARKET DRIVE Oklahoma City, OK 73114 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,092.74
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Debtor	Hospital for Special Surgery, LLC Name	Case number (if known)	24-12862-JDL
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3.24	Nonpriority creditor's name and mailing address APPLIED MEDICAL DISTRIBUTION CORPORATION PO BOX 3511 Carol Stream, IL 60132-3511 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,932.88
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3.25	Nonpriority creditor's name and mailing address ARMSTRONG MEDICAL 575 KNIGHTSBRIDGE PKWY PO BOX 700 Lincolnshire, IL 60069-0700 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$660.00
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3.26	Nonpriority creditor's name and mailing address ARTHREX INC PO BOX 403511 Atlanta, GA 30384-3511 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$101,714.83
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3.27	Nonpriority creditor's name and mailing address ARTHROSURFACE INC PO BOX 412843 Boston, MA 02241-2843 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,623.11
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3.28	Nonpriority creditor's name and mailing address AUTO-CHLOR SERVICES LLC PO BOX 669126 Dallas, TX 75266-9126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,608.17
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3.29	Nonpriority creditor's name and mailing address AVENSTAR PAIN SPECIALISTS 1732 SOUTH SOONER ROAD Oklahoma City, OK 73110-2668 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,000.00
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3.30	Nonpriority creditor's name and mailing address BAUSCH + LOMB AMERICAS INC PO BOX 772690 Detroit, MI 48277-2690 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.00
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Debtor Name	Case number (if known)	
Hospital for Special Surgery, LLC	24-12862-JDL	
3.31 Nonpriority creditor's name and mailing address BAXTER HEALTHCARE PO BOX 730531 Dallas, TX 75373-0531 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,801.67
3.32 Nonpriority creditor's name and mailing address BAYER HEALTHCARE PO BOX 360172 Pittsburgh, PA 15251-6172 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,821.42
3.33 Nonpriority creditor's name and mailing address BCBS OF OK - REFUND & RECOVERY DEPT 0695 PO BOX 120695 Dallas, TX 75312-0695 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36,989.27
3.34 Nonpriority creditor's name and mailing address BIOTISSUE OCULAR INC 7300 CORPORATE CENTER DRIVE SUITE 700 Miami, FL 33126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,339.00
3.35 Nonpriority creditor's name and mailing address BLUECROSS BLUESHEILD OF OK PO BOX 650615 Dallas, TX 75265-0615 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,130.61
3.36 Nonpriority creditor's name and mailing address BOSTON SCIENTIFIC CORPORATION PO BOX 951653 Dallas, TX 75395-1653 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$427,642.57
3.37 Nonpriority creditor's name and mailing address BREG INC PO BOX 849991 Dallas, TX 75284 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$151.86

Debtor	Hospital for Special Surgery, LLC Name	Case number (if known)	24-12862-JDL
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3.38	Nonpriority creditor's name and mailing address BVI MEDICAL 500 TOTTEN POND ROAD 10 CITY POINT Waltham, MA 02451 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,975.07
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3.39	Nonpriority creditor's name and mailing address C R BARD INC BD PERIPERAL INTERVENTION PO BOX 75767 Charlotte, NC 28275 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53,809.76
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3.40	Nonpriority creditor's name and mailing address CAPITAL WASTE SOLUTIONS PO BOX 701768 Tulsa, OK 74170 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$315.00
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3.41	Nonpriority creditor's name and mailing address Capp Promotional 697 North Main Street Suite C Newcastle, OK 73065 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$348.41
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3.42	Nonpriority creditor's name and mailing address CARBOFIX ORTHOPEDICS INC 9983 TRADERS LANCE Calabash, NC 28467 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,213.00
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3.43	Nonpriority creditor's name and mailing address CARDINAL HEALTH MEDICAL PRODUCTS & SERVICES PO BOX 730112 Dallas, TX 75373 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,620.52
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3.44	Nonpriority creditor's name and mailing address CAREFUSION SOLUTIONS LLC 25082 NETWORK PLACE Chicago, IL 60673-1250 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,088.99
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Debtor Name	Hospital for Special Surgery, LLC	Case number (if known)	24-12862-JDL
3.45	Nonpriority creditor's name and mailing address CENTINEL SPINE LLC PO BOX 207368 Dallas, TX 75320-7368 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,200.00
3.46	Nonpriority creditor's name and mailing address Christina Wilson 1901 S. Kelley Avenue, Suite 120 Edmond, OK 73013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$180.92
3.47	Nonpriority creditor's name and mailing address CITY OF OKLAHOMA CITY 2300 GENERAL PERSHING BLVD Oklahoma City, OK 73107 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$151.93
3.48	Nonpriority creditor's name and mailing address Clean Uniform Company 1316 South Seventh Street Saint Louis, MO 63104 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$568.65
3.49	Nonpriority creditor's name and mailing address COATES FIELD SERVICE INC 3150 NW 149TH STREET Oklahoma City, OK 73134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$210.82
3.50	Nonpriority creditor's name and mailing address COLLIN BELOTE 19501 N PENN APT 1009 Edmond, OK 73012 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$173.05
3.51	Nonpriority creditor's name and mailing address COMPREHENSIVE CARE SERVICES INC 45211 HELM STREET Plymouth, MI 48170 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,073.54

Debtor Name	Hospital for Special Surgery, LLC	Case number (if known)	24-12862-JDL
3.52	Nonpriority creditor's name and mailing address COMPREHENSIVE DIAGNOSTIC IMAGING 5800 NORTH PORTLAND Oklahoma City, OK 73112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$357,962.82
3.53	Nonpriority creditor's name and mailing address COMTEC ELECTRONIC SYSTEMS INC PO BOX 489 Choctaw, OK 73020 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$941.36
3.54	Nonpriority creditor's name and mailing address CONMED LINVATEC PO BOX 301231 Dallas, TX 75303-1231 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,780.95
3.55	Nonpriority creditor's name and mailing address CONSENSUS CLOUD SOLUTIONS DBA SRFAX PO BOX 2012131 STATION A TORONTO, ONTARIO M52 OK5 CDN Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$574.58
3.56	Nonpriority creditor's name and mailing address CORELINK LLC 2072 FENTON LOGISTICS PK BLVD Fenton, MO 63026 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,450.00
3.57	Nonpriority creditor's name and mailing address CORIN USA PO BOX 654106 Dallas, TX 75265-4106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,197.95
3.58	Nonpriority creditor's name and mailing address CORNEAGEN INC PO BOX 35146 Seattle, WA 98124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,356.31

Debtor Name	Hospital for Special Surgery, LLC	Case number (if known)	24-12862-JDL
3.59	Nonpriority creditor's name and mailing address COX COMMUNICATIONS INC PO BOX 650963 Dallas, TX 75265-0963 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,137.28
3.60	Nonpriority creditor's name and mailing address CURONIX LLC PO BOX 735990 Dallas, TX 75373-5990 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
3.61	Nonpriority creditor's name and mailing address DANA WILSON 708 WALNUT Weatherford, OK 73096 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$187.39
3.62	Nonpriority creditor's name and mailing address Darryl W. Jones APRN-CRNA LLC 6204 Waterford Blvd Unit 42 Oklahoma City, OK 73118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,185.00
3.63	Nonpriority creditor's name and mailing address DAVID EMIGH 3153 NW 25TH STREET Oklahoma City, OK 73107 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.08
3.64	Nonpriority creditor's name and mailing address DAVID GOSS 12900 CEDAR SPRINGS ROAD Oklahoma City, OK 73120 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.65	Nonpriority creditor's name and mailing address DEPENDABLE WINDOW CLEANING LLC STEVE YOUNG PO BOX 97 Guthrie, OK 73044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$556.00

Debtor Name	Case number (if known)	
Hospital for Special Surgery, LLC	24-12862-JDL	
3.66 Nonpriority creditor's name and mailing address DEPT OF ENVIRONMENTAL QUALITY ADMINISTRATIVE SERVICES - ACCOUNTS REC PO BOX 2036 Oklahoma City, OK 73101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,445.60
3.67 Nonpriority creditor's name and mailing address DEPUY SYNTHES SALES INC 5972 COLLECTIONS CENTER DRIVE Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,461.07
3.68 Nonpriority creditor's name and mailing address DEROYAL INDUSTRIES MSC 30316 PO BOX 415000 Nashville, TN 37241 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$840.57
3.69 Nonpriority creditor's name and mailing address DIAGNOSTIC LAB OF OKLAHOMA PO BOX 676324 Dallas, TX 75267-6324 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000.00
3.70 Nonpriority creditor's name and mailing address DJO LLC PO BOX 650777 Dallas, TX 75265 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,539.90
3.71 Nonpriority creditor's name and mailing address DONNA GIPSON 1346 W I-240 SERVICE ROAD APT 121 Oklahoma City, OK 73159 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.75
3.72 Nonpriority creditor's name and mailing address DYNAMIC ACCESS LLC 2600 N CENTRAL EXPWY SUITE 280 Richardson, TX 75080 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,350.00

Debtor Name	Hospital for Special Surgery, LLC	Case number (if known)	24-12862-JDL
3.73	Nonpriority creditor's name and mailing address EBMS AETNA 3333 HESPER ROAD Billings, MT 59104-1367 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,377.65
3.74	Nonpriority creditor's name and mailing address EMILY FRAZIER 904 EDINBURG DRIVE Yukon, OK 73099 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$97.23
3.75	Nonpriority creditor's name and mailing address Emma Base c/o Heather Mitchell Law 14001 Quail Springs Parkway Oklahoma City, OK 73134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,000,000.00
3.76	Nonpriority creditor's name and mailing address EMSA 1111 Classen Drive Oklahoma City, OK 73103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,056.00
3.77	Nonpriority creditor's name and mailing address Encore Professional Medical Services PO Box 2078 Oklahoma City, OK 73101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$645.96
3.78	Nonpriority creditor's name and mailing address EPIMED 141 SAL LANDRIO DRIVE CROSSROAD BUSINESS PARK Johnstown, NY 12095 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,155.20
3.79	Nonpriority creditor's name and mailing address ETHICON C/O JOHNSON & JOHNSON HEALTHCARE 4301 WEST BOY SCOUT BOULEVARD Tampa, FL 33607 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$156.30

Debtor	Hospital for Special Surgery, LLC Name	Case number (if known)	24-12862-JDL
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3.80	Nonpriority creditor's name and mailing address EUREKA WATER COMPANY PO BOX 26730 Oklahoma City, OK 73126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$97.93
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3.81	Nonpriority creditor's name and mailing address FIRETROL PROTECTION SYSTEMS INC 108 NW 132ND STREET OK LIC #863 Oklahoma City, OK 73114 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$742.50
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3.82	Nonpriority creditor's name and mailing address FLOSPINE LLC 3998 FAU BLVD STE 300 Boca Raton, FL 33431 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60,075.00
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3.83	Nonpriority creditor's name and mailing address GARY HAMBY 4202 N KENTUCKY AVE Oklahoma City, OK 73118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57.72
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3.84	Nonpriority creditor's name and mailing address GE HEALTHCARE OEC 2984 COLLECTIONS CENTER Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$403.85
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3.85	Nonpriority creditor's name and mailing address GLAUKOS CORPORATION PO BOX 741074 Los Angeles, CA 90074 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$558,923.00
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3.86	Nonpriority creditor's name and mailing address HAYES 405 REFRESHMENTS 6101 NW 2ND STREET Oklahoma City, OK 73127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$443.00
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Debtor Name	Case number (if known)	
Hospital for Special Surgery, LLC	24-12862-JDL	
3.87 Nonpriority creditor's name and mailing address HEALTH CHOICE PO BOX 30511 Salt Lake City, UT 84130-0511 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40,675.00
3.88 Nonpriority creditor's name and mailing address HEALTHSTREAM INC PO BOX 102817 Atlanta, GA 30368-2817 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$235.35
3.89 Nonpriority creditor's name and mailing address HEARTLAND PATHOLOGY PO BOX 26343 Oklahoma City, OK 73126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,351.14
3.90 Nonpriority creditor's name and mailing address HENRY SCHEIN INC DEPT CH 10560 Palatine, IL 60055-0560 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,473.69
3.91 Nonpriority creditor's name and mailing address Hoisington & Lindsey PLLC 408 N.W. 7th Street Oklahoma City, OK 73102 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Contingent unsecured claim for fees and expenses against wasting policy that is property of estate</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.92 Nonpriority creditor's name and mailing address I.T.S USA 1778 PARK AVENUE NORTH SUITE 200 Maitland, FL 32751 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,650.00
3.93 Nonpriority creditor's name and mailing address IAN TREK INC 151 EAST POST ROAD SUITE 111 White Plains, NY 10601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,350.00

Debtor Name	Hospital for Special Surgery, LLC	Case number (if known)	24-12862-JDL
3.94	Nonpriority creditor's name and mailing address IMPRIMIS RX PO BOX 631804 Cincinnati, OH 45263-1804 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,960.00
3.95	Nonpriority creditor's name and mailing address INNOV8ORTHO LLC PO BOX 154 Edgewater, NJ 07020 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,615.00
3.96	Nonpriority creditor's name and mailing address INNOVICE LLC PO BOX 803 Council Bluffs, IA 51503 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,290.00
3.97	Nonpriority creditor's name and mailing address INTEGRITY BIOLOGICS LLC 9524 E 81ST STE B1614 Tulsa, OK 74133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,265.00
3.98	Nonpriority creditor's name and mailing address Iridex Corporation Dept Ch 19893 Palatine, IL 60055-9893 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,824.22
3.99	Nonpriority creditor's name and mailing address J&J HEALTHCARE - DEPUY MITEK 5972 COLLECTIONS CENTER DR Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,322.21
3.100	Nonpriority creditor's name and mailing address J&J HEALTHCARE SYSTEMS INC 5972 COLLECTIONS CENTER DR Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,120.43

Debtor	Hospital for Special Surgery, LLC Name	Case number (if known)	24-12862-JDL
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3.101	Nonpriority creditor's name and mailing address JAMES KENT 6201 S DONNA LANE Oklahoma City, OK 73150 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00
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3.102	Nonpriority creditor's name and mailing address JEAN FRANKLIN 4317 NW 54TH Oklahoma City, OK 73112 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$113.89
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3.103	Nonpriority creditor's name and mailing address JOINT RESTORATION FOUNDATION JRF PO BOX 843549 Kansas City, MO 64184-3549 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,456.00
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3.104	Nonpriority creditor's name and mailing address JOTFORM 4 EMBARCADERO CENTER SUITE 780 San Francisco, CA 94111 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$348.00
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3.105	Nonpriority creditor's name and mailing address JWS Medical PLLC PO Box 2150 Lowell, AR 72745 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$718.39
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3.106	Nonpriority creditor's name and mailing address K-LYNN CONSULTING & CANCER REGISTRY SVCS, LLC KELLY LYNN FARMER, CTR PO BOX 721268 Norman, OK 73070 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
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3.107	Nonpriority creditor's name and mailing address KAPPA STAFFING PO BOX 2112 Oklahoma City, OK 73101 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$880.00
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Debtor Name	Hospital for Special Surgery, LLC	Case number (if known)	24-12862-JDL
3.108	Nonpriority creditor's name and mailing address KATENA PRODUCTS INC CORZA MEDICAL PO BOX 411412 Boston, MA 02241-1289 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$971.30
3.109	Nonpriority creditor's name and mailing address KCI USA PO BOX 301557 Dallas, TX 75303-1557 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,791.42
3.110	Nonpriority creditor's name and mailing address KEITH DACE INC 14900 BLACKJACK DR Piedmont, OK 73078 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,650.00
3.111	Nonpriority creditor's name and mailing address KELLI HUTCHINS 11100 ROXBORO AVE Oklahoma City, OK 73162 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.112	Nonpriority creditor's name and mailing address Kelly Hennessey 2301 72nd Ave Norman, OK 73072 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$306.45
3.113	Nonpriority creditor's name and mailing address LAFFOON HEALTHCARE SERVICES LLC 11709 MILANO ROAD Oklahoma City, OK 73173 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,305.00
3.114	Nonpriority creditor's name and mailing address LANDAUER PO BOX 809051 Chicago, IL 60680-9051 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,455.55

Debtor	Hospital for Special Surgery, LLC Name	Case number (if known)	24-12862-JDL
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3.115	Nonpriority creditor's name and mailing address LENA BRESHEARS 99120 NE 34 Spencer, OK 73084 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$11.30 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.116	Nonpriority creditor's name and mailing address LESLI CLEMENTS 4708 TRINA DRIVE Oklahoma City, OK 73115 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$50.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.117	Nonpriority creditor's name and mailing address LIFENET HEALTH PO BOX 79636 Baltimore, MD 21279-0636 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,965.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.118	Nonpriority creditor's name and mailing address LINKBIO CORP 69 KING ST Dover, NJ 07801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,598.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.119	Nonpriority creditor's name and mailing address MARGARET MERRELL PO BOX 136 Sasakwa, OK 74867 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$86.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.120	Nonpriority creditor's name and mailing address Mastermed LLC dba Titan Medical Instruments 160 Bella Vista Ct #N Jupiter, FL 33477-5503 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$330.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.121	Nonpriority creditor's name and mailing address MCKESSON MEDICAL SURGICAL PO BOX 933027 Atlanta, GA 31193-3027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,067.87 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Hospital for Special Surgery, LLC Name	Case number (if known)	24-12862-JDL
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3.122	Nonpriority creditor's name and mailing address MCKESSON PHARMACEUTICALS PO BOX 933027 Atlanta, GA 31193-3027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,501.94
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3.123	Nonpriority creditor's name and mailing address MCKESSON SPECIALTY DISTRIBUTION LLC PO BOX 841838 Dallas, TX 75284-1838 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,878.40
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3.124	Nonpriority creditor's name and mailing address MEDI-SOL PO BOX 7736 Edmond, OK 73083 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,686.50
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3.125	Nonpriority creditor's name and mailing address MEDICAL PRODUCTS RESOURCE TWIN CITY MEDICAL 917 LONE OAK ROAD SUITE 1000 EAGAN, MN 55121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,031.75
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3.126	Nonpriority creditor's name and mailing address MEDICARE NOVITAS SOLUTIONS PO BOX 3105 Mechanicsburg, PA 17055 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58,083.73
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3.127	Nonpriority creditor's name and mailing address MEDLINE INDUSTRIES INC DEPT 1080 PO BOX 121080 Dallas, TX 75312-1080 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$87,538.17
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3.128	Nonpriority creditor's name and mailing address MEDQ INC PO BOX 260836 Plano, TX 75026 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,809.50
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Debtor	Hospital for Special Surgery, LLC Name	Case number (if known)	24-12862-JDL
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3.129	Nonpriority creditor's name and mailing address MEDSPHERE SYSTEMS CORPORATION 9980 S 300 STE 200 Sandy, UT 84070-3654 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,814.37
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3.130	Nonpriority creditor's name and mailing address MEDTRONIC PO BOX 848086 Dallas, TX 75284-8086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$784,346.16
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3.131	Nonpriority creditor's name and mailing address MEDTRONIC USA PO BOX 848086 Dallas, TX 75284-8086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,189.42
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3.132	Nonpriority creditor's name and mailing address METLIFE SMALL BUSINESS CENTER PO BOX 804466 Kansas City, MO 64180-4466 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,553.03
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3.133	Nonpriority creditor's name and mailing address MIACH ORTHOPAEDICS 69 MILK STREET SUITE 100 Westborough, MA 01581 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,025.00
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3.134	Nonpriority creditor's name and mailing address Micro Aire Lock Box 96565 Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$671.31
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3.135	Nonpriority creditor's name and mailing address MICROPORT ORTHOPEDICS INC PO BOX 842005 Dallas, TX 75284-2005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,250.00
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Debtor Name	Case number (if known)	
Hospital for Special Surgery, LLC	24-12862-JDL	
3.136 Nonpriority creditor's name and mailing address MICROSURGICAL TECHNOLOGY, INC PO BOX 74007048 Chicago, IL 60674-7048 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,871.46
3.137 Nonpriority creditor's name and mailing address MIDCON DATA SERVICES LLC 13431 N BROADWAY EXTENSION SUITE 115 Oklahoma City, OK 73114 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$468.74
3.138 Nonpriority creditor's name and mailing address MIDTOWN ORTHOPEDICS & SPORTS MEDICINE 400 NW 13TH Oklahoma City, OK 73103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$149,655.71
3.139 Nonpriority creditor's name and mailing address MILLENNIUM SURGICAL CORP PO BOX 775385 Chicago, IL 60677-5385 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39.10
3.140 Nonpriority creditor's name and mailing address MOBIUS THERAPEUTICS LLC 1000 EXECUTIVE PARKWAY SUITE 224 Saint Louis, MO 63141 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,977.92
3.141 Nonpriority creditor's name and mailing address MODERN ELECTRONICS LLC 3201 S. WESTERN Oklahoma City, OK 73109 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$419.00
3.142 Nonpriority creditor's name and mailing address NATIONAL NEUROMONITORING SERVICES 1141 N LOOP 1604 E #105-612 San Antonio, TX 78232 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,000.00

Debtor	Hospital for Special Surgery, LLC Name	Case number (if known)	24-12862-JDL
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3.143	Nonpriority creditor's name and mailing address NEVRO CORP 501 ALLENDALE ROAD #101B King of Prussia, PA 19406 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$169,425.00
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3.144	Nonpriority creditor's name and mailing address NEW WORLD MEDICAL 1801 W OLYMPIC BLVD FILE 2356 Pasadena, CA 91199-2356 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,900.00
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3.145	Nonpriority creditor's name and mailing address NEXUS SPINE 2825 E COTTONWOOD PKWY STE 330 Salt Lake City, UT 84121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,500.00
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3.146	Nonpriority creditor's name and mailing address OEC MEDICAL SYSTEMS 2984 COLLECTIONS CENTER Chicago, IL 60696 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,250.00
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3.147	Nonpriority creditor's name and mailing address OG&E PO BOX 24990 Oklahoma City, OK 73124-0990 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,548.82
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3.148	Nonpriority creditor's name and mailing address OKLAHOMA BLOOD INSTITUTE DEPT #96-0115 Oklahoma City, OK 73196-0115 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,424.80
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3.149	Nonpriority creditor's name and mailing address Oklahoma Center for Spine & Pain Solutions PC 13700 S Western Ave #100 Oklahoma City, OK 73170-7006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,061.38
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Debtor Name	Case number (if known)	
Hospital for Special Surgery, LLC	24-12862-JDL	
3.150 Nonpriority creditor's name and mailing address OKLAHOMA COUNTY CLERK 320 ROBERT S. KERR SUITE 203 Oklahoma City, OK 73102 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46.00
3.151 Nonpriority creditor's name and mailing address OKLAHOMA DEPARTMENT OF ENVIRONMENTAL QUALITY PO BOX 2036 Oklahoma City, OK 73101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,528.00
3.152 Nonpriority creditor's name and mailing address OKLAHOMA EYE SURGEONS PLLC 5600 N PORTLAND AVE Oklahoma City, OK 73112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43,574.47
3.153 Nonpriority creditor's name and mailing address Oklahoma Foundation for Medical Quality 525 Central Park Drive Suite 1011 Oklahoma City, OK 73105-1703 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$282.26
3.154 Nonpriority creditor's name and mailing address OKLAHOMA NATURAL GAS COMPANY PO BOX 219296 Kansas City, MO 64121-9296 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,693.58
3.155 Nonpriority creditor's name and mailing address OKLAHOMA SLEEP INSTITUTE 13901 TECHNOLOGY DR STE A1 Oklahoma City, OK 73134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33,750.00
3.156 Nonpriority creditor's name and mailing address OKLAHOMA TAX COMMISSION PO BOX 26850 Oklahoma City, OK 73126-0850 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,456.96

Debtor	Hospital for Special Surgery, LLC Name	Case number (if known)	24-12862-JDL
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3.157	Nonpriority creditor's name and mailing address OKLAHOMA WATER TREATMENT SOLUTIONS 304 N MERIDIAN AVE #23 Oklahoma City, OK 73107 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$488.81
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3.158	Nonpriority creditor's name and mailing address OLSEN ORTHOPEDICS PLLC 1140 S. DOUGLAS BLVD Oklahoma City, OK 73130 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$105,664.63
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3.159	Nonpriority creditor's name and mailing address OLYMPUS AMERICA PO BOX 200194 Pittsburgh, PA 15251-0194 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,729.38
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3.160	Nonpriority creditor's name and mailing address OMNILIFE SCIENCE INC 480 PARAMOUNT DRIVE Raynham, MA 02767 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,197.95
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3.161	Nonpriority creditor's name and mailing address One Medical Passport 156 River Road Willington, CT 06279 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$879.97
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3.162	Nonpriority creditor's name and mailing address ONE SURGICAL INC PO BOX 1844 DEPT O-65 Memphis, TN 38101-1844 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$256.51
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3.163	Nonpriority creditor's name and mailing address ORTHOPAEDIC & SPORTS MEDICINE CENTER VYTAUTAS RINGAS MD PO BOX 654354 Dallas, TX 75265 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,428.13
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3.164	Nonpriority creditor's name and mailing address Orthopedic Solutions PLLC 101 S Saints Blvd Ste 101 Edmond, OK 73034 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,809.58
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3.165	Nonpriority creditor's name and mailing address OSRX INC PO BOX 842949 Los Angeles, CA 90084-2949 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.00
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3.166	Nonpriority creditor's name and mailing address OSTEOREMEDIES PO BOX 1000 DEPT #33061 Memphis, TN 38148-3061 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,400.00
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3.167	Nonpriority creditor's name and mailing address PAINTEQ LLC 1511 N WESTSHORE BLVD SUITE 470 Tampa, FL 33607 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,250.00
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3.168	Nonpriority creditor's name and mailing address PAN & ASSOCIATES LLC 6509 NW 110TH STREET Oklahoma City, OK 73162 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
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3.169	Nonpriority creditor's name and mailing address PARCUS MEDICAL LLC PO BOX 748445 Atlanta, GA 30374-8445 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,711.41
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3.170	Nonpriority creditor's name and mailing address PATRICIA PREAST 6226 ANDERSON DRIVE Oklahoma City, OK 73149 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.37
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3.171	Nonpriority creditor's name and mailing address PINNACLE SOLUTIONS PO BOX 860234 Shawnee, KS 66286 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$219.00
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3.172	Nonpriority creditor's name and mailing address PLATFORM TECHNOLOGY ADVISORS 70 SANTA FELICIA Goleta, CA 93117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$107.50
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3.173	Nonpriority creditor's name and mailing address PRECISION LENS PO BOX 7432 Carol Stream, IL 60197-7432 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
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3.174	Nonpriority creditor's name and mailing address PRECISION PRINTING 2500 N MOORE AVE MOORE, OK 73160 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,663.31
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3.175	Nonpriority creditor's name and mailing address PREFCARDS LLC 5550 PAINTED MIRAGE ROAD Las Vegas, NV 89149 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,400.00
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3.176	Nonpriority creditor's name and mailing address PRESCOTTS INC 18940 MICROSCOPE WAY Monument, CO 80132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$160.00
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3.177	Nonpriority creditor's name and mailing address PRESS GANEY ASSOCIATES INC PO BOX 88335 Milwaukee, WI 53288-0335 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,163.32
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3.178	Nonpriority creditor's name and mailing address PRIMUS STERILIZER COMPANY LLC 7936 FOREST COMPANY LLC Orlando, FL 32810 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$302.09
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3.179	Nonpriority creditor's name and mailing address Providence Medical Technology PO Box 8049 Carol Stream, IL 60197-8049 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,880.00
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3.180	Nonpriority creditor's name and mailing address PYRAMED 3320 CLAYS MILL RD SUITE 111 Lexington, KY 40503 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,725.00
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3.181	Nonpriority creditor's name and mailing address QUEST DIAGNOSTICS PO BOX 740709 Atlanta, GA 30374 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$358.15
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3.182	Nonpriority creditor's name and mailing address QUINTECH INC PO BOX 3488 DEPT #05-076 Tupelo, MS 38803-3488 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,236.00
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3.183	Nonpriority creditor's name and mailing address RADSOURCE IMAGING TECHNOLOGIES 8121 NW 97TH TERRACE Kansas City, MO 64153 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,666.67
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3.184	Nonpriority creditor's name and mailing address RAPID CARE TRANSCRIPTION INC 12603 SOUTHWEST FWY STE 626 Stafford, TX 77477 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,460.00
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Debtor Name	Hospital for Special Surgery, LLC	Case number (if known)	24-12862-JDL
3.185	Nonpriority creditor's name and mailing address REGINA LAWSON 37207 S COUNTY ROAD 199 Woodward, OK 73801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$132.62
3.186	Nonpriority creditor's name and mailing address RELIEVANT MEDSYSTEMS INC PO BOX 675413 Detroit, MI 48267-5413 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78,250.00
3.187	Nonpriority creditor's name and mailing address RESTOR3D INC PO BOX 14262 ATTN 02268 Durham, NC 27709 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,250.00
3.188	Nonpriority creditor's name and mailing address Rhonda Conway c/o Anita F. Sanders 830 NW 10th St Oklahoma City, OK 73106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.189	Nonpriority creditor's name and mailing address RHONDA MCALESTER 4300 MIDDLEFIELD COURT Norman, OK 73072 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,940.00
3.190	Nonpriority creditor's name and mailing address RICHARD HERREN 1021 S ELLISON AVE EI Reno, OK 73036 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$120.14
3.191	Nonpriority creditor's name and mailing address RICOH USA INC PO BOX 660342 Dallas, TX 75266-0342 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$435.92

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3.192	Nonpriority creditor's name and mailing address ROBERT DOUGLAS PO BOX 120695 Dallas, TX 75312-0695 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$610.52
3.193	Nonpriority creditor's name and mailing address ROBERT GORDON MD PLLC 4200 WEST MEMORIAL RD STE 805 Oklahoma City, OK 73120 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,515.19
3.194	Nonpriority creditor's name and mailing address RXSIGHT PO BOX 741292 Los Angeles, CA 90074-1292 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,000.00
3.195	Nonpriority creditor's name and mailing address RYLAN-JAGGER MEDICAL LLC 820 W DANFORTH RD #109 Edmond, OK 73003 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00
3.196	Nonpriority creditor's name and mailing address SHEATHING TECHNOLOGIES INC 675 JARVIS DRIVE Morgan Hill, CA 95037 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$749.40
3.197	Nonpriority creditor's name and mailing address Shred It 28883 Network Place Chicago, IL 60673-1288 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.00
3.198	Nonpriority creditor's name and mailing address SI-BONE INC 471 EL CAMINO REAL SUITE 101 Santa Clara, CA 95050 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41,000.00

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3.199	Nonpriority creditor's name and mailing address Sight Sciences Inc. PO Box 748988 Los Angeles, CA 90074-8988 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,923.13
3.200	Nonpriority creditor's name and mailing address SIGNATURE ORTHOPAEDICS USA LLC 3150 STAGE POST DRIVE SUITE 104 Memphis, TN 38133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,800.00
3.201	Nonpriority creditor's name and mailing address SMITH & NEPHEW INC PO BOX 842935 Dallas, TX 75284-2935 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$68,696.12
3.202	Nonpriority creditor's name and mailing address SOLARA SURGICAL PARTNERS LLC 2325 DEAN WAY SUITE 100 Southlake, TX 76092 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,211,297.86
3.203	Nonpriority creditor's name and mailing address SOONER MOBILE X-RAY INC PO BOX 158 Duncan, OK 73534 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,000.00
3.204	Nonpriority creditor's name and mailing address Southwest Orthopedic Specialists PLLC PO Box 269049 Oklahoma City, OK 73126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,504.99
3.205	Nonpriority creditor's name and mailing address Spinal Simplicity 6363 College Blvd Suite 320 Leawood, KS 66211 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,500.00

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3.206	Nonpriority creditor's name and mailing address STAPLES ADVANTAGE DEPT DAL PO BOX 660409 Dallas, TX 75266-0409 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,445.22
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3.207	Nonpriority creditor's name and mailing address Stericycle PO Box 6575 Carol Stream, IL 60197-6575 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$271.76
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3.208	Nonpriority creditor's name and mailing address STERIS CORPORATION PO BOX 676548 Dallas, TX 75267-6548 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,823.16
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3.209	Nonpriority creditor's name and mailing address STRATUS BUILDING SOLUTIONS PO BOX 14005 Oklahoma City, OK 73113 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,191.09
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3.210	Nonpriority creditor's name and mailing address STRYKER ENDOSCOPY C/O STRYKER SALES CORPORATION 21343 NETWORK PLACE Chicago, IL 60673-3276 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,814.13
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3.211	Nonpriority creditor's name and mailing address STRYKER ORTHOPAEDICS PO BOX 93213 Chicago, IL 60673-3213 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,016.73
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3.212	Nonpriority creditor's name and mailing address STRYKER SALES LLC 21343 NETWORK PLACE Chicago, IL 60673-1213 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,745.05
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Debtor Name	Hospital for Special Surgery, LLC	Case number (if known)	24-12862-JDL
3.213	Nonpriority creditor's name and mailing address STRYKER SUSTAINABILITY SOLUTIONS PO BOX 29387 Phoenix, AZ 85038 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,025.05
3.214	Nonpriority creditor's name and mailing address SUMMER OR DEREK JOHNSON 15008 SE 59TH TERRACE Choctaw, OK 73020 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.215	Nonpriority creditor's name and mailing address SUMMIT FIRE & SECURITY LLC PO BOX 855227 Minneapolis, MN 55485-5227 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00
3.216	Nonpriority creditor's name and mailing address SUPERIOR LINEN 6959 E 12TH ST Tulsa, OK 74112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,415.15
3.217	Nonpriority creditor's name and mailing address SURGICAL SPECIALTIES CORP PO BOX 419407 Boston, MA 02241-9407 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$705.43
3.218	Nonpriority creditor's name and mailing address SUSAN DONNELLY 767 CS 292 Tuttle, OK 73089 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$230.00
3.219	Nonpriority creditor's name and mailing address TAG OneCore RE Holdings, LLC c/o Ashton Gray LLC 12360 Market Dr. Oklahoma City, OK 73114 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	Hospital for Special Surgery, LLC Name	Case number (if known)	24-12862-JDL
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3.220	Nonpriority creditor's name and mailing address TAKEFORM 11601 MAPLE RIDGE Medina, NY 14103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,585.90
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3.221	Nonpriority creditor's name and mailing address Tania A. Ferguson, MD 202 Leak Avenue Nashville, TN 37205 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Contingent unsecured claim for fees and expenses against wasting policy that is property of estate</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.222	Nonpriority creditor's name and mailing address THE BCA GROUP 23391 EAST 149TH STREET SOUTH Coweta, OK 74429 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,283.18
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3.223	Nonpriority creditor's name and mailing address TIMOTHY BRIDGES 601 ABERDEEN ROAD Edmond, OK 73025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$67.61
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3.224	Nonpriority creditor's name and mailing address TISSUE REGENIX PO BOX 841379 Dallas, TX 75284 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$810.00
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3.225	Nonpriority creditor's name and mailing address TK Elevator Corporation 4100 Will Rogers Pkwy, Ste 200 Oklahoma City, OK 73108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$921.38
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3.226	Nonpriority creditor's name and mailing address TODD FOGARTY, CRNA 21 NE 3RD STREET Oklahoma City, OK 73104 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,656.06
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Debtor Name	Hospital for Special Surgery, LLC	Case number (if known)	24-12862-JDL
3.227	Nonpriority creditor's name and mailing address TOTAL MEDICAL PERSONNEL PO BOX 268947 Oklahoma City, OK 73126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,428.77
3.228	Nonpriority creditor's name and mailing address TRICE MEDICAL 26902 VISTA TERRACE Lake Forest, CA 92630-8123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,299.02
3.229	Nonpriority creditor's name and mailing address TRICORPS PO BOX 32316 Oklahoma City, OK 73123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,800.00
3.230	Nonpriority creditor's name and mailing address TRIMED BIOTECH PO BOX 55189 Valencia, CA 91385-0189 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,050.00
3.231	Nonpriority creditor's name and mailing address UNION BIOLOGICS LLC 191 BROOKSIDE PARKWAY Medford, MA 02155 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,450.00
3.232	Nonpriority creditor's name and mailing address UNITED MECHANICAL 117 NE 38TH TERRACE Oklahoma City, OK 73105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,978.00
3.233	Nonpriority creditor's name and mailing address VALOR INDUSTRIES LLC 8280 LOG CABIN ROAD NW Piedmont, OK 73078 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$516.00

Debtor	Hospital for Special Surgery, LLC Name	Case number (if known)	24-12862-JDL
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3.234	Nonpriority creditor's name and mailing address VERTOS MEDICAL INC DEPT 0317 PO BOX 120317 Dallas, TX 75312-0317 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,718.47
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3.235	Nonpriority creditor's name and mailing address Vivex Biologics Inc PO Box 201630 Dallas, TX 75320-1630 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,925.20
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3.236	Nonpriority creditor's name and mailing address WAKEFIELD AND ASSOCIATES LLC PO BOX 59004 Knoxville, TN 37950 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$730.07
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3.237	Nonpriority creditor's name and mailing address WATTIE WOLFE CO 7601 N BROADWAY EXTENSION Oklahoma City, OK 73116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$840.00
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3.238	Nonpriority creditor's name and mailing address WAYSTAR INC 1311 SOLUTIONS CENTER Chicago, IL 60677-1311 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,029.22
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3.239	Nonpriority creditor's name and mailing address WESTERN OKLAHOMA PAIN SPECIALISTS LLC 301 SW 80TH STREET Oklahoma City, OK 73139 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,565.07
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3.240	Nonpriority creditor's name and mailing address WHITWORTH LAWN & LANDSCAPE PO BOX 31 Piedmont, OK 73078 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,750.00
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Debtor	Hospital for Special Surgery, LLC <small>Name</small>	Case number (if known)	24-12862-JDL
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3.241	Nonpriority creditor's name and mailing address WM CORPORATE SERVICES INC PO BOX 660345 Dallas, TX 75266-0345 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,050.69
3.242	Nonpriority creditor's name and mailing address ZACHARIAH SCOTT 116 SW 173RD STREET Oklahoma City, OK 73170 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49.15
3.243	Nonpriority creditor's name and mailing address ZAVATION MEDICAL PRODUCTS PO BOX 321424 Flowood, MS 39232 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52,395.00
3.244	Nonpriority creditor's name and mailing address ZIMMER BIOMET PO BOX 708 Warsaw, IN 46581-0708 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,850.46

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 0.00
5b. +	\$ 20,805,250.71
5c.	\$ 20,805,250.71

Fill in this information to identify the case:Debtor name **Hospital for Special Surgery, LLC**United States Bankruptcy Court for the: **WESTERN DISTRICT OF OKLAHOMA**Case number (if known) **24-12862-JDL**
☐ Check if this is an amended filing

Official Form 206H

Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor*

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	CL Soo	1707 Drakestone Oklahoma City, OK 73120 Guarantor on lease	TAG OneCore RE Holdings, LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.2	Jason Emerson MD	PO Box 845560 Dallas, TX 75284 Guarantor on lease	TAG OneCore RE Holdings, LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.3	R. Jeff Goodell MD	1621 A Midtown Pl Oklahoma City, OK 73130 Guarantor on lease	TAG OneCore RE Holdings, LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.4	Solara Surgical Partners	2325 Dean Way Suite 100 Southlake, TX 76092 Guarantor on lease	TAG OneCore RE Holdings, LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.5	Steve Randall MD	5104 South Sooner Road Oklahoma City, OK 73135 Guarantor on lease	TAG OneCore RE Holdings, LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Debtor **Hospital for Special Surgery, LLC**

Case number (if known) **24-12862-JDL**

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6	Todd Olsen M.D. 1140 S. Douglas Blvd Oklahoma City, OK 73130 Guarantor on lease	TAG OneCore RE Holdings, LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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Fill in this information to identify the case:Debtor name **Hospital for Special Surgery, LLC**United States Bankruptcy Court for the: **WESTERN DISTRICT OF OKLAHOMA**Case number (if known) **24-12862-JDL**
☒ Check if this is an amended filing
Official Form 207**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**
☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year
Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:
From **1/01/2024** to **Filing Date**
☒ Operating a business
☐ Other _____
\$20,818,685.00
For prior year:
From **1/01/2023** to **12/31/2023**
☒ Operating a business
☐ Other _____
\$29,510,774.00
For year before that:
From **1/01/2022** to **12/31/2022**
☒ Operating a business
☐ Other _____
\$23,594,635.00**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☐ None.
Description of sources of revenue
Gross revenue from each source
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:
From **1/01/2024** to **Filing Date**
Gain on Sale of Asset**\$18,989.00**
For prior year:
From **1/01/2023** to **12/31/2023**
Gain on Sale of Asset**\$13,020.00**
For year before that:
From **1/01/2022** to **12/31/2022**
Gain on Sale of Asset**\$1,000.00****Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

Debtor **Hospital for Special Surgery, LLC**Case number (if known) **24-12862-JDL****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer Check all that apply
3.1. MEDTRONIC PO BOX 848086 Dallas, TX 75284-8086	7/9/2024 7/16/2024 7/26/2024 8/2/2024 8/9/2024 8/16/2024 8/23/2024 9/10/2024 9/13/2024 9/23/2024 9/30/2024	\$626,888.32	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.2. SOLARA SURGICAL PARTNERS LLC 2325 DEAN WAY SUITE 100 Southlake, TX 76092	7/9/2024 7/26/2024 8/2/2024 8/23/2024 8/29/2024 9/23/2024 10/1/2024	\$810,495.06	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>\$801,201.26 - Management Fees</u> <u>\$9,293.80 - Expense Reimbursement</u>
3.3. BOSTON SCIENTIFIC CORPORATION PO BOX 951653 Dallas, TX 75395-1653	7/9/2024 7/16/2024 7/26/2024 8/2/2024 8/9/2024 8/23/2024 8/29/2024 9/10/2024 9/13/2024 9/23/2024 9/30/2024	\$523,003.78	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.4. GLAUKOS CORPORATION PO BOX 741074 Los Angeles, CA 90074	7/9/2024 7/16/2024 7/26/2024 8/2/2024 8/9/2024 8/16/2024 8/23/2024 9/10/2024 9/13/2024 9/23/2024 9/30/2024	\$516,261.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.5. CDI Attn: Charles Mooney 5800 N Portland Oklahoma City, OK 73112	7/9/2024 8/2/2024 8/9/2024 9/10/2024 9/23/2024	\$403,776.67	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__

Debtor **Hospital for Special Surgery, LLC**Case number (if known) **24-12862-JDL**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.6. NEVRO CORP 501 ALLENDALE ROAD #101B King of Prussia, PA 19406	7/9/2024 7/16/2024 8/2/2024 8/9/2024 8/23/2024 9/10/2024 9/23/2024 9/30/2024	\$266,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.7. TAG OneCore RE Holdings, LLC c/o Ashton Gray LLC 12360 Market Dr. Oklahoma City, OK 73114	7/18/2024 8/12/2024	\$261,973.02	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Real estate lease agreement</u>
3.8. BLUECROSS BLUESHEILD OF OK PO BOX 650615 Dallas, TX 75265-0615	7/26/2024 8/23/2024 9/30/2024	\$214,140.46	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Employee healthcare plan</u>
3.9. MEDLINE INDUSTRIES INC DEPT 1080 PO BOX 121080 Dallas, TX 75312-1080	7/9/2024 7/16/2024 7/26/2024 8/2/2024 8/9/2024 8/16/2024 8/23/2024 9/10/2024 9/13/2024 9/23/2024 9/30/2024	\$187,984.07	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.10. MEDTRONIC USA PO BOX 848086 Dallas, TX 75284-8086	7/16/2024 7/26/2024 8/2/2024 8/9/2024 8/23/2024 9/23/2024	\$164,906.39	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.11. ARTHREX INC PO BOX 403511 Atlanta, GA 30384-3511	7/9/2024 7/16/2024 7/26/2024 8/9/2024 8/16/2024 8/23/2024 8/29/2024 9/10/2024 9/13/2024 9/30/2024	\$162,383.66	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___

Debtor **Hospital for Special Surgery, LLC**Case number (if known) **24-12862-JDL**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.12 SMITH & NEPHEW INC PO BOX 842935 Dallas, TX 75284-2935	7/9/2024 7/16/2024 7/26/2024 8/2/2024 8/9/2024 8/16/2024 8/29/2024 9/10/2024 9/23/2024 9/30/2024	\$145,172.15	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.13 ZAVATION MEDICAL PRODUCTS PO BOX 321424 Flowood, MS 39232	7/16/2024 7/26/2024 8/2/2024 8/16/2024 8/29/2024 9/10/2024 9/13/2024 9/23/2024 9/30/2024	\$135,182.76	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.14 RELIEVANT MEDSYSTEMS INC PO BOX 675413 Detroit, MI 48267-5413	7/16/2024 7/26/2024 8/2/2024 8/9/2024 8/16/2024 8/29/2024 9/10/2024 9/13/2024 9/23/2024 9/30/2024	\$119,725.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.15 MIDTOWN ORTHOPEDICS & SPORTS MEDICINE 400 NW 13TH Oklahoma City, OK 73103	7/16/2024 8/9/2024 9/30/2024	\$101,974.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.16 MICROPORT ORTHOPEDICS INC PO BOX 842005 Dallas, TX 75284-2005	7/9/2024 7/16/2024 8/2/2024 8/9/2024 8/23/2024 9/10/2024 9/13/2024 9/23/2024 9/30/2024	\$92,813.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.17 ALCON VISION LLC PO BOX 735843 Dallas, TX 75373-5843	7/9/2024 7/16/2024 8/2/2024 8/9/2024 8/16/2024 8/23/2024 9/10/2024 9/23/2024 9/30/2024	\$78,615.70	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__

Debtor **Hospital for Special Surgery, LLC**Case number (if known) **24-12862-JDL**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.18 FLOSPINE LLC 3998 FAU BLVD STE 300 Boca Raton, FL 33431	7/9/2024 7/16/2024 7/26/2024 8/2/2024 8/9/2024 8/16/2024 8/29/2024 9/10/2024 9/13/2024 9/23/2024	\$65,295.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.19 NEXUS SPINE 2825 E COTTONWOOD PKWY STE 330 Salt Lake City, UT 84121	7/9/2024 7/26/2024 8/2/2024 8/9/2024 8/16/2024 8/23/2024 8/29/2024 9/10/2024 9/30/2024	\$58,410.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.20 AFCO Premium Finance 150 N. Field Drive, Suite 190 Lake Forest, IL 60045	7/18/2024 8/12/2024	\$56,175.30	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Insurance premium finance</u>
3.21 STRATUS BUILDING SOLUTIONS PO BOX 14005 Oklahoma City, OK 73113	7/9/2024 7/16/2024 7/26/2024 8/16/2024 9/30/2024	\$55,975.86	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.22 OLSEN ORTHOPEDICS PLLC 1140 S. DOUGLAS BLVD Oklahoma City, OK 73130	7/16/2024 8/9/2024 9/30/2024	\$55,521.63	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.23 OKLAHOMA TAX COMMISSION PO BOX 26850 Oklahoma City, OK 73126-0850	7/18/2024 8/31/2024	\$53,421.95	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Taxes</u>
3.24 OKLAHOMA EYE SURGEONS PLLC 5600 N PORTLAND AVE Oklahoma City, OK 73112	7/16/2024 7/26/2024 8/9/2024 9/10/2024 9/13/2024 9/30/2024	\$52,066.90	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__

Debtor **Hospital for Special Surgery, LLC**Case number (if known) **24-12862-JDL**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.25 ANESTHESIA SPECIALISTS OF OKLAHOMA LLC 21 NE 3RD STREET Oklahoma City, OK 73104	7/16/2024 7/26/2024 8/9/2024 9/10/2024 9/30/2024	\$51,390.14	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.26 OG&E PO BOX 24990 Oklahoma City, OK 73124-0990	7/26/2024 8/2/2024 9/13/2024 9/30/2024	\$49,924.71	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Utilities</u>
3.27 HENRY SCHEIN INC DEPT CH 10560 Palatine, IL 60055-0560	7/9/2024 7/16/2024 7/26/2024 8/9/2024 9/30/2024	\$49,636.26	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.28 STRYKER ORTHOPAEDICS PO BOX 93213 Chicago, IL 60673-3213	8/2/2024 8/9/2024 8/16/2024 9/10/2024	\$48,918.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.29 McKesson Pharmaceuticals P O BOX 933027 Atlanta, GA 31193-3027	7/18/2024 7/25/2024 8/12/2024 8/31/2024	\$48,058.19	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.30 SI-BONE INC 471 EL CAMINO REAL SUITE 101 Santa Clara, CA 95050	7/26/2024 8/2/2024 9/23/2024 9/30/2024	\$48,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.31 OKLAHOMA SLEEP INSTITUTE 13901 TECHNOLOGY DR STE A1 Oklahoma City, OK 73134	8/2/2024 8/23/2024 9/30/2024	\$47,250.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.32 VERTOS MEDICAL INC DEPT 0317 PO BOX 120317 Dallas, TX 75312-0317	7/9/2024 8/2/2024 9/10/2024	\$42,967.71	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__

Debtor **Hospital for Special Surgery, LLC**Case number (if known) **24-12862-JDL**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.33 HEALTH CHOICE PO BOX 30511 Salt Lake City, UT 84130-0511	9/13/2024	\$40,675.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other __
3.34 Stryker Flex Financial 25652 Network Place Chicago, IL 60673-1256	8/2/2024 9/10/2024 9/23/2024	\$38,850.82	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other __
3.35 UNION BIOLOGICS LLC 191 BROOKSIDE PARKWAY Medford, MA 02155	7/16/2024 8/2/2024 8/9/2024 8/16/2024 8/29/2024 9/10/2024 9/23/2024 9/30/2024	\$38,600.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other __
3.36 Sight Sciences Inc. PO Box 748988 Los Angeles, CA 90074-8988	8/2/2024 8/16/2024 9/10/2024	\$37,638.57	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other __
3.37 ABBOTT LABORATORIES INC 22400 NETWORK PLACE Chicago, IL 60673-1224	7/16/2024 9/30/2024	\$36,500.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other __
3.38 SIGNATURE ORTHOPAEDICS USA LLC 3150 STAGE POST DRIVE SUITE 104 Memphis, TN 38133	7/16/2024 7/26/2024 8/2/2024 8/9/2024 8/16/2024 8/29/2024 9/23/2024	\$34,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other __
3.39 MEDSPHERE SYSTEMS CORPORATION 9980 S 300 STE 200 Sandy, UT 84070-3654	7/9/2024 7/26/2024 8/9/2024 9/13/2024 9/23/2024	\$32,987.87	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other __
3.40 CONMED LINVATEC PO BOX 301231 Dallas, TX 75303-1231	7/9/2024 7/26/2024 8/9/2024 8/16/2024 9/23/2024 9/30/2024	\$32,346.55	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other __

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Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.41 ABBVIE US LLC 62671 COLLECTION CENTER DRIVE CHICAGO, IL 60693-0626	8/23/2024 8/29/2024 9/23/2024	\$32,280.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.42 BCBS OF OK - REFUND & RECOVERY DEPT 0695 PO BOX 120695 Dallas, TX 75312-0695	8/2/2024 8/9/2024 8/29/2024	\$31,500.92	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Refunds</u>
3.43 DEPUY SYNTHES SALES INC 5972 COLLECTIONS CENTER DRIVE Chicago, IL 60693	7/9/2024 7/26/2024 8/9/2024 8/16/2024	\$31,191.98	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.44 MCKESSON MEDICAL SURGICAL PO BOX 933027 Atlanta, GA 31193-3027	7/16/2024 8/2/2024 8/9/2024 8/16/2024 9/13/2024	\$31,121.25	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.45 RYLAN-JAGGER MEDICAL LLC 820 W DANFORTH RD #109 Edmond, OK 73003	7/26/2024 9/30/2024	\$30,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.46 STRYKER ENDOSCOPY C/O STRYKER SALES CORPORATION 21343 NETWORK PLACE Chicago, IL 60673-3276	8/9/2024 8/16/2024 9/10/2024 9/23/2024 9/30/2024	\$29,845.15	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.47 METLIFE SMALL BUSINESS CENTER PO BOX 804466 Kansas City, MO 64180-4466	7/26/2024 8/23/2024 9/30/2024	\$29,837.11	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Employee benefits</u>
3.48 STRYKER SALES LLC 21343 NETWORK PLACE Chicago, IL 60673-1213	7/16/2024 7/26/2024 8/9/2024 8/16/2024 8/29/2024 9/10/2024 9/23/2024 9/30/2024	\$28,670.40	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__

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Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.49 BOKF, NA dba Bank of Oklahoma PO Box 2300 Tulsa, OK 74192	7/15/2024 7/25/2024 8/31/2024	\$28,308.64	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Bank charges</u>
3.50 Empower 8515 E. Orchard Road Greenwood Village, CO 80111	7/31/2024 8/31/2024	\$27,616.05	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Employee 401(k)</u>
3.51 Zenith Insurance Company 4415 Collections Company Chicago, IL 60693-0044	7/31/2024 8/31/2024	\$27,253.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Insurance</u>
3.52 TODD FOGARTY, CRNA 21 NE 3RD STREET Oklahoma City, OK 73104	7/16/2024 7/17/2024 8/9/2024 9/10/2024 9/30/2024	\$25,290.48	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.53 AVENSTAR PAIN SPECIALISTS 1732 SOUTH SOONER ROAD Oklahoma City, OK 73110-2668	7/16/2024 8/9/2024 9/10/2024 9/30/2024	\$23,537.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.54 NEW WORLD MEDICAL 1801 W OLYMPIC BLVD FILE 2356 Pasadena, CA 91199-2356	7/16/2024 8/2/2024 8/9/2024 9/10/2024 9/23/2024	\$23,300.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.55 MCKESSON SPECIALTY DISTRIBUTION LLC PO BOX 841838 Dallas, TX 75284-1838	7/26/2024 8/2/2024 9/13/2024 9/30/2024	\$22,843.80	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.56 APEX HEALTHCARE PARTNERS CONSULTING LLC 12344 MARKET DRIVE Oklahoma City, OK 73114	7/16/2024 8/9/2024 9/30/2024	\$22,092.74	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____

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3.57 SUPERIOR LINEN 6959 E 12TH ST Tulsa, OK 74112	7/9/2024 7/16/2024 7/26/2024 8/2/2024 8/16/2024 8/23/2024 8/29/2024 9/10/2024 9/13/2024 9/30/2024	\$21,994.26	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.58 BAXTER HEALTHCARE PO BOX 730531 Dallas, TX 75373-0531	7/9/2024 8/9/2024 8/16/2024 9/10/2024 9/30/2024	\$21,646.63	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.59 ACCEL TECHNOLOGY GROUP LLC PO BOX 5123 Edmond, OK 73083	7/26/2024 8/2/2024 8/16/2024 8/23/2024 9/23/2024	\$20,020.33	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.60 ARTHROSURFACE INC PO BOX 412843 Boston, MA 02241-2843	8/9/2024 9/30/2024	\$19,795.34	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.61 CAREFUSION SOLUTIONS LLC 25082 NETWORK PLACE Chicago, IL 60673-1250	7/9/2024 8/16/2024 9/10/2024 9/30/2024	\$19,688.19	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.62 CARDINAL HEALTH MEDICAL PRODUCTS & SERVICES PO BOX 730112 Dallas, TX 75373	7/9/2024 8/2/2024 8/16/2024 8/23/2024 9/10/2024 9/30/2024	\$19,296.40	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.63 Laffoon Healthcare Services PO Box 721268 Norman, OK 73070	7/16/2024 8/9/2024 9/20/2024	\$18,505.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__

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Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.64 ANESTHESIA SERVICE 1821 N CLASSEN BLVD Oklahoma City, OK 73106-6012	7/9/2024 7/16/2024 8/2/2024 8/9/2024 8/16/2024 8/23/2024 9/10/2024 9/30/2024	\$18,455.77	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.65 Enovis Foot & Ankle PO Box 200350 Dallas, TX 75320-0350	8/9/2024	\$17,450.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.66 AMERICAN INTRAOPERATIVE MONITORING 13401 RAILWAY DRIVE Oklahoma City, OK 73114	7/9/2024 7/26/2024 8/2/2024 8/9/2024 8/16/2024 9/13/2024 9/30/2024	\$17,400.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.67 BAUSCH + LOMB AMERICAS INC PO BOX 772690 Detroit, MI 48277-2690	8/9/2024 8/16/2024 9/30/2024	\$17,370.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.68 Trubridge Dept #6448 PO Box 14407 Birmingham, AL 35246-6448	7/16/2024	\$16,825.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.69 RHONDA MCALESTER 4300 MIDDLEFIELD COURT Norman, OK 73072	7/26/2024 8/23/2024 9/23/2024	\$16,310.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.70 NATIONAL NEUROMONITORING SERVICES 1141 N LOOP 1604 E #105-612 San Antonio, TX 78232	7/9/2024 8/2/2024 8/9/2024 8/16/2024 9/10/2024 9/23/2024 9/30/2024	\$16,200.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__

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Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.71 I.T.S USA 1778 PARK AVENUE NORTH SUITE 200 Maitland, FL 32751	7/16/2024 8/2/2024 9/30/2024	\$15,814.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.72 J&J HEALTHCARE - DEPUY MITEK 5972 COLLECTIONS CENTER DR Chicago, IL 60693	7/9/2024 7/26/2024 8/16/2024 9/23/2024 9/30/2024	\$15,584.44	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.73 CURONIX LLC PO BOX 735990 Dallas, TX 75373-5990	8/2/2024	\$15,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.74 PAINTEQ LLC 1511 N WESTSHORE BLVD SUITE 470 Tampa, FL 33607	8/9/2024 9/30/2024	\$14,500.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.75 PARCUS MEDICAL LLC PO BOX 748445 Atlanta, GA 30374-8445	7/16/2024 8/9/2024 8/23/2024	\$13,780.66	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.76 Allied World Insurance Company Beth Davison 1690 New Britain Ave Suite 101 Farmington, CT 06032	7/26/2024 8/29/2024	\$13,768.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.77 AGIF Investment	7/18/2024 8/12/2024	\$13,717.72	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.78 OKLAHOMA BLOOD INSTITUTE DEPT #96-0115 Oklahoma City, OK 73196-0115	7/9/2024 8/2/2024	\$13,336.80	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__

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Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.79 ADVANCED STERILIZATION PRODUCTS SERVICES PO BOX 74007359 Chicago, IL 60674-7359	7/9/2024 7/16/2024 8/2/2024 8/16/2024 8/23/2024 9/23/2024	\$13,176.38	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.80 RESTOR3D INC PO BOX 14262 ATTN 02268 Durham, NC 27709	7/26/2024	\$13,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.81 CORELINK LLC 2072 FENTON LOGISTICS PK BLVD Fenton, MO 63026	7/16/2024 7/26/2024	\$12,400.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.82 ANIKA THERAPEUTICS INC 32 WIGGINS AVE BEDFORD, MA 01730	8/9/2024 8/16/2024 9/13/2024	\$12,336.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.83 OKLAHOMA NATURAL GAS COMPANY PO BOX 219296 Kansas City, MO 64121-9296	7/9/2024 8/9/2024 8/16/2024 9/13/2024 9/30/2024	\$11,658.21	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Utilities</u>
3.84 KEITH DACE INC 14900 BLACKJACK DR Piedmont, OK 73078	8/2/2024 9/30/2024	\$11,300.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.85 TOTAL MEDICAL PERSONNEL PO BOX 268947 Oklahoma City, OK 73126	7/16/2024 7/26/2024 8/16/2024 8/29/2024 9/10/2024 9/30/2024	\$11,204.62	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.86 MOBIUS THERAPEUTICS LLC 1000 EXECUTIVE PARKWAY SUITE 224 Saint Louis, MO 63141	9/10/2024 9/23/2024	\$11,198.33	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__

Debtor **Hospital for Special Surgery, LLC**Case number (if known) **24-12862-JDL**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.87 MEDQ INC PO BOX 260836 Plano, TX 75026	8/9/2024 8/23/2024	\$11,111.75	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other __
3.88 INTEGRITY BIOLOGICS LLC 9524 E 81ST STE B1614 Tulsa, OK 74133	8/2/2024 8/9/2024	\$10,700.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other __
3.89 MICROSURGICAL TECHNOLOGY, INC PO BOX 74007048 Chicago, IL 60674-7048	7/9/2024 7/16/2024	\$10,099.32	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other __
3.90 WAYSTAR INC 1311 SOLUTIONS CENTER Chicago, IL 60677-1311	8/2/2024 9/23/2024 9/30/2024	\$10,097.48	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other __
3.91 ZIMMER BIOMET PO BOX 708 Warsaw, IN 46581-0708	7/9/2024 8/9/2024 9/30/2024	\$9,788.68	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other __
3.92 DIAGNOSTIC LAB OF OKLAHOMA PO BOX 676324 Dallas, TX 75267-6324	7/9/2024 7/26/2024 8/16/2024	\$9,358.77	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other __
3.93 ROBERT GORDON MD PLLC 4200 WEST MEMORIAL RD STE 805 Oklahoma City, OK 73120	7/16/2024 7/26/2024 8/9/2024 8/16/2024 8/23/2024 9/23/2024 9/30/2024	\$8,342.64	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other __
3.94 IMPRIMIS RX PO BOX 631804 Cincinnati, OH 45263-1804	7/26/2024 9/23/2024 9/30/2024	\$8,060.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other __

Debtor **Hospital for Special Surgery, LLC**Case number (if known) **24-12862-JDL**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.95 Vivex Biologics Inc PO Box 201630 Dallas, TX 75320-1630	8/2/2024	\$8,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. OLSEN ORTHOPEDICS PLLC 1140 S. DOUGLAS BLVD Oklahoma City, OK 73130 Owner, Medical Director - Orthopedics	Multiple	\$81,903.64	Services rendered
4.2. MIDTOWN ORTHOPEDICS & SPORTS MEDICINE 400 NW 13TH Oklahoma City, OK 73103 Owner, Medical Director - Lab/ER	Multiple	\$121,532.94	Services rendered
4.3. AVENSTAR PAIN SPECIALISTS 1732 SOUTH SOONER ROAD Oklahoma City, OK 73110-2668 Owner, Medical Director - Pain	Multiple	\$94,788.08	Services rendered
4.4. SOLARA SURGICAL PARTNERS LLC 2325 DEAN WAY SUITE 100 Southlake, TX 76092 Owner, Manager	Multiple	\$1,441,415.02	\$1,421,241.54 - Management fees \$20,173.48 - Expense Reimbursement
4.5. Ronald Goodell 1621A Midtown PI Oklahoma City, OK 73130 Owner	Multiple	\$27,261.96	Services rendered

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

Debtor **Hospital for Special Surgery, LLC**Case number (if known) **24-12862-JDL**☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	Albert Poteat, on behalf of Gwendolyn Poteat v. OneCore Health, Avenstar Pain Specialists, PLLC and Steve Randall, MD; Oklahoma County District Court CJ-2021-4021	Personal Injury	Oklahoma County District Court 321 Park Avenue Oklahoma City, OK 73102	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	Emma Base v. OneCore Health and Kyle Jones, CRNA; Oklahoma County District Court CJ-2022-1096	Personal Injury	Oklahoma County District Court 321 Park Avenue Oklahoma City, OK 73102	<input type="checkbox"/> Pending <input checked="" type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3.	Timothy Fox v. OneCore Health; Oklahoma County District Court CJ-2023-3620	Personal Injury	Oklahoma County District Court 321 Park Avenue Oklahoma City, OK 73102	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.4.	Stephanie Rodriguez, on behalf of Margaret Merrell v. OneCore Health and Cheng I. Soo, MD, Oklahoma County District Court CJ-2024-2311	Personal Injury	Oklahoma County District Court 321 Park Avenue Oklahoma City, OK 73102	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.5.	Rhonda Conway, v. Jason C. Emerson D.O. and Hospital for Special Surgery, L.L.C., d/b/a OneCore Health CJ-2024-7824	Personal Injury	Oklahoma County District Court 321 Park Avenue Oklahoma City, OK 73102	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.6.	Kimberly Diaz and Robert Diaz v. Oklahoma Emergencies Physicians LLC, et al. CJ-2024-6817	Petition to Disburse Settlement Funds	District Court of Oklahoma County 321 Park Avenue Oklahoma City, OK 73102	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

Debtor **Hospital for Special Surgery, LLC**Case number (if known) **24-12862-JDL**☐ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Dates of loss	Value of property lost
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Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Crowe & Dunlevy 324 N Robinson Suite #100 Oklahoma City, OK 73102		September 2024	\$250,000.00

Email or website address

Who made the payment, if not debtor?

11.2. McEntire Advisory PLLC 13701 S Santa Fe Ave Suite B Oklahoma City, OK 73170		9/12/2024	\$20,000.00
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Email or website address

Who made the payment, if not debtor?

11.3. McEntire Advisory PLLC 13701 S. Santa Fe Ave Oklahoma City, OK 73170		10/4/2024	\$102,392.50
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Email or website address

Who made the payment, if not debtor?

Debtor **Hospital for Special Surgery, LLC**Case number (if known) **24-12862-JDL**

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.4.	Verita Global 222 N. Pacific Coast Highway, 3rd Floor El Segundo, CA 90245		10/4/2024	\$35,000.00
	Email or website address			
	Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

	Address	Dates of occupancy From-To
14.1.	1044 SW 44th Street Oklahoma City, OK 73109	January 1, 2013 - December 31, 2021
14.2.	100 NE 85th Street Oklahoma City, OK 73114	December 29th, 2021 - Present
14.3.	5800 N. Portland Avenue Oklahoma City, OK 73112	May 1, 2015 - Present
14.4.	11521 S. Western Avenue Ste B Oklahoma City, OK 73170	July 2nd, 2021 - Present

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

Debtor **Hospital for Special Surgery, LLC**Case number (if known) **24-12862-JDL**

- ☐ No. Go to Part 9.
- ☒ Yes. Fill in the information below.

	Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1.	Main Campus 100 NE 85th Street Oklahoma City, OK 73114	Services: Emergency Room, Inpatient General Medical, Outpatient Surgical, Outpatient Sleep Study, Outpatient Pre-Admission Testing	
		Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Medical Record: Paper, local and offsite storage	How are records kept? <i>Check all that apply:</i>
		Offsite storage location: MIDCON Data Svcs, shredding and offsite storage. 13431 N Broadway Extension, Suite 115 OKC OK 73114	<input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
15.2.	Comprehensive Diagnostic Imaging 5800 N. Portland Ave Oklahoma City, OK 73112	Services: Full service outpatient diagnostic radiology services (MRI, CT, Ultrasound, X-ray, mammography, etc)	
		Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Medical Record: Electronic, cloud-based storage	How are records kept? <i>Check all that apply:</i>
			<input checked="" type="checkbox"/> Electronically <input type="checkbox"/> Paper

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- ☐ No.
- ☒ Yes. State the nature of the information collected and retained.

Name, address, other personal identifying information and medical records

Does the debtor have a privacy policy about that information?

- ☐ No
- ☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
- ☒ Yes. Does the debtor serve as plan administrator?

- ☒ No Go to Part 10.
- ☐ Yes. Fill in below:

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

Debtor **Hospital for Special Surgery, LLC**Case number (if known) **24-12862-JDL****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Does debtor still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
MIDCON DATA SERVICES LLC 13431 N BROADWAY EXTENSION SUITE 115 Oklahoma City, OK 73114	Falipa Espinoza, HIM Clerk OneCore Health 100 NE 85th Street Oklahoma City, OK 73114	Medical records	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☒ No.

☐ Yes. Provide details below.

Debtor **Hospital for Special Surgery, LLC**Case number (if known) **24-12862-JDL**Case title
Case numberCourt or agency name and
address

Nature of the case

Status of case

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
- ☐ Yes. Provide details below.

Site name and address

Governmental unit name and
address

Environmental law, if known

Date of notice

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
- ☐ Yes. Provide details below.

Site name and address

Governmental unit name and
address

Environmental law, if known

Date of notice

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☐ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

25.1.

OneCore Orthopedics
1414 Arlington Street
Ada, OK 74820

Wholly owned; Outpatient
orthopedic practice

EIN: 82-4455283

From-To 2/16/2018 to present

25.2.

Tower Day Surgery Center
1044 SW 44th Street
Suite 100
Oklahoma City, OK 73109

Wholly owned; Ambulatory
surgery center

EIN: 73-1390099

From-To 12/31/2012 - 2/15/2021

25.3.

Apex Surgery Center
2001 Craddock Road
Ada, OK 74820

10% equity interest; Ambulatory
surgery center

EIN: 81-4252902

From-To 12/31/2018 - 1/29/2020

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address

Date of service
From-To

26a.1.

SOLARA SURGICAL PARTNERS LLC
2325 DEAN WAY
SUITE 100
Southlake, TX 76092

2013 - Present

26a.2.

Olson Neaves & Company PC
1900 Northwest Expressway, Suite 910
Oklahoma City, OK 73118-1835

2018 - Present

Debtor **Hospital for Special Surgery, LLC**Case number (if known) **24-12862-JDL****Name and address****Date of service
From-To**

26a.3. **Amy Taylor**
OneCore Health
100 NE 85th Street
Oklahoma City, OK 73114

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address**If any books of account and records are
unavailable, explain why**

26c.1. **SOLARA SURGICAL PARTNERS LLC**
2325 DEAN WAY
SUITE 100
Southlake, TX 76092

26c.2. **Olson Neaves & Company PC**
1900 Northwest Expressway Suite 910
Oklahoma City, OK 73118-1835

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address

26d.1. **Olson Neaves & Company PC**
1900 Northwest Expressway Suite 910
Oklahoma City, OK 73118-1835

26d.2. **BOKF, NA dba Bank of Oklahoma**
PO Box 2300
Tulsa, OK 74192

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☐ No

☒ Yes. Give the details about the two most recent inventories.

**Name of the person who supervised the taking of the
inventory****Date of inventory****The dollar amount and basis (cost, market,
or other basis) of each inventory**27.1 **Emily Frazier****January 2024****Cost; \$1,022,303.39****Name and address of the person who has possession of
inventory records**

OneCore Health
100 NE 85th Street
Oklahoma City, OK 73114

Debtor **Hospital for Special Surgery, LLC**Case number (if known) **24-12862-JDL**

	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.2	Emily Frazier	July 2024	Cost; \$1,051,095.02
	Name and address of the person who has possession of inventory records		
	OneCore Health 100 NE 85th Street Oklahoma City, OK 73114		

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Steve Hockert	OneCore Health 100 NE 85th Street Oklahoma City, OK 73114	CEO & Manager Solara	2%
Amy Shahsavrie	OneCore Health 100 NE 85th Street Oklahoma City, OK 73114	CAO	
Lance Smith	Apex Healthcare Partners 12344 Market Dr Oklahoma City, OK 73114	Medical Director Spine	
Todd Olsen	Olsen Orthopedics 1140 S Douglas Blvd Oklahoma City, OK 73130	Medical Director Orthopedics & Manager (Physician)	14.27%
Steve Randall	Randall Pain Management 1732 S Sooner Rd Oklahoma City, OK 73110	Medical Director Pain & Manager (Physician)	5%
Kyle Pewitt	2325 Dean Way Southlake, TX 76092	Manager Solara	
Brian Campbell	2325 Dean Way Southlake, TX 76092	Manager Solara	
Jason Emerson	OneCore Health 100 NE 85th Street Oklahoma City, OK 73114	Medical Director Lab & ER & Manager (Physician)	5%
SOLARA SURGICAL PARTNERS LLC	2325 DEAN WAY SUITE 100 Southlake, TX 76092	Shareholder	54.24%

Debtor **Hospital for Special Surgery, LLC**Case number (if known) **24-12862-JDL**

Name	Address	Position and nature of any interest	% of interest, if any
Dathan Jay	OneCore Health 100 NE 85th Street Oklahoma City, OK 73114	Medically Complex Program Director	

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☐ No
☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Dr. C. L. Soo	13700 S. Western Suite 100 Oklahoma City, OK 73170	Former Board Member	Replaced in 2024

Name	Address	Position and nature of any interest	Period during which position or interest was held
Kenneth Ross	1200 Stanhope Ct Rio Vista, TX 76093	Former Board Member	Replaced in 2024

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	OLSEN ORTHOPEDICS PLLC 1140 S. DOUGLAS BLVD Oklahoma City, OK 73130	\$14,274.20	2/7/2024	Distribution
	Relationship to debtor Owner, Medical Director - Orthopedics			
30.2	MIDTOWN ORTHOPEDICS & SPORTS MEDICINE 400 NW 13TH Oklahoma City, OK 73103	\$5,000	2/7/2024	Distribution
	Relationship to debtor Owner, Medical Director - Lab/ER			

Debtor **Hospital for Special Surgery, LLC**Case number (if known) **24-12862-JDL**

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.3	AVENSTAR PAIN SPECIALISTS 1732 SOUTH SOONER ROAD Oklahoma City, OK 73110-2668	\$5,000	2/7/2024	Distribution
	Relationship to debtor Owner, Medical Director - Pain			
30.4	SOLARA SURGICAL PARTNERS LLC 2325 DEAN WAY SUITE 100 Southlake, TX 76092	\$54,235.60	2/7/2024	Distribution
	Relationship to debtor Owner, Manager			
30.5	STEVE HOCKERT 6701 BELMAR CIRCLE Norman, OK 73071	\$2,000	2/7/2024	Distribution
	Relationship to debtor Owner			
30.6	Cheng-Lun Soo 1707 Drakestone Oklahoma City, OK 73120	\$3,000	2/7/2024	Distribution
	Relationship to debtor Owner			
30.7	Ronald Goodell 1621A Midtown PI Oklahoma City, OK 73130	\$5,000	2/7/2024	Distribution
	Relationship to debtor Owner			
30.8	Forrest Olson 1900 NW Expressway Suite 600 Oklahoma City, OK 73118	\$2,013.90	2/7/2024	Distribution
	Relationship to debtor Owner			
30.9	Orthopedic & Reconstructive Center 9821 S May Avenue Suite B Oklahoma City, OK 73159	\$9,476.50	2/7/2024	Distribution
	Relationship to debtor Owner			

Debtor Hospital for Special Surgery, LLCCase number (if known) 24-12862-JDL

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 12/23/2024/s/ Steve Hockert

Signature of individual signing on behalf of the debtor

Steve Hockert

Printed name

Position or relationship to debtor Chief Executive OfficerAre additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes