

United States Bankruptcy Court  
Western District of Oklahoma

In re Hospital for Special Surgery, LLC

Debtor(s)

Case No. 24-12862-JDL

Chapter 11

AMENDMENT COVER SHEET

This document:

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

**Summary of revisions:**

*Amended Schedule E/F to add additional creditors: BKD Forvis, Global Health and M&M Insulation. Further, Amended Schedule E/F to reflect no claim amount owed for the following creditors: Arthosurface, Inc., Comprehensive Care Services, Inc., Consensus Cloud Solutions DBA SRFAX, Linkbio Corp, MEDQ Inc, Microsurgical Technology, Inc., Painteq, LLC, Precision Printing, RXSight, Trice Medical, Western Oklahoma Pain Specialists, LLC and Zimmer Biomet.*

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

Date: 3/18/2025

/s/ Steve Hockert

Debtor's Signature

Printed Name: Steve Hockert

Debtor's Signature

Printed Name: \_\_\_\_\_

- ☐ Pro se Debtor
- ☒ Represented by Counsel

/s/ Craig Regens

**William H. Hoch, OBA #15788**

**Craig Regens, OBA #22894**

**Mark A. Craige, OBA #1992**

**Kaleigh M. Ewing, OBA #35598**

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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 206E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

### Part 1: List All Creditors with PRIORITY Unsecured Claims

- 1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).**

☐ No. Go to Part 2.

■ Yes. Go to line 2.

- 2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

Total claim	Priority amount
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2.1	Priority creditor's name and mailing address
-----	--

**ABIGAIL MEISTE**  
**316 SE 6TH STREET**  
**MOORE, OK 73160**

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

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)

☐ No☐ Yes

2.2	Priority creditor's name and mailing address
-----	--

**ADRIANA WILSON**  
**521 N 13TH ST**  
**Muskogee, OK 74401**

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

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)

☐ No☐ Yes

Official Form 206E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

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Debtor	Name	Case number (if known)		
2.3	<b>Hospital for Special Surgery, LLC</b> <b>ALI SANDERS</b> <b>16425 GRACE ANN CT</b> <b>Edmond, OK 73013</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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	<b>ALLISON MILLER</b> <b>7315 WAVERLY AVE</b> <b>Oklahoma City, OK 73120</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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	<b>ALYNER COLEMAN</b> <b>205 NW 88TH ST</b> <b>Oklahoma City, OK 73114</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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	<b>ALYSSA ROBERSON</b> <b>11500 RUGER RD</b> <b>Yukon, OK 73099</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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)		
	<b>Hospital for Special Surgery, LLC</b>	<b>24-12862-JDL</b>		
2.7	Priority creditor's name and mailing address <b>AMANDA MOORE</b> <b>6709 APPLEWOOD DR</b> <b>Edmond, OK 73034</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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 <b>AMANDA RIMEL</b> <b>1759 W LAKEAIRE DR</b> <b>Mustang, OK 73064</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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 <b>AMY SHAHSAVARI</b> <b>4405 KENSAL RISE PL</b> <b>Norman, OK 73072</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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 <b>AMY SLABAUGH</b> <b>1700 GLENDALE DR</b> <b>Edmond, OK 73034</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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)		
2.11	Priority creditor's name and mailing address <b>AMY TAYLOR</b> <b>13317 AMBLESIDE DRIVE</b> <b>Yukon, OK 73099</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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		
2.12	Priority creditor's name and mailing address <b>ANDREA MORGAN</b> <b>3101 CASTLEROCK RD</b> <b>Oklahoma City, OK 73120</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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		
2.13	Priority creditor's name and mailing address <b>ANGELA PAIGE</b> <b>3233 NW 24TH ST</b> <b>Oklahoma City, OK 73107</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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		
2.14	Priority creditor's name and mailing address <b>ANNA BEASLEY</b> <b>13803 OXFORD DRIVE</b> <b>Edmond, OK 73013</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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 <b>Hospital for Special Surgery, LLC</b> <small>Name</small>	Case number (if known) <b>24-12862-JDL</b>		
2.15	Priority creditor's name and mailing address <b>APRILLE GRADNEY</b> <b>704 S DREXEL ST</b> <b>Guthrie, OK 73044</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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 <b>ASHLEY CROSSLEY</b> <b>1112 WILSHIRE DR</b> <b>Newcastle, OK 73065</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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 <b>BAYLEY HANES</b> <b>2537 NW 21ST STREET</b> <b>Oklahoma City, OK 73107</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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 <b>BECKY HOGUE</b> <b>16400 WILLOW BEND AVENUE</b> <b>Oklahoma City, OK 73165</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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 <b>BERTHA NUNEZ-HERRERA</b> <b>700 N. CHEROKEE WAY</b> <b>Mustang, OK 73064</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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 <b>BRANDEE PRIETO</b> <b>3237 SW 94TH STREET</b> <b>Oklahoma City, OK 73159</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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 <b>BRENDA GATTO</b> <b>1000 N. CIMARRON ROAD</b> <b>Yukon, OK 73099</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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 <b>BRITNEY MCCANN</b> <b>13000 SALVAGE RD</b> <b>Yukon, OK 73099</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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)		
	<b>Hospital for Special Surgery, LLC</b>	<b>24-12862-JDL</b>		
2.23	Priority creditor's name and mailing address <b>BRYANNA MYERS</b> <b>1405 SAINT GEORGE AVENUE</b> <b>MOORE, OK 73160</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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		
2.24	Priority creditor's name and mailing address <b>CALI TAYLOR</b> <b>212 SCOTTIE DRIVE</b> <b>Tuttle, OK 73089</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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		
2.25	Priority creditor's name and mailing address <b>CANDI CLEVELAND-BELCHER</b> <b>3028 NW 191ST TERRACE</b> <b>Edmond, OK 73012</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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		
2.26	Priority creditor's name and mailing address <b>CHARLES MOONEY</b> <b>5800 N PORTLAND AVE</b> <b>Oklahoma City, OK 73112</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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)		
2.27	Priority creditor's name and mailing address <b>CHRISTIAN PETRICEK</b> <b>20809 COLONY AVE</b> <b>Harrah, OK 73045</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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 <b>CLAYTON CORINA</b> <b>223 NE 2ND ST</b> <b>Oklahoma City, OK 73104</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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 <b>Cleveland County Treasurer</b> <b>201 South Jones</b> <b>Suite 100</b> <b>Norman, OK 73069</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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 <b>CODY LARSON</b> <b>15122 ICET CREEK AVE</b> <b>Baytown, TX 77523</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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)		
2.31	Priority creditor's name and mailing address <b>CYNTHIA JOHNSTON</b> <b>1810 HUNT CLUB CIRCLE</b> <b>Blanchard, OK 73010</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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		
2.32	Priority creditor's name and mailing address <b>DANA LARKINS</b> <b>15508 ELIZABETH ST</b> <b>Piedmont, OK 73078</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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		
2.33	Priority creditor's name and mailing address <b>DAPHNE LUKE</b> <b>9821 NE 10TH ST</b> <b>Oklahoma City, OK 73130</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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		
2.34	Priority creditor's name and mailing address <b>DEBORAH BAKER</b> <b>22150 TERRITORY RIDGE</b> <b>Luther, OK 73054</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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)		
2.35	<b>Hospital for Special Surgery, LLC</b> <b>EMILY FRAZIER</b> <b>904 EDINBURG DRIVE</b> <b>Yukon, OK 73099</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>24-12862-JDL</b>  <b>Unknown</b> <b>Unknown</b>
	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	<b>EMMA SALANIC</b> <b>18817 VEA DR</b> <b>Edmond, OK 73012</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b> <b>Unknown</b>
	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	<b>EUNICE RODRIGUEZ</b> <b>8820 NW 82ND ST</b> <b>Oklahoma City, OK 73132</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b> <b>Unknown</b>
	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	<b>FELIPE ESPINOZA</b> <b>3937 NW 12TH</b> <b>Oklahoma City, OK 73107</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b> <b>Unknown</b>
	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)		
2.39	<b>Hospital for Special Surgery, LLC</b> <b>GORDON BUTLER</b> <b>6351 STONE HILL DR</b> <b>Edmond, OK 73034</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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	<b>HAVYN HARNESS</b> <b>3101 NW 11ST ST</b> <b>Oklahoma City, OK 73107</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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	<b>HEATHER LANDOLFI</b> <b>13609 WATSON DR</b> <b>Piedmont, OK 73078</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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	<b>Internal Revenue Service</b> <b>Centralized Insolvency Operation</b> <b>PO Box 7346</b> <b>Philadelphia, PA 19101-7346</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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)		
2.43	<b>Hospital for Special Surgery, LLC</b> <b>JASMINE PHETSAVANH</b> <b>3700 PALMETTO TRAIL</b> <b>Oklahoma City, OK 73179</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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	<b>JASON THOMPSON</b> <b>2620 NW 115TH PL</b> <b>Oklahoma City, OK 73120</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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	<b>JEAN FOTI</b> <b>4624 CRESTMERE LANE</b> <b>Edmond, OK 73025</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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	<b>JENNIFER COOVER</b> <b>6650 EAST TECUMSEH ROAD</b> <b>Norman, OK 73026-7302</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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)		
	<b>Hospital for Special Surgery, LLC</b>	<b>24-12862-JDL</b>		
2.47	Priority creditor's name and mailing address <b>JENNIFER GARCIA</b> <b>5609 NW 112TH STREET</b> <b>Oklahoma City, OK 73162</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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	Priority creditor's name and mailing address <b>JESSICA HUNZIE</b> <b>119 S STEWART AVE</b> <b>Norman, OK 73071</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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	Priority creditor's name and mailing address <b>JESSICA MATNEY</b> <b>8712 SW 38TH ST</b> <b>Oklahoma City, OK 73179</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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	Priority creditor's name and mailing address <b>JOELY TAYLOR</b> <b>212 SCOTTIE DR</b> <b>Tuttle, OK 73089</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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)	24-12862-JDL
2.51	Priority creditor's name and mailing address <b>JOHNNA SKIDMORE</b> <b>4354 NW 36TH ST</b> <b>Oklahoma City, OK 73112</b>	As of the 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	
2.52	Priority creditor's name and mailing address <b>JOICE ROBINSON</b> <b>7212 NW 146TH ST</b> <b>Oklahoma City, OK 73142</b>	As of the 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	
2.53	Priority creditor's name and mailing address <b>JUSTIN ROSALEZ</b> <b>8280 LOG CABIN RD NW</b> <b>Piedmont, OK 73078</b>	As of the 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	
2.54	Priority creditor's name and mailing address <b>KAILEY SPARKS</b> <b>13904 VILLAGE RUN DRIVE</b> <b>Piedmont, OK 73078</b>	As of the 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	

Debtor	Name	Case number (if known)		
2.55	<b>Hospital for Special Surgery, LLC</b> <b>KAREN WADE</b> <b>PO BOX 57523</b> <b>Oklahoma City, OK 73157</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>24-12862-JDL</b>  <b>Unknown</b> <b>Unknown</b>
	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	<b>KARLA SNOW</b> <b>7413 NW 135TH STREET</b> <b>Oklahoma City, OK 73142</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b> <b>Unknown</b>
	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	<b>KATHARINE DOBBS</b> <b>1200 SW 158TH ST.</b> <b>Oklahoma City, OK 73170</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b> <b>Unknown</b>
	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	<b>KATHLEEN REYNOLDS</b> <b>2220 NW 49TH STREET</b> <b>Oklahoma City, OK 73112</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b> <b>Unknown</b>
	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)	24-12862-JDL
2.59	Priority creditor's name and mailing address <b>KAYLEY SMITH</b> <b>14900 DAVENTRY DR</b> <b>Jones, OK 73049</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	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	Priority creditor's name and mailing address <b>KEITH LUETKEMEYER</b> <b>832 SE 9TG</b> <b>MOORE, OK 73160</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	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	Priority creditor's name and mailing address <b>KELLY BROWN</b> <b>1800 ALEXANDER WAY</b> <b>Yukon, OK 73099</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	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	Priority creditor's name and mailing address <b>KIMBERLY RAMSEY</b> <b>2804 COUNTY STREET 2870</b> <b>Chickasha, OK 73018</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	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)		
	<b>Hospital for Special Surgery, LLC</b>	<b>24-12862-JDL</b>		
2.63	Priority creditor's name and mailing address <b>KRISTEN WHITE</b> <b>2500 THOMAS DRIVE</b> <b>Edmond, OK 73003</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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	Priority creditor's name and mailing address <b>KRISTI LAFFOON</b> <b>11709 MILANO RD</b> <b>Oklahoma City, OK 73173</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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	Priority creditor's name and mailing address <b>KRISTIE LITTLES</b> <b>11205 NILE AVE</b> <b>Oklahoma City, OK 73114</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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	Priority creditor's name and mailing address <b>KYLA MCCRACKEN</b> <b>16254 SE 23RD ST</b> <b>Choctaw, OK 73020</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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)		
	<b>Hospital for Special Surgery, LLC</b>	<b>24-12862-JDL</b>		
2.67	Priority creditor's name and mailing address <b>LILLY AMOS</b> <b>507 ANNAWOOD DRIVE</b> <b>Yukon, OK 73099</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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		
2.68	Priority creditor's name and mailing address <b>LISA BAKER</b> <b>5000 NW 27TH</b> <b>Oklahoma City, OK 73127</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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		
2.69	Priority creditor's name and mailing address <b>LISA POE</b> <b>12516 CLARENCE CT</b> <b>Oklahoma City, OK 73142</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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		
2.70	Priority creditor's name and mailing address <b>LUCIA BAEZA</b> <b>3217 HAYVEN CIRCLE</b> <b>Yukon, OK 73099</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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)		
2.71	<b>Hospital for Special Surgery, LLC</b> <b>LYNNE BENNETT</b> <b>2216 NORTHWEST 31ST STREET</b> <b>Oklahoma City, OK 73112</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>24-12862-JDL</b>  <b>Unknown</b> <b>Unknown</b>
	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	<b>MACKENZIE MATTHEWS</b> <b>209 EARL AVE</b> <b>Yukon, OK 73099</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b> <b>Unknown</b>
	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	<b>MATTHEW BECKER</b> <b>9101 NW 123RD STREET</b> <b>Yukon, OK 73099</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b> <b>Unknown</b>
	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	<b>MAURINA RAY</b> <b>16009 QUIET STORM DR</b> <b>Oklahoma City, OK 73170</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b> <b>Unknown</b>
	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)		
2.75	<b>Hospital for Special Surgery, LLC</b> <b>MEGAN BROWN</b> <b>1017 NW 167TH ST</b> <b>Edmond, OK 73012</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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		
2.76	<b>MELANIE MORRIS</b> <b>1811 BOWLING GREEN CT</b> <b>Norman, OK 73071</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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		
2.77	<b>MELINDA SKINNER</b> <b>1400 SUNNYBROOK LN</b> <b>Oklahoma City, OK 73128</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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		
2.78	<b>MELISSA SIMPSON</b> <b>18085 WHISPER CREEK</b> <b>Choctaw, OK 73020</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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)		
2.79	<b>Hospital for Special Surgery, LLC</b> <b>MICHAEL GRABLE</b> <b>14208 PADDLE WHEEL PL</b> <b>Oklahoma City, OK 73170</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>24-12862-JDL</b>  <b>Unknown</b> <b>Unknown</b>
	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	<b>MICHELLE JOHNIGARN</b> <b>1006 SW 84TH STREET</b> <b>Oklahoma City, OK 73139</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b> <b>Unknown</b>
	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	<b>MISTY MULLER</b> <b>5205 SE 47TH</b> <b>Oklahoma City, OK 73135</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b> <b>Unknown</b>
	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	<b>NATALIE BROWN</b> <b>2901 CHAPEL HILL ROAD</b> <b>Oklahoma City, OK 73120</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b> <b>Unknown</b>
	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)	24-12862-JDL
2.83	Priority creditor's name and mailing address <b>NICOLAS BROADNAX</b> <b>116 S 2ND ST</b> <b>Guthrie, OK 73044</b>	As of the 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	
2.84	Priority creditor's name and mailing address <b>NICOLE PADILLA</b> <b>10220 LITTLE POND DR</b> <b>Oklahoma City, OK 73162</b>	As of the 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	
2.85	Priority creditor's name and mailing address <b>NICOLETTE CONLEY</b> <b>2905 ACROPOLIS ST</b> <b>Oklahoma City, OK 73120</b>	As of the 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	
2.86	Priority creditor's name and mailing address <b>Oklahoma County Assessor</b> <b>320 Robert S. Kerr Ave #315</b> <b>Oklahoma City, OK 73102</b>	As of the 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	

Debtor	Name	Case number (if known)		
	<b>Hospital for Special Surgery, LLC</b>	<b>24-12862-JDL</b>		
2.87	Priority creditor's name and mailing address <b>Oklahoma County Treasurer</b> <b>320 Robert S. Kerr Ave #307</b> <b>Oklahoma City, OK 73102</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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		
2.88	Priority creditor's name and mailing address <b>Oklahoma Employment Security Commission</b> <b>2401 N. Lincoln Blvd</b> <b>Oklahoma City, OK 73105</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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		
2.89	Priority creditor's name and mailing address <b>Oklahoma Tax Commission</b>  <b>Oklahoma City, OK 73194</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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		
2.90	Priority creditor's name and mailing address <b>ONDINA MANESS</b> <b>754 BROOKWOOD DR</b> <b>Oklahoma City, OK 73139</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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	<b>Hospital for Special Surgery, LLC</b> <small>Name</small>	Case number (if known)	<b>24-12862-JDL</b>
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2.91	Priority creditor's name and mailing address <b>PATRICK COOPER</b> <b>2200 ANDY AVE NW</b> <b>Piedmont, OK 73078</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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 <b>RENEE EUSTICE</b> <b>9004 S. SHARTEL AVE</b> <b>Oklahoma City, OK 73139</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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 <b>RHONDA BROWN</b> <b>7841 JESSE TRAIL</b> <b>Oklahoma City, OK 73150</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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 <b>ROBERT COLLIER</b> <b>11716 NW 135TH ST</b> <b>Piedmont, OK 73078</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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 <b>RYAN HODGES</b> <b>12930 ARBOR MEADOWS LN</b> <b>Oklahoma City, OK 73165</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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 <b>SAMANTHA PHILLIPS</b> <b>1214 GARDEN GRV</b> <b>Yukon, OK 73099</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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 <b>SANDRA MILACEK</b> <b>3337 NW 159TH TERRACE</b> <b>Edmond, OK 73013</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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 <b>SARAH BLOUGH</b> <b>2900 S. I-35 SERVICE RD.</b> <b>Oklahoma City, OK 73160</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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)		
	<b>Hospital for Special Surgery, LLC</b>	<b>24-12862-JDL</b>		
2.99	Priority creditor's name and mailing address <b>SEAN BROWNING</b> <b>12320 HICKORY CREEK BLVD</b> <b>Oklahoma City, OK 73170</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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	Priority creditor's name and mailing address <b>SELMA BEDIAKO</b> <b>2327 SHELL DR</b> <b>Oklahoma City, OK 73130</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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	Priority creditor's name and mailing address <b>SHANNON BUICK</b> <b>1804 VICTORIA DR</b> <b>Edmond, OK 73003</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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	Priority creditor's name and mailing address <b>SHELBY KITCHENS</b> <b>4201 W MEMORIAL RD</b> <b>Oklahoma City, OK 73134</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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)		
	<b>Hospital for Special Surgery, LLC</b>	<b>24-12862-JDL</b>		
2.103	Priority creditor's name and mailing address <b>SHELLI MEYER</b> <b>6608 RANDI ROAD</b> <b>Oklahoma City, OK 73132</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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 <b>SHERYLON CAMERON</b> <b>2732 SE 89TH TERRANCE</b> <b>MOORE, OK 73160</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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 <b>SONYA LONDON</b> <b>8225 NW 83RD STREET</b> <b>Oklahoma City, OK 73132</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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 <b>STACEY BROCK</b> <b>529 S WOODLAND DR</b> <b>Mustang, OK 73064</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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	<b>Hospital for Special Surgery, LLC</b> <b>STEPHANIE JOHNSON</b> <b>715 OAK PARK DR</b> <b>Choctaw, OK 73020</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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	<b>STEVE HOCKERT</b> <b>6701 BELMAR CIRCLE</b> <b>Norman, OK 73071</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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	<b>SUE SHULTZ</b> <b>1537 COUNTY ROAD 1250</b> <b>Tuttle, OK 73089</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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	<b>TAMARA CHATMAN</b> <b>510 NE 20TH STREET</b> <b>Newcastle, OK 73065</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	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)	24-12862-JDL
2.111	Priority creditor's name and mailing address <b>TAYLOR NIX</b> <b>6124 OXNARD ST</b> <b>Edmond, OK 73034</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	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	Priority creditor's name and mailing address <b>TERESA GAGE</b> <b>305 N ROCKY POINT DRIVE</b> <b>Edmond, OK 73003</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	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	Priority creditor's name and mailing address <b>TESS KNOX</b> <b>12701 N PENNSYLVANIA AVE</b> <b>Oklahoma City, OK 73120</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	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	Priority creditor's name and mailing address <b>TIFFANY DAWSON</b> <b>11806 RED OAK WAY</b> <b>Oklahoma City, OK 73162</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	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	<b>Hospital for Special Surgery, LLC</b> <small>Name</small>	Case number (if known)	<b>24-12862-JDL</b>
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2.115	Priority creditor's name and mailing address <b>VERONICA MARTINEZ</b> <b>1308 CARLISLE CT</b> <b>Oklahoma City, OK 73120</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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 <b>VICTORIA OWINGS</b> <b>1316 SAINT GEORGE AVENUE</b> <b>MOORE, OK 73160</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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 <b>WHITNEY GORDON</b> <b>11935 NORTH MUSTANG ROAD</b> <b>Yukon, OK 73099</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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 <b>9000 BROADWAY OWNERS ASSOCIATION LLC</b> <b>5100 NORTH CLASSEN BLVD</b> <b>Oklahoma City, OK 73118</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,107.70</b>
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 <b>ABBOTT LABORATORIES INC</b> <b>22400 NETWORK PLACE</b> <b>Chicago, IL 60673-1224</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$58,740.00</b>
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)	
<b>Hospital for Special Surgery, LLC</b>	<b>24-12862-JDL</b>	
<b>3.3</b> Nonpriority creditor's name and mailing address <b>ABBVIE US LLC</b> <b>62671 COLLECTION CENTER DRIVE</b> <b>CHICAGO, IL 60693-0626</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$61,800.00</b>
<b>3.4</b> Nonpriority creditor's name and mailing address <b>ACCEL TECHNOLOGY GROUP LLC</b> <b>PO BOX 5123</b> <b>Edmond, OK 73083</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,129.17</b>
<b>3.5</b> Nonpriority creditor's name and mailing address <b>ADMIRAL EXPRESS</b> <b>PO BOX 470650</b> <b>Tulsa, OK 74147-0650</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,895.85</b>
<b>3.6</b> Nonpriority creditor's name and mailing address <b>ADVANCED MEDICAL SALES</b> <b>232 AVENIDA FABRICANTE</b> <b>SUITE 103/104</b> <b>San Clemente, CA 92672</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,265.03</b>
<b>3.7</b> Nonpriority creditor's name and mailing address <b>ADVANCED NEURO SOLUTIONS</b> <b>9521 B RIVERSIDE PARKWAY #338</b> <b>Tulsa, OK 74137</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$250.00</b>
<b>3.8</b> Nonpriority creditor's name and mailing address <b>ADVANCED STERILIZATION PRODUCTS SERVICES</b> <b>PO BOX 74007359</b> <b>Chicago, IL 60674-7359</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,467.15</b>
<b>3.9</b> Nonpriority creditor's name and mailing address <b>AESCULAP INC</b> <b>PO BOX 780391</b> <b>Philadelphia, PA 19178-0426</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$22,483.80</b>



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

Debtor Name	Case number (if known)	
<b>Hospital for Special Surgery, LLC</b>	<b>24-12862-JDL</b>	
<b>3.17</b> Nonpriority creditor's name and mailing address <b>AMERIPATH OKLAHOMA CITY</b> <b>PO BOX 849893</b> <b>Dallas, TX 75284-9893</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$583.98</b>
<b>3.18</b> Nonpriority creditor's name and mailing address <b>AMO SALES AND SERVICE INC</b> <b>PO BOX 74007099</b> <b>Chicago, IL 60674-7099</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,026.57</b>
<b>3.19</b> Nonpriority creditor's name and mailing address <b>ANESTHESIA SERVICE</b> <b>1821 N CLASSEN BLVD</b> <b>Oklahoma City, OK 73106-6012</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,403.86</b>
<b>3.20</b> Nonpriority creditor's name and mailing address <b>ANETHESIA SPECIALISTS OF OKLAHOMA LLC</b> <b>21 NE 3RD STREET</b> <b>Oklahoma City, OK 73104</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,082.79</b>
<b>3.21</b> Nonpriority creditor's name and mailing address <b>ANGELA SCHEETS</b> <b>7416 NOAH PARKWAY</b> <b>Oklahoma City, OK 73132</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,315.60</b>
<b>3.22</b> Nonpriority creditor's name and mailing address <b>ANIKA THERAPEUTICS INC</b> <b>32 WIGGINS AVE</b> <b>BEDFORD, MA 01730</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,944.50</b>
<b>3.23</b> Nonpriority creditor's name and mailing address <b>APEX HEALTHCARE PARTNERS CONSULTING LLC</b> <b>12344 MARKET DRIVE</b> <b>Oklahoma City, OK 73114</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$22,092.74</b>

Debtor	<b>Hospital for Special Surgery, LLC</b> Name	Case number (if known)	<b>24-12862-JDL</b>
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3.24	<b>Nonpriority creditor's name and mailing address</b> <b>APPLIED MEDICAL DISTRIBUTION CORPORATION</b> <b>PO BOX 3511</b> <b>Carol Stream, IL 60132-3511</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,932.88</b>
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3.25	<b>Nonpriority creditor's name and mailing address</b> <b>ARMSTRONG MEDICAL</b> <b>575 KNIGHTSBRIDGE PKWY</b> <b>PO BOX 700</b> <b>Lincolnshire, IL 60069-0700</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$660.00</b>
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3.26	<b>Nonpriority creditor's name and mailing address</b> <b>ARTHREX INC</b> <b>PO BOX 403511</b> <b>Atlanta, GA 30384-3511</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$101,714.83</b>
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3.27	<b>Nonpriority creditor's name and mailing address</b> <b>ARTHROSURFACE INC</b> <b>PO BOX 412843</b> <b>Boston, MA 02241-2843</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.28	<b>Nonpriority creditor's name and mailing address</b> <b>AUTO-CHLOR SERVICES LLC</b> <b>PO BOX 669126</b> <b>Dallas, TX 75266-9126</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,608.17</b>
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3.29	<b>Nonpriority creditor's name and mailing address</b> <b>AVENSTAR PAIN SPECIALISTS</b> <b>1732 SOUTH SOONER ROAD</b> <b>Oklahoma City, OK 73110-2668</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,000.00</b>
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3.30	<b>Nonpriority creditor's name and mailing address</b> <b>BAUSCH + LOMB AMERICAS INC</b> <b>PO BOX 772690</b> <b>Detroit, MI 48277-2690</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$75.00</b>
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Debtor Name	Case number (if known)	
<b>Hospital for Special Surgery, LLC</b>	<b>24-12862-JDL</b>	
<b>3.31</b> Nonpriority creditor's name and mailing address <b>BAXTER HEALTHCARE</b> <b>PO BOX 730531</b> <b>Dallas, TX 75373-0531</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,801.67</b>
<b>3.32</b> Nonpriority creditor's name and mailing address <b>BAYER HEALTHCARE</b> <b>PO BOX 360172</b> <b>Pittsburgh, PA 15251-6172</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,821.42</b>
<b>3.33</b> Nonpriority creditor's name and mailing address <b>BCBS OF OK - REFUND &amp; RECOVERY</b> <b>DEPT 0695</b> <b>PO BOX 120695</b> <b>Dallas, TX 75312-0695</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$36,989.27</b>
<b>3.34</b> Nonpriority creditor's name and mailing address <b>BIOTISSUE OCULAR INC</b> <b>7300 CORPORATE CENTER DRIVE</b> <b>SUITE 700</b> <b>Miami, FL 33126</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,339.00</b>
<b>3.35</b> Nonpriority creditor's name and mailing address <b>BKD Forvis</b> <b>211 N. Robinson Suite 600</b> <b>Oklahoma City, OK 73102</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,932.00</b>
<b>3.36</b> Nonpriority creditor's name and mailing address <b>BLUECROSS BLUESHEILD OF OK</b> <b>PO BOX 650615</b> <b>Dallas, TX 75265-0615</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$62,130.61</b>
<b>3.37</b> Nonpriority creditor's name and mailing address <b>BOSTON SCIENTIFIC CORPORATION</b> <b>PO BOX 951653</b> <b>Dallas, TX 75395-1653</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$427,642.57</b>

Debtor	<b>Hospital for Special Surgery, LLC</b> Name	Case number (if known)	<b>24-12862-JDL</b>
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3.38	<b>Nonpriority creditor's name and mailing address</b> <b>BREG INC</b> <b>PO BOX 849991</b> <b>Dallas, TX 75284</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$151.86</b>
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3.39	<b>Nonpriority creditor's name and mailing address</b> <b>BVI MEDICAL</b> <b>500 TOTTEN POND ROAD</b> <b>10 CITY POINT</b> <b>Waltham, MA 02451</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,975.07</b>
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3.40	<b>Nonpriority creditor's name and mailing address</b> <b>C R BARD INC</b> <b>BD PERIPERAL INTERVENTION</b> <b>PO BOX 75767</b> <b>Charlotte, NC 28275</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$53,809.76</b>
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3.41	<b>Nonpriority creditor's name and mailing address</b> <b>CAPITAL WASTE SOLUTIONS</b> <b>PO BOX 701768</b> <b>Tulsa, OK 74170</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$315.00</b>
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3.42	<b>Nonpriority creditor's name and mailing address</b> <b>Capp Promotional</b> <b>697 North Main Street Suite C</b> <b>Newcastle, OK 73065</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$348.41</b>
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3.43	<b>Nonpriority creditor's name and mailing address</b> <b>CARBOFIX ORTHOPEDICS INC</b> <b>9983 TRADERS LANCE</b> <b>Calabash, NC 28467</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,213.00</b>
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3.44	<b>Nonpriority creditor's name and mailing address</b> <b>CARDINAL HEALTH</b> <b>MEDICAL PRODUCTS &amp; SERVICES</b> <b>PO BOX 730112</b> <b>Dallas, TX 75373</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,620.52</b>
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Debtor Name	Hospital for Special Surgery, LLC	Case number (if known)	24-12862-JDL
3.45	<b>Nonpriority creditor's name and mailing address</b> <b>CAREFUSION SOLUTIONS LLC</b> <b>25082 NETWORK PLACE</b> <b>Chicago, IL 60673-1250</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,088.99</b>
3.46	<b>Nonpriority creditor's name and mailing address</b> <b>CENTINEL SPINE LLC</b> <b>PO BOX 207368</b> <b>Dallas, TX 75320-7368</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$24,200.00</b>
3.47	<b>Nonpriority creditor's name and mailing address</b> <b>Christina Wilson</b> <b>1901 S. Kelley Avenue, Suite 120</b> <b>Edmond, OK 73013</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$180.92</b>
3.48	<b>Nonpriority creditor's name and mailing address</b> <b>CITY OF OKLAHOMA CITY</b> <b>2300 GENERAL PERSHING BLVD</b> <b>Oklahoma City, OK 73107</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$151.93</b>
3.49	<b>Nonpriority creditor's name and mailing address</b> <b>Clean Uniform Company</b> <b>1316 South Seventh Street</b> <b>Saint Louis, MO 63104</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$568.65</b>
3.50	<b>Nonpriority creditor's name and mailing address</b> <b>COATES FIELD SERVICE INC</b> <b>3150 NW 149TH STREET</b> <b>Oklahoma City, OK 73134</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$210.82</b>
3.51	<b>Nonpriority creditor's name and mailing address</b> <b>COLLIN BELOTE</b> <b>19501 N PENN</b> <b>APT 1009</b> <b>Edmond, OK 73012</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$173.05</b>

Debtor Name	Hospital for Special Surgery, LLC	Case number (if known)	24-12862-JDL
3.52	<b>Nonpriority creditor's name and mailing address</b> <b>COMPREHENSIVE CARE SERVICES INC</b> <b>45211 HELM STREET</b> <b>Plymouth, MI 48170</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.53	<b>Nonpriority creditor's name and mailing address</b> <b>COMPREHENSIVE DIAGNOSTIC IMAGING</b> <b>5800 NORTH PORTLAND</b> <b>Oklahoma City, OK 73112</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$357,962.82</b>
3.54	<b>Nonpriority creditor's name and mailing address</b> <b>COMTEC ELECTRONIC SYSTEMS INC</b> <b>PO BOX 489</b> <b>Choctaw, OK 73020</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$941.36</b>
3.55	<b>Nonpriority creditor's name and mailing address</b> <b>CONMED LINVATEC</b> <b>PO BOX 301231</b> <b>Dallas, TX 75303-1231</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$26,780.95</b>
3.56	<b>Nonpriority creditor's name and mailing address</b> <b>CONSENSUS CLOUD SOLUTIONS DBA</b> <b>SRFAX</b> <b>PO BOX 2012131</b> <b>STATION A</b> <b>TORONTO, ONTARIO M52 OK5 CDN</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.57	<b>Nonpriority creditor's name and mailing address</b> <b>CORELINK LLC</b> <b>2072 FENTON LOGISTICS PK BLVD</b> <b>Fenton, MO 63026</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$21,450.00</b>
3.58	<b>Nonpriority creditor's name and mailing address</b> <b>CORIN USA</b> <b>PO BOX 654106</b> <b>Dallas, TX 75265-4106</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,197.95</b>



Debtor Name	Case number (if known)	24-12862-JDL
<b>Hospital for Special Surgery, LLC</b> Name 3.59 Nonpriority creditor's name and mailing address <b>CORNEAGEN INC</b> <b>PO BOX 35146</b> <b>Seattle, WA 98124</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,356.31</b>
3.60 Nonpriority creditor's name and mailing address <b>COX COMMUNICATIONS INC</b> <b>PO BOX 650963</b> <b>Dallas, TX 75265-0963</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,137.28</b>
3.61 Nonpriority creditor's name and mailing address <b>CURONIX LLC</b> <b>PO BOX 735990</b> <b>Dallas, TX 75373-5990</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,000.00</b>
3.62 Nonpriority creditor's name and mailing address <b>DANA WILSON</b> <b>708 WALNUT</b> <b>Weatherford, OK 73096</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$187.39</b>
3.63 Nonpriority creditor's name and mailing address <b>Darryl W. Jones APRN-CRNA LLC</b> <b>6204 Waterford Blvd Unit 42</b> <b>Oklahoma City, OK 73118</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,185.00</b>
3.64 Nonpriority creditor's name and mailing address <b>DAVID EMIGH</b> <b>3153 NW 25TH STREET</b> <b>Oklahoma City, OK 73107</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$40.08</b>
3.65 Nonpriority creditor's name and mailing address <b>DAVID GOSS</b> <b>12900 CEDAR SPRINGS ROAD</b> <b>Oklahoma City, OK 73120</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$25.00</b>



Debtor	<b>Hospital for Special Surgery, LLC</b> Name	Case number (if known)	<b>24-12862-JDL</b>
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3.66	<b>Nonpriority creditor's name and mailing address</b> <b>DEPENDABLE WINDOW CLEANING LLC</b> <b>STEVE YOUNG</b> <b>PO BOX 97</b> <b>Guthrie, OK 73044</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$556.00</b>
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3.67	<b>Nonpriority creditor's name and mailing address</b> <b>DEPT OF ENVIRONMENTAL QUALITY</b> <b>ADMINISTRATIVE SERVICES - ACCOUNTS</b> <b>REC</b> <b>PO BOX 2036</b> <b>Oklahoma City, OK 73101</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,445.60</b>
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3.68	<b>Nonpriority creditor's name and mailing address</b> <b>DEPUY SYNTHES SALES INC</b> <b>5972 COLLECTIONS CENTER DRIVE</b> <b>Chicago, IL 60693</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,461.07</b>
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3.69	<b>Nonpriority creditor's name and mailing address</b> <b>DEROYAL INDUSTRIES</b> <b>MSC 30316</b> <b>PO BOX 415000</b> <b>Nashville, TN 37241</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$840.57</b>
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3.70	<b>Nonpriority creditor's name and mailing address</b> <b>DIAGNOSTIC LAB OF OKLAHOMA</b> <b>PO BOX 676324</b> <b>Dallas, TX 75267-6324</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,000.00</b>
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3.71	<b>Nonpriority creditor's name and mailing address</b> <b>DJO LLC</b> <b>PO BOX 650777</b> <b>Dallas, TX 75265</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,539.90</b>
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3.72	<b>Nonpriority creditor's name and mailing address</b> <b>DONNA GIPSON</b> <b>1346 W I-240 SERVICE ROAD</b> <b>APT 121</b> <b>Oklahoma City, OK 73159</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$28.75</b>
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Debtor	Hospital for Special Surgery, LLC	Case number (if known)	24-12862-JDL
	Name		
3.73	<b>Nonpriority creditor's name and mailing address</b> <b>DYNAMIC ACCESS LLC</b> <b>2600 N CENTRAL EXPWY</b> <b>SUITE 280</b> <b>Richardson, TX 75080</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,350.00</b>
3.74	<b>Nonpriority creditor's name and mailing address</b> <b>EBMS AETNA</b> <b>3333 HESPER ROAD</b> <b>Billings, MT 59104-1367</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,377.65</b>
3.75	<b>Nonpriority creditor's name and mailing address</b> <b>EMILY FRAZIER</b> <b>904 EDINBURG DRIVE</b> <b>Yukon, OK 73099</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$97.23</b>
3.76	<b>Nonpriority creditor's name and mailing address</b> <b>Emma Base</b> <b>c/o Heather Mitchell Law</b> <b>14001 Quail Springs Parkway</b> <b>Oklahoma City, OK 73134</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,000,000.00</b>
3.77	<b>Nonpriority creditor's name and mailing address</b> <b>EMSA</b> <b>1111 Classen Drive</b> <b>Oklahoma City, OK 73103</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,056.00</b>
3.78	<b>Nonpriority creditor's name and mailing address</b> <b>Encore Professional Medical Services</b> <b>PO Box 2078</b> <b>Oklahoma City, OK 73101</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$645.96</b>
3.79	<b>Nonpriority creditor's name and mailing address</b> <b>EPIMED</b> <b>141 SAL LANDRIO DRIVE</b> <b>CROSSROAD BUSINESS PARK</b> <b>Johnstown, NY 12095</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,155.20</b>

Debtor Name	Case number (if known)	
<b>Hospital for Special Surgery, LLC</b>	<b>24-12862-JDL</b>	
<b>3.80</b> Nonpriority creditor's name and mailing address <b>ETHICON</b> <b>C/O JOHNSON &amp; JOHNSON HEALTHCARE</b> <b>4301 WEST BOY SCOUT BOULEVARD</b> <b>Tampa, FL 33607</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$156.30</b>
<b>3.81</b> Nonpriority creditor's name and mailing address <b>EUREKA WATER COMPANY</b> <b>PO BOX 26730</b> <b>Oklahoma City, OK 73126</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$97.93</b>
<b>3.82</b> Nonpriority creditor's name and mailing address <b>FIRETROL PROTECTION SYSTEMS INC</b> <b>108 NW 132ND STREET</b> <b>OK LIC #863</b> <b>Oklahoma City, OK 73114</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$742.50</b>
<b>3.83</b> Nonpriority creditor's name and mailing address <b>FLOSPINE LLC</b> <b>3998 FAU BLVD</b> <b>STE 300</b> <b>Boca Raton, FL 33431</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$60,075.00</b>
<b>3.84</b> Nonpriority creditor's name and mailing address <b>GARY HAMBY</b> <b>4202 N KENTUCKY AVE</b> <b>Oklahoma City, OK 73118</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$57.72</b>
<b>3.85</b> Nonpriority creditor's name and mailing address <b>GE HEALTHCARE OEC</b> <b>2984 COLLECTIONS CENTER</b> <b>Chicago, IL 60693</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$403.85</b>
<b>3.86</b> Nonpriority creditor's name and mailing address <b>GLAUKOS CORPORATION</b> <b>PO BOX 741074</b> <b>Los Angeles, CA 90074</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$558,923.00</b>

Debtor	<b>Hospital for Special Surgery, LLC</b> <small>Name</small>	Case number (if known)	<b>24-12862-JDL</b>
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3.87	<b>Nonpriority creditor's name and mailing address</b> <b>Global Health</b> <b>210 Park Avenue Ste 2900</b> <b>Oklahoma City, OK 73102</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,125.94</b>
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3.88	<b>Nonpriority creditor's name and mailing address</b> <b>HAYES 405 REFRESHMENTS</b> <b>6101 NW 2ND STREET</b> <b>Oklahoma City, OK 73127</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$443.00</b>
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3.89	<b>Nonpriority creditor's name and mailing address</b> <b>HEALTH CHOICE</b> <b>PO BOX 30511</b> <b>Salt Lake City, UT 84130-0511</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$40,675.00</b>
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3.90	<b>Nonpriority creditor's name and mailing address</b> <b>HEALTHSTREAM INC</b> <b>PO BOX 102817</b> <b>Atlanta, GA 30368-2817</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$235.35</b>
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3.91	<b>Nonpriority creditor's name and mailing address</b> <b>HEARTLAND PATHOLOGY</b> <b>PO BOX 26343</b> <b>Oklahoma City, OK 73126</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,351.14</b>
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3.92	<b>Nonpriority creditor's name and mailing address</b> <b>HENRY SCHEIN INC</b> <b>DEPT CH 10560</b> <b>Palatine, IL 60055-0560</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$50,473.69</b>
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3.93	<b>Nonpriority creditor's name and mailing address</b> <b>Hoisington &amp; Lindsey PLLC</b> <b>408 N.W. 7th Street</b> <b>Oklahoma City, OK 73102</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Contingent unsecured claim for fees and expenses against wasting policy that is property of estate</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor	<b>Hospital for Special Surgery, LLC</b> Name	Case number (if known)	<b>24-12862-JDL</b>
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3.94	<b>Nonpriority creditor's name and mailing address</b> <b>I.T.S USA</b> <b>1778 PARK AVENUE NORTH</b> <b>SUITE 200</b> <b>Maitland, FL 32751</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,650.00</b>
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3.95	<b>Nonpriority creditor's name and mailing address</b> <b>IA NTREK INC</b> <b>151 EAST POST ROAD</b> <b>SUITE 111</b> <b>White Plains, NY 10601</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,350.00</b>
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3.96	<b>Nonpriority creditor's name and mailing address</b> <b>IMPRIMIS RX</b> <b>PO BOX 631804</b> <b>Cincinnati, OH 45263-1804</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,960.00</b>
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3.97	<b>Nonpriority creditor's name and mailing address</b> <b>INNOV8ORTHO LLC</b> <b>PO BOX 154</b> <b>Edgewater, NJ 07020</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,615.00</b>
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3.98	<b>Nonpriority creditor's name and mailing address</b> <b>INNOVICE LLC</b> <b>PO BOX 803</b> <b>Council Bluffs, IA 51503</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,290.00</b>
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3.99	<b>Nonpriority creditor's name and mailing address</b> <b>INTEGRITY BIOLOGICS LLC</b> <b>9524 E 81ST</b> <b>STE B1614</b> <b>Tulsa, OK 74133</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,265.00</b>
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3.100	<b>Nonpriority creditor's name and mailing address</b> <b>Iridex Corporation</b> <b>Dept Ch 19893</b> <b>Palatine, IL 60055-9893</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,824.22</b>
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Debtor	<b>Hospital for Special Surgery, LLC</b> Name	Case number (if known)	<b>24-12862-JDL</b>
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3.101	<b>Nonpriority creditor's name and mailing address</b> <b>J&amp;J HEALTHCARE - DEPUY MITEK</b> <b>5972 COLLECTIONS CENTER DR</b> <b>Chicago, IL 60693</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$27,322.21</b>
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3.102	<b>Nonpriority creditor's name and mailing address</b> <b>J&amp;J HEALTHCARE SYSTEMS INC</b> <b>5972 COLLECTIONS CENTER DR</b> <b>Chicago, IL 60693</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,120.43</b>
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3.103	<b>Nonpriority creditor's name and mailing address</b> <b>JAMES KENT</b> <b>6201 S DONNA LANE</b> <b>Oklahoma City, OK 73150</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$35.00</b>
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3.104	<b>Nonpriority creditor's name and mailing address</b> <b>JEAN FRANKLIN</b> <b>4317 NW 54TH</b> <b>Oklahoma City, OK 73112</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$113.89</b>
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3.105	<b>Nonpriority creditor's name and mailing address</b> <b>JOINT RESTORATION FOUNDATION JRF</b> <b>PO BOX 843549</b> <b>Kansas City, MO 64184-3549</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,456.00</b>
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3.106	<b>Nonpriority creditor's name and mailing address</b> <b>JOTFORM</b> <b>4 EMBARCADERO CENTER</b> <b>SUITE 780</b> <b>San Francisco, CA 94111</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$348.00</b>
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3.107	<b>Nonpriority creditor's name and mailing address</b> <b>JWS Medical PLLC</b> <b>PO Box 2150</b> <b>Lowell, AR 72745</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$718.39</b>
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Debtor	<b>Hospital for Special Surgery, LLC</b> <small>Name</small>	Case number (if known)	<b>24-12862-JDL</b>
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3.108	<b>Nonpriority creditor's name and mailing address</b> <b>K-LYNN CONSULTING &amp; CANCER REGISTRY SVCS, LLC</b> <b>KELLY LYNN FARMER, CTR</b> <b>PO BOX 721268</b> <b>Norman, OK 73070</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$500.00</b>
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3.109	<b>Nonpriority creditor's name and mailing address</b> <b>KAPPA STAFFING</b> <b>PO BOX 2112</b> <b>Oklahoma City, OK 73101</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$880.00</b>
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3.110	<b>Nonpriority creditor's name and mailing address</b> <b>KATENA PRODUCTS INC CORZA MEDICAL</b> <b>PO BOX 411412</b> <b>Boston, MA 02241-1289</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$971.30</b>
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3.111	<b>Nonpriority creditor's name and mailing address</b> <b>KCI USA</b> <b>PO BOX 301557</b> <b>Dallas, TX 75303-1557</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,791.42</b>
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3.112	<b>Nonpriority creditor's name and mailing address</b> <b>KEITH DACE INC</b> <b>14900 BLACKJACK DR</b> <b>Piedmont, OK 73078</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,650.00</b>
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3.113	<b>Nonpriority creditor's name and mailing address</b> <b>KELLI HUTCHINS</b> <b>11100 ROXBORO AVE</b> <b>Oklahoma City, OK 73162</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$50.00</b>
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3.114	<b>Nonpriority creditor's name and mailing address</b> <b>Kelly Hennessey</b> <b>2301 72nd Ave</b> <b>Norman, OK 73072</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$306.45</b>
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Debtor Name	Hospital for Special Surgery, LLC	Case number (if known)	24-12862-JDL
3.115	<b>Nonpriority creditor's name and mailing address</b> <b>LAFFOON HEALTHCARE SERVICES LLC</b> <b>11709 MILANO ROAD</b> <b>Oklahoma City, OK 73173</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,305.00</b>
3.116	<b>Nonpriority creditor's name and mailing address</b> <b>LANDAUER</b> <b>PO BOX 809051</b> <b>Chicago, IL 60680-9051</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,455.55</b>
3.117	<b>Nonpriority creditor's name and mailing address</b> <b>LENA BRESHEARS</b> <b>99120 NE 34</b> <b>Spencer, OK 73084</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11.30</b>
3.118	<b>Nonpriority creditor's name and mailing address</b> <b>LESLI CLEMENTS</b> <b>4708 TRINA DRIVE</b> <b>Oklahoma City, OK 73115</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$50.00</b>
3.119	<b>Nonpriority creditor's name and mailing address</b> <b>LIFENET HEALTH</b> <b>PO BOX 79636</b> <b>Baltimore, MD 21279-0636</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,965.50</b>
3.120	<b>Nonpriority creditor's name and mailing address</b> <b>LINKBIO CORP</b> <b>69 KING ST</b> <b>Dover, NJ 07801</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.121	<b>Nonpriority creditor's name and mailing address</b> <b>M&amp;M Insulation</b> <b>1625 S. Missouri Avenue</b> <b>Oklahoma City, OK 73129</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$914.78</b>



Debtor	<b>Hospital for Special Surgery, LLC</b> <small>Name</small>	Case number (if known)	<b>24-12862-JDL</b>
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3.122	<b>Nonpriority creditor's name and mailing address</b> <b>MARGARET MERRELL</b> <b>PO BOX 136</b> <b>Sasakwa, OK 74867</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$86.80</b>
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3.123	<b>Nonpriority creditor's name and mailing address</b> <b>Mastermed LLC</b> <b>dba Titan Medical Instruments</b> <b>160 Bella Vista Ct #N</b> <b>Jupiter, FL 33477-5503</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$330.00</b>
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3.124	<b>Nonpriority creditor's name and mailing address</b> <b>MCKESSON MEDICAL SURGICAL</b> <b>PO BOX 933027</b> <b>Atlanta, GA 31193-3027</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,067.87</b>
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3.125	<b>Nonpriority creditor's name and mailing address</b> <b>MCKESSON PHARMACEUTICALS</b> <b>PO BOX 933027</b> <b>Atlanta, GA 31193-3027</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,501.94</b>
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3.126	<b>Nonpriority creditor's name and mailing address</b> <b>MCKESSON SPECIALTY DISTRIBUTION LLC</b> <b>PO BOX 841838</b> <b>Dallas, TX 75284-1838</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,878.40</b>
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3.127	<b>Nonpriority creditor's name and mailing address</b> <b>MEDI-SOL</b> <b>PO BOX 7736</b> <b>Edmond, OK 73083</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,686.50</b>
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3.128	<b>Nonpriority creditor's name and mailing address</b> <b>MEDICAL PRODUCTS RESOURCE</b> <b>TWIN CITY MEDICAL</b> <b>917 LONE OAK ROAD</b> <b>SUITE 1000</b> <b>EAGAN, MN 55121</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,031.75</b>
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Debtor Name	Hospital for Special Surgery, LLC	Case number (if known)	24-12862-JDL
3.129	<b>Nonpriority creditor's name and mailing address</b> <b>MEDICARE</b> <b>NOVITAS SOLUTIONS</b> <b>PO BOX 3105</b> <b>Mechanicsburg, PA 17055</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$58,083.73</b>
3.130	<b>Nonpriority creditor's name and mailing address</b> <b>MEDLINE INDUSTRIES INC</b> <b>DEPT 1080</b> <b>PO BOX 121080</b> <b>Dallas, TX 75312-1080</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$87,538.17</b>
3.131	<b>Nonpriority creditor's name and mailing address</b> <b>MEDQ INC</b> <b>PO BOX 260836</b> <b>Plano, TX 75026</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.132	<b>Nonpriority creditor's name and mailing address</b> <b>MEDSPHERE SYSTEMS CORPORATION</b> <b>9980 S 300</b> <b>STE 200</b> <b>Sandy, UT 84070-3654</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,814.37</b>
3.133	<b>Nonpriority creditor's name and mailing address</b> <b>MEDTRONIC</b> <b>PO BOX 848086</b> <b>Dallas, TX 75284-8086</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$784,346.16</b>
3.134	<b>Nonpriority creditor's name and mailing address</b> <b>MEDTRONIC USA</b> <b>PO BOX 848086</b> <b>Dallas, TX 75284-8086</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,189.42</b>
3.135	<b>Nonpriority creditor's name and mailing address</b> <b>METLIFE SMALL BUSINESS CENTER</b> <b>PO BOX 804466</b> <b>Kansas City, MO 64180-4466</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,553.03</b>

Debtor	<b>Hospital for Special Surgery, LLC</b> <small>Name</small>	Case number (if known)	<b>24-12862-JDL</b>
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3.136	<b>Nonpriority creditor's name and mailing address</b> <b>MIACH ORTHOPAEDICS</b> <b>69 MILK STREET</b> <b>SUITE 100</b> <b>Westborough, MA 01581</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,025.00</b>
3.137	<b>Nonpriority creditor's name and mailing address</b> <b>Micro Aire</b> <b>Lock Box 96565</b> <b>Chicago, IL 60693</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$671.31</b>
3.138	<b>Nonpriority creditor's name and mailing address</b> <b>MICROPORT ORTHOPEDICS INC</b> <b>PO BOX 842005</b> <b>Dallas, TX 75284-2005</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$26,250.00</b>
3.139	<b>Nonpriority creditor's name and mailing address</b> <b>MICROSURGICAL TECHNOLOGY, INC</b> <b>PO BOX 74007048</b> <b>Chicago, IL 60674-7048</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.140	<b>Nonpriority creditor's name and mailing address</b> <b>MIDCON DATA SERVICES LLC</b> <b>13431 N BROADWAY EXTENSION</b> <b>SUITE 115</b> <b>Oklahoma City, OK 73114</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$468.74</b>
3.141	<b>Nonpriority creditor's name and mailing address</b> <b>MIDTOWN ORTHOPEDICS &amp; SPORTS MEDICINE</b> <b>400 NW 13TH</b> <b>Oklahoma City, OK 73103</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$149,655.71</b>
3.142	<b>Nonpriority creditor's name and mailing address</b> <b>MILLENNIUM SURGICAL CORP</b> <b>PO BOX 775385</b> <b>Chicago, IL 60677-5385</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$39.10</b>

Debtor	<b>Hospital for Special Surgery, LLC</b> Name _____	Case number (if known)	<b>24-12862-JDL</b>
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3.143	<b>Nonpriority creditor's name and mailing address</b> <b>MOBIUS THERAPEUTICS LLC</b> <b>1000 EXECUTIVE PARKWAY</b> <b>SUITE 224</b> <b>Saint Louis, MO 63141</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,977.92</b>
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3.144	<b>Nonpriority creditor's name and mailing address</b> <b>MODERN ELECTRONICS LLC</b> <b>3201 S. WESTERN</b> <b>Oklahoma City, OK 73109</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$419.00</b>
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3.145	<b>Nonpriority creditor's name and mailing address</b> <b>NATIONAL NEUROMONITORING SERVICES</b> <b>1141 N LOOP</b> <b>1604 E #105-612</b> <b>San Antonio, TX 78232</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,000.00</b>
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3.146	<b>Nonpriority creditor's name and mailing address</b> <b>NEVRO CORP</b> <b>501 ALLENDALE ROAD</b> <b>#101B</b> <b>King of Prussia, PA 19406</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$169,425.00</b>
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3.147	<b>Nonpriority creditor's name and mailing address</b> <b>NEW WORLD MEDICAL</b> <b>1801 W OLYMPIC BLVD</b> <b>FILE 2356</b> <b>Pasadena, CA 91199-2356</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,900.00</b>
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3.148	<b>Nonpriority creditor's name and mailing address</b> <b>NEXUS SPINE</b> <b>2825 E COTTONWOOD PKWY</b> <b>STE 330</b> <b>Salt Lake City, UT 84121</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$31,500.00</b>
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3.149	<b>Nonpriority creditor's name and mailing address</b> <b>OEC MEDICAL SYSTEMS</b> <b>2984 COLLECTIONS CENTER</b> <b>Chicago, IL 60696</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,250.00</b>
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Debtor Name	Hospital for Special Surgery, LLC	Case number (if known)	24-12862-JDL
3.150	<b>Nonpriority creditor's name and mailing address</b> <b>OG&amp;E</b> <b>PO BOX 24990</b> <b>Oklahoma City, OK 73124-0990</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,548.82</b>
3.151	<b>Nonpriority creditor's name and mailing address</b> <b>OKLAHOMA BLOOD INSTITUTE</b> <b>DEPT #96-0115</b> <b>Oklahoma City, OK 73196-0115</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,424.80</b>
3.152	<b>Nonpriority creditor's name and mailing address</b> <b>Oklahoma Center for Spine &amp; Pain</b> <b>Solutions PC</b> <b>13700 S Western Ave #100</b> <b>Oklahoma City, OK 73170-7006</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,061.38</b>
3.153	<b>Nonpriority creditor's name and mailing address</b> <b>OKLAHOMA COUNTY CLERK</b> <b>320 ROBERT S. KERR</b> <b>SUITE 203</b> <b>Oklahoma City, OK 73102</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$46.00</b>
3.154	<b>Nonpriority creditor's name and mailing address</b> <b>OKLAHOMA DEPARTMENT OF</b> <b>ENVIRONMENTAL QUALITY</b> <b>PO BOX 2036</b> <b>Oklahoma City, OK 73101</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,528.00</b>
3.155	<b>Nonpriority creditor's name and mailing address</b> <b>OKLAHOMA EYE SURGEONS PLLC</b> <b>5600 N PORTLAND AVE</b> <b>Oklahoma City, OK 73112</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$43,574.47</b>
3.156	<b>Nonpriority creditor's name and mailing address</b> <b>Oklahoma Foundation for Medical Quality</b> <b>525 Central Park Drive</b> <b>Suite 1011</b> <b>Oklahoma City, OK 73105-1703</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$282.26</b>

Debtor Name	Hospital for Special Surgery, LLC	Case number (if known)	24-12862-JDL
3.157	<b>Nonpriority creditor's name and mailing address</b> <b>OKLAHOMA NATURAL GAS COMPANY</b> <b>PO BOX 219296</b> <b>Kansas City, MO 64121-9296</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,693.58</b>
3.158	<b>Nonpriority creditor's name and mailing address</b> <b>OKLAHOMA SLEEP INSTITUTE</b> <b>13901 TECHNOLOGY DR</b> <b>STE A1</b> <b>Oklahoma City, OK 73134</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$33,750.00</b>
3.159	<b>Nonpriority creditor's name and mailing address</b> <b>OKLAHOMA TAX COMMISSION</b> <b>PO BOX 26850</b> <b>Oklahoma City, OK 73126-0850</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$24,456.96</b>
3.160	<b>Nonpriority creditor's name and mailing address</b> <b>OKLAHOMA WATER TREATMENT SOLUTIONS</b> <b>304 N MERIDIAN AVE #23</b> <b>Oklahoma City, OK 73107</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$488.81</b>
3.161	<b>Nonpriority creditor's name and mailing address</b> <b>OLSEN ORTHOPEDICS PLLC</b> <b>1140 S. DOUGLAS BLVD</b> <b>Oklahoma City, OK 73130</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$105,664.63</b>
3.162	<b>Nonpriority creditor's name and mailing address</b> <b>OLYMPUS AMERICA</b> <b>PO BOX 200194</b> <b>Pittsburgh, PA 15251-0194</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,729.38</b>
3.163	<b>Nonpriority creditor's name and mailing address</b> <b>OMNILIFE SCIENCE INC</b> <b>480 PARAMOUNT DRIVE</b> <b>Raynham, MA 02767</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,197.95</b>

Debtor Name	Case number (if known)	
<b>Hospital for Special Surgery, LLC</b>	<b>24-12862-JDL</b>	
<b>3.164</b> Nonpriority creditor's name and mailing address <b>One Medical Passport</b> <b>156 River Road</b> <b>Willington, CT 06279</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$879.97</b>
<b>3.165</b> Nonpriority creditor's name and mailing address <b>ONE SURGICAL INC</b> <b>PO BOX 1844</b> <b>DEPT O-65</b> <b>Memphis, TN 38101-1844</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$256.51</b>
<b>3.166</b> Nonpriority creditor's name and mailing address <b>ORTHOPAEDIC &amp; SPORTS MEDICINE CENTER</b> <b>VYTAUTAS RINGAS MD</b> <b>PO BOX 654354</b> <b>Dallas, TX 75265</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,428.13</b>
<b>3.167</b> Nonpriority creditor's name and mailing address <b>Orthopedic Solutions PLLC</b> <b>101 S Saints Blvd</b> <b>Ste 101</b> <b>Edmond, OK 73034</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,809.58</b>
<b>3.168</b> Nonpriority creditor's name and mailing address <b>OSRX INC</b> <b>PO BOX 842949</b> <b>Los Angeles, CA 90084-2949</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$450.00</b>
<b>3.169</b> Nonpriority creditor's name and mailing address <b>OSTEOREMEDIES</b> <b>PO BOX 1000</b> <b>DEPT #33061</b> <b>Memphis, TN 38148-3061</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,400.00</b>
<b>3.170</b> Nonpriority creditor's name and mailing address <b>PAINTEQ LLC</b> <b>1511 N WESTSHORE BLVD</b> <b>SUITE 470</b> <b>Tampa, FL 33607</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>



Debtor	Hospital for Special Surgery, LLC		Case number (if known)	24-12862-JDL
	Name			
3.171	<b>Nonpriority creditor's name and mailing address</b> <b>PAN &amp; ASSOCIATES LLC</b> <b>6509 NW 110TH STREET</b> <b>Oklahoma City, OK 73162</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>\$1,000.00</b>
3.172	<b>Nonpriority creditor's name and mailing address</b> <b>PARCUS MEDICAL LLC</b> <b>PO BOX 748445</b> <b>Atlanta, GA 30374-8445</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>\$8,711.41</b>
3.173	<b>Nonpriority creditor's name and mailing address</b> <b>PATRICIA PREAST</b> <b>6226 ANDERSON DRIVE</b> <b>Oklahoma City, OK 73149</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>\$38.37</b>
3.174	<b>Nonpriority creditor's name and mailing address</b> <b>PINNACLE SOLUTIONS</b> <b>PO BOX 860234</b> <b>Shawnee, KS 66286</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>\$219.00</b>
3.175	<b>Nonpriority creditor's name and mailing address</b> <b>PLATFORM TECHNOLOGY ADVISORS</b> <b>70 SANTA FELICIA</b> <b>Goleta, CA 93117</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>\$107.50</b>
3.176	<b>Nonpriority creditor's name and mailing address</b> <b>PRECISION LENS</b> <b>PO BOX 7432</b> <b>Carol Stream, IL 60197-7432</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>\$150.00</b>
3.177	<b>Nonpriority creditor's name and mailing address</b> <b>PRECISION PRINTING</b> <b>2500 N MOORE AVE</b> <b>MOORE, OK 73160</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>\$0.00</b>



Debtor	<b>Hospital for Special Surgery, LLC</b> <small>Name</small>	Case number (if known)	<b>24-12862-JDL</b>
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3.178	<b>Nonpriority creditor's name and mailing address</b> <b>PREFCARDS LLC</b> <b>5550 PAINTED MIRAGE ROAD</b> <b>Las Vegas, NV 89149</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,400.00</b>
3.179	<b>Nonpriority creditor's name and mailing address</b> <b>PRESCOTTS INC</b> <b>18940 MICROSCOPE WAY</b> <b>Monument, CO 80132</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$160.00</b>
3.180	<b>Nonpriority creditor's name and mailing address</b> <b>PRESS GANEY ASSOCIATES INC</b> <b>PO BOX 88335</b> <b>Milwaukee, WI 53288-0335</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,163.32</b>
3.181	<b>Nonpriority creditor's name and mailing address</b> <b>PRIMUS STERILIZER COMPANY LLC</b> <b>7936 FOREST COMPANY LLC</b> <b>Orlando, FL 32810</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$302.09</b>
3.182	<b>Nonpriority creditor's name and mailing address</b> <b>Providence Medical Technology</b> <b>PO Box 8049</b> <b>Carol Stream, IL 60197-8049</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,880.00</b>
3.183	<b>Nonpriority creditor's name and mailing address</b> <b>PYRAMED</b> <b>3320 CLAYS MILL RD</b> <b>SUITE 111</b> <b>Lexington, KY 40503</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,725.00</b>
3.184	<b>Nonpriority creditor's name and mailing address</b> <b>QUEST DIAGNOSTICS</b> <b>PO BOX 740709</b> <b>Atlanta, GA 30374</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$358.15</b>

Debtor	Hospital for Special Surgery, LLC		Case number (if known)	24-12862-JDL
	Name			
3.185	<b>Nonpriority creditor's name and mailing address</b> <b>QUINTECH INC</b> <b>PO BOX 3488</b> <b>DEPT #05-076</b> <b>Tupelo, MS 38803-3488</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>\$1,236.00</b>
3.186	<b>Nonpriority creditor's name and mailing address</b> <b>RADSOURCE IMAGING TECHNOLOGIES</b> <b>8121 NW 97TH TERRACE</b> <b>Kansas City, MO 64153</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>\$1,666.67</b>
3.187	<b>Nonpriority creditor's name and mailing address</b> <b>RAPID CARE TRANSCRIPTION INC</b> <b>12603 SOUTHWEST FWY</b> <b>STE 626</b> <b>Stafford, TX 77477</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>\$6,460.00</b>
3.188	<b>Nonpriority creditor's name and mailing address</b> <b>REGINA LAWSON</b> <b>37207 S COUNTY ROAD 199</b> <b>Woodward, OK 73801</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>\$132.62</b>
3.189	<b>Nonpriority creditor's name and mailing address</b> <b>RELIEVANT MEDSYSTEMS INC</b> <b>PO BOX 675413</b> <b>Detroit, MI 48267-5413</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>\$78,250.00</b>
3.190	<b>Nonpriority creditor's name and mailing address</b> <b>RESTOR3D INC</b> <b>PO BOX 14262</b> <b>ATTN 02268</b> <b>Durham, NC 27709</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>\$4,250.00</b>
3.191	<b>Nonpriority creditor's name and mailing address</b> <b>Rhonda Conway</b> <b>c/o Anita F. Sanders</b> <b>830 NW 10th St</b> <b>Oklahoma City, OK 73106</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Unknown</b>

Debtor	Hospital for Special Surgery, LLC		Case number (if known)	24-12862-JDL
	Name			
3.192	<b>Nonpriority creditor's name and mailing address</b> <b>RHONDA MCALESTER</b> <b>4300 MIDDLEFIELD COURT</b> <b>Norman, OK 73072</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>\$9,940.00</b>
3.193	<b>Nonpriority creditor's name and mailing address</b> <b>RICHARD HERREN</b> <b>1021 S ELLISON AVE</b> <b>EI Reno, OK 73036</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>\$120.14</b>
3.194	<b>Nonpriority creditor's name and mailing address</b> <b>RICOH USA INC</b> <b>PO BOX 660342</b> <b>Dallas, TX 75266-0342</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>\$435.92</b>
3.195	<b>Nonpriority creditor's name and mailing address</b> <b>ROBERT DOUGLAS</b> <b>PO BOX 120695</b> <b>Dallas, TX 75312-0695</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>\$610.52</b>
3.196	<b>Nonpriority creditor's name and mailing address</b> <b>ROBERT GORDON MD PLLC</b> <b>4200 WEST MEMORIAL RD</b> <b>STE 805</b> <b>Oklahoma City, OK 73120</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>\$3,515.19</b>
3.197	<b>Nonpriority creditor's name and mailing address</b> <b>RXSIGHT</b> <b>PO BOX 741292</b> <b>Los Angeles, CA 90074-1292</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>\$0.00</b>
3.198	<b>Nonpriority creditor's name and mailing address</b> <b>RYLAN-JAGGER MEDICAL LLC</b> <b>820 W DANFORTH RD</b> <b>#109</b> <b>Edmond, OK 73003</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>\$25,000.00</b>

Debtor Name	Case number (if known)	
<b>Hospital for Special Surgery, LLC</b>	<b>24-12862-JDL</b>	
<b>3.199</b> Nonpriority creditor's name and mailing address <b>SHEATHING TECHNOLOGIES INC</b> <b>675 JARVIS DRIVE</b> <b>Morgan Hill, CA 95037</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$749.40</b>
<b>3.200</b> Nonpriority creditor's name and mailing address <b>Shred It</b> <b>28883 Network Place</b> <b>Chicago, IL 60673-1288</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$54.00</b>
<b>3.201</b> Nonpriority creditor's name and mailing address <b>SI-BONE INC</b> <b>471 EL CAMINO REAL</b> <b>SUITE 101</b> <b>Santa Clara, CA 95050</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$41,000.00</b>
<b>3.202</b> Nonpriority creditor's name and mailing address <b>Sight Sciences Inc.</b> <b>PO Box 748988</b> <b>Los Angeles, CA 90074-8988</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$17,923.13</b>
<b>3.203</b> Nonpriority creditor's name and mailing address <b>SIGNATURE ORTHOPAEDICS USA LLC</b> <b>3150 STAGE POST DRIVE</b> <b>SUITE 104</b> <b>Memphis, TN 38133</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,800.00</b>
<b>3.204</b> Nonpriority creditor's name and mailing address <b>SMITH &amp; NEPHEW INC</b> <b>PO BOX 842935</b> <b>Dallas, TX 75284-2935</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$68,696.12</b>
<b>3.205</b> Nonpriority creditor's name and mailing address <b>SOLARA SURGICAL PARTNERS LLC</b> <b>2325 DEAN WAY</b> <b>SUITE 100</b> <b>Southlake, TX 76092</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,211,297.86</b>

Debtor	<b>Hospital for Special Surgery, LLC</b> Name	Case number (if known)	<b>24-12862-JDL</b>
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3.206	<b>Nonpriority creditor's name and mailing address</b> <b>SOONER MOBILE X-RAY INC</b> <b>PO BOX 158</b> <b>Duncan, OK 73534</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,000.00</b>
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3.207	<b>Nonpriority creditor's name and mailing address</b> <b>Southwest Orthopedic Specialists PLLC</b> <b>PO Box 269049</b> <b>Oklahoma City, OK 73126</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,504.99</b>
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3.208	<b>Nonpriority creditor's name and mailing address</b> <b>Spinal Simplicity</b> <b>6363 College Blvd Suite 320</b> <b>Leawood, KS 66211</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,500.00</b>
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3.209	<b>Nonpriority creditor's name and mailing address</b> <b>STAPLES ADVANTAGE</b> <b>DEPT DAL</b> <b>PO BOX 660409</b> <b>Dallas, TX 75266-0409</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,445.22</b>
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3.210	<b>Nonpriority creditor's name and mailing address</b> <b>Stericycle</b> <b>PO Box 6575</b> <b>Carol Stream, IL 60197-6575</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$271.76</b>
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3.211	<b>Nonpriority creditor's name and mailing address</b> <b>STERIS CORPORATION</b> <b>PO BOX 676548</b> <b>Dallas, TX 75267-6548</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,823.16</b>
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3.212	<b>Nonpriority creditor's name and mailing address</b> <b>STRATUS BUILDING SOLUTIONS</b> <b>PO BOX 14005</b> <b>Oklahoma City, OK 73113</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,191.09</b>
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Debtor	<b>Hospital for Special Surgery, LLC</b> Name	Case number (if known)	<b>24-12862-JDL</b>
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3.213	<b>Nonpriority creditor's name and mailing address</b> <b>STRYKER ENDOSCOPY</b> <b>C/O STRYKER SALES CORPORATION</b> <b>21343 NETWORK PLACE</b> <b>Chicago, IL 60673-3276</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$20,814.13</b>
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3.214	<b>Nonpriority creditor's name and mailing address</b> <b>STRYKER ORTHOPAEDICS</b> <b>PO BOX 93213</b> <b>Chicago, IL 60673-3213</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,016.73</b>
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3.215	<b>Nonpriority creditor's name and mailing address</b> <b>STRYKER SALES LLC</b> <b>21343 NETWORK PLACE</b> <b>Chicago, IL 60673-1213</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$22,745.05</b>
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3.216	<b>Nonpriority creditor's name and mailing address</b> <b>STRYKER SUSTAINABILITY SOLUTIONS</b> <b>PO BOX 29387</b> <b>Phoenix, AZ 85038</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,025.05</b>
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3.217	<b>Nonpriority creditor's name and mailing address</b> <b>SUMMER OR DEREK JOHNSON</b> <b>15008 SE 59TH TERRACE</b> <b>Choctaw, OK 73020</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$100.00</b>
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3.218	<b>Nonpriority creditor's name and mailing address</b> <b>SUMMIT FIRE &amp; SECURITY LLC</b> <b>PO BOX 855227</b> <b>Minneapolis, MN 55485-5227</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$300.00</b>
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3.219	<b>Nonpriority creditor's name and mailing address</b> <b>SUPERIOR LINEN</b> <b>6959 E 12TH ST</b> <b>Tulsa, OK 74112</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,415.15</b>
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Debtor	Name	Case number (if known)	24-12862-JDL
3.220	<b>Nonpriority creditor's name and mailing address</b> <b>SURGICAL SPECIALTIES CORP</b> <b>PO BOX 419407</b> <b>Boston, MA 02241-9407</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$705.43</b>
3.221	<b>Nonpriority creditor's name and mailing address</b> <b>SUSAN DONNELLY</b> <b>767 CS 292</b> <b>Tuttle, OK 73089</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$230.00</b>
3.222	<b>Nonpriority creditor's name and mailing address</b> <b>TAG OneCore RE Holdings, LLC</b> <b>c/o Ashton Gray LLC</b> <b>12360 Market Dr.</b> <b>Oklahoma City, OK 73114</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.223	<b>Nonpriority creditor's name and mailing address</b> <b>TAKEFORM</b> <b>11601 MAPLE RIDGE</b> <b>Medina, NY 14103</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,585.90</b>
3.224	<b>Nonpriority creditor's name and mailing address</b> <b>Tania A. Ferguson, MD</b> <b>202 Leak Avenue</b> <b>Nashville, TN 37205</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <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	<b>Unknown</b>
3.225	<b>Nonpriority creditor's name and mailing address</b> <b>THE BCA GROUP</b> <b>23391 EAST 149TH STREET SOUTH</b> <b>Coweta, OK 74429</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,283.18</b>
3.226	<b>Nonpriority creditor's name and mailing address</b> <b>TIMOTHY BRIDGES</b> <b>601 ABERDEEN ROAD</b> <b>Edmond, OK 73025</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$67.61</b>



Debtor Name	Hospital for Special Surgery, LLC	Case number (if known)	24-12862-JDL
3.227	<b>Nonpriority creditor's name and mailing address</b> <b>TISSUE REGENIX</b> <b>PO BOX 841379</b> <b>Dallas, TX 75284</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$810.00</b>
3.228	<b>Nonpriority creditor's name and mailing address</b> <b>TK Elevator Corporation</b> <b>4100 Will Rogers Pkwy, Ste 200</b> <b>Oklahoma City, OK 73108</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$921.38</b>
3.229	<b>Nonpriority creditor's name and mailing address</b> <b>TODD FOGARTY, CRNA</b> <b>21 NE 3RD STREET</b> <b>Oklahoma City, OK 73104</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,656.06</b>
3.230	<b>Nonpriority creditor's name and mailing address</b> <b>TOTAL MEDICAL PERSONNEL</b> <b>PO BOX 268947</b> <b>Oklahoma City, OK 73126</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,428.77</b>
3.231	<b>Nonpriority creditor's name and mailing address</b> <b>TRICE MEDICAL</b> <b>26902 VISTA TERRACE</b> <b>Lake Forest, CA 92630-8123</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.232	<b>Nonpriority creditor's name and mailing address</b> <b>TRICORPS</b> <b>PO BOX 32316</b> <b>Oklahoma City, OK 73123</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,800.00</b>
3.233	<b>Nonpriority creditor's name and mailing address</b> <b>TRIMED BIOTECH</b> <b>PO BOX 55189</b> <b>Valencia, CA 91385-0189</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,050.00</b>



Debtor Name	Case number (if known)	
<b>Hospital for Special Surgery, LLC</b>	<b>24-12862-JDL</b>	
<b>3.234</b> Nonpriority creditor's name and mailing address <b>UNION BIOLOGICS LLC</b> <b>191 BROOKSIDE PARKWAY</b> <b>Medford, MA 02155</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$25,450.00</b>
<b>3.235</b> Nonpriority creditor's name and mailing address <b>UNITED MECHANICAL</b> <b>117 NE 38TH TERRACE</b> <b>Oklahoma City, OK 73105</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,978.00</b>
<b>3.236</b> Nonpriority creditor's name and mailing address <b>VALOR INDUSTRIES LLC</b> <b>8280 LOG CABIN ROAD NW</b> <b>Piedmont, OK 73078</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$516.00</b>
<b>3.237</b> Nonpriority creditor's name and mailing address <b>VERTOS MEDICAL INC</b> <b>DEPT 0317</b> <b>PO BOX 120317</b> <b>Dallas, TX 75312-0317</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,718.47</b>
<b>3.238</b> Nonpriority creditor's name and mailing address <b>Vivex Biologics Inc</b> <b>PO Box 201630</b> <b>Dallas, TX 75320-1630</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,925.20</b>
<b>3.239</b> Nonpriority creditor's name and mailing address <b>WAKEFIELD AND ASSOCIATES LLC</b> <b>PO BOX 59004</b> <b>Knoxville, TN 37950</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$730.07</b>
<b>3.240</b> Nonpriority creditor's name and mailing address <b>WATTIE WOLFE CO</b> <b>7601 N BROADWAY EXTENSION</b> <b>Oklahoma City, OK 73116</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$840.00</b>

Debtor	<b>Hospital for Special Surgery, LLC</b> Name	Case number (if known)	<b>24-12862-JDL</b>
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3.241	<b>Nonpriority creditor's name and mailing address</b> <b>WAYSTAR INC</b> <b>1311 SOLUTIONS CENTER</b> <b>Chicago, IL 60677-1311</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,029.22</b>
3.242	<b>Nonpriority creditor's name and mailing address</b> <b>WESTERN OKLAHOMA PAIN SPECIALISTS LLC</b> <b>301 SW 80TH STREET</b> <b>Oklahoma City, OK 73139</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.243	<b>Nonpriority creditor's name and mailing address</b> <b>WHITWORTH LAWN &amp; LANDSCAPE</b> <b>PO BOX 31</b> <b>Piedmont, OK 73078</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,750.00</b>
3.244	<b>Nonpriority creditor's name and mailing address</b> <b>WM CORPORATE SERVICES INC</b> <b>PO BOX 660345</b> <b>Dallas, TX 75266-0345</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,050.69</b>
3.245	<b>Nonpriority creditor's name and mailing address</b> <b>ZACHARIAH SCOTT</b> <b>116 SW 173RD STREET</b> <b>Oklahoma City, OK 73170</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$49.15</b>
3.246	<b>Nonpriority creditor's name and mailing address</b> <b>ZAVATION MEDICAL PRODUCTS</b> <b>PO BOX 321424</b> <b>Flowood, MS 39232</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$52,395.00</b>
3.247	<b>Nonpriority creditor's name and mailing address</b> <b>ZIMMER BIOMET</b> <b>PO BOX 708</b> <b>Warsaw, IN 46581-0708</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

**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.

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

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. +	\$ 20,763,045.38
5c.	\$ 20,763,045.38

**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)

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

**Part 2: Summary of Liabilities**

<b>2. Schedule D: Creditors Who Have Claims Secured by Property</b> (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> .....	\$ <b>1,095,985.63</b>
<b>3. Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
<b>3a. Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$ <b>0.00</b>
<b>3b. Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....	+\$ <b>20,763,045.38</b>
<b>4. Total liabilities</b> ..... Lines 2 + 3a + 3b	\$ <b>21,859,031.01</b>

**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 3/18/2025x/s/ Steve Hockert

Signature of individual signing on behalf of debtor

Steve Hockert

Printed name

Chief Executive Officer

Position or relationship to debtor

**United States Bankruptcy Court**  
**Western District of Oklahoma**

In re Hospital for Special Surgery, LLC

Debtor(s)

Case No. 24-12862-JDLChapter 11

**VERIFICATION OF LIST OF CREDITORS**

☐ Original  
☒ Amendment  
☐ Add ☐ Delete

The above-named debtor hereby verifies that the **attached List of Creditors** is true and correct to the best of his/her/their knowledge. If this is an amendment to the Verification of List of Creditors, the **attached List of Creditors** contains only the newly added, modified, or deleted creditors.

The List of Creditors was electronically uploaded to the Court by the following method:

- ☒ Electronic Case Filing (ECF) system; or  
☐ Creditor Matrix application (*to be used by pro se filers only – available on the Court's website [www.okwb.uscourts.gov](http://www.okwb.uscourts.gov) or in the Clerk's Office*).

Date: 3/18/2025/s/ Steve Hockert

Debtor's Signature

Printed Name: Steve Hockert

Debtor's Signature

Printed Name: \_\_\_\_\_

- ☐ Pro se Debtor  
☒ Represented by Counsel

/s/ Craig Regens**William H. Hoch, OBA #15788****Craig Regens, OBA #22894****Mark A. Craige, OBA #1992****Kaleigh M. Ewing, OBA #35598****-Of the Firm-****CROWE & DUNLEVY****A Professional Corporation****Braniff Building****324 N. Robinson Ave., Suite 100****Oklahoma City, OK 73102-8273****(405) 235-7700****[will.hoch@crowedunlevy.com](mailto:will.hoch@crowedunlevy.com)****[craig.regens@crowedunlevy.com](mailto:craig.regens@crowedunlevy.com)****[mark.craige@crowedunlevy.com](mailto:mark.craige@crowedunlevy.com)****[kaleigh.ewing@crowedunlevy.com](mailto:kaleigh.ewing@crowedunlevy.com)**