

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

United States Bankruptcy Court for the:

WESTERN DISTRICT OF OKLAHOMA

Case number (if known)

Chapter

11☐ Check if this an amended filing

## Official Form 201

**Voluntary Petition for Non-Individuals Filing for Bankruptcy**

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Hospital for Special Surgery, LLC

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN) 03-0442535

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

100 NE 85th Street  
Oklahoma City, OK 73114

Number, Street, City, State & ZIP Code

P.O. Box, Number, Street, City, State & ZIP Code

Oklahoma

County

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) www.onecorehealth.com

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify: \_\_\_\_\_



88840002410070000000000001

Debtor **Hospital for Special Surgery, LLC**  
Name

Case number (if known)

**7. Describe debtor's business** A. *Check one:*

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☐ None of the above

B. *Check all that apply*

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

6221**8. Under which chapter of the Bankruptcy Code is the debtor filing?** *Check one:*

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. *Check all that apply:*

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District \_\_\_\_\_  
District \_\_\_\_\_

When \_\_\_\_\_  
When \_\_\_\_\_

Case number \_\_\_\_\_  
Case number \_\_\_\_\_

Debtor **Hospital for Special Surgery, LLC**  
Name

Case number (if known)

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?
- ☒ No  
☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor

Relationship

District

When

Case number, if known

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No☐ Yes.

Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard?

- ☐ It needs to be physically secured or protected from the weather.

- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

- ☐ Other

Where is the property?

Number, Street, City, State &amp; ZIP Code

Is the property insured?

☐ No☐ Yes.

Insurance agency

Contact name

Phone

### Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

☐ 1-49☐ 50-99☐ 100-199☒ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000

15. Estimated Assets

☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☒ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

16. Estimated liabilities

☐ \$0 - \$50,000☐ \$1,000,001 - \$10 million☐ \$500,000,001 - \$1 billion

Debtor	<b>Hospital for Special Surgery, LLC</b>	Case number (if known)	
	<small>Name</small>		
	<input type="checkbox"/> \$50,001 - \$100,000	<input checked="" type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
	<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
	<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

Debtor **Hospital for Special Surgery, LLC**  
Name

Case number (if known)

**Request for Relief, Declaration, and Signatures****WARNING --** Bankruptcy fraud is a serious crime. Making a false statement 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.**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

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

Executed on **October 7, 2024**  
MM / DD / YYYY**X /s/ Steve Hockert**

Signature of authorized representative of debtor

**Steve Hockert**

Printed name

Title **Chief Executive Officer****18. Signature of attorney****X /s/ Mark A. Craige OBA No.**

Signature of attorney for debtor

Date **October 7, 2024**

MM / DD / YYYY

**Mark A. Craige OBA No. 1992**

Printed name

**Crowe & Dunlevy**

Firm name

**222 N. Detroit Avenue  
Suite 600  
Tulsa, OK 74120**

Number, Street, City, State &amp; ZIP Code

Contact phone **918.592.9800**Email address **mark.craige@crowedunlevy.com****OBA No. 1992 OK**

Bar number and State

**Fill in this information to identify the case:**Debtor name Hospital for Special Surgery, LLCUnited States Bankruptcy Court for the: WESTERN DISTRICT OF OKLAHOMA

Case number (if known) \_\_\_\_\_

☐ 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 October 7, 2024**X /s/ Steve Hockert**

Signature of individual signing on behalf of debtor

**Steve Hockert**

Printed name

**Chief Executive Officer**

Position or relationship to debtor

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

Debtor name **Hospital for Special Surgery, LLC**  
 United States Bankruptcy Court for the: **WESTERN DISTRICT OF OKLAHOMA**  
 Case number (if known): \_\_\_\_\_

☐ Check if this is an  
 amended filing

**Official Form 204**
**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
ABBOTT LABORATORIES INC 22400 NETWORK PLACE Chicago, IL 60673-1224						\$58,740.00
ABBVIE US LLC 62671 COLLECTION CENTER DRIVE CHICAGO, IL 60693-0626						\$61,800.00
ALCON VISION LLC PO BOX 735843 Dallas, TX 75373-5843						\$67,030.29
ARTHREX INC PO BOX 403511 Atlanta, GA 30384-3511						\$101,714.83
BLUECROSS BLUESHEILD OF OK PO BOX 650615 Dallas, TX 75265-0615						\$62,130.61
BOSTON SCIENTIFIC CORPORATION PO BOX 951653 Dallas, TX 75395-1653						\$427,642.57
C R BARD INC BD PERIPHERAL INTERVENTION PO BOX 75767 Charlotte, NC 28275						\$53,809.76

Debtor **Hospital for Special Surgery, LLC**  
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
COMPREHENSIVE DIAGNOSTIC IMAGING 5800 NORTH PORTLAND Oklahoma City, OK 73112						\$357,962.82
Emma Base c/o Heather Mitchell Law 14001 Quail Springs Parkway Oklahoma City, OK 73134			Contingent Unliquidated Disputed			\$15,000,000.00
FLOSPINE LLC 3998 FAU BLVD STE 300 Boca Raton, FL 33431						\$60,075.00
GLAUKOS CORPORATION PO BOX 741074 Los Angeles, CA 90074						\$558,923.00
MEDICARE NOVITAS SOLUTIONS PO BOX 3105 Mechanicsburg, PA 17055						\$58,083.73
MEDLINE INDUSTRIES INC DEPT 1080 PO BOX 121080 Dallas, TX 75312-1080						\$87,538.17
MEDTRONIC PO BOX 848086 Dallas, TX 75284-8086						\$784,346.16
MIDTOWN ORTHOPEDICS & SPORTS MEDICINE 400 NW 13TH Oklahoma City, OK 73103						\$149,655.71
NEVRO CORP 501 ALLENDALE ROAD #101B King of Prussia, PA 19406						\$169,425.00



Debtor **Hospital for Special Surgery, LLC**  
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
OLSEN ORTHOPEDICS PLLC 1140 S. DOUGLAS BLVD Oklahoma City, OK 73130						<b>\$105,664.63</b>
RELIEVANT MEDSYSTEMS INC PO BOX 675413 Detroit, MI 48267-5413						<b>\$78,250.00</b>
SMITH & NEPHEW INC PO BOX 842935 Dallas, TX 75284-2935						<b>\$68,696.12</b>
SOLARA SURGICAL PARTNERS LLC 2325 DEAN WAY SUITE 100 Southlake, TX 76092						<b>\$1,211,297.86</b>

## Fill in this information to identify the case:

Debtor name Hospital for Special Surgery, LLCUnited States Bankruptcy Court for the: WESTERN DISTRICT OF OKLAHOMA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206Sum**  
**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)1a. **Real property:**Copy line 88 from *Schedule A/B*..... \$ 0.001b. **Total personal property:**Copy line 91A from *Schedule A/B*..... \$ 8,285,647.831c. **Total of all property:**Copy line 92 from *Schedule A/B*..... \$ 8,285,647.83**Part 2: Summary of Liabilities**2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 1,095,985.633. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)3a. **Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 0.003b. **Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 20,701,858.434. **Total liabilities** .....  
Lines 2 + 3a + 3b\$ 21,797,844.06

**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) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

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

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

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

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

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

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

<b>2.</b>	<b>Cash on hand</b>	<b>\$2,513.00</b>
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<b>3.</b>	<b>Checking, savings, money market, or financial brokerage accounts</b> <i>(Identify all)</i>		
	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number

3.1.	Bank of Oklahoma	Government Receivable Account	1601	\$3,673.51
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3.2.	Bank of Oklahoma	Collateral Account	2821	\$0.00
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3.3.	Bank of Oklahoma	ORC Distribution Escrow	1657	\$0.00
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3.4.	Bank of Oklahoma	Operating Account	2810	\$1,690,758.01
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**4. Other cash equivalents** *(Identify all)***5. Total of Part 1.**

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

**\$1,696,944.52****Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

Debtor Hospital for Special Surgery, LLC  
Name

Case number (If known) \_\_\_\_\_

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

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

7.1. Oklahoma City Utilities Deposit \$3,320.88

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

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

8.2. Crowe & Dunlevy Retainer \$127,460.00

8.3. McEntire Advisory Retainer \$94,250.00

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

8.5. Rent \$107,540.76

8.6. Stryker Flex \$6,695.36

8.7. Verital Global \$35,000.00

9. **Total of Part 2.**

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

\$717,280.19

**Part 3: Accounts receivable**

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

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

11. **Accounts receivable**

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



Debtor Hospital for Special Surgery, LLC  
Name

Case number (If known) \_\_\_\_\_

☒ Yes Fill in the information below.

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

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

43. **Total of Part 7.**

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

\$0.00

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

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

51. **Total of Part 8.**

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

\$0.00

Debtor Hospital for Special Surgery, LLC  
Name

Case number (If known) \_\_\_\_\_

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☒ No  
☐ Yes

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

- ☒ No  
☐ Yes

**Part 9: Real property**

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

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

**Part 10: Intangibles and intellectual property**

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

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

**Part 11: All other assets**

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

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

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

Current value of  
debtor's interest71. **Notes receivable**  
Description (include name of obligor)72. **Tax refunds and unused net operating losses (NOLs)**  
Description (for example, federal, state, local)**Sales Tax Refunds**Tax year **2012****\$6,051.52****Sales Tax Refunds**Tax year **2016****\$16,905.66****Sales Tax Refunds**Tax year **2017****\$51,843.59****Sales Tax Refunds**Tax year **2018****\$268.92****Sales Tax Refunds**Tax year **2020****\$21,765.96****Employee Retention Credits**Tax year **2020****\$106,100.00**

Debtor **Hospital for Special Surgery, LLC**  
Name

Case number *(If known)* \_\_\_\_\_

73. **Interests in insurance policies or annuities**

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

78. **Total of Part 11.**

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

**\$202,935.65**

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes



Debtor **Hospital for Special Surgery, LLC**  
Name

Case number (If known)

**Part 12: Summary**

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

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<b>\$1,696,944.52</b>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<b>\$717,280.19</b>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<b>\$5,668,487.47</b>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<b>\$0.00</b>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<b>\$0.00</b>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<b>\$0.00</b>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<b>\$0.00</b>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<b>\$0.00</b>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<b>\$0.00</b>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<b>\$0.00</b>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	<b>+</b> <b>\$202,935.65</b>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<b>\$8,285,647.83</b>	<b>+ 91b. \$0.00</b>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<b>\$8,285,647.83</b>

**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) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
<b>2.1</b>	<b>AFCO Premium Finance</b> Creditor's Name <b>150 N. Field Drive</b> <b>Suite 190</b> <b>Lake Forest, IL 60045</b> Creditor's mailing address  Creditor's email address, if known  <b>Date debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. <b>1. AFCO Premium Finance</b> <b>2. Zenith Insurance Company</b>	Describe debtor's property that is subject to a lien <b>Prepaid Insurance - AFCO, Chubb, Travelers &amp; Health Insurance</b>  Describe the lien  Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$111,153.79</b>	<b>\$265,565.03</b>

<b>2.2</b>	<b>BOKF, NA dba Bank of Oklahoma</b> Creditor's Name <b>PO Box 2300</b> <b>Tulsa, OK 74192</b> Creditor's mailing address  Creditor's email address, if known  <b>Date debt was incurred</b> <b>02/11/2022</b> <b>Last 4 digits of account number</b>	Describe debtor's property that is subject to a lien <b>All inventory, chattel paper, accounts, equipment and general intangibles</b>  Describe the lien  Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	<b>\$750,000.00</b>	<b>Unknown</b>
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Debtor **Hospital for Special Surgery, LLC** Case number (if known) \_\_\_\_\_

Name

**Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.3 Stryker Flex Financial**

Creditor's Name

**25652 Network Place  
Chicago, IL 60673-1256**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred****Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**ProCore Solution Equipment****\$181,823.84****Unknown**

Describe the lien

**Equipment Finance****Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.4 Zenith Insurance Company**

Creditor's Name

**4415 Collections Company  
Chicago, IL 60693-0044**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred****Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☐ No☒ Yes. Specify each creditor, including this creditor and its relative priority.**Specified on line 2.1**

Describe debtor's property that is subject to a lien

**Prepaid Insurance - AFCO, Chubb, Travelers & Health Insurance****\$53,008.00****\$265,565.03**

Describe the lien

**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$1,095,985.63****Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

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

Debtor	<b>Hospital for Special Surgery, LLC</b>	Case number (if known)	
	<small>Name</small>		
<b>Name and address</b>		<b>On which line in Part 1 did you enter the related creditor?</b>	<b>Last 4 digits of account number for this entity</b>

**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) \_\_\_\_\_

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

Debtor	Name	Case number (if known)		
2.3	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		
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		
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		
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	Name	Case number (if known)		
2.7	Priority creditor's name and mailing address <b>AMANDA MOORE</b> <b>6709 APPLEWOOD DR</b> <b>Edmond, OK 73034</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.8	Priority creditor's name and mailing address <b>AMANDA RIMEL</b> <b>1759 W LAKEAIRE DR</b> <b>Mustang, OK 73064</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.9	Priority creditor's name and mailing address <b>AMY SHAHSAVARI</b> <b>4405 KENSAL RISE PL</b> <b>Norman, OK 73072</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.10	Priority creditor's name and mailing address <b>AMY SLABAUGH</b> <b>1700 GLENDALE DR</b> <b>Edmond, OK 73034</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)		
2.11	Priority creditor's name and mailing address <b>AMY TAYLOR</b> <b>13317 AMBLESIDE DRIVE</b> <b>Yukon, OK 73099</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.12	Priority creditor's name and mailing address <b>ANDREA MORGAN</b> <b>3101 CASTLEROCK RD</b> <b>Oklahoma City, OK 73120</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.13	Priority creditor's name and mailing address <b>ANGELA PAIGE</b> <b>3233 NW 24TH ST</b> <b>Oklahoma City, OK 73107</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.14	Priority creditor's name and mailing address <b>ANNA BEASLEY</b> <b>13803 OXFORD DRIVE</b> <b>Edmond, OK 73013</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



Debtor	Name	Case number (if known)		
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 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		
2.16	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 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		
2.17	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 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		
2.18	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 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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

Debtor	Name	Case number (if known)		
2.23	Priority creditor's name and mailing address <b>BRYANNA MYERS</b> <b>1405 SAINT GEORGE AVENUE</b> <b>MOORE, OK 73160</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.24	Priority creditor's name and mailing address <b>CALI TAYLOR</b> <b>212 SCOTTIE DRIVE</b> <b>Tuttle, OK 73089</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.25	Priority creditor's name and mailing address <b>CANDI CLEVELAND-BELCHER</b> <b>3028 NW 191ST TERRACE</b> <b>Edmond, OK 73012</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.26	Priority creditor's name and mailing address <b>CHARLES MOONEY</b> <b>5800 N PORTLAND AVE</b> <b>Oklahoma City, OK 73112</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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

Debtor	Name	Case number (if known)		
2.31	Priority creditor's name and mailing address <b>CYNTHIA JOHNSTON</b> <b>1810 HUNT CLUB CIRCLE</b> <b>Blanchard, OK 73010</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.32	Priority creditor's name and mailing address <b>DANA LARKINS</b> <b>15508 ELIZABETH ST</b> <b>Piedmont, OK 73078</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.33	Priority creditor's name and mailing address <b>DAPHNE LUKE</b> <b>9821 NE 10TH ST</b> <b>Oklahoma City, OK 73130</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.34	Priority creditor's name and mailing address <b>DEBORAH BAKER</b> <b>22150 TERRITORY RIDGE</b> <b>Luther, OK 73054</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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

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

Debtor	Name	Case number (if known)		
2.43	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)		
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)		
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)		
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	Name	Case number (if known)	
2.59	Priority creditor's name and mailing address <b>KAYLEY SMITH</b> <b>14900 DAVENTRY DR</b> <b>Jones, OK 73049</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.60	Priority creditor's name and mailing address <b>KEITH LUETKEMEYER</b> <b>832 SE 9TG</b> <b>MOORE, OK 73160</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.61	Priority creditor's name and mailing address <b>KELLY BROWN</b> <b>1800 ALEXANDER WAY</b> <b>Yukon, OK 73099</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.62	Priority creditor's name and mailing address <b>KIMBERLY RAMSEY</b> <b>2804 COUNTY STREET 2870</b> <b>Chickasha, OK 73018</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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

Debtor	Name	Case number (if known)	
2.67	Priority creditor's name and mailing address <b>LILLY AMOS</b> <b>507 ANNAWOOD DRIVE</b> <b>Yukon, OK 73099</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.68	Priority creditor's name and mailing address <b>LISA BAKER</b> <b>5000 NW 27TH</b> <b>Oklahoma City, OK 73127</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.69	Priority creditor's name and mailing address <b>LISA POE</b> <b>12516 CLARENCE CT</b> <b>Oklahoma City, OK 73142</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.70	Priority creditor's name and mailing address <b>LUCIA BAEZA</b> <b>3217 HAYVEN CIRCLE</b> <b>Yukon, OK 73099</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)		
2.71	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	Name	Case number (if known)	
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 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.76	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 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.77	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 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.78	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 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



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

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

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

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

Debtor	<b>Hospital for Special Surgery, LLC</b>	Case number (if known)
	<small>Name</small>	

  

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.

			<b>Amount of claim</b>
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>  Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> 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>\$2,107.70</b>
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>  Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> 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>\$58,740.00</b>

Debtor <b>Hospital for Special Surgery, LLC</b> Name		Case number (if known)
3.3	<b>Nonpriority creditor's name and mailing address</b> <b>ABBVIE US LLC</b> <b>62671 COLLECTION CENTER DRIVE</b> <b>CHICAGO, IL 60693-0626</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$61,800.00</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
3.4	<b>Nonpriority creditor's name and mailing address</b> <b>ACCEL TECHNOLOGY GROUP LLC</b> <b>PO BOX 5123</b> <b>Edmond, OK 73083</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$9,129.17</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
3.5	<b>Nonpriority creditor's name and mailing address</b> <b>ADMIRAL EXPRESS</b> <b>PO BOX 470650</b> <b>Tulsa, OK 74147-0650</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$1,895.85</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
3.6	<b>Nonpriority creditor's name and mailing address</b> <b>ADVANCED MEDICAL SALES</b> <b>232 AVENIDA FABRICANTE</b> <b>SUITE 103/104</b> <b>San Clemente, CA 92672</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$1,265.03</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
3.7	<b>Nonpriority creditor's name and mailing address</b> <b>ADVANCED NEURO SOLUTIONS</b> <b>9521 B RIVERSIDE PARKWAY #338</b> <b>Tulsa, OK 74137</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$250.00</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
3.8	<b>Nonpriority creditor's name and mailing address</b> <b>ADVANCED STERILIZATION PRODUCTS SERVICES</b> <b>PO BOX 74007359</b> <b>Chicago, IL 60674-7359</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$5,467.15</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
3.9	<b>Nonpriority creditor's name and mailing address</b> <b>AESCULAP INC</b> <b>PO BOX 780391</b> <b>Philadelphia, PA 19178-0426</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$22,483.80</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

Debtor Name	Hospital for Special Surgery, LLC	Case number (if known)	
3.10	<b>Nonpriority creditor's name and mailing address</b> <b>ALCON VISION LLC</b> <b>PO BOX 735843</b> <b>Dallas, TX 75373-5843</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$67,030.29</b>
3.11	<b>Nonpriority creditor's name and mailing address</b> <b>ALEXIS CALDWELL</b> <b>2404 CHERRY LANE</b> <b>Oklahoma City, OK 73130</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$80.00</b>
3.12	<b>Nonpriority creditor's name and mailing address</b> <b>ALLOSOURCE</b> <b>PO BOX 801020</b> <b>Kansas City, MO 64180-1020</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,952.91</b>
3.13	<b>Nonpriority creditor's name and mailing address</b> <b>AMANDA FAUGHT</b> <b>1007 SOUTH BARNES AVE</b> <b>Oklahoma City, OK 73108</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$26.12</b>
3.14	<b>Nonpriority creditor's name and mailing address</b> <b>AMBLER SURGICAL</b> <b>730 SPRINGDALE DRIVE</b> <b>Exton, PA 19341</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,577.97</b>
3.15	<b>Nonpriority creditor's name and mailing address</b> <b>AMERICAN INTRAOPERATIVE MONITORING</b> <b>13401 RAILWAY DRIVE</b> <b>Oklahoma City, OK 73114</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,800.00</b>
3.16	<b>Nonpriority creditor's name and mailing address</b> <b>AMERIPATH OKLAHOMA CITY</b> <b>PO BOX 849893</b> <b>Dallas, TX 75284-9893</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$583.98</b>

Debtor	<b>Hospital for Special Surgery, LLC</b> Name	Case number (if known) _____
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3.17	<b>Nonpriority creditor's name and mailing address</b> <b>AMO SALES AND SERVICE INC</b> <b>PO BOX 74007099</b> <b>Chicago, IL 60674-7099</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,026.57</b>
3.18	<b>Nonpriority creditor's name and mailing address</b> <b>ANESTHESIA SERVICE</b> <b>1821 N CLASSEN BLVD</b> <b>Oklahoma City, OK 73106-6012</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,403.86</b>
3.19	<b>Nonpriority creditor's name and mailing address</b> <b>ANETHESIA SPECIALISTS OF OKLAHOMA LLC</b> <b>21 NE 3RD STREET</b> <b>Oklahoma City, OK 73104</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,082.79</b>
3.20	<b>Nonpriority creditor's name and mailing address</b> <b>ANGELA SCHEETS</b> <b>7416 NOAH PARKWAY</b> <b>Oklahoma City, OK 73132</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,315.60</b>
3.21	<b>Nonpriority creditor's name and mailing address</b> <b>ANIKA THERAPEUTICS INC</b> <b>32 WIGGINS AVE</b> <b>BEDFORD, MA 01730</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,944.50</b>
3.22	<b>Nonpriority creditor's name and mailing address</b> <b>APEX HEALTHCARE PARTNERS CONSULTING LLC</b> <b>12344 MARKET DRIVE</b> <b>Oklahoma City, OK 73114</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$22,092.74</b>
3.23	<b>Nonpriority creditor's name and mailing address</b> <b>APPLIED MEDICAL DISTRIBUTION CORPORATION</b> <b>PO BOX 3511</b> <b>Carol Stream, IL 60132-3511</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,932.88</b>

Debtor	<b>Hospital for Special Surgery, LLC</b> <small>Name</small>	Case number (if known) _____
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3.24	<b>Nonpriority creditor's name and mailing address</b> <b>ARMSTRONG MEDICAL</b> <b>575 KNIGHTSBRIDGE PKWY</b> <b>PO BOX 700</b> <b>Lincolnshire, IL 60069-0700</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$660.00</b>
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3.25	<b>Nonpriority creditor's name and mailing address</b> <b>ARTHREX INC</b> <b>PO BOX 403511</b> <b>Atlanta, GA 30384-3511</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$101,714.83</b>
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3.26	<b>Nonpriority creditor's name and mailing address</b> <b>ARTHROSURFACE INC</b> <b>PO BOX 412843</b> <b>Boston, MA 02241-2843</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,623.11</b>
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3.27	<b>Nonpriority creditor's name and mailing address</b> <b>AUTO-CHLOR SERVICES LLC</b> <b>PO BOX 669126</b> <b>Dallas, TX 75266-9126</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,608.17</b>
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3.28	<b>Nonpriority creditor's name and mailing address</b> <b>AVENSTAR PAIN SPECIALISTS</b> <b>1732 SOUTH SOONER ROAD</b> <b>Oklahoma City, OK 73110-2668</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,000.00</b>
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3.29	<b>Nonpriority creditor's name and mailing address</b> <b>BAUSCH + LOMB AMERICAS INC</b> <b>PO BOX 772690</b> <b>Detroit, MI 48277-2690</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$75.00</b>
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3.30	<b>Nonpriority creditor's name and mailing address</b> <b>BAXTER HEALTHCARE</b> <b>PO BOX 730531</b> <b>Dallas, TX 75373-0531</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,801.67</b>
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Debtor Name	Hospital for Special Surgery, LLC	Case number (if known)	
3.31	<b>Nonpriority creditor's name and mailing address</b> <b>BAYER HEALTHCARE</b> <b>PO BOX 360172</b> <b>Pittsburgh, PA 15251-6172</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,821.42</b>
3.32	<b>Nonpriority creditor's name and mailing address</b> <b>BCBS OF OK - REFUND &amp; RECOVERY</b> <b>DEPT 0695</b> <b>PO BOX 120695</b> <b>Dallas, TX 75312-0695</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$36,989.27</b>
3.33	<b>Nonpriority creditor's name and mailing address</b> <b>BIOTISSUE OCULAR INC</b> <b>7300 CORPORATE CENTER DRIVE</b> <b>SUITE 700</b> <b>Miami, FL 33126</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,339.00</b>
3.34	<b>Nonpriority creditor's name and mailing address</b> <b>BLUECROSS BLUESHEILD OF OK</b> <b>PO BOX 650615</b> <b>Dallas, TX 75265-0615</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$62,130.61</b>
3.35	<b>Nonpriority creditor's name and mailing address</b> <b>BOSTON SCIENTIFIC CORPORATION</b> <b>PO BOX 951653</b> <b>Dallas, TX 75395-1653</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$427,642.57</b>
3.36	<b>Nonpriority creditor's name and mailing address</b> <b>BREG INC</b> <b>PO BOX 849991</b> <b>Dallas, TX 75284</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$151.86</b>
3.37	<b>Nonpriority creditor's name and mailing address</b> <b>BVI MEDICAL</b> <b>500 TOTTEN POND ROAD</b> <b>10 CITY POINT</b> <b>Waltham, MA 02451</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,975.07</b>

Debtor	<b>Hospital for Special Surgery, LLC</b> Name	Case number (if known) _____
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3.38	<b>Nonpriority creditor's name and mailing address</b> <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 _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$53,809.76</b>
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3.39	<b>Nonpriority creditor's name and mailing address</b> <b>CAPITAL WASTE SOLUTIONS</b> <b>PO BOX 701768</b> <b>Tulsa, OK 74170</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$315.00</b>
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3.40	<b>Nonpriority creditor's name and mailing address</b> <b>CARBOFIX ORTHOPEDICS INC</b> <b>9983 TRADERS LANCE</b> <b>Calabash, NC 28467</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,213.00</b>
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3.41	<b>Nonpriority creditor's name and mailing address</b> <b>CARDINAL HEALTH</b> <b>MEDICAL PRODUCTS &amp; SERVICES</b> <b>PO BOX 730112</b> <b>Dallas, TX 75373</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,620.52</b>
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3.42	<b>Nonpriority creditor's name and mailing address</b> <b>CAREFUSION SOLUTIONS LLC</b> <b>25082 NETWORK PLACE</b> <b>Chicago, IL 60673-1250</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,088.99</b>
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3.43	<b>Nonpriority creditor's name and mailing address</b> <b>CENTINEL SPINE LLC</b> <b>PO BOX 207368</b> <b>Dallas, TX 75320-7368</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$24,200.00</b>
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3.44	<b>Nonpriority creditor's name and mailing address</b> <b>CITY OF OKLAHOMA CITY</b> <b>2300 GENERAL PERSHING BLVD</b> <b>Oklahoma City, OK 73107</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$151.93</b>
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Debtor Name	Hospital for Special Surgery, LLC	Case number (if known)	
3.45	<b>Nonpriority creditor's name and mailing address</b> <b>COATES FIELD SERVICE INC</b> <b>3150 NW 149TH STREET</b> <b>Oklahoma City, OK 73134</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$210.82</b>
3.46	<b>Nonpriority creditor's name and mailing address</b> <b>COLLIN BELOTE</b> <b>19501 N PENN</b> <b>APT 1009</b> <b>Edmond, OK 73012</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$173.05</b>
3.47	<b>Nonpriority creditor's name and mailing address</b> <b>COMPREHENSIVE CARE SERVICES INC</b> <b>45211 HELM STREET</b> <b>Plymouth, MI 48170</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,073.54</b>
3.48	<b>Nonpriority creditor's name and mailing address</b> <b>COMPREHENSIVE DIAGNOSTIC IMAGING</b> <b>5800 NORTH PORTLAND</b> <b>Oklahoma City, OK 73112</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$357,962.82</b>
3.49	<b>Nonpriority creditor's name and mailing address</b> <b>COMTEC ELECTRONIC SYSTEMS INC</b> <b>PO BOX 489</b> <b>Choctaw, OK 73020</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$941.36</b>
3.50	<b>Nonpriority creditor's name and mailing address</b> <b>CONMED LINVATEC</b> <b>PO BOX 301231</b> <b>Dallas, TX 75303-1231</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$26,780.95</b>
3.51	<b>Nonpriority creditor's name and mailing address</b> <b>CONSENSUS CLOUD SOLUTIONS DBA</b> <b>SRFAX</b> <b>PO BOX 2012131</b> <b>STATION A</b> <b>TORONTO, ONTARIO M52 OK5 CDN</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$574.58</b>

Debtor	<b>Hospital for Special Surgery, LLC</b> Name	Case number (if known) _____
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3.52	<b>Nonpriority creditor's name and mailing address</b> <b>CORELINK LLC</b> <b>2072 FENTON LOGISTICS PK BLVD</b> <b>Fenton, MO 63026</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$21,450.00</b>
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3.53	<b>Nonpriority creditor's name and mailing address</b> <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:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="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>
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3.54	<b>Nonpriority creditor's name and mailing address</b> <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:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="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>
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3.55	<b>Nonpriority creditor's name and mailing address</b> <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:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="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>
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3.56	<b>Nonpriority creditor's name and mailing address</b> <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:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="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>
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3.57	<b>Nonpriority creditor's name and mailing address</b> <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:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="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>
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3.58	<b>Nonpriority creditor's name and mailing address</b> <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:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="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>
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Debtor	<b>Hospital for Special Surgery, LLC</b> Name	Case number (if known) _____
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3.59	<b>Nonpriority creditor's name and mailing address</b> <b>DEPENDABLE WINDOW CLEANING LLC</b> <b>STEVE YOUNG</b> <b>PO BOX 97</b> <b>Guthrie, OK 73044</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$556.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.60	<b>Nonpriority creditor's name and mailing address</b> <b>DEPT OF ENVIRONMENTAL QUALITY</b> <b>ADMINISTRATIVE SERVICES - ACCOUNTS</b> <b>REC</b> <b>PO BOX 2036</b> <b>Oklahoma City, OK 73101</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,445.60</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.61	<b>Nonpriority creditor's name and mailing address</b> <b>DEPUY SYNTHES SALES INC</b> <b>5972 COLLECTIONS CENTER DRIVE</b> <b>Chicago, IL 60693</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$2,461.07</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.62	<b>Nonpriority creditor's name and mailing address</b> <b>DEROYAL INDUSTRIES</b> <b>MSC 30316</b> <b>PO BOX 415000</b> <b>Nashville, TN 37241</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$840.57</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.63	<b>Nonpriority creditor's name and mailing address</b> <b>DIAGNOSTIC LAB OF OKLAHOMA</b> <b>PO BOX 676324</b> <b>Dallas, TX 75267-6324</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$3,000.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.64	<b>Nonpriority creditor's name and mailing address</b> <b>DJO LLC</b> <b>PO BOX 650777</b> <b>Dallas, TX 75265</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,539.90</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.65	<b>Nonpriority creditor's name and mailing address</b> <b>DONNA GIPSON</b> <b>1346 W I-240 SERVICE ROAD</b> <b>APT 121</b> <b>Oklahoma City, OK 73159</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$28.75</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Hospital for Special Surgery, LLC</b> Name	Case number (if known) _____
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3.66	<b>Nonpriority creditor's name and mailing address</b> <b>DYNAMIC ACCESS LLC</b> <b>2600 N CENTRAL EXPWY</b> <b>SUITE 280</b> <b>Richardson, TX 75080</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,350.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.67	<b>Nonpriority creditor's name and mailing address</b> <b>EBMS AETNA</b> <b>3333 HESPER ROAD</b> <b>Billings, MT 59104-1367</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$3,377.65</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.68	<b>Nonpriority creditor's name and mailing address</b> <b>EMILY FRAZIER</b> <b>904 EDINBURG DRIVE</b> <b>Yukon, OK 73099</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$97.23</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.69	<b>Nonpriority creditor's name and mailing address</b> <b>Emma Base</b> <b>c/o Heather Mitchell Law</b> <b>14001 Quail Springs Parkway</b> <b>Oklahoma City, OK 73134</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$15,000,000.00</b></span> <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
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3.70	<b>Nonpriority creditor's name and mailing address</b> <b>EPIMED</b> <b>141 SAL LANDRIO DRIVE</b> <b>CROSSROAD BUSINESS PARK</b> <b>Johnstown, NY 12095</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,155.20</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.71	<b>Nonpriority creditor's name and mailing address</b> <b>ETHICON</b> <b>C/O JOHNSON &amp; JOHNSON HEALTHCARE</b> <b>4301 WEST BOY SCOUT BOULEVARD</b> <b>Tampa, FL 33607</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$156.30</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.72	<b>Nonpriority creditor's name and mailing address</b> <b>EUREKA WATER COMPANY</b> <b>PO BOX 26730</b> <b>Oklahoma City, OK 73126</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$97.93</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Hospital for Special Surgery, LLC</b> <small>Name</small>	Case number (if known) _____
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3.73	<b>Nonpriority creditor's name and mailing address</b> <b>FLOSPINE LLC</b> <b>3998 FAU BLVD</b> <b>STE 300</b> <b>Boca Raton, FL 33431</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$60,075.00</b>
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3.74	<b>Nonpriority creditor's name and mailing address</b> <b>GARY HAMBY</b> <b>4202 N KENTUCKY AVE</b> <b>Oklahoma City, OK 73118</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$57.72</b>
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3.75	<b>Nonpriority creditor's name and mailing address</b> <b>GLAUKOS CORPORATION</b> <b>PO BOX 741074</b> <b>Los Angeles, CA 90074</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$558,923.00</b>
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3.76	<b>Nonpriority creditor's name and mailing address</b> <b>HAYES 405 REFRESHMENTS</b> <b>6101 NW 2ND STREET</b> <b>Oklahoma City, OK 73127</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$443.00</b>
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3.77	<b>Nonpriority creditor's name and mailing address</b> <b>HEALTH CHOICE</b> <b>PO BOX 30511</b> <b>Salt Lake City, UT 84130-0511</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$40,675.00</b>
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3.78	<b>Nonpriority creditor's name and mailing address</b> <b>HEALTHSTREAM INC</b> <b>PO BOX 102817</b> <b>Atlanta, GA 30368-2817</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$235.35</b>
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3.79	<b>Nonpriority creditor's name and mailing address</b> <b>HEARTLAND PATHOLOGY</b> <b>PO BOX 26343</b> <b>Oklahoma City, OK 73126</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,351.14</b>
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Debtor	<b>Hospital for Special Surgery, LLC</b> <small>Name</small>	Case number (if known) _____
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3.80	<b>Nonpriority creditor's name and mailing address</b> <b>HENRY SCHEIN INC</b> <b>DEPT CH 10560</b> <b>Palatine, IL 60055-0560</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$50,473.69</b>
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3.81	<b>Nonpriority creditor's name and mailing address</b> <b>I.T.S USA</b> <b>1778 PARK AVENUE NORTH</b> <b>SUITE 200</b> <b>Maitland, FL 32751</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,650.00</b>
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3.82	<b>Nonpriority creditor's name and mailing address</b> <b>IAN TREK INC</b> <b>151 EAST POST ROAD</b> <b>SUITE 111</b> <b>White Plains, NY 10601</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,350.00</b>
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3.83	<b>Nonpriority creditor's name and mailing address</b> <b>IMPRIMIS RX</b> <b>PO BOX 631804</b> <b>Cincinnati, OH 45263-1804</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,960.00</b>
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3.84	<b>Nonpriority creditor's name and mailing address</b> <b>INNOV8ORTHO LLC</b> <b>PO BOX 154</b> <b>Edgewater, NJ 07020</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,615.00</b>
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3.85	<b>Nonpriority creditor's name and mailing address</b> <b>INNOVICE LLC</b> <b>PO BOX 803</b> <b>Council Bluffs, IA 51503</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,290.00</b>
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3.86	<b>Nonpriority creditor's name and mailing address</b> <b>INTEGRITY BIOLOGICS LLC</b> <b>9524 E 81ST</b> <b>STE B1614</b> <b>Tulsa, OK 74133</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,265.00</b>
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Debtor	<b>Hospital for Special Surgery, LLC</b> Name _____	Case number (if known) _____
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3.87	<b>Nonpriority creditor's name and mailing address</b> <b>J&amp;J HEALTHCARE - DEPUY MITEK</b> <b>5972 COLLECTIONS CENTER DR</b> <b>Chicago, IL 60693</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$27,322.21</b>
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3.88	<b>Nonpriority creditor's name and mailing address</b> <b>J&amp;J HEALTHCARE SYSTEMS INC</b> <b>5972 COLLECTIONS CENTER DR</b> <b>Chicago, IL 60693</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,120.43</b>
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3.89	<b>Nonpriority creditor's name and mailing address</b> <b>JAMES KENT</b> <b>6201 S DONNA LANE</b> <b>Oklahoma City, OK 73150</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$35.00</b>
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3.90	<b>Nonpriority creditor's name and mailing address</b> <b>JEAN FRANKLIN</b> <b>4317 NW 54TH</b> <b>Oklahoma City, OK 73112</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$113.89</b>
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3.91	<b>Nonpriority creditor's name and mailing address</b> <b>JOINT RESTORATION FOUNDATION JRF</b> <b>PO BOX 843549</b> <b>Kansas City, MO 64184-3549</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,456.00</b>
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3.92	<b>Nonpriority creditor's name and mailing address</b> <b>JOTFORM</b> <b>4 EMBARCADERO CENTER</b> <b>SUITE 780</b> <b>San Francisco, CA 94111</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$348.00</b>
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3.93	<b>Nonpriority creditor's name and mailing address</b> <b>K-LYNN CONSULTING &amp; CANCER</b> <b>REGISTRY</b> <b>SVCS, LLC</b> <b>KELLY LYNN FARMER, CTR</b> <b>PO BOX 721268</b> <b>Norman, OK 73070</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$500.00</b>
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Debtor	<b>Hospital for Special Surgery, LLC</b> Name	Case number (if known) _____
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3.94	<b>Nonpriority creditor's name and mailing address</b> <b>KAPPA STAFFING</b> <b>PO BOX 2112</b> <b>Oklahoma City, OK 73101</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$880.00</b>
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3.95	<b>Nonpriority creditor's name and mailing address</b> <b>KATENA PRODUCTS INC CORZA MEDICAL</b> <b>PO BOX 411412</b> <b>Boston, MA 02241-1289</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$971.30</b>
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3.96	<b>Nonpriority creditor's name and mailing address</b> <b>KCI USA</b> <b>PO BOX 301557</b> <b>Dallas, TX 75303-1557</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,791.42</b>
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3.97	<b>Nonpriority creditor's name and mailing address</b> <b>KEITH DACE INC</b> <b>14900 BLACKJACK DR</b> <b>Piedmont, OK 73078</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,650.00</b>
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3.98	<b>Nonpriority creditor's name and mailing address</b> <b>KELLI HUTCHINS</b> <b>11100 ROXBORO AVE</b> <b>Oklahoma City, OK 73162</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$50.00</b>
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3.99	<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>
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3.100	<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>
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Debtor Name	Hospital for Special Surgery, LLC	Case number (if known)	
3.101	<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>
3.102	<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>
3.103	<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>
3.104	<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>\$1,598.00</b>
3.105	<b>Nonpriority creditor's name and mailing address</b> <b>MARGARET MERRELL</b> <b>PO BOX 136</b> <b>Sasakwa, OK 74867</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$86.80</b>
3.106	<b>Nonpriority creditor's name and mailing address</b> <b>MCKESSON MEDICAL SURGICAL</b> <b>PO BOX 933027</b> <b>Atlanta, GA 31193-3027</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,067.87</b>
3.107	<b>Nonpriority creditor's name and mailing address</b> <b>MCKESSON SPECIALTY DISTRIBUTION LLC</b> <b>PO BOX 841838</b> <b>Dallas, TX 75284-1838</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,878.40</b>

Debtor	<b>Hospital for Special Surgery, LLC</b> Name	Case number (if known) _____
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3.108	<b>Nonpriority creditor's name and mailing address</b> <b>MEDI-SOL</b> <b>PO BOX 7736</b> <b>Edmond, OK 73083</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,686.50</b>
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3.109	<b>Nonpriority creditor's name and mailing address</b> <b>MEDICAL PRODUCTS RESOURCE</b> <b>TWIN CITY MEDICAL</b> <b>917 LONE OAK ROAD</b> <b>SUITE 1000</b> <b>EAGAN, MN 55121</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,031.75</b>
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3.110	<b>Nonpriority creditor's name and mailing address</b> <b>MEDICARE</b> <b>NOVITAS SOLUTIONS</b> <b>PO BOX 3105</b> <b>Mechanicsburg, PA 17055</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$58,083.73</b>
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3.111	<b>Nonpriority creditor's name and mailing address</b> <b>MEDLINE INDUSTRIES INC</b> <b>DEPT 1080</b> <b>PO BOX 121080</b> <b>Dallas, TX 75312-1080</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$87,538.17</b>
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3.112	<b>Nonpriority creditor's name and mailing address</b> <b>MEDQ INC</b> <b>PO BOX 260836</b> <b>Plano, TX 75026</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,809.50</b>
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3.113	<b>Nonpriority creditor's name and mailing address</b> <b>MEDSPHERE SYSTEMS CORPORATION</b> <b>9980 S 300</b> <b>STE 200</b> <b>Sandy, UT 84070-3654</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,814.37</b>
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3.114	<b>Nonpriority creditor's name and mailing address</b> <b>MEDTRONIC</b> <b>PO BOX 848086</b> <b>Dallas, TX 75284-8086</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$784,346.16</b>
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Debtor	<b>Hospital for Special Surgery, LLC</b> Name	Case number (if known) _____
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3.115	<b>Nonpriority creditor's name and mailing address</b> <b>MEDTRONIC USA</b> <b>PO BOX 848086</b> <b>Dallas, TX 75284-8086</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,189.42</b>
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3.116	<b>Nonpriority creditor's name and mailing address</b> <b>METLIFE SMALL BUSINESS CENTER</b> <b>PO BOX 804466</b> <b>Kansas City, MO 64180-4466</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,553.03</b>
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3.117	<b>Nonpriority creditor's name and mailing address</b> <b>MIACH ORTHOPAEDICS</b> <b>69 MILK STREET</b> <b>SUITE 100</b> <b>Westborough, MA 01581</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,025.00</b>
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3.118	<b>Nonpriority creditor's name and mailing address</b> <b>MICROPORT ORTHOPEDICS INC</b> <b>PO BOX 842005</b> <b>Dallas, TX 75284-2005</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$26,250.00</b>
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3.119	<b>Nonpriority creditor's name and mailing address</b> <b>MICROSURGICAL TECHNOLOGY, INC</b> <b>PO BOX 74007048</b> <b>Chicago, IL 60674-7048</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,871.46</b>
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3.120	<b>Nonpriority creditor's name and mailing address</b> <b>MIDCON DATA SERVICES LLC</b> <b>13431 N BROADWAY EXTENSION</b> <b>SUITE 115</b> <b>Oklahoma City, OK 73114</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$468.74</b>
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3.121	<b>Nonpriority creditor's name and mailing address</b> <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 ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$149,655.71</b>
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Debtor	<b>Hospital for Special Surgery, LLC</b> Name	Case number (if known) _____
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3.122	<b>Nonpriority creditor's name and mailing address</b> <b>MILLENNIUM SURGICAL CORP</b> <b>PO BOX 775385</b> <b>Chicago, IL 60677-5385</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$39.10</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.123	<b>Nonpriority creditor's name and mailing address</b> <b>MOBIUS THERAPEUTICS LLC</b> <b>1000 EXECUTIVE PARKWAY</b> <b>SUITE 224</b> <b>Saint Louis, MO 63141</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$4,977.92</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.124	<b>Nonpriority creditor's name and mailing address</b> <b>MODERN ELECTRONICS LLC</b> <b>3201 S. WESTERN</b> <b>Oklahoma City, OK 73109</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$419.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.125	<b>Nonpriority creditor's name and mailing address</b> <b>NATIONAL NEUROMONITORING SERVICES</b> <b>1141 N LOOP</b> <b>1604 E #105-612</b> <b>San Antonio, TX 78232</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$12,000.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.126	<b>Nonpriority creditor's name and mailing address</b> <b>NEVRO CORP</b> <b>501 ALLENDALE ROAD</b> <b>#101B</b> <b>King of Prussia, PA 19406</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$169,425.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.127	<b>Nonpriority creditor's name and mailing address</b> <b>NEW WORLD MEDICAL</b> <b>1801 W OLYMPIC BLVD</b> <b>FILE 2356</b> <b>Pasadena, CA 91199-2356</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$16,900.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.128	<b>Nonpriority creditor's name and mailing address</b> <b>NEXUS SPINE</b> <b>2825 E COTTONWOOD PKWY</b> <b>STE 330</b> <b>Salt Lake City, UT 84121</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$31,500.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor Name	Hospital for Special Surgery, LLC	Case number (if known)	
3.129	<b>Nonpriority creditor's name and mailing address</b> <b>OG&amp;E</b> <b>PO BOX 24990</b> <b>Oklahoma City, OK 73124-0990</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,548.82</b>
3.130	<b>Nonpriority creditor's name and mailing address</b> <b>OKLAHOMA BLOOD INSTITUTE</b> <b>DEPT #96-0115</b> <b>Oklahoma City, OK 73196-0115</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,424.80</b>
3.131	<b>Nonpriority creditor's name and mailing address</b> <b>OKLAHOMA COUNTY CLERK</b> <b>320 ROBERT S. KERR</b> <b>SUITE 203</b> <b>Oklahoma City, OK 73102</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$46.00</b>
3.132	<b>Nonpriority creditor's name and mailing address</b> <b>OKLAHOMA EYE SURGEONS PLLC</b> <b>5600 N PORTLAND AVE</b> <b>Oklahoma City, OK 73112</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$43,574.47</b>
3.133	<b>Nonpriority creditor's name and mailing address</b> <b>OKLAHOMA NATURAL GAS COMPANY</b> <b>PO BOX 219296</b> <b>Kansas City, MO 64121-9296</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,693.58</b>
3.134	<b>Nonpriority creditor's name and mailing address</b> <b>OKLAHOMA SLEEP INSTITUTE</b> <b>13901 TECHNOLOGY DR</b> <b>STE A1</b> <b>Oklahoma City, OK 73134</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$33,750.00</b>
3.135	<b>Nonpriority creditor's name and mailing address</b> <b>OKLAHOMA TAX COMMISSION</b> <b>PO BOX 26850</b> <b>Oklahoma City, OK 73126-0850</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$24,456.96</b>

Debtor	<b>Hospital for Special Surgery, LLC</b> Name _____	Case number (if known) _____
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3.136	<b>Nonpriority creditor's name and mailing address</b> <b>OKLAHOMA WATER TREATMENT SOLUTIONS</b> <b>304 N MERIDIAN AVE #23</b> <b>Oklahoma City, OK 73107</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$488.81</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.137	<b>Nonpriority creditor's name and mailing address</b> <b>OLSEN ORTHOPEDICS PLLC</b> <b>1140 S. DOUGLAS BLVD</b> <b>Oklahoma City, OK 73130</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$105,664.63</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.138	<b>Nonpriority creditor's name and mailing address</b> <b>OLYMPUS AMERICA</b> <b>PO BOX 200194</b> <b>Pittsburgh, PA 15251-0194</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$2,729.38</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.139	<b>Nonpriority creditor's name and mailing address</b> <b>OMNILIFE SCIENCE INC</b> <b>480 PARAMOUNT DRIVE</b> <b>Raynham, MA 02767</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$5,197.95</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.140	<b>Nonpriority creditor's name and mailing address</b> <b>ONE SURGICAL INC</b> <b>PO BOX 1844</b> <b>DEPT O-65</b> <b>Memphis, TN 38101-1844</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$256.51</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.141	<b>Nonpriority creditor's name and mailing address</b> <b>ORTHOPAEDIC &amp; SPORTS MEDICINE CENTER</b> <b>VYTAUTAS RINGAS MD</b> <b>PO BOX 654354</b> <b>Dallas, TX 75265</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,428.13</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.142	<b>Nonpriority creditor's name and mailing address</b> <b>OSRX INC</b> <b>PO BOX 842949</b> <b>Los Angeles, CA 90084-2949</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$450.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Hospital for Special Surgery, LLC</b> Name	Case number (if known) _____
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3.143	<b>Nonpriority creditor's name and mailing address</b> <b>OSTEOREMEDIES</b> <b>PO BOX 1000</b> <b>DEPT #33061</b> <b>Memphis, TN 38148-3061</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$2,400.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.144	<b>Nonpriority creditor's name and mailing address</b> <b>PAINTEQ LLC</b> <b>1511 N WESTSHORE BLVD</b> <b>SUITE 470</b> <b>Tampa, FL 33607</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$7,250.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.145	<b>Nonpriority creditor's name and mailing address</b> <b>PAN &amp; ASSOCIATES LLC</b> <b>6509 NW 110TH STREET</b> <b>Oklahoma City, OK 73162</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,000.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.146	<b>Nonpriority creditor's name and mailing address</b> <b>PARCUS MEDICAL LLC</b> <b>PO BOX 748445</b> <b>Atlanta, GA 30374-8445</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$8,711.41</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.147	<b>Nonpriority creditor's name and mailing address</b> <b>PATRICIA PREAST</b> <b>6226 ANDERSON DRIVE</b> <b>Oklahoma City, OK 73149</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$38.37</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.148	<b>Nonpriority creditor's name and mailing address</b> <b>PINNACLE SOLUTIONS</b> <b>PO BOX 860234</b> <b>Shawnee, KS 66286</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$219.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.149	<b>Nonpriority creditor's name and mailing address</b> <b>PLATFORM TECHNOLOGY ADVISORS</b> <b>70 SANTA FELICIA</b> <b>Goleta, CA 93117</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$107.50</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Hospital for Special Surgery, LLC		Case number (if known)
	Name		
3.150	<b>Nonpriority creditor's name and mailing address</b> <b>PRECISION LENS</b> <b>PO BOX 7432</b> <b>Carol Stream, IL 60197-7432</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$150.00</b>
3.151	<b>Nonpriority creditor's name and mailing address</b> <b>PRECISION PRINTING</b> <b>2500 N MOORE AVE</b> <b>MOORE, OK 73160</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,663.31</b>
3.152	<b>Nonpriority creditor's name and mailing address</b> <b>PREFCARDS LLC</b> <b>5550 PAINTED MIRAGE ROAD</b> <b>Las Vegas, NV 89149</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,400.00</b>
3.153	<b>Nonpriority creditor's name and mailing address</b> <b>PRESCOTTS INC</b> <b>18940 MICROSCOPE WAY</b> <b>Monument, CO 80132</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$160.00</b>
3.154	<b>Nonpriority creditor's name and mailing address</b> <b>PRESS GANEY ASSOCIATES INC</b> <b>PO BOX 88335</b> <b>Milwaukee, WI 53288-0335</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,163.32</b>
3.155	<b>Nonpriority creditor's name and mailing address</b> <b>PRIMUS STERILIZER COMPANY LLC</b> <b>7936 FOREST COMPANY LLC</b> <b>Orlando, FL 32810</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$302.09</b>
3.156	<b>Nonpriority creditor's name and mailing address</b> <b>PYRAMED</b> <b>3320 CLAYS MILL RD</b> <b>SUITE 111</b> <b>Lexington, KY 40503</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,725.00</b>



Debtor	<b>Hospital for Special Surgery, LLC</b> Name	Case number (if known) _____
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3.157	<b>Nonpriority creditor's name and mailing address</b> <b>QUEST DIAGNOSTICS</b> <b>PO BOX 740709</b> <b>Atlanta, GA 30374</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$358.15</b>
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3.158	<b>Nonpriority creditor's name and mailing address</b> <b>QUINTECH INC</b> <b>PO BOX 3488</b> <b>DEPT #05-076</b> <b>Tupelo, MS 38803-3488</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,236.00</b>
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3.159	<b>Nonpriority creditor's name and mailing address</b> <b>RADSOURCE IMAGING TECHNOLOGIES</b> <b>8121 NW 97TH TERRACE</b> <b>Kansas City, MO 64153</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,666.67</b>
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3.160	<b>Nonpriority creditor's name and mailing address</b> <b>RAPID CARE TRANSCRIPTION INC</b> <b>12603 SOUTHWEST FWY</b> <b>STE 626</b> <b>Stafford, TX 77477</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,460.00</b>
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3.161	<b>Nonpriority creditor's name and mailing address</b> <b>REGINA LAWSON</b> <b>37207 S COUNTY ROAD 199</b> <b>Woodward, OK 73801</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$132.62</b>
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3.162	<b>Nonpriority creditor's name and mailing address</b> <b>RELIEVANT MEDSYSTEMS INC</b> <b>PO BOX 675413</b> <b>Detroit, MI 48267-5413</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$78,250.00</b>
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3.163	<b>Nonpriority creditor's name and mailing address</b> <b>RESTOR3D INC</b> <b>PO BOX 14262</b> <b>ATTN 02268</b> <b>Durham, NC 27709</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,250.00</b>
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Debtor	<b>Hospital for Special Surgery, LLC</b> Name	Case number (if known) _____
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3.164	<b>Nonpriority creditor's name and mailing address</b> <b>RHONDA MCALESTER</b> <b>4300 MIDDLEFIELD COURT</b> <b>Norman, OK 73072</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$9,940.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.165	<b>Nonpriority creditor's name and mailing address</b> <b>RICHARD HERREN</b> <b>1021 S ELLISON AVE</b> <b>EI Reno, OK 73036</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$120.14</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.166	<b>Nonpriority creditor's name and mailing address</b> <b>RICOH USA INC</b> <b>PO BOX 660342</b> <b>Dallas, TX 75266-0342</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$435.92</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.167	<b>Nonpriority creditor's name and mailing address</b> <b>ROBERT DOUGLAS</b> <b>PO BOX 120695</b> <b>Dallas, TX 75312-0695</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$610.52</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.168	<b>Nonpriority creditor's name and mailing address</b> <b>ROBERT GORDON MD PLLC</b> <b>4200 WEST MEMORIAL RD</b> <b>STE 805</b> <b>Oklahoma City, OK 73120</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$3,515.19</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.169	<b>Nonpriority creditor's name and mailing address</b> <b>RXSIGHT</b> <b>PO BOX 741292</b> <b>Los Angeles, CA 90074-1292</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$5,000.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.170	<b>Nonpriority creditor's name and mailing address</b> <b>RYLAN-JAGGER MEDICAL LLC</b> <b>820 W DANFORTH RD</b> <b>#109</b> <b>Edmond, OK 73003</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$25,000.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Hospital for Special Surgery, LLC</b> Name _____	Case number (if known) _____
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3.171	<b>Nonpriority creditor's name and mailing address</b> <b>SHEATHING TECHNOLOGIES INC</b> <b>675 JARVIS DRIVE</b> <b>Morgan Hill, CA 95037</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$749.40</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.172	<b>Nonpriority creditor's name and mailing address</b> <b>SI-BONE INC</b> <b>471 EL CAMINO REAL</b> <b>SUITE 101</b> <b>Santa Clara, CA 95050</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$41,000.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.173	<b>Nonpriority creditor's name and mailing address</b> <b>SIGNATURE ORTHOPAEDICS USA LLC</b> <b>3150 STAGE POST DRIVE</b> <b>SUITE 104</b> <b>Memphis, TN 38133</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$16,800.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.174	<b>Nonpriority creditor's name and mailing address</b> <b>SMITH &amp; NEPHEW INC</b> <b>PO BOX 842935</b> <b>Dallas, TX 75284-2935</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$68,696.12</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.175	<b>Nonpriority creditor's name and mailing address</b> <b>SOLARA SURGICAL PARTNERS LLC</b> <b>2325 DEAN WAY</b> <b>SUITE 100</b> <b>Southlake, TX 76092</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,211,297.86</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.176	<b>Nonpriority creditor's name and mailing address</b> <b>SOONER MOBILE X-RAY INC</b> <b>PO BOX 158</b> <b>Duncan, OK 73534</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$2,000.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.177	<b>Nonpriority creditor's name and mailing address</b> <b>STAPLES ADVANTAGE</b> <b>DEPT DAL</b> <b>PO BOX 660409</b> <b>Dallas, TX 75266-0409</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$2,445.22</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor Name	Case number (if known)
<b>Hospital for Special Surgery, LLC</b>	
<b>3.178 Nonpriority creditor's name and mailing address</b> <b>STERIS CORPORATION</b> <b>PO BOX 676548</b> <b>Dallas, TX 75267-6548</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$1,823.16</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>3.179 Nonpriority creditor's name and mailing address</b> <b>STRATUS BUILDING SOLUTIONS</b> <b>PO BOX 14005</b> <b>Oklahoma City, OK 73113</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$15,191.09</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>3.180 Nonpriority creditor's name and mailing address</b> <b>STRYKER ENDOSCOPY</b> <b>C/O STRYKER SALES CORPORATION</b> <b>21343 NETWORK PLACE</b> <b>Chicago, IL 60673-3276</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$20,814.13</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>3.181 Nonpriority creditor's name and mailing address</b> <b>STRYKER ORTHOPAEDICS</b> <b>PO BOX 93213</b> <b>Chicago, IL 60673-3213</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$1,016.73</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>3.182 Nonpriority creditor's name and mailing address</b> <b>STRYKER SALES LLC</b> <b>21343 NETWORK PLACE</b> <b>Chicago, IL 60673-1213</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$22,745.05</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>3.183 Nonpriority creditor's name and mailing address</b> <b>STRYKER SUSTAINABILITY SOLUTIONS</b> <b>PO BOX 29387</b> <b>Phoenix, AZ 85038</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$2,025.05</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>3.184 Nonpriority creditor's name and mailing address</b> <b>SUMMER OR DEREK JOHNSON</b> <b>15008 SE 59TH TERRACE</b> <b>Choctaw, OK 73020</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$100.00</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

Debtor <b>Hospital for Special Surgery, LLC</b> Name		Case number (if known)	
3.185	<b>Nonpriority creditor's name and mailing address</b> <b>SUMMIT FIRE &amp; SECURITY LLC</b> <b>PO BOX 855227</b> <b>Minneapolis, MN 55485-5227</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$300.00</b>
3.186	<b>Nonpriority creditor's name and mailing address</b> <b>SUPERIOR LINEN</b> <b>6959 E 12TH ST</b> <b>Tulsa, OK 74112</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,415.15</b>
3.187	<b>Nonpriority creditor's name and mailing address</b> <b>SURGICAL SPECIALTIES CORP</b> <b>PO BOX 419407</b> <b>Boston, MA 02241-9407</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$705.43</b>
3.188	<b>Nonpriority creditor's name and mailing address</b> <b>SUSAN DONNELLY</b> <b>767 CS 292</b> <b>Tuttle, OK 73089</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$230.00</b>
3.189	<b>Nonpriority creditor's name and mailing address</b> <b>TIMOTHY BRIDGES</b> <b>601 ABERDEEN ROAD</b> <b>Edmond, OK 73025</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$67.61</b>
3.190	<b>Nonpriority creditor's name and mailing address</b> <b>TISSUE REGENIX</b> <b>PO BOX 841379</b> <b>Dallas, TX 75284</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$810.00</b>
3.191	<b>Nonpriority creditor's name and mailing address</b> <b>TODD FOGARTY, CRNA</b> <b>21 NE 3RD STREET</b> <b>Oklahoma City, OK 73104</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,656.06</b>

Debtor	<b>Hospital for Special Surgery, LLC</b> Name	Case number (if known) _____
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3.192	<b>Nonpriority creditor's name and mailing address</b> <b>TOTAL MEDICAL PERSONNEL</b> <b>PO BOX 268947</b> <b>Oklahoma City, OK 73126</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$9,428.77</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.193	<b>Nonpriority creditor's name and mailing address</b> <b>TRICE MEDICAL</b> <b>26902 VISTA TERRACE</b> <b>Lake Forest, CA 92630-8123</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,299.02</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.194	<b>Nonpriority creditor's name and mailing address</b> <b>TRICORPS</b> <b>PO BOX 32316</b> <b>Oklahoma City, OK 73123</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,800.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.195	<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> <span style="float: right;"><b>\$25,450.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.196	<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> <span style="float: right;"><b>\$4,978.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.197	<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> <span style="float: right;"><b>\$516.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.198	<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> <span style="float: right;"><b>\$11,718.47</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Hospital for Special Surgery, LLC</b> Name	Case number (if known) _____
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3.199	<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>
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3.200	<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>
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3.201	<b>Nonpriority creditor's name and mailing address</b> <b>WAYSTAR INC</b> <b>1311 SOLUTIONS CENTER</b> <b>Chicago, IL 60677-1311</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,029.22</b>
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3.202	<b>Nonpriority creditor's name and mailing address</b> <b>WESTERN OKLAHOMA PAIN SPECIALISTS LLC</b> <b>301 SW 80TH STREET</b> <b>Oklahoma City, OK 73139</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,565.07</b>
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3.203	<b>Nonpriority creditor's name and mailing address</b> <b>WHITWORTH LAWN &amp; LANDSCAPE</b> <b>PO BOX 31</b> <b>Piedmont, OK 73078</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,750.00</b>
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3.204	<b>Nonpriority creditor's name and mailing address</b> <b>WM CORPORATE SERVICES INC</b> <b>PO BOX 660345</b> <b>Dallas, TX 75266-0345</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,050.69</b>
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3.205	<b>Nonpriority creditor's name and mailing address</b> <b>ZACHARIAH SCOTT</b> <b>116 SW 173RD STREET</b> <b>Oklahoma City, OK 73170</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$49.15</b>
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Debtor **Hospital for Special Surgery, LLC**  
Name

Case number (if known)

3.206 Nonpriority creditor's name and mailing address

**ZAVATION MEDICAL PRODUCTS  
PO BOX 321424  
Flowood, MS 39232**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.***\$52,395.00**

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

3.207 Nonpriority creditor's name and mailing address

**ZIMMER BIOMET  
PO BOX 708  
Warsaw, IN 46581-0708**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.***\$14,850.46**

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: \_

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.

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 Part1 or Part 2 is the  
related creditor (if any) listed?Last 4 digits of  
account number, if  
any**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

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

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

## Total of claim amounts

5a. \$ **0.00**5b. + \$ **20,701,858.43**5c. \$ **20,701,858.43**



**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) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

**Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).*Property***2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**2.1. State what the contract or lease is for and the nature of the debtor's interest **Software to verify patient benefits**

State the term remaining

**Autorenew**

List the contract number of any government contract \_\_\_\_\_

**Ability  
Inolvalon Provider Inc  
PO BOx 856015  
Minneapolis, MN 55485-6015**2.2. State what the contract or lease is for and the nature of the debtor's interest **IT Service Provider**

State the term remaining

**Autorenew**

List the contract number of any government contract \_\_\_\_\_

**Accel Technology  
2801 Coltrane Place Ste 3  
Edmond, OK 73034**2.3. State what the contract or lease is for and the nature of the debtor's interest **Dr. Goodell  
Professional services  
in service of bundled  
contracted agreements  
(i.e. Healthchoice  
Select)**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Advanced Ear Nose & Throat PC  
Dr. Ronald Goodell  
1621A Midtown Pl  
Oklahoma City, OK 73130**2.4. State what the contract or lease is for and the nature of the debtor's interest **Intraoperative Nerve Monitoring**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Advanced Neuro Solutions  
PO Box 2112  
Oklahoma City, OK 73101**

Debtor 1 **Hospital for Special Surgery, LLC**

First Name

Middle Name

Last Name

Case number (if known)

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest **Sterrad maintenance agreement**

State the term remaining **2 years**

List the contract number of any government contract \_\_\_\_\_

**Advanced Sterilization Sterrad  
33 Technology Drive  
Irvine, CA 92618-2346**

2.6. State what the contract or lease is for and the nature of the debtor's interest **Insurance premium financing**

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

**AFCO Premium Finance  
150 N. Field Drive  
Suite 190  
Lake Forest, IL 60045**

2.7. State what the contract or lease is for and the nature of the debtor's interest **Building Lease;  
OneCore Orthopedic**

State the term remaining **7 Years**

List the contract number of any government contract \_\_\_\_\_

**AG Western RE Holdings LLC  
c/o Ashton Gray LLC  
12360 Market Drive  
Oklahoma City, OK 73114**

2.8. State what the contract or lease is for and the nature of the debtor's interest **Dr. Pollard Professional services in service of bundled contracted agreements**

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

**Align Interventional Pain PLLC  
501 E 15th Street Suite 300A  
Edmond, OK 73013**

2.9. State what the contract or lease is for and the nature of the debtor's interest **Intraoperative Nerve Monitoring**

State the term remaining **2 years**

List the contract number of any government contract \_\_\_\_\_

**American Intraoperative Monitoring  
Medsurant Holdings LLC  
100 Front Street Suite 280  
Conshohocken, PA 19428**

Debtor 1 **Hospital for Special Surgery, LLC**

First Name

Middle Name

Last Name

Case number (if known)

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.10. State what the contract or lease is for and the nature of the debtor's interest

**Pathology interpretation & reporting**

State the term remaining

**Autorenew**

List the contract number of any government contract

**Ameripath  
225 NE 97th Street  
Suite 600  
Oklahoma City, OK 73114**

2.11. State what the contract or lease is for and the nature of the debtor's interest

**Anesthesia machine maintenance, supplier, and cylinder rental**

State the term remaining

**1 year**

List the contract number of any government contract

**Anesthesia Services  
1821 N. Classen Blvd, Suite 100  
Oklahoma City, OK 73106**

2.12. State what the contract or lease is for and the nature of the debtor's interest

**Professional services in service of bundled contracted agreements (i.e. Healthchoice Select)**

State the term remaining

List the contract number of any government contract

**ANESTHESIA SPECIALISTS OF OKLAHOMA LLC  
21 NE 3RD STREET  
Oklahoma City, OK 73104**

2.13. State what the contract or lease is for and the nature of the debtor's interest

**Lance Smith - Medical Director contracted service support & bundled contracted agreement**

State the term remaining

List the contract number of any government contract

**APEX HEALTHCARE PARTNERS CONSULTING LLC  
11501 Waters Welling Way  
Edmond, OK 73013**

2.14. State what the contract or lease is for and the nature of the debtor's interest

**Dr. Smith Professional services in service of bundled contracted agreements**

State the term remaining

List the contract number of any government contract

**APEX HEALTHCARE PARTNERS CONSULTING LLC  
11501 Waters Welling Way  
Edmond, OK 73013**

Debtor 1 **Hospital for Special Surgery, LLC**

First Name

Middle Name

Last Name

Case number (if known)

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.15. State what the contract or lease is for and the nature of the debtor's interest **Radiology physicist**

State the term remaining

List the contract number of any government contract

**Apex Medical Physics**  
**3326 Fox Hill Terrace**  
**Edmond, OK 73034**

2.16. State what the contract or lease is for and the nature of the debtor's interest **Steve Randall - Medical Director contracted service support & bundled contracted agreement**

State the term remaining

List the contract number of any government contract

**AVENSTAR PAIN SPECIALISTS**  
**5104 S. Sooner Road**  
**Oklahoma City, OK 73135**

2.17. State what the contract or lease is for and the nature of the debtor's interest **Medical supply distributor**

State the term remaining

List the contract number of any government contract

**7 months**

**Bayer Purchase Agreement**  
**100 Bayer Boulevard**  
**PO Box 915**  
**Whippany, NJ 07981**

2.18. State what the contract or lease is for and the nature of the debtor's interest **Equipment maintenence agreement for biomedical**

State the term remaining

List the contract number of any government contract

**Bio Care Associates**  
**23391 E 149th Street South**  
**Coweta, OK 74429**

2.19. State what the contract or lease is for and the nature of the debtor's interest **Medical supply distributor**

State the term remaining

List the contract number of any government contract

**Boston Scientific**  
**100 Boston Scientific Way**  
**Marlborough, MA 01752**

Debtor 1 **Hospital for Special Surgery, LLC**

First Name

Middle Name

Last Name

Case number (if known)

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.20. State what the contract or lease is for and the nature of the debtor's interest **X-ray maintenance**

State the term remaining **2-3 Years**

List the contract number of any government contract

**Brown's Medical Imaging**  
**14315 "C" Circle**  
**Omaha, NE 68144**

2.21. State what the contract or lease is for and the nature of the debtor's interest **Dr. Sam Professional services in service of bundled contracted agreements (i.e. Healthchoice Select)**

State the term remaining

List the contract number of any government contract

**Bruce A Mackey MD PC**  
**3957 E Covelle Road**  
**Edmond, OK 73034**

2.22. State what the contract or lease is for and the nature of the debtor's interest **Medical waste disposal**

State the term remaining

List the contract number of any government contract

**Capital Waste Management**  
**PO Box 701768**  
**Tulsa, OK 74170**

2.23. State what the contract or lease is for and the nature of the debtor's interest **Pharmaceutical equipment - Pyxis and C2Safe**

State the term remaining

List the contract number of any government contract

**CAREFUSION SOLUTIONS LLC**  
**25082 NETWORK PLACE**  
**Chicago, IL 60673-1250**

2.24. State what the contract or lease is for and the nature of the debtor's interest **Coding services**

State the term remaining **Autorenew**

List the contract number of any government contract

**Carlene Kinder Coding**  
**3408 Moraine Drive**  
**Yukon, OK 73099**

Debtor 1 **Hospital for Special Surgery, LLC**

First Name

Middle Name

Last Name

Case number (if known)

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.25. State what the contract or lease is for and the nature of the debtor's interest **Equipment rental - intraoperative**

State the term remaining

List the contract number of any government contract

**CCS Perfusion**  
**31330 Schoolcraft Road**  
**Livonia, MI 48150**

- 2.26. State what the contract or lease is for and the nature of the debtor's interest **Diagnostic imaging**

State the term remaining

List the contract number of any government contract

**Autorenew**
**CDI**  
**Attn: Charles Mooney**  
**5800 N Portland**  
**Oklahoma City, OK 73112**

- 2.27. State what the contract or lease is for and the nature of the debtor's interest **Patient transportation agreement for non-emergent patients**

State the term remaining

List the contract number of any government contract

**Autorenew**
**Classic Transportation**  
**3030 NW Expressway**  
**Ste 200 Unit 513**  
**Oklahoma City, OK 73112**

- 2.28. State what the contract or lease is for and the nature of the debtor's interest **Rental & laundering of scrubs**

State the term remaining

List the contract number of any government contract

**2 years**
**Clean Uniform Company**  
**1316 South Seventh Street**  
**Saint Louis, MO 63104**

- 2.29. State what the contract or lease is for and the nature of the debtor's interest **Clinical staffing agency**

State the term remaining

List the contract number of any government contract

**Autorenew**
**Connect Health Professionals**  
**2200 NW 50th**  
**Oklahoma City, OK 73112**

Debtor 1 **Hospital for Special Surgery, LLC**

First Name

Middle Name

Last Name

Case number (if known)

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.30. State what the contract or lease is for and the nature of the debtor's interest **Staffing recruitment agency for CDI**

State the term remaining

List the contract number of any government contract

**Corporate Search**  
**3535 Peachtree Road NE**  
**Suite #320**  
**Atlanta, GA 30326**

- 2.31. State what the contract or lease is for and the nature of the debtor's interest **TV and internet services**

State the term remaining

List the contract number of any government contract

**Autorenew**

**Cox Communications**  
**Department #102437**  
**PO Box 1259**  
**Oaks, PA 19456**

- 2.32. State what the contract or lease is for and the nature of the debtor's interest **Professional services in service of bundled contracted agreements (i.e. Healthchoice Select)**

State the term remaining

List the contract number of any government contract

**Darryl W. Jones APRN-CRNA LLC**  
**6204 Waterford Blvd Unit 42**  
**Oklahoma City, OK 73118**

- 2.33. State what the contract or lease is for and the nature of the debtor's interest **Window cleaning services**

State the term remaining

List the contract number of any government contract

**DEPENDABLE WINDOW CLEANING LLC**  
**STEVE YOUNG**  
**PO BOX 97**  
**Guthrie, OK 73044**

- 2.34. State what the contract or lease is for and the nature of the debtor's interest **Professional services in service of bundled contracted agreements (i.e. Healthchoice Select)**

State the term remaining

List the contract number of any government contract

**Devorah A. Webb**  
**3421 Lytal Terrace**  
**Edmond, OK 73013**

Debtor 1 **Hospital for Special Surgery, LLC**

First Name

Middle Name

Last Name

Case number (if known)

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.35. State what the contract or lease is for and the nature of the debtor's interest **Laboratory testing**

State the term remaining

**Autorenew**

List the contract number of any government contract

**DLO****1001 Cornell Parkway  
Oklahoma City, OK 73108**

2.36. State what the contract or lease is for and the nature of the debtor's interest **Mobile x-ray services**

State the term remaining

**Autorenew**

List the contract number of any government contract

**DMX (Diagnostic Mobile X Ray)  
440 South Coltrane Road  
Edmond, OK 73034**

2.37. State what the contract or lease is for and the nature of the debtor's interest **Provides as needed maintenance to integrated blinds in waiting area**

State the term remaining

List the contract number of any government contract

**Downtown Glass  
2133 SE 15th Street  
Oklahoma City, OK 73129**

2.38. State what the contract or lease is for and the nature of the debtor's interest **PICC line placement**

State the term remaining

**Autorenew**

List the contract number of any government contract

**Dynamic Infusion Therapy  
5156 Village Creek Drive  
Suite 102  
Plano, TX 75093**

2.39. State what the contract or lease is for and the nature of the debtor's interest **Ambulance services**

State the term remaining

List the contract number of any government contract

**EMSA  
1111 Classen Drive  
Oklahoma City, OK 73103**



Debtor 1 **Hospital for Special Surgery, LLC**

First Name

Middle Name

Last Name

Case number (if known)

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.40. State what the contract or lease is for and the nature of the debtor's interest **Medical transcription services**

State the term remaining

**Auto renew**

List the contract number of any government contract

**Encore Professional Medical Services**  
**PO Box 2078**  
**Oklahoma City, OK 73101**

2.41. State what the contract or lease is for and the nature of the debtor's interest **Plant operation support - as needed**

State the term remaining

List the contract number of any government contract

**Entech**  
**3404 Garden Brook Drive**  
**Dallas, TX 75234-2444**

2.42. State what the contract or lease is for and the nature of the debtor's interest **Bottled water distributor**

State the term remaining

List the contract number of any government contract

**Eureka Water**  
**729 SW 3rd**  
**Oklahoma City, OK 73109**

2.43. State what the contract or lease is for and the nature of the debtor's interest **Cost report preparation services**

State the term remaining

List the contract number of any government contract

**Forvis**  
**110 N. Elgin Ave**  
**Suite 400**  
**Tulsa, OK 74120**

2.44. State what the contract or lease is for and the nature of the debtor's interest **Vending machine & coffee services**

State the term remaining

List the contract number of any government contract

**Hayes Refreshments**  
**6101 NW 2nd Street**  
**Oklahoma City, OK 73127**

Debtor 1 **Hospital for Special Surgery, LLC**

First Name

Middle Name

Last Name

Case number (if known)

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.45. State what the contract or lease is for and the nature of the debtor's interest **Clinical staffing agency**

State the term remaining

**Auto renew****HealthPRO Staffing****307 International Circle****Suite 100****Cockeysville, MD 21030**

List the contract number of any government contract

2.46. State what the contract or lease is for and the nature of the debtor's interest **Education services**

State the term remaining

**2-3 years****HealthStream****500 11th Avenue North Suite 1000****Nashville, TN 37203**

List the contract number of any government contract

2.47. State what the contract or lease is for and the nature of the debtor's interest **Group purchasing organization**

State the term remaining

**HPG GPO****1100 Charlotte Avenue****Suite 1100****Nashville, TN 37203**

List the contract number of any government contract

2.48. State what the contract or lease is for and the nature of the debtor's interest **Coding services**

State the term remaining

**Auto renew****iMedX****12603 Southwest Freeway Ste 626****Stafford, TX 77477**

List the contract number of any government contract

2.49. State what the contract or lease is for and the nature of the debtor's interest **Required patient transfer agreement**

State the term remaining

**Auto renew****Integrus Baptist Transfer Agreement****3300 Northwest Expressway****Oklahoma City, OK 73112**

List the contract number of any government contract

Debtor 1 **Hospital for Special Surgery, LLC**

First Name

Middle Name

Last Name

Case number (if known)

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.50. State what the contract or lease is for and the nature of the debtor's interest **Required patient transfer agreement**

State the term remaining

**Auto renew**

List the contract number of any government contract

**Integrus South Transfer Agreement**  
**4401 S Western Avenue**  
**Oklahoma City, OK 73109**

2.51. State what the contract or lease is for and the nature of the debtor's interest **Dr. Stephens Professional services in service of bundled contracted agreements (i.e. Healthchoice Select)**

State the term remaining

List the contract number of any government contract

**JWS Medical PLLC**  
**3411 W. Rock Creek Road Suite 120**  
**Norman, OK 73072**

2.52. State what the contract or lease is for and the nature of the debtor's interest **Cancer abstraction and reporting**

State the term remaining

**7 months**

List the contract number of any government contract

**K-LYNN CONSULTING & CANCER REGISTRY**  
**SVCS, LLC**  
**KELLY LYNN FARMER, CTR**  
**PO BOX 721268**  
**Norman, OK 73070**

2.53. State what the contract or lease is for and the nature of the debtor's interest **Clinical staffing agency**

State the term remaining

**Auto renew**

List the contract number of any government contract

**KAPPA STAFFING**  
**PO BOX 2112**  
**Oklahoma City, OK 73101**

2.54. State what the contract or lease is for and the nature of the debtor's interest **Pharmacy consultant**

State the term remaining

**Auto renew**

List the contract number of any government contract

**KEITH DACE INC**  
**14900 BLACKJACK DR**  
**Piedmont, OK 73078**

Debtor 1 **Hospital for Special Surgery, LLC**

First Name

Middle Name

Last Name

Case number (if known)

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.55. State what the contract or lease is for and the nature of the debtor's interest **Respiratory therapist contracted**

State the term remaining

**Auto renew**

List the contract number of any government contract

**Kelly Hennessey**  
**2301 72nd Ave**  
**Norman, OK 73072**

2.56. State what the contract or lease is for and the nature of the debtor's interest **Contracted provider of ER staffing personnel**

State the term remaining

**7 months**

List the contract number of any government contract

**Laffoon Healthcare Services**  
**PO Box 721268**  
**Norman, OK 73070**

2.57. State what the contract or lease is for and the nature of the debtor's interest **Dosimeter and radiation monitoring services**

State the term remaining

**Auto renew**

List the contract number of any government contract

**LANDAUER**  
**PO BOX 809051**  
**Chicago, IL 60680-9051**

2.58. State what the contract or lease is for and the nature of the debtor's interest **Professional services in service of bundled contracted agreements (i.e. Healthchoice Select)**

State the term remaining

List the contract number of any government contract

**Laura Luick MD PLLC**  
**8609 Hillview Drive**  
**Oklahoma City, OK 73150**

2.59. State what the contract or lease is for and the nature of the debtor's interest **Required organ procurement**

State the term remaining

**3 years**

List the contract number of any government contract

**LifeShare**  
**4705 NW Expressway**  
**Oklahoma City, OK 73132**

Debtor 1 **Hospital for Special Surgery, LLC**

First Name

Middle Name

Last Name

Case number (if known)

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.60. State what the contract or lease is for and the nature of the debtor's interest **Medical supply distributor**

State the term remaining **1-2 years**

List the contract number of any government contract

**Medline  
3 Lakes Drive  
Northfield, IL 60093**

2.61. State what the contract or lease is for and the nature of the debtor's interest **Electronic Health Record for Billing and RCM**

State the term remaining **2 years**

List the contract number of any government contract

**MedSphere  
1220 East 7800 South, Floor 3  
Sandy, UT 84094**

2.62. State what the contract or lease is for and the nature of the debtor's interest **Contract management**

State the term remaining **3-4 years**

List the contract number of any government contract

**Medtrainer  
555 Cajon St. Suite F  
Redlands, CA 92373**

2.63. State what the contract or lease is for and the nature of the debtor's interest **Document shredding and medical record offsite storage**

State the term remaining **3 months**

List the contract number of any government contract

**MIDCON DATA SERVICES LLC  
13431 N BROADWAY EXTENSION  
SUITE 115  
Oklahoma City, OK 73114**

2.64. State what the contract or lease is for and the nature of the debtor's interest **Jason Emerson-Medical Director contracted service support & bundled contracted agreement**

State the term remaining

List the contract number of any government contract

**MIDTOWN ORTHOPEDICS & SPORTS MEDICINE  
400 NW 13TH  
Oklahoma City, OK 73103**

Debtor 1 **Hospital for Special Surgery, LLC**

First Name

Middle Name

Last Name

Case number (if known)

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.65. State what the contract or lease is for and the nature of the debtor's interest

**Dr. Emerson  
Professional services  
in service of bundled  
contracted agreements  
(i.e. Healthchoice  
Select)**

State the term remaining

List the contract number of any government contract

**MIDTOWN ORTHOPEDICS & SPORTS MEDICINE  
400 NW 13TH  
Oklahoma City, OK 73103**

2.66. State what the contract or lease is for and the nature of the debtor's interest

**Intraoperative Nerve  
Monitoring**

State the term remaining

List the contract number of any government contract

**NATIONAL NEUROMONITORING SERVICES  
1141 N LOOP  
1604 E #105-612  
San Antonio, TX 78232**

2.67. State what the contract or lease is for and the nature of the debtor's interest

**Intraoperative Nerve  
Monitoring**

State the term remaining

List the contract number of any government contract

**10 months****Neuromonitoring Associates  
9811 W Charleston Blvd  
Ste 2-641  
Las Vegas, NV 89117**

2.68. State what the contract or lease is for and the nature of the debtor's interest

**Dr. Belardo  
Professional services  
in service of bundled  
contracted agreements  
(i.e. Healthchoice  
Select)**

State the term remaining

List the contract number of any government contract

**Ocular Physicians Associates PLLC  
11308 N Pennsylvania Ave  
Oklahoma City, OK 73120-7752**

2.69. State what the contract or lease is for and the nature of the debtor's interest

**Blood lab**

State the term remaining

List the contract number of any government contract

**Auto renew****Oklahoma Blood Institute  
1001 N. Lincoln Blvd  
Oklahoma City, OK 73104**

Debtor 1 **Hospital for Special Surgery, LLC**

First Name

Middle Name

Last Name

Case number (if known)

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.70. State what the contract or lease is for and the nature of the debtor's interest

**Dr. Soo Professional services in service of bundled contracted agreements**

State the term remaining

List the contract number of any government contract

**Oklahoma Center for Spine & Pain Solutions PC  
13700 S Western Ave #100  
Oklahoma City, OK 73170-7006**

2.71. State what the contract or lease is for and the nature of the debtor's interest

**Equipment sublease**

State the term remaining

List the contract number of any government contract

**OKLAHOMA EYE SURGEONS PLLC  
5600 N PORTLAND AVE  
Oklahoma City, OK 73112**

2.72. State what the contract or lease is for and the nature of the debtor's interest

**Equipment leases**

State the term remaining

List the contract number of any government contract

**Oklahoma Eye Surgeons PLLC  
5600 N. Portland Ave  
Oklahoma City, OK 73112-2023**

2.73. State what the contract or lease is for and the nature of the debtor's interest

**Steve Sarkisian - Medical Director contracted service support & bundled contracted agreement**

State the term remaining

List the contract number of any government contract

**OKLAHOMA EYE SURGEONS PLLC  
5600 N PORTLAND AVE  
Oklahoma City, OK 73112**

2.74. State what the contract or lease is for and the nature of the debtor's interest

**Dr. Sarkisian Professional services in service of bundled contracted agreements**

State the term remaining

List the contract number of any government contract

**OKLAHOMA EYE SURGEONS PLLC  
5600 N PORTLAND AVE  
Oklahoma City, OK 73112**

Debtor 1 **Hospital for Special Surgery, LLC**

First Name

Middle Name

Last Name

Case number (if known)

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.75. State what the contract or lease is for and the nature of the debtor's interest **PAT EKG Interpretations**

State the term remaining **3 months**

List the contract number of any government contract \_\_\_\_\_

**Oklahoma Heart Hospital  
5200 East I-240 Service Road  
Oklahoma City, OK 73135**

2.76. State what the contract or lease is for and the nature of the debtor's interest **Facility use agreement for clinical trials - CDI**

State the term remaining **Auto renew**

List the contract number of any government contract \_\_\_\_\_

**Oklahoma Medical Research Foundation  
825 NE 13th Street  
Oklahoma City, OK 73104**

2.77. State what the contract or lease is for and the nature of the debtor's interest **Sleep Studies**

State the term remaining **Auto renew**

List the contract number of any government contract \_\_\_\_\_

**Oklahoma Sleep Institute  
13900 Wireless Way  
Oklahoma City, OK 73134**

2.78. State what the contract or lease is for and the nature of the debtor's interest **Dr. Timothy Vavricka Professional services in service of bundled contracted agreements**

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

**Oklahoma Surgical Group PLLC  
PO Box 6370  
Edmond, OK 73083**

2.79. State what the contract or lease is for and the nature of the debtor's interest **Website maintenance**

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

**Oklahoma Web Design  
Angela's Advertising & Design Inc.  
3012 White Cedar Ct.  
Moore, OK 73160**



Debtor 1 **Hospital for Special Surgery, LLC**

First Name

Middle Name

Last Name

Case number (if known)

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.80. State what the contract or lease is for and the nature of the debtor's interest **Professional services in service of bundled contracted agreements**

State the term remaining

List the contract number of any government contract

**OLSEN ORTHOPEDICS PLLC**  
**3400 S. Douglas Blvd Suite 302**  
**Oklahoma City, OK 73150**

- 2.81. State what the contract or lease is for and the nature of the debtor's interest **Third party peer review services**

State the term remaining

List the contract number of any government contract

**OMFQ**  
**515 Central Park Drive**  
**Suite 101**  
**Oklahoma City, OK 73105**

- 2.82. State what the contract or lease is for and the nature of the debtor's interest **PAT assessment clinical documentation**

State the term remaining

List the contract number of any government contract

**Auto renew**

**One Medical Passport**  
**156 River Road**  
**Willington, CT 06279**

- 2.83. State what the contract or lease is for and the nature of the debtor's interest **Online IFU retrieval system**

State the term remaining

List the contract number of any government contract

**OneSource Document Management**  
**Conduent c/o**  
**LBX 95486**  
**141 W Jackson Blvd, Suite 1000**  
**Chicago, IL 60604**

- 2.84. State what the contract or lease is for and the nature of the debtor's interest **Dr. Ringus, Dr. Porritt, Dr. Padilla Professional services in service of bundled contracted agreements**

State the term remaining

List the contract number of any government contract

**ORTHOPAEDIC & SPORTS MEDICINE CENTER**  
**VYTAUTAS RINGAS MD**  
**825 E. Robinson**  
**Norman, OK 73071-6610**

Debtor 1 **Hospital for Special Surgery, LLC**

First Name

Middle Name

Last Name

Case number (if known)

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.85.	State what the contract or lease is for and the nature of the debtor's interest	Dr. Hargrove, Dr Charbeneau Professional services in service of bundled contracted agreements	
	State the term remaining		Orthopedic Solutions PLLC 101 S Saints Blvd Ste 101 Edmond, OK 73034
	List the contract number of any government contract		
<hr/>			
2.86.	State what the contract or lease is for and the nature of the debtor's interest	Contracted dietician	
	State the term remaining	Auto renew	Pan & Associates 900 NW 92nd Oklahoma City, OK 73114
	List the contract number of any government contract		
<hr/>			
2.87.	State what the contract or lease is for and the nature of the debtor's interest	Payroll system	
	State the term remaining	Auto renew	PayCom 7501 W. Memorial Road Oklahoma City, OK 73142
	List the contract number of any government contract		
<hr/>			
2.88.	State what the contract or lease is for and the nature of the debtor's interest	PICC line placement	
	State the term remaining	Auto renew	PICC Line Precision PO Box 1278 Lindsay, OK 73052
	List the contract number of any government contract		
<hr/>			
2.89.	State what the contract or lease is for and the nature of the debtor's interest	Online preference card management	
	State the term remaining		PREFCARDS LLC 5550 PAINTED MIRAGE ROAD Las Vegas, NV 89149
	List the contract number of any government contract		
<hr/>			

Debtor 1 **Hospital for Special Surgery, LLC**

First Name

Middle Name

Last Name

Case number (if known)

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.90. State what the contract or lease is for and the nature of the debtor's interest **HCAHPS distributor and reporter**

State the term remaining **Auto renew**

List the contract number of any government contract \_\_\_\_\_

**PRESS GANEY ASSOCIATES INC  
PO BOX 88335  
Milwaukee, WI 53288-0335**

2.91. State what the contract or lease is for and the nature of the debtor's interest **Property tax services**

State the term remaining **Auto renew**

List the contract number of any government contract \_\_\_\_\_

**Property Valuation Services  
14400 Metcalf Avenue  
Overland Park, KS 66223**

2.92. State what the contract or lease is for and the nature of the debtor's interest **State-coordinated emergency vaccination partner**

State the term remaining **6 months**

List the contract number of any government contract \_\_\_\_\_

**Push Partners  
2600 NE 63rd Street  
Oklahoma City, OK 73111**

2.93. State what the contract or lease is for and the nature of the debtor's interest **Medical gas vendor**

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

**QUINTECH INC  
PO BOX 3488  
DEPT #05-076  
Tupelo, MS 38803-3488**

2.94. State what the contract or lease is for and the nature of the debtor's interest **X-ray maintenance**

State the term remaining **1 year**

List the contract number of any government contract \_\_\_\_\_

**RadSource  
8121 NW 97th Terr  
Kansas City, MO 64153**

Debtor 1 **Hospital for Special Surgery, LLC**

First Name

Middle Name

Last Name

Case number (if known)

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.95. State what the contract or lease is for and the nature of the debtor's interest **Professional services in service of bundled contracted agreements**

State the term remaining

List the contract number of any government contract

**Randall Pain Management PLLC**  
**5104 S Sooner Road**  
**Oklahoma City, OK 73135**

- 2.96. State what the contract or lease is for and the nature of the debtor's interest **Biomedical and equipment maintenance services as needed**

State the term remaining

List the contract number of any government contract

**Renew Biomedical**  
**PO Box 11476**  
**Jackson, TN 38308**

- 2.97. State what the contract or lease is for and the nature of the debtor's interest **Contracted physical therapy services**

State the term remaining

List the contract number of any government contract

**Rhonda McAlester, PT**  
**4300 Middlefield Court**  
**Norman, OK 73072**

- 2.98. State what the contract or lease is for and the nature of the debtor's interest **Printer/Copier lease and maintenance**

State the term remaining

List the contract number of any government contract

**Ricoh USA**  
**300 Eagleview Blvd**  
**Exton, PA 19341**

- 2.99. State what the contract or lease is for and the nature of the debtor's interest **Professional services in service of bundled contracted agreements (i.e. Healthchoice Select)**

State the term remaining

List the contract number of any government contract

**ROBERT GORDON MD PLLC**  
**4200 WEST MEMORIAL RD**  
**STE 805**  
**Oklahoma City, OK 73120**

Debtor 1 **Hospital for Special Surgery, LLC**

First Name

Middle Name

Last Name

Case number (if known)

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.100. State what the contract or lease is for and the nature of the debtor's interest **Dathan Jay - Medical Director contracted service support**

State the term remaining

List the contract number of any government contract

**RYLAN-JAGGER MEDICAL LLC**  
**13919 B N. May Ave Suite 197**  
**Oklahoma City, OK 73134**

- 2.101. State what the contract or lease is for and the nature of the debtor's interest **Accounting software system**

State the term remaining

List the contract number of any government contract

**Sage**  
**333 W San Carlos St**  
**San Jose, CA 95110**

- 2.102. State what the contract or lease is for and the nature of the debtor's interest **Paper shredding services for CDI**

State the term remaining

List the contract number of any government contract

**Auto renew**

**Shred It**  
**28883 Network Place**  
**Chicago, IL 60673-1288**

- 2.103. State what the contract or lease is for and the nature of the debtor's interest **Sign language interpretation**

State the term remaining

List the contract number of any government contract

**Sign Language Resource Services**  
**PO Box 7**  
**Edmond, OK 73083**

- 2.104. State what the contract or lease is for and the nature of the debtor's interest **Management company**

State the term remaining

List the contract number of any government contract

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

Debtor 1 **Hospital for Special Surgery, LLC**

First Name

Middle Name

Last Name

Case number (if known)

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.105. State what the contract or lease is for and the nature of the debtor's interest **Clinical staffing agency**

State the term remaining

List the contract number of any government contract

**Soliant Staffing**  
**PO Box 934411**  
**Atlanta, GA 31193-4411**

- 2.106. State what the contract or lease is for and the nature of the debtor's interest **Diagnostic imaging**

State the term remaining

List the contract number of any government contract

**Sonata Diagnostic Imaging**  
**440 South Coltrane Rd**  
**Edmond, OK 73034**

- 2.107. State what the contract or lease is for and the nature of the debtor's interest **Mobile x-ray services**

State the term remaining

List the contract number of any government contract

**SOONER MOBILE X-RAY INC**  
**PO BOX 158**  
**Duncan, OK 73534**

- 2.108. State what the contract or lease is for and the nature of the debtor's interest **Dr West, Dr Reddick, Dr Avant Professional services in service of bundled contracted agreements**

State the term remaining

List the contract number of any government contract

**Southwest Orthopedic Specialists PLLC**  
**8100 S. Walker Ave, Building A**  
**Oklahoma City, OK 73139**

- 2.109. State what the contract or lease is for and the nature of the debtor's interest **Medical waste disposal for CDI**

State the term remaining

List the contract number of any government contract

**Stericycle - CDI**  
**28883 Network Place**  
**Chicago, IL 60673-1288**

Debtor 1 **Hospital for Special Surgery, LLC**

First Name

Middle Name

Last Name

Case number (if known)

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.110. State what the contract or lease is for and the nature of the debtor's interest **Housekeeping services**

State the term remaining

**Auto renew**

List the contract number of any government contract

**Stratus Cleaning Solutions**  
**7700 N. Hudson Ave, Suite 9**  
**Oklahoma City, OK 73116**

- 2.111. State what the contract or lease is for and the nature of the debtor's interest **Equipment leases**

State the term remaining

List the contract number of any government contract

**Stryker Flex Financial**  
**25652 Network Place**  
**Chicago, IL 60673-1256**

- 2.112. State what the contract or lease is for and the nature of the debtor's interest **Fire suppression and alarm services - previously referred to as MAC**

State the term remaining

**3 months**

List the contract number of any government contract

**Summit Fire and Security**  
**101 NW 138th Street**  
**Edmond, OK 73013**

- 2.113. State what the contract or lease is for and the nature of the debtor's interest **Linen services**

State the term remaining

**2 years**

List the contract number of any government contract

**SUPERIOR LINEN**  
**6959 E 12TH ST**  
**Tulsa, OK 74112**

- 2.114. State what the contract or lease is for and the nature of the debtor's interest **Building Lease; 100 NE 85th Street, Oklahoma City, OK 73116**

State the term remaining

**18 years**

List the contract number of any government contract

**TAG OneCore RE Holdings, LLC**  
**c/o Ashton Gray LLC**  
**12360 Market Dr.**  
**Oklahoma City, OK 73114**

Debtor 1 **Hospital for Special Surgery, LLC**

First Name

Middle Name

Last Name

Case number (if known)

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.115. State what the contract or lease is for and the nature of the debtor's interest **SDS on demand**

State the term remaining

List the contract number of any government contract

**Three E**  
**3207 Grey Hawk Court, Suite 200**  
**Carlsbad, CA 92010**

- 2.116. State what the contract or lease is for and the nature of the debtor's interest **Elevator maintenance**

State the term remaining

**2-3 years**

List the contract number of any government contract

**TK Elevator Corporation**  
**4100 Will Rogers Pkwy, Ste 200**  
**Oklahoma City, OK 73108**

- 2.117. State what the contract or lease is for and the nature of the debtor's interest **Professional services in service of bundled contracted agreements**

State the term remaining

List the contract number of any government contract

**TODD FOGARTY, CRNA**  
**21 NE 3RD STREET**  
**Oklahoma City, OK 73104**

- 2.118. State what the contract or lease is for and the nature of the debtor's interest **Medical Director contracted service support & bundled contracted agreement**

State the term remaining

List the contract number of any government contract

**Todd Olsen**  
**3400 S. Douglas Blvd, Suite 302**  
**Oklahoma City, OK 73150**

- 2.119. State what the contract or lease is for and the nature of the debtor's interest **Clinical staffing agency**

State the term remaining

List the contract number of any government contract

**Total Medical Personnel Staffing**  
**7017 N. Robinson Ave**  
**Oklahoma City, OK 73116**



Debtor 1 **Hospital for Special Surgery, LLC**

First Name

Middle Name

Last Name

Case number (if known)

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.120. State what the contract or lease is for and the nature of the debtor's interest **Security and roving patrol**

State the term remaining

**Auto renew**

List the contract number of any government contract

**Tricorps Security**  
**PO Box 32316**  
**Oklahoma City, OK 73132**

2.121. State what the contract or lease is for and the nature of the debtor's interest **Coding software**

State the term remaining

**2-3 years**

List the contract number of any government contract

**Trucode**  
**6600 Wall Street**  
**Mobile, AL 36695**

2.122. State what the contract or lease is for and the nature of the debtor's interest **Generator maintenance**

State the term remaining

List the contract number of any government contract

**United Engines**  
**5555 West Reno Ave**  
**Oklahoma City, OK 73127**

2.123. State what the contract or lease is for and the nature of the debtor's interest **HVAC maintenance**

State the term remaining

**Auto renew**

List the contract number of any government contract

**United Mechanical**  
**45 NE 38th Terrace**  
**Oklahoma City, OK 73105**

2.124. State what the contract or lease is for and the nature of the debtor's interest **Sterilizer and washer maintenance & BioMed Maint**

State the term remaining

**Auto renew**

List the contract number of any government contract

**VALOR INDUSTRIES LLC**  
**8280 LOG CABIN ROAD NW**  
**Piedmont, OK 73078**

Debtor 1 **Hospital for Special Surgery, LLC**

First Name

Middle Name

Last Name

Case number (if known)

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.125. State what the contract or lease is for and the nature of the debtor's interest **Medical waste disposal**

State the term remaining **2-3 years**

List the contract number of any government contract

**Waste Management**  
**24275 Katy Freeway, Suite 450**  
**Katy, TX 77494-7257**

- 2.126. State what the contract or lease is for and the nature of the debtor's interest **HVAC maintenance**

State the term remaining

List the contract number of any government contract

**WATTIE WOLFE CO**  
**7601 N BROADWAY EXTENSION**  
**Oklahoma City, OK 73116**

- 2.127. State what the contract or lease is for and the nature of the debtor's interest **Clearinghouse for billing**

State the term remaining **Auto renew**

List the contract number of any government contract

**WAYSTAR INC**  
**1311 SOLUTIONS CENTER**  
**Chicago, IL 60677-1311**

- 2.128. State what the contract or lease is for and the nature of the debtor's interest **Dr. Blick, Dr. Mosel, Dr. Sharrah, Dr. Fair Professional services in service of bundled contracted agreements**

State the term remaining

List the contract number of any government contract

**WESTERN OKLAHOMA PAIN SPECIALISTS LLC**  
**301 SW 80TH STREET**  
**Oklahoma City, OK 73139**

- 2.129. State what the contract or lease is for and the nature of the debtor's interest **Lawn care services**

State the term remaining **Auto renew**

List the contract number of any government contract

**WHITWORTH LAWN & LANDSCAPE**  
**PO BOX 31**  
**Piedmont, OK 73078**

Debtor 1 **Hospital for Special Surgery, LLC**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Additional Page if You Have More Contracts or Leases**

**2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.130. State what the contract or lease is for and the nature of the debtor's interest **Collection agency**

State the term remaining **Auto renew**

List the contract number of any government contract \_\_\_\_\_

**Works & Lentz  
1437 South Boulder, Suite 900  
Tulsa, OK 74119**

**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) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206H  
Schedule H: Your Codebtors****12/15**

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

**1. Do you have any codebtors?**

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

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

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

Name	Mailing Address	Name	Check all schedules that apply:
2.1 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

**Fill in this information to identify the case:**Debtor name Hospital for Special Surgery, LLCUnited States Bankruptcy Court for the: WESTERN DISTRICT OF OKLAHOMA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/22

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

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

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

From the beginning of the fiscal year to filing date:

From 1/01/2024 to Filing Date

**Sources of revenue**

Check all that apply

☒ Operating a business☐ Other \_\_\_\_\_

**Gross revenue**  
(before deductions and exclusions)

\$20,818,685.00

For prior year:

From 1/01/2023 to 12/31/2023

☒ Operating a business☐ Other \_\_\_\_\_\$29,510,774.00

For year before that:

From 1/01/2022 to 12/31/2022

☒ Operating a business☐ Other \_\_\_\_\_\$23,594,635.00**2. Non-business revenue**

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

☐ None.**Description of sources of revenue**

**Gross revenue from each source**  
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 1/01/2024 to Filing Date

Gain on Sale of Asset\$18,989.00

For prior year:

From 1/01/2023 to 12/31/2023

Gain on Sale of Asset\$13,020.00

For year before that:

From 1/01/2022 to 12/31/2022

Gain on Sale of Asset\$1,000.00**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

Debtor **Hospital for Special Surgery, LLC**

Case number (if known) \_\_\_\_\_

**3. Certain payments or transfers to creditors within 90 days before filing this case**

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

☐ None.

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer Check all that apply
3.1. <b>MEDTRONIC</b> <b>PO BOX 848086</b> <b>Dallas, TX 75284-8086</b>	7/9/2024 7/16/2024 7/26/2024 8/2/2024 8/9/2024 8/16/2024 8/23/2024 9/10/2024 9/13/2024 9/23/2024 9/30/2024	<b>\$626,888.32</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.2. <b>SOLARA SURGICAL PARTNERS LLC</b> <b>2325 DEAN WAY</b> <b>SUITE 100</b> <b>Southlake, TX 76092</b>	7/9/2024 7/26/2024 8/2/2024 8/23/2024 8/29/2024 9/23/2024	<b>\$622,248.09</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other ____
3.3. <b>BOSTON SCIENTIFIC CORPORATION</b> <b>PO BOX 951653</b> <b>Dallas, TX 75395-1653</b>	7/9/2024 7/16/2024 7/26/2024 8/2/2024 8/9/2024 8/23/2024 8/29/2024 9/10/2024 9/13/2024 9/23/2024 9/30/2024	<b>\$523,003.78</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.4. <b>GLAUKOS CORPORATION</b> <b>PO BOX 741074</b> <b>Los Angeles, CA 90074</b>	7/9/2024 7/16/2024 7/26/2024 8/2/2024 8/9/2024 8/16/2024 8/23/2024 9/10/2024 9/13/2024 9/23/2024 9/30/2024	<b>\$516,261.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.5. <b>CDI</b> <b>Attn: Charles Mooney</b> <b>5800 N Portland</b> <b>Oklahoma City, OK 73112</b>	7/9/2024 8/2/2024 8/9/2024 9/10/2024 9/23/2024	<b>\$403,776.67</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____

Debtor **Hospital for Special Surgery, LLC**

Case number (if known) \_\_\_\_\_

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

Debtor **Hospital for Special Surgery, LLC**

Case number (if known) \_\_\_\_\_

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



Debtor **Hospital for Special Surgery, LLC**

Case number (if known) \_\_\_\_\_

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

Debtor **Hospital for Special Surgery, LLC**

Case number (if known) \_\_\_\_\_

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

Debtor **Hospital for Special Surgery, LLC**

Case number (if known) \_\_\_\_\_

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

Debtor **Hospital for Special Surgery, LLC**

Case number (if known) \_\_\_\_\_

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

Debtor Hospital for Special Surgery, LLC

Case number (if known) \_\_\_\_\_

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

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Case number (if known) \_\_\_\_\_

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

Debtor **Hospital for Special Surgery, LLC**

Case number (if known) \_\_\_\_\_

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

Debtor **Hospital for Special Surgery, LLC**

Case number (if known) \_\_\_\_\_

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



Debtor **Hospital for Special Surgery, LLC**

Case number (if known) \_\_\_\_\_

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

Debtor **Hospital for Special Surgery, LLC**

Case number (if known) \_\_\_\_\_

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

Debtor **Hospital for Special Surgery, LLC**

Case number (if known) \_\_\_\_\_

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

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

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

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. <b>OLSEN ORTHOPEDICS PLLC</b> <b>1140 S. DOUGLAS BLVD</b> <b>Oklahoma City, OK 73130</b> <b>Owner, Medical Director - Orthopedics</b>	<b>Multiple</b>	<b>\$81,903.64</b>	<b>Services rendered</b>
4.2. <b>MIDTOWN ORTHOPEDICS &amp; SPORTS MEDICINE</b> <b>400 NW 13TH</b> <b>Oklahoma City, OK 73103</b> <b>Owner, Medical Director - Lab/ER</b>	<b>Multiple</b>	<b>\$121,532.94</b>	<b>Services rendered</b>
4.3. <b>AVENSTAR PAIN SPECIALISTS</b> <b>1732 SOUTH SOONER ROAD</b> <b>Oklahoma City, OK 73110-2668</b> <b>Owner, Medical Director - Pain</b>	<b>Multiple</b>	<b>\$94,788.08</b>	<b>Services rendered</b>
4.4. <b>SOLARA SURGICAL PARTNERS LLC</b> <b>2325 DEAN WAY</b> <b>SUITE 100</b> <b>Southlake, TX 76092</b> <b>Owner, Manager</b>	<b>Multiple</b>	<b>\$2,244,573.35</b>	<b>Management fees</b>
4.5. <b>Ronald Goodell</b> <b>1621A Midtown PI</b> <b>Oklahoma City, OK 73130</b> <b>Owner</b>	<b>Multiple</b>	<b>\$27,261.96</b>	<b>Services rendered</b>

**5. Repossessions, foreclosures, and returns**

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

☒ None

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

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

Debtor **Hospital for Special Surgery, LLC**

Case number (if known) \_\_\_\_\_

☒ None

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

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

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	Albert Poteat, on behalf of Gwendolyn Poteat v. OneCore Health, Avenstar Pain Specialists, PLLC and Steve Randall, MD; Oklahoma County District Court CJ-2021-4021	Personal Injury	Oklahoma County District Court 321 Park Avenue Oklahoma City, OK 73102	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	Emma Base v. OneCore Health and Kyle Jones, CRNA; Oklahoma County District Court CJ-2022-1096	Personal Injury	Oklahoma County District Court 321 Park Avenue Oklahoma City, OK 73102	<input type="checkbox"/> Pending <input checked="" type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3.	Timothy Fox v. OneCore Health; Oklahoma County District Court CJ-2023-3620	Personal Injury	Oklahoma County District Court 321 Park Avenue Oklahoma City, OK 73102	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.4.	Stephanie Rodriguez, on behalf of Margaret Merrell v. OneCore Health and Cheng I. Soo, MD, Oklahoma County District Court CJ-2024-2311	Personal Injury	Oklahoma County District Court 321 Park Avenue Oklahoma City, OK 73102	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**8. Assignments and receivership**

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

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

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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**Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None

Debtor **Hospital for Special Surgery, LLC**

Case number (if known) \_\_\_\_\_

**Description of the property lost and how the loss occurred****Amount of payments received for the loss**

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).

**Dates of loss****Value of property lost****Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

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

☐ None.
**Who was paid or who received the transfer?**  
**Address**
**If not money, describe any property transferred****Dates****Total amount or value**
 11.1. **Crowe & Dunlevy**  
**324 N Robinson Suite #100**  
**Oklahoma City, OK 73102**
**September 2024****\$250,000.00****Email or website address****Who made the payment, if not debtor?**
 11.2. **McEntire Advisory PLLC**  
**13701 S Santa Fe Ave Suite B**  
**Oklahoma City, OK 73170**
**September & October 2024****\$122,392.50****Email or website address****Who made the payment, if not debtor?**
 11.3. **Verita Global**  
**222 N. Pacific Coast Highway,**  
**3rd Floor**  
**El Segundo, CA 90245**
**\$35,000.00****Email or website address****Who made the payment, if not debtor?****12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.  
Do not include transfers already listed on this statement.

☒ None.**Name of trust or device****Describe any property transferred****Dates transfers were made****Total amount or value****13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within

Debtor **Hospital for Special Surgery, LLC**

Case number (if known) \_\_\_\_\_

2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

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

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

☐ Does not apply

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

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

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

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

☐ No. Go to Part 9.

☒ Yes. Fill in the information below.

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

Debtor **Hospital for Special Surgery, LLC**

Case number (if known) \_\_\_\_\_

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

facility address). If electronic, identify any service provider.

**Medical Record: Electronic, cloud-based storage**

Check all that apply:

☒ Electronically☐ Paper**Part 9: Personally Identifiable Information**

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

☐ No.☒ Yes. State the nature of the information collected and retained.**Name, address, other personal identifying information and medical records**

Does the debtor have a privacy policy about that information?

☐ No☒ Yes

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

☐ No. Go to Part 10.☒ Yes. Does the debtor serve as plan administrator?☒ No Go to Part 10.☐ Yes. Fill in below:**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. **Closed financial accounts**

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

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

☒ None

Financial Institution name and Address

Last 4 digits of account number

Type of account or instrument

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

19. **Safe deposit boxes**

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

☒ None

Depository institution name and address

Names of anyone with access to it  
Address

Description of the contents

Does debtor still have it?

20. **Off-premises storage**

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

☐ None

Facility name and address

Names of anyone with access to it

Description of the contents

Does debtor still have it?

Debtor **Hospital for Special Surgery, LLC**

Case number (if known) \_\_\_\_\_

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

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

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

☒ None

**Part 12: Details About Environment Information**

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

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

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

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

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

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

- ☒ No.  
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

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

☐ None



Debtor **Hospital for Special Surgery, LLC**

Case number (if known) \_\_\_\_\_

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
		<b>Dates business existed</b>
25.1. <b>OneCore Orthopedics</b> <b>1414 Arlington Street</b> <b>Ada, OK 74820</b>	<b>Wholly owned; Outpatient</b> <b>orthopedic practice</b>	<b>EIN: 82-4455283</b>  <b>From-To 2/16/2018 to present</b>
25.2. <b>Tower Day Surgery Center</b> <b>1044 SW 44th Street</b> <b>Suite 100</b> <b>Oklahoma City, OK 73109</b>	<b>Wholly owned; Ambulatory</b> <b>surgery center</b>	<b>EIN: 73-1390099</b>  <b>From-To 12/31/2012 - 2/15/2021</b>
25.3. <b>Apex Surgery Center</b> <b>2001 Craddock Road</b> <b>Ada, OK 74820</b>	<b>10% equity interest; Ambulatory</b> <b>surgery center</b>	<b>EIN: 81-4252902</b>  <b>From-To 12/31/2018 - 1/29/2020</b>

**26. Books, records, and financial statements**

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

☐ None

Name and address	Date of service From-To
26a.1. <b>SOLARA SURGICAL PARTNERS LLC</b> <b>2325 DEAN WAY</b> <b>SUITE 100</b> <b>Southlake, TX 76092</b>	<b>2013 - Present</b>
26a.2. <b>Olson Neaves &amp; Company PC</b> <b>1900 Northwest Expressway, Suite 910</b> <b>Oklahoma City, OK 73118-1835</b>	<b>2018 - Present</b>
26a.3. <b>Amy Taylor</b> <b>OneCore Health</b> <b>100 NE 85th Street</b> <b>Oklahoma City, OK 73114</b>	

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

☒ None

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

☐ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. <b>SOLARA SURGICAL PARTNERS LLC</b> <b>2325 DEAN WAY</b> <b>SUITE 100</b> <b>Southlake, TX 76092</b>	
26c.2. <b>Olson Neaves &amp; Company PC</b> <b>1900 Northwest Expressway Suite 910</b> <b>Oklahoma City, OK 73118-1835</b>	

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

Debtor **Hospital for Special Surgery, LLC**

Case number (if known)

☐ None**Name and address**

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

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

**27. Inventories**

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

☐ No☒ Yes. Give the details about the two most recent inventories.

	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.1	Emily Frazier	January 2024	Cost; \$1,022,303.39
	<b>Name and address of the person who has possession of inventory records</b> <b>OneCore Health</b> <b>100 NE 85th Street</b> <b>Oklahoma City, OK 73114</b>		
27.2	Emily Frazier	July 2024	Cost; \$1,051,095.02
	<b>Name and address of the person who has possession of inventory records</b> <b>OneCore Health</b> <b>100 NE 85th Street</b> <b>Oklahoma City, OK 73114</b>		

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

Name	Address	Position and nature of any interest	% of interest, if any
Steve Hockert	OneCore Health 100 NE 85th Street Oklahoma City, OK 73114	CEO & Manager Solara	2%
Amy Shahsavrie	OneCore Health 100 NE 85th Street Oklahoma City, OK 73114	CAO	
Lance Smith	Apex Healthcare Partners 12344 Market Dr Oklahoma City, OK 73114	Medical Director Spine	
Todd Olsen	Olsen Orthopedics 1140 S Douglas Blvd Oklahoma City, OK 73130	Medical Director Orthopedics & Manager (Physician)	14.27%

Debtor **Hospital for Special Surgery, LLC**

Case number (if known) \_\_\_\_\_

Name	Address	Position and nature of any interest	% of interest, if any
Steve Randall	Randall Pain Management 1732 S Sooner Rd Oklahoma City, OK 73110	Medical Director Pain & Manager (Physician)	5%
Name	Address	Position and nature of any interest	% of interest, if any
Kyle Pewitt	2325 Dean Way Southlake, TX 76092	Manager Solara	
Name	Address	Position and nature of any interest	% of interest, if any
Brian Campbell	2325 Dean Way Southlake, TX 76092	Manager Solara	
Name	Address	Position and nature of any interest	% of interest, if any
Jason Emerson	OneCore Health 100 NE 85th Street Oklahoma City, OK 73114	Medical Director Lab & ER & Manager (Physician)	5%
Name	Address	Position and nature of any interest	% of interest, if any
SOLARA SURGICAL PARTNERS LLC	2325 DEAN WAY SUITE 100 Southlake, TX 76092	Shareholder	54.24%
Name	Address	Position and nature of any interest	% of interest, if any
Dathan Jay	OneCore Health 100 NE 85th Street Oklahoma City, OK 73114	Medically Complex Program Director	

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

- ☐ No  
☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Dr. C. L. Soo	13700 S. Western Suite 100 Oklahoma City, OK 73170	Former Board Member	Replaced in 2024
Name	Address	Position and nature of any interest	Period during which position or interest was held
Kenneth Ross	1200 Stanhope Ct Rio Vista, TX 76093	Former Board Member	Replaced in 2024

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

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

- ☐ No  
☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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Debtor **Hospital for Special Surgery, LLC**

Case number (if known) \_\_\_\_\_

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	<b>OLSEN ORTHOPEDICS PLLC</b> 1140 S. DOUGLAS BLVD Oklahoma City, OK 73130	\$14,274.20	2/7/2024	Distribution
	Relationship to debtor Owner, Medical Director - Orthopedics			
30.2	<b>MIDTOWN ORTHOPEDICS &amp; SPORTS MEDICINE</b> 400 NW 13TH Oklahoma City, OK 73103	\$5,000	2/7/2024	Distribution
	Relationship to debtor Owner, Medical Director - Lab/ER			
30.3	<b>AVENSTAR PAIN SPECIALISTS</b> 1732 SOUTH SOONER ROAD Oklahoma City, OK 73110-2668	\$5,000	2/7/2024	Distribution
	Relationship to debtor Owner, Medical Director - Pain			
30.4	<b>SOLARA SURGICAL PARTNERS LLC</b> 2325 DEAN WAY SUITE 100 Southlake, TX 76092	\$54,235.60	2/7/2024	Distribution
	Relationship to debtor Owner, Manager			
30.5	<b>STEVE HOCKERT</b> 6701 BELMAR CIRCLE Norman, OK 73071	\$2,000	2/7/2024	Distribution
	Relationship to debtor Owner			
30.6	<b>Cheng-Lun Soo</b> 1707 Drakestone Oklahoma City, OK 73120	\$3,000	2/7/2024	Distribution
	Relationship to debtor Owner			
30.7	<b>Ronald Goodell</b> 1621A Midtown PI Oklahoma City, OK 73130	\$5,000	2/7/2024	Distribution
	Relationship to debtor Owner			

Debtor **Hospital for Special Surgery, LLC**

Case number (if known) \_\_\_\_\_

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.8	<b>Forrest Olson</b> 1900 NW Expressway Suite 600 Oklahoma City, OK 73118	<b>\$2,013.90</b>	<b>2/7/2024</b>	<b>Distribution</b>
	Relationship to debtor <b>Owner</b>			
30.9	<b>Orthopedic &amp; Reconstructive Center</b> 9821 S May Avenue Suite B Oklahoma City, OK 73159	<b>\$9,476.50</b>	<b>2/7/2024</b>	<b>Distribution</b>
	Relationship to debtor <b>Owner</b>			

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

- ☒ No  
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

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

- ☒ No  
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

**Part 14: Signature and Declaration**

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

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

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

Executed on **October 7, 2024****/s/ Steve Hockert**

Signature of individual signing on behalf of the debtor

**Steve Hockert**

Printed name

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

- ☒ No  
☐ Yes

B2030 (Form 2030) (12/15)

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

In re **Hospital for Special Surgery, LLC**

Debtor(s)

Case No.

Chapter

**11**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:
 

For legal services, I have agreed to accept .....	\$	<u><b>0.00</b></u>
Prior to the filing of this statement I have received .....	\$	<u><b>0.00</b></u>
Balance Due .....	\$	<u><b>0.00</b></u>
2. The source of the compensation paid to me was:
 

☒ Debtor      ☐ Other (specify):
3. The source of compensation to be paid to me is:
 

☒ Debtor      ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
  - a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
  - d. [Other provisions as needed]  
**Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**
6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:  
**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**October 7, 2024***Date***/s/ Mark A. Craige OBA No.****Mark A. Craige OBA No. 1992***Signature of Attorney***Crowe & Dunlevy****222 N. Detroit Avenue****Suite 600****Tulsa, OK 74120****918.592.9800 Fax: 918.592.9801****mark.craige@crowedunlevy.com***Name of law firm*

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

In re **Hospital for Special Surgery, LLC**

Debtor(s)

Case No.

Chapter

**11**

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
<b>Cheng-Lun Soo Family Trust 1707 Drakestone Oklahoma City, OK 73120</b>		<b>3%</b>	<b>Limited Partner</b>
<b>Forrest W. Olson 5809 Country Club Dr Edmond, OK 73003</b>		<b>2.01%</b>	<b>Limited Partner</b>
<b>Larry T. Olsen 14801 E Coffee Creek Rd Luther, OK 73054</b>		<b>14.27%</b>	<b>Limited Partner</b>
<b>MIDTOWN ORTHOPEDICS &amp; SPORTS MEDICINE 400 NW 13TH Oklahoma City, OK 73103</b>		<b>5%</b>	<b>Limited Partner</b>
<b>Orthopaedic &amp; Reconstructive Center PC 1044 SW 44th Ste 620 Oklahoma City, OK 73109</b>		<b>9.48%</b>	<b>General Partner</b>
<b>Ronald J. Goodell 11225 Waters Welling Way Edmond, OK 73013</b>		<b>5%</b>	<b>Limited Partner</b>
<b>SOLARA SURGICAL PARTNERS LLC 2325 DEAN WAY SUITE 100 Southlake, TX 76092</b>		<b>54.24%</b>	<b>General Partner</b>
<b>STEVE HOCKERT 6701 BELMAR CIRCLE Norman, OK 73071</b>		<b>2%</b>	<b>Limited Partner</b>
<b>Steve Randall 1122 Hemstead Pl Nichols Hills, OK 73116</b>		<b>5%</b>	<b>Limited Partner</b>

In re: **Hospital for Special Surgery, LLC**

Debtor(s)

Case No. \_\_\_\_\_

**LIST OF EQUITY SECURITY HOLDERS**

(Continuation Sheet)

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
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**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the **Chief Executive Officer** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **October 7, 2024**Signature **/s/ Steve Hockert**  
**Steve Hockert**

*Penalty for making a false statement of concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.



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

In re	<u>Hospital for Special Surgery, LLC</u>	Case No.	
	Debtor(s)	Chapter	<u>11</u>

**VERIFICATION OF CREDITOR MATRIX**

I, the Chief Executive Officer of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date:	<u>October 7, 2024</u>	<u>/s/ Steve Hockert</u>
		<b>Steve Hockert/Chief Executive Officer</b>
		Signer/Title

Hospital for Special Surgery, LLC - - Pg. 1 of 23

3E Company Environmental  
PO Box 5307  
New York NY 10087-5307

ADMIRAL EXPRESS  
PO BOX 470650  
Tulsa OK 74147-0650

AFCO Premium Finance  
150 N. Field Drive  
Suite 190  
Lake Forest IL 60045

9000 BROADWAY OWNERS ASSOCIATION  
5100 NORTH CLASSEN BLVD  
Oklahoma City OK 73118

ADRIANA WILSON  
521 N 13TH ST  
Muskogee OK 74401

AG Western RE Holdings LLC  
c/o Ashton Gray LLC  
12360 Market Drive  
Oklahoma City OK 73114

ABBOTT LABORATORIES INC  
22400 NETWORK PLACE  
Chicago IL 60673-1224

Advanced Ear Nose & Throat PC  
Dr. Ronald Goodell  
1621A Midtown PI  
Oklahoma City OK 73130

ALCON VISION LLC  
PO BOX 735843  
Dallas TX 75373-5843

ABBVIE US LLC  
62671 COLLECTION CENTER DRIVE  
CHICAGO IL 60693-0626

ADVANCED MEDICAL SALES  
232 AVENIDA FABRICANTE  
SUITE 103/104  
San Clemente CA 92672

ALEXIS CALDWELL  
2404 CHERRY LANE  
Oklahoma City OK 73130

ABIGAIL MEISTE  
316 SE 6TH STREET  
MOORE OK 73160

ADVANCED NEURO SOLUTIONS  
9521 B RIVERSIDE PARKWAY #338  
Tulsa OK 74137

ALI SANDERS  
16425 GRACE ANN CT  
Edmond OK 73013

Ability  
Inolvalon Provider Inc  
PO BOx 856015  
Minneapolis MN 55485-6015

Advanced Neuro Solutions  
PO Box 2112  
Oklahoma City OK 73101

Align Interventional Pain PLLC  
501 E 15th Street Suite 300A  
Edmond OK 73013

Accel Technology  
2801 Coltrane Place Ste 3  
Edmond OK 73034

ADVANCED STERILIZATION PRODUCTS SERVICES  
PO BOX 74007359  
Chicago IL 60674-7359

ASERVIS  
PO Box 206417  
Dallas TX 75320

ACCEL TECHNOLOGY GROUP LLC  
PO BOX 5123  
Edmond OK 73083

Advanced Sterilization Sterrad  
33 Technology Drive  
Irvine CA 92618-2346

Allied World Insurance Company  
Beth Davison  
1690 New Britain Ave Suite 101  
Farmington CT 06032

Acumed LLC  
7995 Collection Center Dr  
Chicago IL 60693

AESCLAP INC  
PO BOX 780391  
Philadelphia PA 19178-0426

ALLISON MILLER  
7315 WAVERLY AVE  
Oklahoma City OK 73120

Hospital for Special Surgery, LLC - - Pg. 2 of 23

ALLOSOURCE  
PO BOX 801020  
Kansas City MO 64180-1020

American Intraoperative Monitoring  
Medsurant Holdings LLC  
100 Front Street Suite 280  
Conshohocken PA 19428

AMY TAYLOR  
13317 AMBLESIDE DRIVE  
Yukon OK 73099

Alphatec Spine  
Dept #892005  
PO Box 12005  
Dallas TX 75312-2005

American Proficiency Institute  
PO Box 7592  
Carol Stream IL 60197-7592

Amy Thiessen  
4712 Fountain Gate Drive  
Norman OK 73072

ALYNER COLEMAN  
205 NW 88TH ST  
Oklahoma City OK 73114

Ameripath  
14715 Midway Road  
Suite 400  
Addison TX 75001

ANDREA MORGAN  
3101 CASTLEROCK RD  
Oklahoma City OK 73120

ALYSSA ROBERSON  
11500 RUGER RD  
Yukon OK 73099

Ameripath  
225 NE 97th Street  
Suite 600  
Oklahoma City OK 73114

ANESTHESIA SERVICE  
1821 N CLASSEN BLVD  
Oklahoma City OK 73106-6012

AMANDA FAUGHT  
1007 SOUTH BARNES AVE  
Oklahoma City OK 73108

AMERIPATH OKLAHOMA CITY  
PO BOX 849893  
Dallas TX 75284-9893

Anesthesia Services  
1821 N. Classen Blvd, Suite 100  
Oklahoma City OK 73106

AMANDA MOORE  
6709 APPLEWOOD DR  
Edmond OK 73034

AMO SALES AND SERVICE INC  
PO BOX 74007099  
Chicago IL 60674-7099

ANESTHESIA SPECIALISTS OF OKLAHOMA  
21 NE 3RD STREET  
Oklahoma City OK 73104

AMANDA RIMEL  
1759 W LAKEAIRE DR  
Mustang OK 73064

AMY SHAHSAVARI  
4405 KENSAL RISE PL  
Norman OK 73072

Angela Lindley  
2305 E 7th  
Apt 4104  
Elk City OK 73644

AMBLER SURGICAL  
730 SPRINGDALE DRIVE  
Exton PA 19341

AMY SLABAUGH  
1700 GLENDALE DR  
Edmond OK 73034

ANGELA PAIGE  
3233 NW 24TH ST  
Oklahoma City OK 73107

AMERICAN INTRAOPERATIVE MONITORING INC  
13401 RAILWAY DRIVE  
Oklahoma City OK 73114

Angie Sowell  
7000 Vassar Avenue  
Dallas TX 75205

ANGELA SCHEETS  
7416 NOAH PARKWAY  
Oklahoma City OK 73132

Hospital for Special Surgery, LLC - - Pg. 3 of 23

Angela's Advertising & Design Inc.  
3012 White Cedar Ct  
Moore OK 73160

April Stucker  
9924 N 2230th Road  
Arapaho OK 73620

AVENSTAR PAIN SPECIALISTS  
1732 SOUTH SOONER ROAD  
Oklahoma City OK 73110-2668

ANIKA THERAPEUTICS INC  
32 WIGGINS AVE  
BEDFORD MA 01730

APRILLE GRADNEY  
704 S DREXEL ST  
Guthrie OK 73044

AVENSTAR PAIN SPECIALISTS  
5104 S. Sooner Road  
Oklahoma City OK 73135

ANNA BEASLEY  
13803 OXFORD DRIVE  
Edmond OK 73013

ARMSTRONG MEDICAL  
575 KNIGHTSBRIDGE PKWY  
PO BOX 700  
Lincolnshire IL 60069-0700

Batteries Plus LLC  
29314 Network Place  
Chicago IL 60673-1293

Anne Becker  
14509 Longford Way  
Edmond OK 73013

Artelon  
8601 Dunwoody Place  
Suite 250  
Atlanta GA 30350

BAUSCH + LOMB AMERICAS INC  
PO BOX 772690  
Detroit MI 48277-2690

Anzhella Bryant  
11200 Oakleaf Lane  
Oklahoma City OK 73131

ARTHREX INC  
PO BOX 403511  
Atlanta GA 30384-3511

BAXTER HEALTHCARE  
PO BOX 730531  
Dallas TX 75373-0531

APEX HEALTHCARE PARTNERS CONSULTING LLC  
12344 MARKET DRIVE  
Oklahoma City OK 73114

ARTHROROSCOPE INC  
PO BOX 412843  
Boston MA 02241-2843

BAYER HEALTHCARE  
PO BOX 360172  
Pittsburgh PA 15251-6172

APEX HEALTHCARE PARTNERS CONSULTING LLC  
11501 Waters Welling Way  
Edmond OK 73013

ASHLEY CROSSLEY  
1112 WILSHIRE DR  
Newcastle OK 73065

Bayer Purchase Agreement  
100 Bayer Boulevard  
PO Box 915  
Whippany NJ 07981

Apex Medical Physics  
3326 Fox Hill Terrace  
Edmond OK 73034

Austin Medical Ventures Inc.  
3012 Centre Oak Way Ste 102  
Germantown TN 38138

BAYLEY HANES  
2537 NW 21ST STREET  
Oklahoma City OK 73107

APPLIED MEDICAL DISTRIBUTION CORPORATION  
PO BOX 3511  
Carol Stream IL 60132-3511

APPROPRIATOR SERVICES LLC  
PO BOX 669126  
Dallas TX 75266-9126

BCBS OF OK - REFUND & REC  
DEPT 0695  
PO BOX 120695  
Dallas TX 75312-0695

Hospital for Special Surgery, LLC - - Pg. 4 of 23

BECKY HOGUE  
16400 WILLOW BEND AVENUE  
Oklahoma City OK 73165

Boston Scientific  
100 Boston Scientific Way  
Marlborough MA 01752

Brooklyn Turner  
1404 Norht Golden Bell  
Mustang OK 73064

BERTHA NUNEZ-HERRERA  
700 N. CHEROKEE WAY  
Mustang OK 73064

BOSTON SCIENTIFIC CORPORATION  
PO BOX 951653  
Dallas TX 75395-1653

Brown's Medical Imaging  
14315 "C" Circle  
Omaha NE 68144

Bio Care Associates  
23391 E 149th Street South  
Coweta OK 74429

BRANDEE PRIETO  
3237 SW 94TH STREET  
Oklahoma City OK 73159

Bruce A Mackey MD PC  
3957 E Covelle Road  
Edmond OK 73034

BIOTISSUE OCULAR INC  
7300 CORPORATE CENTER DRIVE  
SUITE 700  
Miami FL 33126

Brandy Wright  
11013 NW 104th Terrace  
Yukon OK 73099

Bruce Pitts  
3605 NW 69th St  
Oklahoma City OK 73116

Bioventus LLC  
PO Box 732823  
Dallas TX 75373-2823

BREG INC  
PO BOX 849991  
Dallas TX 75284

BRYANNA MYERS  
1405 SAINT GEORGE AVENUE  
MOORE OK 73160

Black & Black Surgical  
5175 South Royal Atlanta Drive  
Tucker GA 30084

Brenda Barnett  
4900 SW 127th St  
Oklahoma City OK 73173

BVI MEDICAL  
500 TOTTEN POND ROAD  
10 CITY POINT  
Waltham MA 02451

BLUECROSS BLUESHEILD OF OK  
PO BOX 650615  
Dallas TX 75265-0615

BRENDA GATTO  
1000 N. CIMARRON ROAD  
Yukon OK 73099

C R BARD INC  
BD PERIPERAL INTERVENTION  
PO BOX 75767  
Charlotte NC 28275

BOKF, NA dba Bank of Oklahoma  
PO Box 2300  
Tulsa OK 74192

BRITNEY MCCANN  
13000 SALVAGE RD  
Yukon OK 73099

C2Dx Inc  
PO Box 1351  
South Bend IN 46624

Bonesupport Inc.  
PO Box 844806  
Boston MA 02284-4806

Bronco Surgical LLC  
433 W. Wilshire Suite E  
Oklahoma City OK 73116

Cadance Hallman  
12 Bellgate Drive  
Yukon OK 73099

Hospital for Special Surgery, LLC - - Pg. 5 of 23

Caitlin Spaulding  
16312 Monarch Field Road  
Edmond OK 73013

CAREFUSION SOLUTIONS LLC  
25082 NETWORK PLACE  
Chicago IL 60673-1250

CCS Perfusion  
31330 Schoolcraft Road  
Livonia MI 48150

CALI TAYLOR  
212 SCOTTIE DRIVE  
Tuttle OK 73089

Carestream Health Inc.  
Dept Ch 19286  
Palatine IL 60055-9286

CDI  
Attn: Charles Mooney  
5800 N Portland  
Oklahoma City OK 73112

CANDI CLEVELAND-BELCHER  
3028 NW 191ST TERRACE  
Edmond OK 73012

Carla Spencer  
316 NW 89th Street  
Oklahoma City OK 73114

Center for Women's Health  
13921 N Meridian Ave Ste 200  
Oklahoma City OK 73134

Candice Hampton  
4400 Hemingway Drive Bldg 8  
APT 134  
Oklahoma City OK 73118

Carlene Kinder Coding  
3408 Moraine Drive  
Yukon OK 73099

CENTINEL SPINE LLC  
PO BOX 207368  
Dallas TX 75320-7368

Capital Waste Management  
PO Box 701768  
Tulsa OK 74170

Carol Bates  
13431 N Broadway Ext  
Ste 130  
Oklahoma City OK 73114

Charlene Haynes  
1927 Turner Drive  
Oklahoma City OK 73110

CAPITAL WASTE SOLUTIONS  
PO BOX 701768  
Tulsa OK 74170

Carol Switzer  
19564 East 840 Road  
Leedey OK 73654

CHARLES MOONEY  
5800 N PORTLAND AVE  
Oklahoma City OK 73112

Capp Promotional  
697 North Main Street Suite C  
Newcastle OK 73065

Carrie Watson  
6650 Barrett Lane  
Guthrie OK 73044

Chris Percival  
1409 Ramona Drive  
Enid OK 73703

CARBOFIX ORTHOPEDICS INC  
9983 TRADERS LANCE  
Calabash NC 28467

Carstens  
LBX 95195141  
W Jackson Blvd Suite 1000  
Chicago IL 60694

CHRISTIAN PETRICEK  
20809 COLONY AVE  
Harrah OK 73045

CARDINAL HEALTH  
MEDICAL PRODUCTS & SERVICES  
PO BOX 730112  
Dallas TX 75373

Cathy Moore  
2720 SW J Ave  
Apt 205  
Lawton OK 73505

Christopher McAdoo  
10704 Walnut Hollow Drive  
Oklahoma City OK 73162

Hospital for Special Surgery, LLC - - Pg. 6 of 23

CITY OF OKLAHOMA CITY  
2300 GENERAL PERSHING BLVD  
Oklahoma City OK 73107

CODY LARSON  
15122 ICET CREEK AVE  
Baytown TX 77523

Coral LLC  
12352 Market Drive  
Oklahoma City OK 73114

Claimreturn LLC  
PO Box 1815  
Conway AR 72033

COLLIN BELOTE  
19501 N PENN  
APT 1009  
Edmond OK 73012

CORELINK LLC  
2072 FENTON LOGISTICS PK BLV  
Fenton MO 63026

Classic Transportation  
3030 NW Expressway  
Ste 200 Unit 513  
Oklahoma City OK 73112

Commercial Door LLC  
987 N University Blvd  
Norman OK 73069

CORNEAGEN INC  
PO BOX 35146  
Seattle WA 98124

CLAYTON CORINA  
223 NE 2ND ST  
Oklahoma City OK 73104

COMPREHENSIVE CARE SERVICES INC  
45211 HELM STREET  
Plymouth MI 48170

CornerLoc  
11916 South Oxford Ave  
Suite 206  
Tulsa OK 74137

Clean Uniform Company  
1316 South Seventh Street  
Saint Louis MO 63104

COMPREHENSIVE DIAGNOSTIC IMAGING  
5800 NORTH PORTLAND  
Oklahoma City OK 73112

Corporate Search  
3535 Peachtree Road NE  
Suite #320  
Atlanta GA 30326

Cleveland County Treasurer  
201 South Jones  
Suite 100  
Norman OK 73069

COMTEC ELECTRONIC SYSTEMS INC  
PO BOX 489  
Choctaw OK 73020

Cotiviti  
PO Box 952366  
Saint Louis MO 63195-2366

Clia Laboratory Program  
PO Box 3056  
Portland OR 97208-3056

CONMED LINVATEC  
PO BOX 301231  
Dallas TX 75303-1231

Cox Communications  
Department #102437  
PO Box 1259  
Oaks PA 19456

Cloud Products Unlimited LLC  
130 N Broadway Ste 200  
Edmond OK 73034

Connect Health Professionals  
2200 NW 50th  
Oklahoma City OK 73112

COX COMMUNICATIONS INC  
PO BOX 650963  
Dallas TX 75265-0963

COATES FIELD SERVICE INC  
3150 NW 149TH STREET  
Oklahoma City OK 73134

CONSENSUS CLOUD SOLUTIONS DBA ~~SPRINT~~  
PO BOX 2012131  
STATION A  
TORONTO, ONTARIO M52 OK5 CDN

SPRINT Medical Consultants LLC  
Dept 8289  
PO Box 650002  
Dallas TX 75265

Hospital for Special Surgery, LLC - - Pg. 7 of 23

Craig Burson  
605 E Cedar Drive  
Tuttle OK 73089

Dana Wooldridge  
17017 Granite Place  
Edmond OK 73012

DEPENDABLE WINDOW CLEANING  
STEVE YOUNG  
PO BOX 97  
Guthrie OK 73044

Craig Schimke  
PO Box 120695  
Dallas TX 75312-0695

DAPHNE LUKE  
9821 NE 10TH ST  
Oklahoma City OK 73130

DEPT OF ENVIRONMENTAL QUALITY  
ADMINISTRATIVE SERVICES - AGRICULTURE  
PO BOX 2036  
Oklahoma City OK 73101

Cristi Twenter  
17020 Kemble Lane  
Edmond OK 73012

Darrin Thompson  
12440 Hastings Rd  
Oklahoma City OK 73130

DEROYAL INDUSTRIES  
MSC 30316  
PO BOX 415000  
Nashville TN 37241

CURONIX LLC  
PO BOX 735990  
Dallas TX 75373-5990

Darryl W. Jones APRN-CRNA LLC  
6204 Waterford Blvd Unit 42  
Oklahoma City OK 73118

Devorah A. Webb  
3421 Lytal Terrace  
Edmond OK 73013

Cynthia Burnam  
1020 Sennybridge Drive  
Yukon OK 73099

DAVID EMIGH  
3153 NW 25TH STREET  
Oklahoma City OK 73107

DH Pace Door Service Group  
1901 E. 119th Street  
Olathe KS 66061

CYNTHIA JOHNSTON  
1810 HUNT CLUB CIRCLE  
Blanchard OK 73010

DAVID GOSS  
12900 CEDAR SPRINGS ROAD  
Oklahoma City OK 73120

DIAGNOSTIC LAB OF OKLAHOMA  
PO BOX 676324  
Dallas TX 75267-6324

Dana Clarke  
251 Canyon Creek Lane  
Guthrie OK 73044

David Hooten  
840 W Wrangler Blvd  
Seminole OK 74868

DJO LLC  
PO BOX 650777  
Dallas TX 75265

DANA LARKINS  
15508 ELIZABETH ST  
Piedmont OK 73078

DEBORAH BAKER  
22150 TERRITORY RIDGE  
Luther OK 73054

DLO  
1001 Cornell Parkway  
Oklahoma City OK 73108

DANA WILSON  
708 WALNUT  
Weatherford OK 73096

Deck Scott Holdings  
3030 NW Expressway Ste 200 #513  
Oklahoma City OK 73112

DMX (Diagnostic Mobile X Ray)  
440 South Coltrane Road  
Edmond OK 73034



Hospital for Special Surgery, LLC - - Pg. 8 of 23

DONNA GIPSON  
1346 W I-240 SERVICE ROAD  
APT 121  
Oklahoma City OK 73159

EMILY FRAZIER  
904 EDINBURG DRIVE  
Yukon OK 73099

EPIMED  
141 SAL LANDRIO DRIVE  
CROSSROAD BUSINESS PARK  
Johnstown NY 12095

Donna Smith  
1204 Old Mill Road  
Oklahoma City OK 73160

Emily Fritts  
2022 E 7th Street  
Edmond OK 73034

ETHICON  
C/O JOHNSON & JOHNSON HEAL  
4301 WEST BOY SCOUT BOULEV  
Tampa FL 33607

Downtown Glass  
2133 SE 15th Street  
Oklahoma City OK 73129

Emma Base  
c/o Heather Mitchell Law  
14001 Quail Springs Parkway  
Oklahoma City OK 73134

EUNICE RODRIGUEZ  
8820 NW 82ND ST  
Oklahoma City OK 73132

DYNAMIC ACCESS LLC  
2600 N CENTRAL EXPWY  
SUITE 280  
Richardson TX 75080

EMMA SALANIC  
18817 VEA DR  
Edmond OK 73012

Eureka Water  
729 SW 3rd  
Oklahoma City OK 73109

Dynamic Infusion Therapy  
5156 Village Creek Drive  
Suite 102  
Plano TX 75093

EMSA  
1111 Classen Drive  
Oklahoma City OK 73103

EUREKA WATER COMPANY  
PO BOX 26730  
Oklahoma City OK 73126

EBMS AETNA  
3333 HESPER ROAD  
Billings MT 59104-1367

Encore Professional Medical Services  
PO Box 2078  
Oklahoma City OK 73101

Everett Hatcher  
410 Barbara Lane  
Choctaw OK 73020

Edward Lassiter  
8020 NW 111th St  
Oklahoma City OK 73162

Enovis Foot & Ankle  
PO Box 200350  
Dallas TX 75320-0350

Faye Willbourn  
2205 Queensbury Road  
Oklahoma City OK 73160

Elizabeth Boozarth  
1400 SW 96th St  
Oklahoma City OK 73159

Entech  
3404 Garden Brook Drive  
Dallas TX 75234-2444

FedEx  
PO Box 660481  
Dallas TX 75266-0481

EM Benefits  
234 Spring Lake Drive  
Itasca IL 60143

Entech Sales and Service  
3404 Garden Brook Drive  
Dallas TX 75234-2444

FELIPE ESPINOZA  
3937 NW 12TH  
Oklahoma City OK 73107

Hospital for Special Surgery, LLC - - Pg. 9 of 23

FLOSPINE LLC  
3998 FAU BLVD  
STE 300  
Boca Raton FL 33431

GORDON BUTLER  
6351 STONE HILL DR  
Edmond OK 73034

HEARTLAND PATHOLOGY  
PO BOX 26343  
Oklahoma City OK 73126

Forvis  
110 N. Elgin Ave  
Suite 400  
Tulsa OK 74120

Grace Medical Inc.  
PO Box 749967  
Atlanta GA 30374-7767

Heartland Pathology Consultants P  
2701 Coltrane Place Suite 3E  
Edmond OK 73034

Fusion Orthopedics USA LLC  
6859 E Rembrant Ave Ste 122  
Mesa AZ 85212

HAVYN HARNESS  
3101 NW 11ST ST  
Oklahoma City OK 73107

HEATHER LANDOLFI  
13609 WATSON DR  
Piedmont OK 73078

Gary Blevins  
13520 Blevings Blvd  
Edmond OK 73013

HAYES 405 REFRESHMENTS  
6101 NW 2ND STREET  
Oklahoma City OK 73127

HENRY SCHEIN INC  
DEPT CH 10560  
Palatine IL 60055-0560

GARY HAMBY  
4202 N KENTUCKY AVE  
Oklahoma City OK 73118

Hayes Refreshments  
6101 NW 2nd Street  
Oklahoma City OK 73127

Ho Hoang  
9517 SW 33rd St  
Oklahoma City OK 73179

Gebbs Healthcare Solutions Inc.  
600 Corporate Pointe Suite 1250  
Culver City CA 90230

HEALTH CHOICE  
PO BOX 30511  
Salt Lake City UT 84130-0511

Hologic  
24506 Network Place  
Chicago IL 60673-1245

Gina Williams  
25 Crestwood Terrace  
Clinton OK 73601

HealthPRO Staffing  
307 International Circle  
Suite 100  
Cockeysville MD 21030

HPG GPO  
1100 Charlotte Avenue  
Suite 1100  
Nashville TN 37203

GLAUKOS CORPORATION  
PO BOX 741074  
Los Angeles CA 90074

HealthStream  
500 11th Avenue North Suite 1000  
Nashville TN 37203

I.T.S USA  
1778 PARK AVENUE NORTH  
SUITE 200  
Maitland FL 32751

Globus Medical North America Inc.  
PO Box 843239  
Dallas TX 75284-3239

HEALTHSTREAM INC  
PO BOX 102817  
Atlanta GA 30368-2817

IAN TREK INC  
151 EAST POST ROAD  
SUITE 111  
White Plains NY 10601

Hospital for Special Surgery, LLC - - Pg. 10 of 23

iMedX  
12603 Southwest Freeway Ste 626  
Stafford TX 77477

Integris South Transfer Agreement  
4401 S Western Avenue  
Oklahoma City OK 73109

James Monk  
PO Box 441  
Chickasha OK 73023

IMPRIMIS RX  
PO BOX 631804  
Cincinnati OH 45263-1804

INTEGRITY BIOLOGICS LLC  
9524 E 81ST  
STE B1614  
Tulsa OK 74133

James Prather  
2000 CR 1198  
Tuttle OK 73089

IN2BONES USA  
6000 Poplar Avenue Suite 115  
Memphis TN 38119

Internal Revenue Service  
Centralized Insolvency Operation  
PO Box 7346  
Philadelphia PA 19101-7346

Jaree Fry  
15386 East 610 Road  
Hennessey OK 73742

Innomed Inc.  
PO Box 116888  
Atlanta GA 30368-6888

Iridex Corporation  
Dept Ch 19893  
Palatine IL 60055-9893

JASMINE PHETSAVANH  
3700 PALMETTO TRAIL  
Oklahoma City OK 73179

INNOV8ORTHO LLC  
PO BOX 154  
Edgewater NJ 07020

J A Young Anesthesia Assoc Inc  
PO Box 270126  
Oklahoma City OK 73137

JASON THOMPSON  
2620 NW 115TH PL  
Oklahoma City OK 73120

Innovalon Provider Inc  
PO Box 856015  
Minneapolis MN 55485-6015

J&J HEALTHCARE - DEPUY MITEK  
5972 COLLECTIONS CENTER DR  
Chicago IL 60693

JEAN FOTI  
4624 CRESTMERE LANE  
Edmond OK 73025

INNOVICE LLC  
PO BOX 803  
Council Bluffs IA 51503

J&J HEALTHCARE SYSTEMS INC  
5972 COLLECTIONS CENTER DR  
Chicago IL 60693

JEAN FRANKLIN  
4317 NW 54TH  
Oklahoma City OK 73112

Integra Lifesciences Corp  
PO Box 404129  
Atlanta GA 30384-4129

Jacques Constant  
16373 Scotland Way  
Edmond OK 73013

JENNIFER COOVER  
6650 EAST TECUMSEH ROAD  
Norman OK 73026-7302

Integris Baptist Transfer Agreement  
3300 Northwest Expressway  
Oklahoma City OK 73112

JAMES KENT  
6201 S DONNA LANE  
Oklahoma City OK 73150

JENNIFER GARCIA  
5609 NW 112TH STREET  
Oklahoma City OK 73162

Hospital for Special Surgery, LLC - - Pg. 11 of 23

JESSICA HUNZIE  
119 S STEWART AVE  
Norman OK 73071

JUSTIN ROSALEZ  
8280 LOG CABIN RD NW  
Piedmont OK 73078

Karrie Wiggy  
10601 Willow Ridge Drive  
Oklahoma City OK 73130

JESSICA MATNEY  
8712 SW 38TH ST  
Oklahoma City OK 73179

JWS Medical PLLC  
PO Box 2150  
Lowell AR 72745

Kate Stone  
3137 NW 30th Street  
Oklahoma City OK 73112

Jessica Talley  
3429 NW 20th Street  
Oklahoma City OK 73107

JWS Medical PLLC  
3411 W. Rock Creek Road Suite 120  
Norman OK 73072

KATENA PRODUCTS INC CORZAM  
PO BOX 411412  
Boston MA 02241-1289

JOELY TAYLOR  
212 SCOTTIE DR  
Tuttle OK 73089

K-LYNN CONSULTING & CANCER REGISTRATION  
SVCS, LLC  
KELLY LYNN FARMER, CTR  
PO BOX 721268  
Norman OK 73070

STARMARINE DOBBS  
1200 SW 158TH ST.  
Oklahoma City OK 73170

John Woods  
4101 Ansley Ct  
Edmond OK 73034

KAILEY SPARKS  
13904 VILLAGE RUN DRIVE  
Piedmont OK 73078

Kathleen Crawford  
3900 Morning Star Drive  
Yukon OK 73099

JOHNNA SKIDMORE  
4354 NW 36TH ST  
Oklahoma City OK 73112

KAPPA STAFFING  
PO BOX 2112  
Oklahoma City OK 73101

KATHLEEN REYNOLDS  
2220 NW 49TH STREET  
Oklahoma City OK 73112

JOICE ROBINSON  
7212 NW 146TH ST  
Oklahoma City OK 73142

KAREN WADE  
PO BOX 57523  
Oklahoma City OK 73157

Katie Dobbs  
1200 SW 158th Street  
Oklahoma City OK 73170

JOINT RESTORATION FOUNDATION JR  
PO BOX 843549  
Kansas City MO 64184-3549

Karen Wade  
3141 NW 11th  
Oklahoma City OK 73107

KAYLEY SMITH  
14900 DAVENTRY DR  
Jones OK 73049

JOTFORM  
4 EMBARCADERO CENTER  
SUITE 780  
San Francisco CA 94111

KARLA SNOW  
7413 NW 135TH STREET  
Oklahoma City OK 73142

KCI USA  
PO BOX 301557  
Dallas TX 75303-1557

Hospital for Special Surgery, LLC - - Pg. 12 of 23

KEITH DACE INC  
14900 BLACKJACK DR  
Piedmont OK 73078

KRISTI LAFFOON  
11709 MILANO RD  
Oklahoma City OK 73173

Laura Luick MD PLLC  
8609 Hillview Drive  
Oklahoma City OK 73150

KEITH LUETKEMEYER  
832 SE 9TG  
MOORE OK 73160

KRISTIE LITTLES  
11205 NILE AVE  
Oklahoma City OK 73114

Leanne Nida  
3534 S Pottawatomie Road  
Harrah OK 73045

KELLI HUTCHINS  
11100 ROXBORO AVE  
Oklahoma City OK 73162

Kuros Biosciences USA Inc  
Dept Ch 10871  
Palatine IL 60055-8071

LENA BRESHEARS  
99120 NE 34  
Spencer OK 73084

KELLY BROWN  
1800 ALEXANDER WAY  
Yukon OK 73099

KYLA MCCRACKEN  
16254 SE 23RD ST  
Choctaw OK 73020

LESLI CLEMENTS  
4708 TRINA DRIVE  
Oklahoma City OK 73115

Kelly Hennessey  
2301 72nd Ave  
Norman OK 73072

Kyle Jones  
1120 Glenwood Ave  
Oklahoma City OK 73116

Lesman  
PO Box 7640  
Carol Stream IL 60197

Kempton Group Administrators  
13431 Broadway Ext Suite 130  
Oklahoma City OK 73114-2225

Laffoon Healthcare Services  
PO Box 721268  
Norman OK 73070

Lewis Pemberton  
9820 Stonebridge Drive  
Yukon OK 73099

Kevin Gentry  
2916 Brush Creek Road  
Oklahoma City OK 73120

LAFFOON HEALTHCARE SERVICES LLQIFENET HEALTH  
11709 MILANO ROAD  
Oklahoma City OK 73173

PO BOX 79636  
Baltimore MD 21279-0636

KIMBERLY RAMSEY  
2804 COUNTY STREET 2870  
Chickasha OK 73018

Lana Day  
32 Melissa Drive  
Shawnee OK 74801

LifeShare  
4705 NW Expressway  
Oklahoma City OK 73132

KRISTEN WHITE  
2500 THOMAS DRIVE  
Edmond OK 73003

LANDAUER  
PO BOX 809051  
Chicago IL 60680-9051

Lila Melson  
11403 Spring Hollow Rd  
Apt 206  
Oklahoma City OK 73120

Hospital for Special Surgery, LLC - - Pg. 13 of 23

LILLY AMOS  
507 ANNAWOOD DRIVE  
Yukon OK 73099

LYNNE BENNETT  
2216 NORTHWEST 31ST STREET  
Oklahoma City OK 73112

MAURINA RAY  
16009 QUIET STORM DR  
Oklahoma City OK 73170

Lima USA Inc.  
2001 NE Green Oaks Blvd  
Ste 100  
Arlington TX 76006

MACKENZIE MATTHEWS  
209 EARL AVE  
Yukon OK 73099

Maxima Enterprises  
37 NE 29th  
Oklahoma City OK 73105

Linda Pitts  
4506 North Grove Ave  
Oklahoma City OK 73122

Madisen Spears  
904 S Avery Drive  
Oklahoma City OK 73160

Mayfair Key and Lock Shop  
2628 W I-44 Service Road  
Oklahoma City OK 73112

LINKBIO CORP  
69 KING ST  
Dover NJ 07801

Mainstay Medical  
Finance Dept  
2159 India Street Suite 200  
San Diego CA 92101

McBride Pharmacy  
9600 N Broadway Ext  
Oklahoma City OK 73114

LISA BAKER  
5000 NW 27TH  
Oklahoma City OK 73127

Major Jemison  
2824 NW 115th Place  
Oklahoma City OK 73120

MCKESSON MEDICAL SURGICAL  
PO BOX 933027  
Atlanta GA 31193-3027

LISA POE  
12516 CLARENCE CT  
Oklahoma City OK 73142

MARGARET MERRELL  
PO BOX 136  
Sasakwa OK 74867

MCKESSON SPECIALTY DISTRIBLL  
PO BOX 841838  
Dallas TX 75284-1838

Lovera Anesthesia Inc.  
221 NW 32nd St  
Oklahoma City OK 73118

Mary Pierce  
1512 N Ct Rd 425 W  
New Castle IN 47362

Medartis Inc.  
1195 Polk Drive  
Warsaw IN 46582-8602

LUCIA BAEZA  
3217 HAYVEN CIRCLE  
Yukon OK 73099

Mastermed LLC  
dba Titan Medical Instruments  
160 Bella Vista Ct #N  
Jupiter FL 33477-5503

MEDI-SOL  
PO BOX 7736  
Edmond OK 73083

Luke Holman  
898 Brandie St  
Tuttle OK 73089

MATTHEW BECKER  
9101 NW 123RD STREET  
Yukon OK 73099

MEDICAL PRODUCTS RESOURCE  
TWIN CITY MEDICAL  
917 LONE OAK ROAD  
SUITE 1000  
EAGAN MN 55121

Hospital for Special Surgery, LLC - - Pg. 14 of 23

MEDICARE  
NOVITAS SOLUTIONS  
PO BOX 3105  
Mechanicsburg PA 17055

MEGAN BROWN  
1017 NW 167TH ST  
Edmond OK 73012

MICHELLE JOHNIGARN  
1006 SW 84TH STREET  
Oklahoma City OK 73139

Medline  
3 Lakes Drive  
Northfield IL 60093

Mei Ye  
3604 SW 127th Street  
Oklahoma City OK 73170

Michelle Schroeder  
3033 Warwick Place  
Edmond OK 73013

MEDLINE INDUSTRIES INC  
DEPT 1080  
PO BOX 121080  
Dallas TX 75312-1080

MELANIE MORRIS  
1811 BOWLING GREEN CT  
Norman OK 73071

Micro Aire  
Lock Box 96565  
Chicago IL 60693

MEDQ INC  
PO BOX 260836  
Plano TX 75026

MELINDA SKINNER  
1400 SUNNYBROOK LN  
Oklahoma City OK 73128

MICROPORT ORTHOPEDICS INC  
PO BOX 842005  
Dallas TX 75284-2005

MedSphere  
1220 East 7800 South, Floor 3  
Sandy UT 84094

MELISSA SIMPSON  
18085 WHISPER CREEK  
Choctaw OK 73020

MICROSURGICAL TECHNOLOGY,IN  
PO BOX 74007048  
Chicago IL 60674-7048

MEDSPHERE SYSTEMS CORPORATION  
9980 S 300  
STE 200  
Sandy UT 84070-3654

METLIFE SMALL BUSINESS CENTER  
PO BOX 804466  
Kansas City MO 64180-4466

MIDCON DATA SERVICES LLC  
13431 N BROADWAY EXTENSION  
SUITE 115  
Oklahoma City OK 73114

Medtrainer  
555 Cajon St. Suite F  
Redlands CA 92373

Metro Tech Electric Inc  
PO Box 270306  
Oklahoma City OK 73137

MIDTOWN ORTHOPEDICS & SPORTS  
400 NW 13TH  
Oklahoma City OK 73103

MEDTRONIC  
PO BOX 848086  
Dallas TX 75284-8086

MIACH ORTHOPAEDICS  
69 MILK STREET  
SUITE 100  
Westborough MA 01581

Midwest Personal Injury PLLC  
1140 South Douglas Blvd  
Oklahoma City OK 73130

MEDTRONIC USA  
PO BOX 848086  
Dallas TX 75284-8086

MICHAEL GRABLE  
14208 PADDLE WHEEL PL  
Oklahoma City OK 73170

MILLENNIUM SURGICAL CORP  
PO BOX 775385  
Chicago IL 60677-5385

Hospital for Special Surgery, LLC - - Pg. 15 of 23

Millicent Combs  
4116 Park Lane  
Oklahoma City OK 73111

National Plan Administrators  
PO Box 161630  
Austin TX 78716

Ocular Physicians Associates PLLC  
11308 N Pennsylvania Ave  
Oklahoma City OK 73120-7752

MISTY MULLER  
5205 SE 47TH  
Oklahoma City OK 73135

Neuromonitoring Associates  
9811 W Charleston Blvd  
Ste 2-641  
Las Vegas NV 89117

OG&E  
PO BOX 24990  
Oklahoma City OK 73124-0990

Mizuho Osi  
Dept Ch 16977  
Palatine IL 60055-6977

NEVRO CORP  
501 ALLENDALE ROAD  
#101B  
King of Prussia PA 19406

OKLAHOMA BLOOD INSTITUTE  
DEPT #96-0115  
Oklahoma City OK 73196-0115

MOBIUS THERAPEUTICS LLC  
1000 EXECUTIVE PARKWAY  
SUITE 224  
Saint Louis MO 63141

NEW WORLD MEDICAL  
1801 W OLYMPIC BLVD  
FILE 2356  
Pasadena CA 91199-2356

Oklahoma Blood Institute  
1001 N. Lincoln Blvd  
Oklahoma City OK 73104

MODERN ELECTRONICS LLC  
3201 S. WESTERN  
Oklahoma City OK 73109

NEXUS SPINE  
2825 E COTTONWOOD PKWY  
STE 330  
Salt Lake City UT 84121

Oklahoma Center for Spine & Pain  
Solutions PC  
13700 S Western Ave #100  
Oklahoma City OK 73170-7006

Murray Womble Inc.  
PO Box 1795  
Owasso OK 74055-1795

NICOLAS BROADNAX  
116 S 2ND ST  
Guthrie OK 73044

Oklahoma County Assessor  
320 Robert S. Kerr Ave #315  
Oklahoma City OK 73102

Nancy Henry  
608 West Main Ste  
Edmond OK 73003

NICOLE PADILLA  
10220 LITTLE POND DR  
Oklahoma City OK 73162

OKLAHOMA COUNTY CLERK  
320 ROBERT S. KERR  
SUITE 203  
Oklahoma City OK 73102

NATALIE BROWN  
2901 CHAPEL HILL ROAD  
Oklahoma City OK 73120

NICOLETTE CONLEY  
2905 ACROPOLIS ST  
Oklahoma City OK 73120

Oklahoma County Treasurer  
320 Robert S. Kerr Ave #307  
Oklahoma City OK 73102

NATIONAL NEUROMONITORING SERVICES  
1141 N LOOP  
1604 E #105-612  
San Antonio TX 78232

Novitas Solutions  
PO Box 3113  
Mechanicsburg PA 17055-1828

Oklahoma Dept of Labor  
Safety Standards Division  
3017 N Stiles  
Suite 1000  
Oklahoma City OK 73105



Hospital for Special Surgery, LLC - - Pg. 16 of 23

Oklahoma Employment Security Commission  
2401 N. Lincoln Blvd  
Oklahoma City OK 73105

Oklahoma State Dept of Health  
PO Box 268823  
Oklahoma City OK 73126-8823

OLSEN ORTHOPEDICS PLLC  
3400 S. Douglas Blvd Suite 302  
Oklahoma City OK 73150

OKLAHOMA EYE SURGEONS PLLC  
5600 N PORTLAND AVE  
Oklahoma City OK 73112

Oklahoma Surgical Group PLLC  
PO Box 6370  
Edmond OK 73083

Olsen, Neaves & Company  
1900 NW Expwy Suite 600  
Oklahoma City OK 73118

Oklahoma Eye Surgeons PLLC  
5600 N. Portland Ave  
Oklahoma City OK 73112-2023

OKLAHOMA TAX COMMISSION  
PO BOX 26850  
Oklahoma City OK 73126-0850

OLYMPUS AMERICA  
PO BOX 200194  
Pittsburgh PA 15251-0194

Oklahoma Foundation for Medical Quality  
525 Central Park Drive  
Suite 1011  
Oklahoma City OK 73105-1703

Oklahoma Tax Commission  
Oklahoma City OK 73194

OMFQ  
515 Central Park Drive  
Suite 101  
Oklahoma City OK 73105

Oklahoma Heart Hospital  
5200 East I-240 Service Road  
Oklahoma City OK 73135

OKLAHOMA WATER TREATMENT SOLUTIONS  
304 N MERIDIAN AVE #23  
Oklahoma City OK 73107

ONELIFE SCIENCE INC  
480 PARAMOUNT DRIVE  
Raynham MA 02767

Oklahoma Medical Research Foundation  
825 NE 13th Street  
Oklahoma City OK 73104

Oklahoma Web Design  
Angela's Advertising & Design Inc.  
3012 White Cedar Ct.  
Moore OK 73160

ONDINA MANESS  
754 BROOKWOOD DR  
Oklahoma City OK 73139

OKLAHOMA NATURAL GAS COMPANY  
PO BOX 219296  
Kansas City MO 64121-9296

Oklahoma's Nursing Times  
PO Box 239  
Mustang OK 73064

One Medical Passport  
156 River Road  
Willington CT 06279

OKLAHOMA SLEEP INSTITUTE  
13901 TECHNOLOGY DR  
STE A1  
Oklahoma City OK 73134

Olsen MVA  
1140 S Douglas Blvd  
Oklahoma City OK 73130

ONE SURGICAL INC  
PO BOX 1844  
DEPT O-65  
Memphis TN 38101-1844

Oklahoma Sleep Institute  
13900 Wireless Way  
Oklahoma City OK 73134

OLSEN ORTHOPEDICS PLLC  
1140 S. DOUGLAS BLVD  
Oklahoma City OK 73130

OneSource Document Management  
Conduent c/o  
LBX 95486  
141 W Jackson Blvd, Suite 1000  
Chicago IL 60604

Hospital for Special Surgery, LLC - - Pg. 17 of 23

Orkin  
45 NE 51st Street  
Oklahoma City OK 73105-1819

PAN & ASSOCIATES LLC  
6509 NW 110TH STREET  
Oklahoma City OK 73162

Pinnacle Refrigeration LLC  
1703 East Longview Lane  
Mustang OK 73064

ORTHOPAEDIC & SPORTS MEDICINE  
VYTAUTAS RINGAS MD  
PO BOX 654354  
Dallas TX 75265

PARTELS MEDICAL LLC  
PO BOX 748445  
Atlanta GA 30374-8445

PINNACLE SOLUTIONS  
PO BOX 860234  
Shawnee KS 66286

ORTHOPAEDIC & SPORTS MEDICINE  
VYTAUTAS RINGAS MD  
825 E. Robinson  
Norman OK 73071-6610

PATRICIA PREAST  
6226 ANDERSON DRIVE  
Oklahoma City OK 73149

Pitney Bowes Bank Inc  
PO Box 981026  
Boston MA 02298-1026

Orthopedic Solutions PLLC  
101 S Saints Blvd  
Ste 101  
Edmond OK 73034

PATRICK COOPER  
2200 ANDY AVE NW  
Piedmont OK 73078

PLATFORM TECHNOLOGY ADVIS  
70 SANTA FELICIA  
Goleta CA 93117

OSRX INC  
PO BOX 842949  
Los Angeles CA 90084-2949

PayCom  
7501 W. Memorial Road  
Oklahoma City OK 73142

PRECISION LENS  
PO BOX 7432  
Carol Stream IL 60197-7432

OSTEOREMEDIES  
PO BOX 1000  
DEPT #33061  
Memphis TN 38148-3061

Penley Oil Co.  
2627 West Reno Ave  
Oklahoma City OK 73107

PRECISION PRINTING  
2500 N MOORE AVE  
MOORE OK 73160

P/PM Services Inc.  
1009 Louisiana  
South Houston TX 77587

Phillip Ross  
2320 Valley View Road  
Edmond OK 73034

PREFCARDS LLC  
5550 PAINTED MIRAGE ROAD  
Las Vegas NV 89149

PAINTEQ LLC  
1511 N WESTSHORE BLVD  
SUITE 470  
Tampa FL 33607

Phillip Smith  
1222 Orient Ave  
Clinton OK 73601

PRESCOTTS INC  
18940 MICROSCOPE WAY  
Monument CO 80132

Pan & Associates  
900 NW 92nd  
Oklahoma City OK 73114

PICC Line Precision  
PO Box 1278  
Lindsay OK 73052

PRESS GANEY ASSOCIATES INC  
PO BOX 88335  
Milwaukee WI 53288-0335

Hospital for Special Surgery, LLC - - Pg. 18 of 23

PRIMUS STERILIZER COMPANY LLC  
7936 FOREST COMPANY LLC  
Orlando FL 32810

RADSOURCE IMAGING TECHNOLOGIES  
8121 NW 97TH TERRACE  
Kansas City MO 64153

RHONDA BROWN  
7841 JESSE TRAIL  
Oklahoma City OK 73150

Property Valuation Services  
14400 Metcalf Avenue  
Overland Park KS 66223

Randall Pain Management PLLC  
5104 S Sooner Road  
Oklahoma City OK 73135

RHONDA MCALESTER  
4300 MIDDLEFIELD COURT  
Norman OK 73072

Providence Medical Technology  
PO Box 8049  
Carol Stream IL 60197-8049

RAPID CARE TRANSCRIPTION INC  
12603 SOUTHWEST FWY  
STE 626  
Stafford TX 77477

Rhonda McAlester, PT  
4300 Middlefield Court  
Norman OK 73072

Push Partners  
2600 NE 63rd Street  
Oklahoma City OK 73111

REGINA LAWSON  
37207 S COUNTY ROAD 199  
Woodward OK 73801

RICHARD HERREN  
1021 S ELLISON AVE  
El Reno OK 73036

PYRAMED  
3320 CLAYS MILL RD  
SUITE 111  
Lexington KY 40503

RELIEVANT MEDSYSTEMS INC  
PO BOX 675413  
Detroit MI 48267-5413

Ricky McCumber  
1641 Porter Street  
Guthrie OK 73044

QUEST DIAGNOSTICS  
PO BOX 740709  
Atlanta GA 30374

RENEE EUSTICE  
9004 S. SHARTEL AVE  
Oklahoma City OK 73139

Ricoh USA  
300 Eagleview Blvd  
Exton PA 19341

QUINTECH INC  
PO BOX 3488  
DEPT #05-076  
Tupelo MS 38803-3488

Renew Biomedical  
PO Box 11476  
Jackson TN 38308

RICOH USA INC  
PO BOX 660342  
Dallas TX 75266-0342

Radiation Consultants  
620 Oak Summit Road  
Edmond OK 73025

Rescorp  
4121 North Frankford Ave  
Oklahoma City OK 73112

ROBERT COLLIER  
11716 NW 135TH ST  
Piedmont OK 73078

RadSource  
8121 NW 97th Terr  
Kansas City MO 64153

RESTOR3D INC  
PO BOX 14262  
ATTN 02268  
Durham NC 27709

ROBERT DOUGLAS  
PO BOX 120695  
Dallas TX 75312-0695

Hospital for Special Surgery, LLC - - Pg. 19 of 23

ROBERT GORDON MD PLLC  
4200 WEST MEMORIAL RD  
STE 805  
Oklahoma City OK 73120

RYLAN-JAGGER MEDICAL LLC  
13919 B N. May Ave Suite 197  
Oklahoma City OK 73134

SHEATHING TECHNOLOGIES INC  
675 JARVIS DRIVE  
Morgan Hill CA 95037

Robert Ross  
7420 NW 11th Street  
Oklahoma City OK 73162

Sage  
333 W San Carlos St  
San Jose CA 95110

SHELBY KITCHENS  
4201 W MEMORIAL RD  
Oklahoma City OK 73134

Roberta Sloan  
8709 Old Brompton Road  
Oklahoma City OK 73132

SAMANTHA PHILLIPS  
1214 GARDEN GRV  
Yukon OK 73099

SHELLI MEYER  
6608 RANDI ROAD  
Oklahoma City OK 73132

Ronin Surgical Corp  
10573 W. Pico Blvd Ste 406  
Los Angeles CA 90064

SANDRA MILACEK  
3337 NW 159TH TERRACE  
Edmond OK 73013

Sheree Shaw  
8304 Redhawk Lane  
Edmond OK 73034

Rudy Briscoe  
407 Cameron Drive  
Altus OK 73521

SARAH BLOUGH  
2900 S. I-35 SERVICE RD.  
Oklahoma City OK 73160

SHERYLON CAMERON  
2732 SE 89TH TERRANCE  
MOORE OK 73160

RXSIGHT  
PO BOX 741292  
Los Angeles CA 90074-1292

SEAN BROWNING  
12320 HICKORY CREEK BLVD  
Oklahoma City OK 73170

Shred It  
28883 Network Place  
Chicago IL 60673-1288

RYAN HODGES  
12930 ARBOR MEADOWS LN  
Oklahoma City OK 73165

SELMA BEDIAKO  
2327 SHELL DR  
Oklahoma City OK 73130

SI-BONE INC  
471 EL CAMINO REAL  
SUITE 101  
Santa Clara CA 95050

Ryan Miller  
3108 Carlton Way  
Oklahoma City OK 73120

Shalby Advanced Technologies Inc.  
1115 Windfield Way Ste 100  
El Dorado Hills CA 95762

Sight Sciences Inc.  
PO Box 748988  
Los Angeles CA 90074-8988

RYLAN-JAGGER MEDICAL LLC  
820 W DANFORTH RD  
#109  
Edmond OK 73003

SHANNON BUICK  
1804 VICTORIA DR  
Edmond OK 73003

Sign Language Resource Services  
PO Box 7  
Edmond OK 73083

Hospital for Special Surgery, LLC - - Pg. 20 of 23

SIGNATURE ORTHOPAEDICS USA LLC Soule Medical  
3150 STAGE POST DRIVE 4322 Pet Lance  
SUITE 104 Lutz FL 33559-6349  
Memphis TN 38133

Stericycle  
PO Box 6575  
Carol Stream IL 60197-6575

Skeletal Dynamics LLC  
7300 N Kendall Drive  
Suite 400  
Miami FL 33156

Sourcemark LLC  
302 Innovation Drive  
Suite 410  
Franklin TN 37067

Stericycle - CDI  
28883 Network Place  
Chicago IL 60673-1288

Skytron  
PO Box 675164  
Detroit MI 48267-5164

Southwest Orthopedic Specialists PLLC  
PO Box 269049  
Oklahoma City OK 73126

STERIS CORPORATION  
PO BOX 676548  
Dallas TX 75267-6548

SMITH & NEPHEW INC  
PO BOX 842935  
Dallas TX 75284-2935

Southwest Orthopedic Specialists PLLC  
8100 S. Walker Ave, Building A  
Oklahoma City OK 73139

STEVE HOCKERT  
6701 BELMAR CIRCLE  
Norman OK 73071

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

Spinal Simplicity  
6363 College Blvd Suite 320  
Leawood KS 66211

STRATUS BUILDING SOLUTIONS  
PO BOX 14005  
Oklahoma City OK 73113

Soliant Staffing  
PO Box 934411  
Atlanta GA 31193-4411

STACEY BROCK  
529 S WOODLAND DR  
Mustang OK 73064

Stratus Cleaning Solutions  
7700 N. Hudson Ave, Suite 9  
Oklahoma City OK 73116

Sonata Diagnostic Imaging  
440 South Coltrane Rd  
Edmond OK 73034

Stanley Ruffner  
200 Rock Creek Road  
Yukon OK 73099

STRYKER ENDOSCOPY  
C/O STRYKER SALES CORPORAT  
21343 NETWORK PLACE  
Chicago IL 60673-3276

SONYA LONDON  
8225 NW 83RD STREET  
Oklahoma City OK 73132

STAPLES ADVANTAGE  
DEPT DAL  
PO BOX 660409  
Dallas TX 75266-0409

Stryker Flex Financial  
25652 Network Place  
Chicago IL 60673-1256

SOONER MOBILE X-RAY INC  
PO BOX 158  
Duncan OK 73534

STEPHANIE JOHNSON  
715 OAK PARK DR  
Choctaw OK 73020

STRYKER ORTHOPAEDICS  
PO BOX 93213  
Chicago IL 60673-3213

Hospital for Special Surgery, LLC - - Pg. 21 of 23

STRYKER SALES LLC  
21343 NETWORK PLACE  
Chicago IL 60673-1213

Surgical Direct Inc  
811 Harley Strickland Blvd  
Orange City FL 32763

Thomas Robson  
3607 Carnoustie Drive  
Norman OK 73072

Stryker Spine  
21912 Network Place  
Chicago IL 60673-1912

SURGICAL SPECIALTIES CORP  
PO BOX 419407  
Boston MA 02241-9407

Three E  
3207 Grey Hawk Court, Suite 200  
Carlsbad CA 92010

STRYKER SUSTAINABILITY SOLUTIONS  
PO BOX 29387  
Phoenix AZ 85038

SUSAN DONNELLY  
767 CS 292  
Tuttle OK 73089

TIFFANY DAWSON  
11806 RED OAK WAY  
Oklahoma City OK 73162

SUE SHULTZ  
1537 COUNTY ROAD 1250  
Tuttle OK 73089

TAG OneCore RE Holdings, LLC  
c/o Ashton Gray LLC  
12360 Market Dr.  
Oklahoma City OK 73114

TIMOTHY BRIDGES  
601 ABERDEEN ROAD  
Edmond OK 73025

SUMMER OR DEREK JOHNSON  
15008 SE 59TH TERRACE  
Choctaw OK 73020

TAMARA CHATMAN  
510 NE 20TH STREET  
Newcastle OK 73065

TISSUE REGENIX  
PO BOX 841379  
Dallas TX 75284

SUMMIT FIRE & SECURITY LLC  
PO BOX 855227  
Minneapolis MN 55485-5227

TAYLOR NIX  
6124 OXNARD ST  
Edmond OK 73034

TK Elevator Corporation  
4100 Will Rogers Pkwy, Ste 200  
Oklahoma City OK 73108

Summit Fire and Security  
101 NW 138th Street  
Edmond OK 73013

TERESA GAGE  
305 N ROCKY POINT DRIVE  
Edmond OK 73003

TODD FOGARTY, CRNA  
21 NE 3RD STREET  
Oklahoma City OK 73104

SUPERIOR LINEN  
6959 E 12TH ST  
Tulsa OK 74112

TESS KNOX  
12701 N PENNSYLVANIA AVE  
Oklahoma City OK 73120

Todd Olsen  
3400 S. Douglas Blvd, Suite 302  
Oklahoma City OK 73150

Surgentec LLC  
911 Clint Moore  
Boca Raton FL 33487

The Zero Card  
100 South Cincinnati Ave  
5th Floor Suite 503  
Tulsa OK 74103

Tony McDermott  
16850 Breezy Hill Road  
Madill OK 73446

Hospital for Special Surgery, LLC - - Pg. 22 of 23

TOTAL MEDICAL PERSONNEL  
PO BOX 268947  
Oklahoma City OK 73126

UHC Recoveries  
PO Box 100199  
Pittsburgh PA 15233

Vaughn Kalivoda  
PO Box 1081  
Checotah OK 74426

Total Medical Personnel Staffing  
7017 N. Robinson Ave  
Oklahoma City OK 73116

Uline  
PO Box 88741  
Chicago IL 60680-1741

Verathon Inc.  
PO Box 935117  
Atlanta GA 31193-5117

Travelers CI Remittance Center  
PO Box 660317  
Dallas TX 75266-0317

UNION BIOLOGICS LLC  
191 BROOKSIDE PARKWAY  
Medford MA 02155

VERONICA MARTINEZ  
1308 CARLISLE CT  
Oklahoma City OK 73120

TRICE MEDICAL  
26902 VISTA TERRACE  
Lake Forest CA 92630-8123

United Ad Label  
PO Box 932721  
Cleveland OH 44193

VERTOS MEDICAL INC  
DEPT 0317  
PO BOX 120317  
Dallas TX 75312-0317

TRICORPS  
PO BOX 32316  
Oklahoma City OK 73123

United Engines  
5555 West Reno Ave  
Oklahoma City OK 73127

VICTORIA OWINGS  
1316 SAINT GEORGE AVENUE  
MOORE OK 73160

Tricorps Security  
PO Box 32316  
Oklahoma City OK 73132

United Healthcare  
PO Box 101760  
Atlanta GA 30392-1760

Vivex Biologics Inc  
PO Box 201630  
Dallas TX 75320-1630

Trubridge  
Dept #6448  
PO Box 14407  
Birmingham AL 35246-6448

UNITED MECHANICAL  
117 NE 38TH TERRACE  
Oklahoma City OK 73105

WAKEFIELD AND ASSOCIATES L  
PO BOX 59004  
Knoxville TN 37950

Trucode  
6600 Wall Street  
Mobile AL 36695

United Mechanical  
45 NE 38th Terrace  
Oklahoma City OK 73105

Wallace Kasl  
9509 Silver Lake Drive  
Oklahoma City OK 73162

Trudy Morgan  
PO Box 303  
Fort Cobb OK 73038

VALOR INDUSTRIES LLC  
8280 LOG CABIN ROAD NW  
Piedmont OK 73078

Waste Management  
24275 Katy Freeway, Suite 450  
Katy TX 77494-7257

Hospital for Special Surgery, LLC - - Pg. 23 of 23

WATTIE WOLFE CO  
7601 N BROADWAY EXTENSION  
Oklahoma City OK 73116

Works & Lentz  
1437 South Boulder, Suite 900  
Tulsa OK 74119

WAYSTAR INC  
1311 SOLUTIONS CENTER  
Chicago IL 60677-1311

Wright Medical  
PO Box 503482  
Saint Louis MO 63150

WESTERN OKLAHOMA PAIN SPECIALISTS, LLC  
301 SW 80TH STREET  
Oklahoma City OK 73139

Xenon Medical Inc.  
Dept Ch 16872  
Palatine IL 60055-6872

WHITNEY GORDON  
11935 NORTH MUSTANG ROAD  
Yukon OK 73099

ZACHARIAH SCOTT  
116 SW 173RD STREET  
Oklahoma City OK 73170

WHITWORTH LAWN & LANDSCAPE  
PO BOX 31  
Piedmont OK 73078

ZAVATION MEDICAL PRODUCTS  
PO BOX 321424  
Flowood MS 39232

William Cochran  
16517 Triple X Circle  
Choctaw OK 73020

Zenith Insurance Company  
4415 Collections Company  
Chicago IL 60693-0044

Wilson Elser Moskowitz Edelman & Dickerson  
150 East 42nd Street  
New York NY 10017

ZIMMER BIOMET  
PO BOX 708  
Warsaw IN 46581-0708

Winter Innovations  
PO Box 23120  
Minneapolis MN 55423-0120

WM CORPORATE SERVICES INC  
PO BOX 660345  
Dallas TX 75266-0345



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

In re Hospital for Special Surgery, LLC

Debtor(s)

Case No.

Chapter

11

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for Hospital for Special Surgery, LLC in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

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

☐ None [*Check if applicable*]

**October 7, 2024**

Date

**/s/ Mark A. Craige OBA No.**

**Mark A. Craige OBA No. 1992**

Signature of Attorney or Litigant

Counsel for **Hospital for Special Surgery, LLC**

**Crowe & Dunlevy**

**222 N. Detroit Avenue**

**Suite 600**

**Tulsa, OK 74120**

**918.592.9800 Fax: 918.592.9801**

**mark.craige@crowedunlevy.com**