

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**  
**-Of the Firm-**  
**CROWE & DUNLEVY**  
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**(405) 235-7700**  
**will.hoch@crowedunlevy.com**  
**craig.regens@crowedunlevy.com**  
**mark.craige@crowedunlevy.com**  
**kaleigh.ewing@crowedunlevy.com**



**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
<p>2.1</p> <p>Priority creditor's name and mailing address</p> <p><b>ABIGAIL MEISTE</b>  <b>316 SE 6TH STREET</b>  <b>MOORE, OK 73160</b></p> <p>_____</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>_____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p>	<p><b>Unknown</b></p>
<p>2.2</p> <p>Priority creditor's name and mailing address</p> <p><b>ADRIANA WILSON</b>  <b>521 N 13TH ST</b>  <b>Muskogee, OK 74401</b></p> <p>_____</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>_____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p>	<p><b>Unknown</b></p>

Debtor	<b>Hospital for Special Surgery, LLC</b> <small>Name</small>	Case number (if known)	<b>24-12862-JDL</b>
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2.3	Priority creditor's name and mailing address <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		

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2.4	Priority creditor's name and mailing address <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		

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2.5	Priority creditor's name and mailing address <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		

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2.6	Priority creditor's name and mailing address <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	<b>Hospital for Special Surgery, LLC</b> <small>Name</small>	Case number (if known)	<b>24-12862-JDL</b>
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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		

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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		

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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		

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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	<b>Hospital for Special Surgery, LLC</b> <small>Name</small>	Case number (if known)	<b>24-12862-JDL</b>
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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		

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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		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		

2.16	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		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		

2.17	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		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		

2.18	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		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	24-12862-JDL	
2.19	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	<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		
2.20	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	<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		
2.21	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	<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		
2.22	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	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.23	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	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.24	Priority creditor's name and mailing address <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	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.25	Priority creditor's name and mailing address <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	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.26	Priority creditor's name and mailing address <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	<u>Unknown</u>	<u>Unknown</u>
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)		
<b>Hospital for Special Surgery, LLC</b>	<b>24-12862-JDL</b>		
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)		
<b>Hospital for Special Surgery, LLC</b>	<b>24-12862-JDL</b>		
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 **Hospital for Special Surgery, LLC** Case number (if known) **24-12862-JDL**  
Name

2.35	Priority creditor's name and mailing address <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>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		

2.36	Priority creditor's name and mailing address <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		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		

2.37	Priority creditor's name and mailing address <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		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		

2.38	Priority creditor's name and mailing address <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		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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

2.39	Priority creditor's name and mailing address <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		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		

2.40	Priority creditor's name and mailing address <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		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		

2.41	Priority creditor's name and mailing address <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		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		

2.42	Priority creditor's name and mailing address <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		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name	Case number (if known)		
<b>Hospital for Special Surgery, LLC</b>	<b>24-12862-JDL</b>		
2.43 Priority creditor's name and mailing address <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 Priority creditor's name and mailing address <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 Priority creditor's name and mailing address <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 Priority creditor's name and mailing address <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)		
<b>Hospital for Special Surgery, LLC</b>	<b>24-12862-JDL</b>		
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	<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		
2.52 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	<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		
2.53 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	<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		
2.54 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	<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>		
2.55 Priority creditor's name and mailing address <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>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 Priority creditor's name and mailing address <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 Priority creditor's name and mailing address <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 Priority creditor's name and mailing address <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	<b>Hospital for Special Surgery, LLC</b> <small>Name</small>	Case number (if known)	<b>24-12862-JDL</b>
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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		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.60	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		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.61	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		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.62	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		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.63	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		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		

2.64	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		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		

2.65	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		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		

2.66	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		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)		
<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)		
<b>Hospital for Special Surgery, LLC</b>	<b>24-12862-JDL</b>		
2.71 Priority creditor's name and mailing address <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>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 Priority creditor's name and mailing address <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 Priority creditor's name and mailing address <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 Priority creditor's name and mailing address <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	<b>Hospital for Special Surgery, LLC</b> <small>Name</small>	Case number (if known)	<b>24-12862-JDL</b>
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2.75	Priority creditor's name and mailing address <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		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.76	Priority creditor's name and mailing address <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		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.77	Priority creditor's name and mailing address <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		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.78	Priority creditor's name and mailing address <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		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)		
<b>Hospital for Special Surgery, LLC</b>	<b>24-12862-JDL</b>		
2.79 Priority creditor's name and mailing address <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>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 Priority creditor's name and mailing address <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 Priority creditor's name and mailing address <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 Priority creditor's name and mailing address <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)		
<b>Hospital for Special Surgery, LLC</b>	<b>24-12862-JDL</b>		
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	<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		
2.84 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	<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		
2.85 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	<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		
2.86 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	<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)		
<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 Name	Case number (if known)		
<b>Hospital for Special Surgery, LLC</b>	<b>24-12862-JDL</b>		
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 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		
2.92 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 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		
2.93 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 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		
2.94 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 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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

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		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		

2.96	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		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		

2.97	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		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		

2.98	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		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	<b>Hospital for Special Surgery, LLC</b> <small>Name</small>	Case number (if known)	<b>24-12862-JDL</b>
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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		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.100	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		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.101	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		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.102	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		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	24-12862-JDL	
2.103	Priority creditor's name and mailing address <b>SHELLY 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	<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		
2.104	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	<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		
2.105	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	<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		
2.106	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	<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)		
<b>Hospital for Special Surgery, LLC</b>	<b>24-12862-JDL</b>		
2.107 Priority creditor's name and mailing address <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 Priority creditor's name and mailing address <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 Priority creditor's name and mailing address <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 Priority creditor's name and mailing address <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	<b>Hospital for Special Surgery, LLC</b> <small>Name</small>	Case number (if known)	<b>24-12862-JDL</b>
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2.111	Priority creditor's name and mailing address <b>TAYLOR NIX 6124 OXNARD ST 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		

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2.112	Priority creditor's name and mailing address <b>TERESA GAGE 305 N ROCKY POINT DRIVE 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		

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2.113	Priority creditor's name and mailing address <b>TESS KNOX 12701 N PENNSYLVANIA AVE 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		

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2.114	Priority creditor's name and mailing address <b>TIFFANY DAWSON 11806 RED OAK WAY 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		

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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.

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>	
3.3 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: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$61,800.00</b>
3.4 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: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,129.17</b>
3.5 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: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,895.85</b>
3.6 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: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,265.03</b>
3.7 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: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$250.00</b>
3.8 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: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,467.15</b>
3.9 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: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$22,483.80</b>



Debtor Name	Case number (if known)	
<b>Hospital for Special Surgery, LLC</b>	<b>24-12862-JDL</b>	
3.10 Nonpriority creditor's name and mailing address <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 _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$67,030.29</b>
3.11 Nonpriority creditor's name and mailing address <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 _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$80.00</b>
3.12 Nonpriority creditor's name and mailing address <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 _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <b><u>Contingent unsecured claim for fees and expenses against wasting policy that is property of estate</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.13 Nonpriority creditor's name and mailing address <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 _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,952.91</b>
3.14 Nonpriority creditor's name and mailing address <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 _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$26.12</b>
3.15 Nonpriority creditor's name and mailing address <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 _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,577.97</b>
3.16 Nonpriority creditor's name and mailing address <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 _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,800.00</b>

Debtor Name	Case number (if known)	
<b>Hospital for Special Surgery, LLC</b> Name	<b>24-12862-JDL</b>	
3.17 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 _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$583.98</b>
3.18 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 _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,026.57</b>
3.19 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 _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,403.86</b>
3.20 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 _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,082.79</b>
3.21 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 _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,315.60</b>
3.22 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 _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,944.50</b>
3.23 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 _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$22,092.74</b>

Debtor Name	Case number (if known)	
<b>Hospital for Special Surgery, LLC</b>	<b>24-12862-JDL</b>	
3.24 Nonpriority creditor's name and mailing address <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 _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,932.88</b>
3.25 Nonpriority creditor's name and mailing address <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 _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$660.00</b>
3.26 Nonpriority creditor's name and mailing address <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 _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$101,714.83</b>
3.27 Nonpriority creditor's name and mailing address <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 _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.28 Nonpriority creditor's name and mailing address <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 _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,608.17</b>
3.29 Nonpriority creditor's name and mailing address <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 _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,000.00</b>
3.30 Nonpriority creditor's name and mailing address <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 _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$75.00</b>

Debtor Name	Case number (if known)	
<b>Hospital for Special Surgery, LLC</b>	<b>24-12862-JDL</b>	
3.31 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 Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,801.67</b>
3.32 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 Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,821.42</b>
3.33 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 Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$36,989.27</b>
3.34 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 Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,339.00</b>
3.35 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 Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,932.00</b>
3.36 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 Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$62,130.61</b>
3.37 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 Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$427,642.57</b>

Debtor Name	Case number (if known)	
<b>Hospital for Special Surgery, LLC</b>	<b>24-12862-JDL</b>	
3.38 Nonpriority creditor's name and mailing address <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 __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$151.86</b>
3.39 Nonpriority creditor's name and mailing address <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 __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,975.07</b>
3.40 Nonpriority creditor's name and mailing address <b>C R BARD INC</b> <b>BD PERIPHERAL INTERVENTION</b> <b>PO BOX 75767</b> <b>Charlotte, NC 28275</b> Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$53,809.76</b>
3.41 Nonpriority creditor's name and mailing address <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 __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$315.00</b>
3.42 Nonpriority creditor's name and mailing address <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 __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$348.41</b>
3.43 Nonpriority creditor's name and mailing address <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 __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,213.00</b>
3.44 Nonpriority creditor's name and mailing address <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 __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,620.52</b>

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

3.45 Nonpriority creditor's name and mailing address **CAREFUSION SOLUTIONS LLC** As of the petition filing date, the claim is: *Check all that apply.* \$5,088.99  
**25082 NETWORK PLACE**  
**Chicago, IL 60673-1250**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: \_\_\_\_\_  
 Is the claim subject to offset?  No  Yes

3.46 Nonpriority creditor's name and mailing address **CENTINEL SPINE LLC** As of the petition filing date, the claim is: *Check all that apply.* \$24,200.00  
**PO BOX 207368**  
**Dallas, TX 75320-7368**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: \_\_\_\_\_  
 Is the claim subject to offset?  No  Yes

3.47 Nonpriority creditor's name and mailing address **Christina Wilson** As of the petition filing date, the claim is: *Check all that apply.* \$180.92  
**1901 S. Kelley Avenue, Suite 120**  
**Edmond, OK 73013**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: \_\_\_\_\_  
 Is the claim subject to offset?  No  Yes

3.48 Nonpriority creditor's name and mailing address **CITY OF OKLAHOMA CITY** As of the petition filing date, the claim is: *Check all that apply.* \$151.93  
**2300 GENERAL PERSHING BLVD**  
**Oklahoma City, OK 73107**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: \_\_\_\_\_  
 Is the claim subject to offset?  No  Yes

3.49 Nonpriority creditor's name and mailing address **Clean Uniform Company** As of the petition filing date, the claim is: *Check all that apply.* \$568.65  
**1316 South Seventh Street**  
**Saint Louis, MO 63104**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: \_\_\_\_\_  
 Is the claim subject to offset?  No  Yes

3.50 Nonpriority creditor's name and mailing address **COATES FIELD SERVICE INC** As of the petition filing date, the claim is: *Check all that apply.* \$210.82  
**3150 NW 149TH STREET**  
**Oklahoma City, OK 73134**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: \_\_\_\_\_  
 Is the claim subject to offset?  No  Yes

3.51 Nonpriority creditor's name and mailing address **COLLIN BELOTE** As of the petition filing date, the claim is: *Check all that apply.* \$173.05  
**19501 N PENN**  
**APT 1009**  
**Edmond, OK 73012**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: \_\_\_\_\_  
 Is the claim subject to offset?  No  Yes

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



Debtor Name	Case number (if known)	
<b>Hospital for Special Surgery, LLC</b>	<b>24-12862-JDL</b>	
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 Name	Case number (if known)	
<b>Hospital for Special Surgery, LLC</b>	<b>24-12862-JDL</b>	
3.66 Nonpriority creditor's name and mailing address <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 __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$556.00</b>
3.67 Nonpriority creditor's name and mailing address <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 __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,445.60</b>
3.68 Nonpriority creditor's name and mailing address <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 __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,461.07</b>
3.69 Nonpriority creditor's name and mailing address <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 __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$840.57</b>
3.70 Nonpriority creditor's name and mailing address <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 __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,000.00</b>
3.71 Nonpriority creditor's name and mailing address <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 __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,539.90</b>
3.72 Nonpriority creditor's name and mailing address <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 __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$28.75</b>

Debtor Name	Case number (if known)	
<b>Hospital for Special Surgery, LLC</b>	<b>24-12862-JDL</b>	
3.73 Nonpriority creditor's name and mailing address <b>DYNAMIC ACCESS LLC</b> 2600 N CENTRAL EXPWY SUITE 280 Richardson, TX 75080 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,350.00</b>
3.74 Nonpriority creditor's name and mailing address <b>EBMS AETNA</b> 3333 HESPER ROAD Billings, MT 59104-1367 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,377.65</b>
3.75 Nonpriority creditor's name and mailing address <b>EMILY FRAZIER</b> 904 EDINBURG DRIVE Yukon, OK 73099 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$97.23</b>
3.76 Nonpriority creditor's name and mailing address <b>Emma Base</b> c/o Heather Mitchell Law 14001 Quail Springs Parkway Oklahoma City, OK 73134 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,000,000.00</b>
3.77 Nonpriority creditor's name and mailing address <b>EMSA</b> 1111 Classen Drive Oklahoma City, OK 73103 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,056.00</b>
3.78 Nonpriority creditor's name and mailing address <b>Encore Professional Medical Services</b> PO Box 2078 Oklahoma City, OK 73101 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$645.96</b>
3.79 Nonpriority creditor's name and mailing address <b>EPIMED</b> 141 SAL LANDRIO DRIVE CROSSROAD BUSINESS PARK Johnstown, NY 12095 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,155.20</b>

Debtor Name	Case number (if known)	
<b>Hospital for Special Surgery, LLC</b>	<b>24-12862-JDL</b>	
3.80 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 _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$156.30</b>
3.81 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 _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$97.93</b>
3.82 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 _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$742.50</b>
3.83 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 _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$60,075.00</b>
3.84 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 _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$57.72</b>
3.85 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 _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$403.85</b>
3.86 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 _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$558,923.00</b>

Debtor <b>Hospital for Special Surgery, LLC</b> Name		Case number (if known) <b>24-12862-JDL</b>	
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 Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,125.94</b>
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 Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$443.00</b>
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 Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$40,675.00</b>
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 Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$235.35</b>
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 Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,351.14</b>
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 Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$50,473.69</b>
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 Basis for the claim: <b><u>Contingent unsecured claim for fees and expenses against wasting policy that is property of estate</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor	Name	Case number (if known)	
	<b>Hospital for Special Surgery, LLC</b>	<b>24-12862-JDL</b>	
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>
3.95	<b>Nonpriority creditor's name and mailing address</b> <b>IANTREK 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>
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>
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>
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>
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>
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>

Debtor Name	Case number (if known)	
<b>Hospital for Special Surgery, LLC</b>	<b>24-12862-JDL</b>	
3.101 Nonpriority creditor's name and mailing address <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 Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$27,322.21</b>
3.102 Nonpriority creditor's name and mailing address <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 Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,120.43</b>
3.103 Nonpriority creditor's name and mailing address <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 Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$35.00</b>
3.104 Nonpriority creditor's name and mailing address <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 Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$113.89</b>
3.105 Nonpriority creditor's name and mailing address <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 Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,456.00</b>
3.106 Nonpriority creditor's name and mailing address <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 Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$348.00</b>
3.107 Nonpriority creditor's name and mailing address <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 Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$718.39</b>

Debtor Name	Case number (if known)	
<b>Hospital for Special Surgery, LLC</b>	<b>24-12862-JDL</b>	
3.108 Nonpriority creditor's name and mailing address <b>K-LYNN CONSULTING &amp; CANCER REGISTRY SVCS, LLC KELLY LYNN FARMER, CTR PO BOX 721268 Norman, OK 73070</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 Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$500.00</b>
Date(s) debt was incurred __ Last 4 digits of account number __		
3.109 Nonpriority creditor's name and mailing address <b>KAPPA STAFFING PO BOX 2112 Oklahoma City, OK 73101</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 Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$880.00</b>
Date(s) debt was incurred __ Last 4 digits of account number __		
3.110 Nonpriority creditor's name and mailing address <b>KATENA PRODUCTS INC CORZA MEDICAL PO BOX 411412 Boston, MA 02241-1289</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 Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$971.30</b>
Date(s) debt was incurred __ Last 4 digits of account number __		
3.111 Nonpriority creditor's name and mailing address <b>KCI USA PO BOX 301557 Dallas, TX 75303-1557</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 Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,791.42</b>
Date(s) debt was incurred __ Last 4 digits of account number __		
3.112 Nonpriority creditor's name and mailing address <b>KEITH DACE INC 14900 BLACKJACK DR 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 Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,650.00</b>
Date(s) debt was incurred __ Last 4 digits of account number __		
3.113 Nonpriority creditor's name and mailing address <b>KELLI HUTCHINS 11100 ROXBORO AVE 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 Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$50.00</b>
Date(s) debt was incurred __ Last 4 digits of account number __		
3.114 Nonpriority creditor's name and mailing address <b>Kelly Hennessey 2301 72nd Ave 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 Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$306.45</b>
Date(s) debt was incurred __ Last 4 digits of account number __		

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 Name	Case number (if known)	
<b>Hospital for Special Surgery, LLC</b>	<b>24-12862-JDL</b>	
3.122 Nonpriority creditor's name and mailing address <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 _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$86.80</b>
3.123 Nonpriority creditor's name and mailing address <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 _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$330.00</b>
3.124 Nonpriority creditor's name and mailing address <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 _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,067.87</b>
3.125 Nonpriority creditor's name and mailing address <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 _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,501.94</b>
3.126 Nonpriority creditor's name and mailing address <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 _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,878.40</b>
3.127 Nonpriority creditor's name and mailing address <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 _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,686.50</b>
3.128 Nonpriority creditor's name and mailing address <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 _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,031.75</b>

Debtor Name	Case number (if known)	
<b>Hospital for Special Surgery, LLC</b>	<b>24-12862-JDL</b>	
3.129 Nonpriority creditor's name and mailing address <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: 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>\$58,083.73</b>
3.130 Nonpriority creditor's name and mailing address <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: 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>\$87,538.17</b>
3.131 Nonpriority creditor's name and mailing address <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: 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>\$0.00</b>
3.132 Nonpriority creditor's name and mailing address <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: 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>\$13,814.37</b>
3.133 Nonpriority creditor's name and mailing address <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: 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>\$784,346.16</b>
3.134 Nonpriority creditor's name and mailing address <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: 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>\$1,189.42</b>
3.135 Nonpriority creditor's name and mailing address <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: 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>\$10,553.03</b>

Debtor Name	Case number (if known)	
<b>Hospital for Special Surgery, LLC</b>	<b>24-12862-JDL</b>	
3.136 Nonpriority creditor's name and mailing address <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 _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,025.00</b>
3.137 Nonpriority creditor's name and mailing address <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 _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$671.31</b>
3.138 Nonpriority creditor's name and mailing address <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 _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$26,250.00</b>
3.139 Nonpriority creditor's name and mailing address <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 _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.140 Nonpriority creditor's name and mailing address <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 _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$468.74</b>
3.141 Nonpriority creditor's name and mailing address <b>MIDTOWN ORTHOPEDICS &amp; SPORTS</b> <b>MEDICINE</b> <b>400 NW 13TH</b> <b>Oklahoma City, OK 73103</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$149,655.71</b>
3.142 Nonpriority creditor's name and mailing address <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 _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$39.10</b>

Debtor Name	Case number (if known)	
<b>Hospital for Special Surgery, LLC</b>	<b>24-12862-JDL</b>	
3.143 Nonpriority creditor's name and mailing address <b>MOBIUS THERAPEUTICS LLC</b> 1000 EXECUTIVE PARKWAY SUITE 224 Saint Louis, MO 63141 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,977.92</b>
3.144 Nonpriority creditor's name and mailing address <b>MODERN ELECTRONICS LLC</b> 3201 S. WESTERN Oklahoma City, OK 73109 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$419.00</b>
3.145 Nonpriority creditor's name and mailing address <b>NATIONAL NEUROMONITORING SERVICES</b> 1141 N LOOP 1604 E #105-612 San Antonio, TX 78232 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,000.00</b>
3.146 Nonpriority creditor's name and mailing address <b>NEVRO CORP</b> 501 ALLENDALE ROAD #101B King of Prussia, PA 19406 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$169,425.00</b>
3.147 Nonpriority creditor's name and mailing address <b>NEW WORLD MEDICAL</b> 1801 W OLYMPIC BLVD FILE 2356 Pasadena, CA 91199-2356 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,900.00</b>
3.148 Nonpriority creditor's name and mailing address <b>NEXUS SPINE</b> 2825 E COTTONWOOD PKWY STE 330 Salt Lake City, UT 84121 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$31,500.00</b>
3.149 Nonpriority creditor's name and mailing address <b>OEC MEDICAL SYSTEMS</b> 2984 COLLECTIONS CENTER Chicago, IL 60696 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,250.00</b>

Debtor Name	Case number (if known)	
<b>Hospital for Special Surgery, LLC</b>	<b>24-12862-JDL</b>	
3.150 Nonpriority creditor's name and mailing address <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 _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,548.82</b>
3.151 Nonpriority creditor's name and mailing address <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 _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,424.80</b>
3.152 Nonpriority creditor's name and mailing address <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 _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,061.38</b>
3.153 Nonpriority creditor's name and mailing address <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 _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$46.00</b>
3.154 Nonpriority creditor's name and mailing address <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 _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,528.00</b>
3.155 Nonpriority creditor's name and mailing address <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 _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$43,574.47</b>
3.156 Nonpriority creditor's name and mailing address <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 _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$282.26</b>

Debtor Name	Case number (if known)	
<b>Hospital for Special Surgery, LLC</b>	<b>24-12862-JDL</b>	
3.157 Nonpriority creditor's name and mailing address <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: 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>\$5,693.58</b>
3.158 Nonpriority creditor's name and mailing address <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: 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>\$33,750.00</b>
3.159 Nonpriority creditor's name and mailing address <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: 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>\$24,456.96</b>
3.160 Nonpriority creditor's name and mailing address <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: 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>\$488.81</b>
3.161 Nonpriority creditor's name and mailing address <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: 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>\$105,664.63</b>
3.162 Nonpriority creditor's name and mailing address <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: 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>\$2,729.38</b>
3.163 Nonpriority creditor's name and mailing address <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: 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>\$5,197.95</b>

Debtor Name	Case number (if known)	
<b>Hospital for Special Surgery, LLC</b>	<b>24-12862-JDL</b>	
3.164 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 __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$879.97</b>
3.165 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 __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$256.51</b>
3.166 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 __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,428.13</b>
3.167 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 __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,809.58</b>
3.168 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 __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$450.00</b>
3.169 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 __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,400.00</b>
3.170 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 __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>



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

3.171 Nonpriority creditor's name and mailing address **PAN & ASSOCIATES LLC** As of the petition filing date, the claim is: *Check all that apply.* \$1,000.00  
**6509 NW 110TH STREET**  
**Oklahoma City, OK 73162**  
 Contingent  
 Unliquidated  
 Disputed  
Date(s) debt was incurred \_ Basis for the claim: \_  
Last 4 digits of account number \_ Is the claim subject to offset?  No  Yes

3.172 Nonpriority creditor's name and mailing address **PARCUS MEDICAL LLC** As of the petition filing date, the claim is: *Check all that apply.* \$8,711.41  
**PO BOX 748445**  
**Atlanta, GA 30374-8445**  
 Contingent  
 Unliquidated  
 Disputed  
Date(s) debt was incurred \_ Basis for the claim: \_  
Last 4 digits of account number \_ Is the claim subject to offset?  No  Yes

3.173 Nonpriority creditor's name and mailing address **PATRICIA PREAST** As of the petition filing date, the claim is: *Check all that apply.* \$38.37  
**6226 ANDERSON DRIVE**  
**Oklahoma City, OK 73149**  
 Contingent  
 Unliquidated  
 Disputed  
Date(s) debt was incurred \_ Basis for the claim: \_  
Last 4 digits of account number \_ Is the claim subject to offset?  No  Yes

3.174 Nonpriority creditor's name and mailing address **PINNACLE SOLUTIONS** As of the petition filing date, the claim is: *Check all that apply.* \$219.00  
**PO BOX 860234**  
**Shawnee, KS 66286**  
 Contingent  
 Unliquidated  
 Disputed  
Date(s) debt was incurred \_ Basis for the claim: \_  
Last 4 digits of account number \_ Is the claim subject to offset?  No  Yes

3.175 Nonpriority creditor's name and mailing address **PLATFORM TECHNOLOGY ADVISORS** As of the petition filing date, the claim is: *Check all that apply.* \$107.50  
**70 SANTA FELICIA**  
**Goleta, CA 93117**  
 Contingent  
 Unliquidated  
 Disputed  
Date(s) debt was incurred \_ Basis for the claim: \_  
Last 4 digits of account number \_ Is the claim subject to offset?  No  Yes

3.176 Nonpriority creditor's name and mailing address **PRECISION LENS** As of the petition filing date, the claim is: *Check all that apply.* \$150.00  
**PO BOX 7432**  
**Carol Stream, IL 60197-7432**  
 Contingent  
 Unliquidated  
 Disputed  
Date(s) debt was incurred \_ Basis for the claim: \_  
Last 4 digits of account number \_ Is the claim subject to offset?  No  Yes

3.177 Nonpriority creditor's name and mailing address **PRECISION PRINTING** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
**2500 N MOORE AVE**  
**MOORE, OK 73160**  
 Contingent  
 Unliquidated  
 Disputed  
Date(s) debt was incurred \_ Basis for the claim: \_  
Last 4 digits of account number \_ Is the claim subject to offset?  No  Yes



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Name

3.178 Nonpriority creditor's name and mailing address **PREFCARDS LLC** **5550 PAINTED MIRAGE ROAD** **Las Vegas, NV 89149** **As of the petition filing date, the claim is:** *Check all that apply.* **\$2,400.00**  
 Contingent  
 Unliquidated  
 Disputed  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
**Basis for the claim:** \_\_\_\_\_  
 Is the claim subject to offset?  No  Yes

3.179 Nonpriority creditor's name and mailing address **PRESCOTTS INC** **18940 MICROSCOPE WAY** **Monument, CO 80132** **As of the petition filing date, the claim is:** *Check all that apply.* **\$160.00**  
 Contingent  
 Unliquidated  
 Disputed  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
**Basis for the claim:** \_\_\_\_\_  
 Is the claim subject to offset?  No  Yes

3.180 Nonpriority creditor's name and mailing address **PRESS GANEY ASSOCIATES INC** **PO BOX 88335** **Milwaukee, WI 53288-0335** **As of the petition filing date, the claim is:** *Check all that apply.* **\$5,163.32**  
 Contingent  
 Unliquidated  
 Disputed  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
**Basis for the claim:** \_\_\_\_\_  
 Is the claim subject to offset?  No  Yes

3.181 Nonpriority creditor's name and mailing address **PRIMUS STERILIZER COMPANY LLC** **7936 FOREST COMPANY LLC** **Orlando, FL 32810** **As of the petition filing date, the claim is:** *Check all that apply.* **\$302.09**  
 Contingent  
 Unliquidated  
 Disputed  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
**Basis for the claim:** \_\_\_\_\_  
 Is the claim subject to offset?  No  Yes

3.182 Nonpriority creditor's name and mailing address **Providence Medical Technology** **PO Box 8049** **Carol Stream, IL 60197-8049** **As of the petition filing date, the claim is:** *Check all that apply.* **\$7,880.00**  
 Contingent  
 Unliquidated  
 Disputed  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
**Basis for the claim:** \_\_\_\_\_  
 Is the claim subject to offset?  No  Yes

3.183 Nonpriority creditor's name and mailing address **PYRAMED** **3320 CLAYS MILL RD** **SUITE 111** **Lexington, KY 40503** **As of the petition filing date, the claim is:** *Check all that apply.* **\$1,725.00**  
 Contingent  
 Unliquidated  
 Disputed  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
**Basis for the claim:** \_\_\_\_\_  
 Is the claim subject to offset?  No  Yes

3.184 Nonpriority creditor's name and mailing address **QUEST DIAGNOSTICS** **PO BOX 740709** **Atlanta, GA 30374** **As of the petition filing date, the claim is:** *Check all that apply.* **\$358.15**  
 Contingent  
 Unliquidated  
 Disputed  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
**Basis for the claim:** \_\_\_\_\_  
 Is the claim subject to offset?  No  Yes

Debtor Name	Case number (if known)	
<b>Hospital for Special Surgery, LLC</b>	<b>24-12862-JDL</b>	
3.185 Nonpriority creditor's name and mailing address <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 Nonpriority creditor's name and mailing address <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 Nonpriority creditor's name and mailing address <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 Nonpriority creditor's name and mailing address <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 Nonpriority creditor's name and mailing address <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 Nonpriority creditor's name and mailing address <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 Nonpriority creditor's name and mailing address <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 Name	Case number (if known)	
<b>Hospital for Special Surgery, LLC</b>	<b>24-12862-JDL</b>	
3.192 Nonpriority creditor's name and mailing address <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: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,940.00</b>
3.193 Nonpriority creditor's name and mailing address <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: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$120.14</b>
3.194 Nonpriority creditor's name and mailing address <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: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$435.92</b>
3.195 Nonpriority creditor's name and mailing address <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: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$610.52</b>
3.196 Nonpriority creditor's name and mailing address <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: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,515.19</b>
3.197 Nonpriority creditor's name and mailing address <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: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.198 Nonpriority creditor's name and mailing address <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: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$25,000.00</b>

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

Debtor Name	Case number (if known)	
<b>Hospital for Special Surgery, LLC</b>	<b>24-12862-JDL</b>	
3.206 Nonpriority creditor's name and mailing address <b>SOONER MOBILE X-RAY INC</b> PO BOX 158 Duncan, OK 73534 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,000.00</b>
3.207 Nonpriority creditor's name and mailing address <b>Southwest Orthopedic Specialists PLLC</b> PO Box 269049 Oklahoma City, OK 73126 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,504.99</b>
3.208 Nonpriority creditor's name and mailing address <b>Spinal Simplicity</b> 6363 College Blvd Suite 320 Leawood, KS 66211 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,500.00</b>
3.209 Nonpriority creditor's name and mailing address <b>STAPLES ADVANTAGE</b> DEPT DAL PO BOX 660409 Dallas, TX 75266-0409 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,445.22</b>
3.210 Nonpriority creditor's name and mailing address <b>Stericycle</b> PO Box 6575 Carol Stream, IL 60197-6575 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$271.76</b>
3.211 Nonpriority creditor's name and mailing address <b>STERIS CORPORATION</b> PO BOX 676548 Dallas, TX 75267-6548 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,823.16</b>
3.212 Nonpriority creditor's name and mailing address <b>STRATUS BUILDING SOLUTIONS</b> PO BOX 14005 Oklahoma City, OK 73113 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,191.09</b>

Debtor Name	Case number (if known)	
<b>Hospital for Special Surgery, LLC</b>	<b>24-12862-JDL</b>	
3.213 Nonpriority creditor's name and mailing address <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 _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$20,814.13</b>
3.214 Nonpriority creditor's name and mailing address <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 _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,016.73</b>
3.215 Nonpriority creditor's name and mailing address <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 _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$22,745.05</b>
3.216 Nonpriority creditor's name and mailing address <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 _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,025.05</b>
3.217 Nonpriority creditor's name and mailing address <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 _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$100.00</b>
3.218 Nonpriority creditor's name and mailing address <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 _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$300.00</b>
3.219 Nonpriority creditor's name and mailing address <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 _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,415.15</b>

Debtor Name	Case number (if known)	
Hospital for Special Surgery, LLC	24-12862-JDL	
3.220 Nonpriority creditor's name and mailing address SURGICAL SPECIALTIES CORP PO BOX 419407 Boston, MA 02241-9407 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$705.43
3.221 Nonpriority creditor's name and mailing address SUSAN DONNELLY 767 CS 292 Tuttle, OK 73089 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$230.00
3.222 Nonpriority creditor's name and mailing address TAG OneCore RE Holdings, LLC c/o Ashton Gray LLC 12360 Market Dr. Oklahoma City, OK 73114 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.223 Nonpriority creditor's name and mailing address TAKEFORM 11601 MAPLE RIDGE Medina, NY 14103 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,585.90
3.224 Nonpriority creditor's name and mailing address Tania A. Ferguson, MD 202 Leak Avenue Nashville, TN 37205 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Contingent unsecured claim for fees and expenses against wasting policy that is property of estate</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.225 Nonpriority creditor's name and mailing address THE BCA GROUP 23391 EAST 149TH STREET SOUTH Coweta, OK 74429 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,283.18
3.226 Nonpriority creditor's name and mailing address TIMOTHY BRIDGES 601 ABERDEEN ROAD Edmond, OK 73025 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$67.61



Debtor Name	Case number (if known)	
<b>Hospital for Special Surgery, LLC</b>	<b>24-12862-JDL</b>	
3.227 Nonpriority creditor's name and mailing address <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 Nonpriority creditor's name and mailing address <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 Nonpriority creditor's name and mailing address <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 Nonpriority creditor's name and mailing address <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 Nonpriority creditor's name and mailing address <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 Nonpriority creditor's name and mailing address <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 Nonpriority creditor's name and mailing address <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 <b>Hospital for Special Surgery, LLC</b>		Case number (if known) <b>24-12862-JDL</b>	
Name			
3.234	<b>Nonpriority creditor's name and mailing address</b> <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>
3.235	<b>Nonpriority creditor's name and mailing address</b> <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>
3.236	<b>Nonpriority creditor's name and mailing address</b> <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>
3.237	<b>Nonpriority creditor's name and mailing address</b> <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>
3.238	<b>Nonpriority creditor's name and mailing address</b> <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>
3.239	<b>Nonpriority creditor's name and mailing address</b> <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>
3.240	<b>Nonpriority creditor's name and mailing address</b> <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 Hospital for Special Surgery, LLC Case number (if known) 24-12862-JDL  
Name

3.241 Nonpriority creditor's name and mailing address **WAYSTAR INC** **1311 SOLUTIONS CENTER** **Chicago, IL 60677-1311** **As of the petition filing date, the claim is:** *Check all that apply.* **\$10,029.22**  
 Contingent  
 Unliquidated  
 Disputed  
 Date(s) debt was incurred \_\_\_\_\_ **Basis for the claim:** \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  No  Yes

3.242 Nonpriority creditor's name and mailing address **WESTERN OKLAHOMA PAIN SPECIALISTS** **LLC** **301 SW 80TH STREET** **Oklahoma City, OK 73139** **As of the petition filing date, the claim is:** *Check all that apply.* **\$0.00**  
 Contingent  
 Unliquidated  
 Disputed  
 Date(s) debt was incurred \_\_\_\_\_ **Basis for the claim:** \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  No  Yes

3.243 Nonpriority creditor's name and mailing address **WHITWORTH LAWN & LANDSCAPE** **PO BOX 31** **Piedmont, OK 73078** **As of the petition filing date, the claim is:** *Check all that apply.* **\$1,750.00**  
 Contingent  
 Unliquidated  
 Disputed  
 Date(s) debt was incurred \_\_\_\_\_ **Basis for the claim:** \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  No  Yes

3.244 Nonpriority creditor's name and mailing address **WM CORPORATE SERVICES INC** **PO BOX 660345** **Dallas, TX 75266-0345** **As of the petition filing date, the claim is:** *Check all that apply.* **\$3,050.69**  
 Contingent  
 Unliquidated  
 Disputed  
 Date(s) debt was incurred \_\_\_\_\_ **Basis for the claim:** \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  No  Yes

3.245 Nonpriority creditor's name and mailing address **ZACHARIAH SCOTT** **116 SW 173RD STREET** **Oklahoma City, OK 73170** **As of the petition filing date, the claim is:** *Check all that apply.* **\$49.15**  
 Contingent  
 Unliquidated  
 Disputed  
 Date(s) debt was incurred \_\_\_\_\_ **Basis for the claim:** \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  No  Yes

3.246 Nonpriority creditor's name and mailing address **ZAVATION MEDICAL PRODUCTS** **PO BOX 321424** **Flowood, MS 39232** **As of the petition filing date, the claim is:** *Check all that apply.* **\$52,395.00**  
 Contingent  
 Unliquidated  
 Disputed  
 Date(s) debt was incurred \_\_\_\_\_ **Basis for the claim:** \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  No  Yes

3.247 Nonpriority creditor's name and mailing address **ZIMMER BIOMET** **PO BOX 708** **Warsaw, IN 46581-0708** **As of the petition filing date, the claim is:** *Check all that apply.* **\$0.00**  
 Contingent  
 Unliquidated  
 Disputed  
 Date(s) debt was incurred \_\_\_\_\_ **Basis for the claim:** \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  No  Yes

**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**  
Name

Case 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.	\$	<u>0.00</u>
5b.	+ \$	<u>20,763,045.38</u>
5c.	\$	<u>20,763,045.38</u>

**Fill in this information to identify the case:**

Debtor name Hospital for Special Surgery, LLC

United States Bankruptcy Court for the: WESTERN DISTRICT OF OKLAHOMA

Case number (if known) 24-12862-JDL

Check if this is an amended filing

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

12/15

**Part 1: Summary of Assets**

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

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

**Part 2: Summary of Liabilities**

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

**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 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 3/18/2025

x /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-JDL

Chapter 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**  
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**craig.regens@crowedunlevy.com**  
**mark.craige@crowedunlevy.com**  
**kaleigh.ewing@crowedunlevy.com**

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BOSTON MA 02241-2843

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OKLAHOMA CITY OK 73102

COMPREHENSIVE CARE SERVICES INC  
45211 HELM STREET  
PLYMOUTH MI 48170

CONSENSUS CLOUD SOLUTIONS DBA SRFAX  
PO BOX 2012131  
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TORONTO, ONTARIO M52 OK5 CDN

GLOBAL HEALTH  
210 PARK AVENUE STE 2900  
OKLAHOMA CITY OK 73102

LINKBIO CORP  
69 KING ST  
DOVER NJ 07801

M&M INSULATION  
1625 S. MISSOURI AVENUE  
OKLAHOMA CITY OK 73129

MEDQ INC  
PO BOX 260836  
PLANO TX 75026

MICROSURGICAL TECHNOLOGY, INC  
PO BOX 74007048  
CHICAGO IL 60674-7048

PAINTEQ LLC  
1511 N WESTSHORE BLVD  
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TAMPA FL 33607

PRECISION PRINTING  
2500 N MOORE AVE  
MOORE OK 73160

RXSIGHT  
PO BOX 741292  
LOS ANGELES CA 90074-1292

TRICE MEDICAL  
26902 VISTA TERRACE  
LAKE FOREST CA 92630-8123

WESTERN OKLAHOMA PAIN SPECIALISTS LLC  
301 SW 80TH STREET  
OKLAHOMA CITY OK 73139

ZIMMER BIOMET  
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WARSAW IN 46581-0708