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IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

In re:

SC HEALTHCARE HOLDING, LLC, et al.,

Debtors. 1

Chapter 11

Case No. 24-10443 (TMH)

(Jointly Administered)

SCHEDULES OF ASSETS AND LIABILITIES FOR HAVANA HCO, LLC (CASE NO. 24-10568)

The last four digits of SC Healthcare Holding, LLC's tax identification number are 2584. The mailing address for SC Healthcare Holding, LLC is c/o Petersen Health Care Management, LLC 830 West Trailcreek Dr., Peoria, IL 61614. Due to the large number of debtors in these Chapter 11 Cases, for which the Debtors have requested joint administration, a complete list of the Debtors and the last four digits of their federal tax identification numbers is not provided herein. A complete list of such information will be made available on a website of the Debtors' proposed claims and noticing agent at www.kccllc.net/Petersen.



IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

In re

SC HEALTHCARE HOLDING, LLC et al.,

Debtors.1

Chapter 11

Case No. 24-10443 (TMH)

Jointly Administered

GLOBAL NOTES AND STATEMENTS OF LIMITATIONS, METHODOLOGY, AND DISCLAIMERS REGARDING DEBTORS' SCHEDULES OF ASSETS AND LIABILITIES AND STATEMENTS OF FINANCIAL AFFAIRS

INTRODUCTION

The debtors and debtors in possession (collectively, the "<u>Debtors</u>" or the "<u>Company</u>") in the above-captioned chapter 11 cases (these "<u>Chapter 11 Cases</u>") submit their *Schedules of Assets and Liabilities* (the "<u>Schedules</u>") and *Statements of Financial Affairs* (the "<u>Statements</u>" and, together with the Schedules, the "<u>Schedules and Statements</u>") pursuant to section 521 of the Bankruptcy Code (as defined below), Rule 1007 of the Federal Rules of Bankruptcy Procedure, and Rule 1007-1 of the Local Rules of Bankruptcy Practice and Procedure of the United States Bankruptcy Court for the District of Delaware.

On March 20, 2024 (the "Petition Date"), the Debtors commenced these Chapter 11 Cases by filing voluntary petitions for relief under chapter 11 of title 11 of the United States Code, 11 U.S.C. §§ 101–1532 (the "Bankruptcy Code") with the United States Bankruptcy Court for the District of Delaware (the "Court"). These Chapter 11 Cases have been consolidated for procedural purposes only and are being administered jointly under case number 24-10443 (TMH). The Debtors, with the exception of certain inactive entities, are authorized to operate their business as debtors-in-possession pursuant to sections 1107(a) and 1108 of the Bankruptcy Code.²

The last four digits of SC Healthcare Holding, LLC's tax identification number are 2584. The mailing address for SC Healthcare Holding, LLC is c/o Petersen Health Care Management, LLC 830 West Trailcreek Dr., Peoria, IL 61614. Due to the large number of debtors in these Chapter 11 Cases, whose cases are being jointly administered, a complete list of the Debtors and the last four digits of their federal tax identification numbers is not provided herein. A complete list of such information is available on a website of the Debtors' claims and noticing agent at www.kccllc.net/Petersen.

Pursuant to that Order Approving Stipulation to Resolve (I) X-Caliber's (A) Motion to Dismiss, (B) 543 Motion, and (C) DIP Objection, and (II) the Debtors' MT4 Motion to Dismiss [Docket No. 340], certain of the Debtors' cases are suspended pursuant to 11 U.S.C. §305(b) and, thus, these Schedules and Statements do not reflect information from the suspended Debtors' books and records.

The Schedules and Statements have been prepared by the Debtors' management team, with the assistance of their professional advisors, with reliance upon the efforts, statements, and representations of the Debtors' personnel and the advice of the Debtors' professional advisors. The Schedules and Statements are unaudited and subject to potential adjustment. In preparing the Schedules and Statements, the Debtors relied on financial data derived from their books and records that was available at the time of preparation.

On or about October 20, 2023, Petersen became the victim of a ransomware attack by an entity named White Ninja. The attackers infiltrated many of the Petersen systems, thereby impacting the Debtors' access to historic and current billing records, other books and records, and emails (the "Data Breach"). The Debtors quickly contacted a consultant to assist in remedying the impact of the ransomware attack and provided notice of the attack to the Federal Bureau of Investigation. While the Debtors are back "online" with new servers, email addresses, and replacement software, a significant amount of the Debtors' books and records were lost in the attack, leading to incredible difficulty and delay in pursuit of the Debtors' accounts receivable. Additionally, as a result of the ransomware attack, retrieval of the Debtors' files and related information has proven onerous and, in some cases, impossible. Thus, throughout the Chapter 11 Cases, the Debtors have had and anticipate having difficulty providing comprehensive historical information. Such difficulty, thus, impacts the availability, accuracy, and completeness of the information in the Debtors' Schedules and Statements.

The Debtors' liquidity crisis was further hampered by a cyberattack that impacted a crucial service provider for certain of its payors' revenue processes. It was recently announced that on February 21, 2024, Change Healthcare, a division of UnitedHealth Group, began experiencing a cyber security issue which impacted its operations (the "Change Cyberattack"). Based on media reports regarding the Change Cyberattack, the Debtors understand that Change Healthcare processes 15 billion health care transactions annually and is involved in one in every three patient records nationwide. After the Change Cyberattack was reported in the media, the Debtors noticed reimbursements from certain payors slowing and subsequently heard affirmatively from payors that amounts owed to the Debtors were being suspended due to the Change Cyberattack. While the Debtors continue to assess the impact of the Change Cyberattack, the attack has affected the Debtors' timing and processing of reimbursements, which impacts the availability, accuracy, and completeness of the information in the Debtors' Schedules and Statements.

The Debtors have used commercially reasonable efforts to ensure the accuracy and completeness of such information and data; however, subsequent information, data, or discovery may result in material changes to the Schedules and Statements and inadvertent errors, omissions, or inaccuracies may exist.

The Debtors and their estates reserve all rights to amend or supplement the Schedules and Statements as may be necessary and appropriate, but expressly do not undertake any obligation to update, modify, revise, or re-categorize the information provided in the Schedules and Statements or to notify any third party should the information be updated, modified, revised, or re-categorized, except as required by applicable law or order of the Court. Nothing contained in the Schedules and Statements or these Global Notes and Statements of Limitations, Methodology, and Disclaimers Regarding Debtors' Schedules of Assets and Liabilities and Statements of Financial Affairs (these "Global Notes") shall constitute a waiver of any rights of the Debtors and their estates or an admission with respect to these Chapter 11 Cases, including, but not limited to, any issues involving objections to claims, setoff or recoupment, equitable subordination or

recharacterization of debt, defenses, characterization or re-characterization of contracts, leases, and claims, assumption or rejection of contracts and leases, and/or causes of action arising under the Bankruptcy Code or any other applicable laws.

The Debtors and their agents, attorneys, and financial advisors shall not be liable for any loss or injury arising out of, or caused in whole or in part by, the acts, errors, or omissions, whether negligent or otherwise, in procuring, compiling, collecting, interpreting, reporting, communicating, or delivering the information contained herein. In no event shall the Debtors or their agents, attorneys and financial advisors be liable to any third party for any direct, indirect, incidental, consequential, or special damages (including, but not limited to, damages arising from the disallowance of a potential claim against the Debtors or damages to business reputation, lost business or lost profits), whether foreseeable or not and however caused, even if the Debtors or their agents, attorneys, and financial advisors are advised of the possibility of such damages.

These Global Notes should be referred to and reviewed in connection with any review of the Schedules and Statements.

GLOBAL NOTES AND OVERVIEW OF METHODOLOGY

- 1. Reservation of Rights. The Debtors reserve the right to dispute or to assert setoff or other defenses to any claim reflected in the Schedules and Statements as to amount, liability, and classification. The Debtors also reserve all rights with respect to the values, amounts, and characterizations of the assets and liabilities listed in their Schedules and Statements.
- **Basis of Presentation.** The Schedules and Statements reflect the separate assets and liabilities of each individual Debtor. For financial reporting purposes, the Debtors historically prepared consolidated financial statements, which included financial information for and the Debtors' business enterprise, which were audited annually. The majority of the Debtors' operations occur through Petersen Healthcare Management, LLC and/or Petersen Health Care, Inc.

The Schedules and Statements do not purport to represent financial statements prepared in accordance with Generally Accepted Accounting Principles ("GAAP"), nor are they intended to reconcile to the financial statements previously distributed to lenders, major creditors, or other parties in interest on an intermittent basis.

The Schedules and Statements have been signed by David Campbell, the Debtors' Chief Restructuring Officer. In reviewing and signing the Schedules and Statements, Mr. Campbell necessarily relied upon the efforts, statements, and representations of the accounting and non-accounting personnel who report to, or work with, Mr. Campbell, either directly or indirectly. Mr. Campbell has not, and could not have, personally verified the accuracy of each such statement and representation, including statements and representations concerning amounts owed to creditors.

3. <u>Insiders.</u> In circumstances where the Schedules and Statements require information regarding "insiders," the Debtors have included information with respect to the individuals who the Debtors believe may be included in the definition of "insider" as such term is

defined in section 101(31) of the Bankruptcy Code. Except as otherwise disclosed herein or in the Statements, payments to "insiders" are set forth on Statement 4. Persons listed as "insiders" have been included for informational purposes only, and such listing is not intended to be, nor should be construed as, a legal characterization of such person as an insider, nor does it serve as an admission of any fact, claim, right, or defense, and all such claims, rights, and defenses with respect thereto are hereby expressly reserved. The Debtors do not take any position with respect to: (a) such person's influence over the control of the Debtors; (b) the management responsibilities or functions of such individual; (c) the decision-making or corporate authority of such individual; or (d) whether such individual could successfully argue that he or she is not an "insider" under applicable law, or with respect to any theories of liability or any other purposes.

- 4. Accounts Payable and Distribution System. The Debtors use a consolidated cash management system through which the Debtors pay substantially all liabilities and expenses (the "Cash Management System"). A more complete description of the Cash Management System is set forth in the Debtors' Motion for Entry of Interim and Final Orders (I) Authorizing the Debtors to (A) Continue to Use Their Bank Accounts, (B) Honor Prepetition Obligations Related Thereto, (C) Maintain the Refund Programs, (D) Perform Intercompany Transactions, (E) Maintain Existing Business Forms; and (II) Granting Related Relief [Docket No. 41] filed on the Petition Date. Additional information regarding the Debtors' Cash Management System may also be found in the Fourth Interim Order (I) Authorizing the Debtors to (A) Continue to Use Their Bank Accounts, (B) Honor Prepetition Obligations Related Thereto, (C) Maintain the Refund Programs, (D) Perform Intercompany Transactions, (E) Maintain Existing Business Forms; and (II) Granting Related Relief [Docket No. 343].
- Date of Valuations. Except as otherwise noted in the Schedules and Statements, all liabilities are valued as of the Petition Date. Where values as of the Petition Date are not available, or where making calculations as of the Petition Date would create undue burden on, or expense to, the estates, the Debtors used values as of the most recent month-end close available to them, which was February 29, 2024. The Schedules and Statements reflect the Debtors' best effort to allocate the assets, liabilities, receipts, and expenses to the appropriate Debtor entity "as of" such dates. All values are stated in United States currency. The Debtors made reasonable efforts to allocate liabilities between the pre- and postpetition periods based on the information and research that was conducted in connection with the preparation of the Schedules and Statements. As additional information becomes available and further research is conducted, the Debtors may modify the allocation of liabilities between the pre- and postpetition periods and amend the Schedules and Statements accordingly.
- 6. <u>Book Value</u>. Except as otherwise noted, each asset and liability of each Debtor is shown on the basis of net book value of the asset or liability in accordance with such Debtor's accounting books and records. Therefore, unless otherwise noted, the Schedules and Statements are not based upon any estimate of the current market values of the Debtors' assets and liabilities, which may not correspond to book values. It would be cost prohibitive and unduly burdensome to obtain current market valuations of all of the Debtors' interests. Except as otherwise noted, the Debtors' assets are presented, in detail,

as they appear on the Debtors' accounting sub-ledgers. As such, the detail may include error corrections and value adjustments (shown as negative values or multiple line items for an individual asset). The Debtors believe that certain of their assets, including (i) goodwill and (ii) intangibles, may have been significantly impaired by, among other things, the events leading to, and the commencement of, the Debtors' Chapter 11 Cases. The Debtors have not yet formally evaluated the appropriateness of the carrying values ascribed to their assets prior to the Petition Date.

- **Re-characterization.** Notwithstanding the Debtors' reasonable efforts to properly characterize, classify, categorize or designate certain claims, assets, executory contracts, unexpired leases and other items reported in the Schedules and Statements, the Debtors may, nevertheless, have improperly characterized, classified, categorized, designated or omitted certain items due to the complexity and size of the Debtors' business. Accordingly, the Debtors reserve all of their rights to re-characterize, reclassify, re-categorize, redesignate, add or delete items reported in the Schedules and Statements at a later time as is necessary or appropriate as additional information becomes available, including, without limitation, whether contracts or leases listed in the Schedules and Statements were deemed executory or unexpired as of the Petition Date and remain executory or unexpired postpetition.
- **8. Property and Equipment.** Nothing in the Schedules and Statements is, or shall be construed as, an admission as to the determination of the legal status of any lease (including, without limitation, whether any lease is a true lease or a financing arrangement, and whether such lease is unexpired), and the Debtors and their estates reserve all rights with respect to such issues.
- **Causes of Action.** The Debtors have made their best efforts to set forth known causes of action against third parties as assets in their Schedules and Statements. The Debtors reserve all of their rights with respect to causes of action they may have (including, but not limited to, causes of action arising under the Bankruptcy Code or any other applicable laws), whether disclosed or not disclosed, and neither these Global Notes nor the Schedules and Statements shall be deemed a waiver of any such causes of action, or in any way waive, prejudice, impair, or otherwise affect the assertion of such claims and causes of action.
- **Materialman's/Mechanic's Liens**. The assets listed in the Schedules and Statements are presented without consideration of any materialman's or mechanic's liens.
- 11. <u>Litigation</u>. Certain litigation actions (collectively, the "<u>Litigation Actions</u>") reflected as claims against a particular Debtor may relate to other Debtors. The Debtors have made reasonable efforts to accurately record the Litigation Actions in the Schedules and Statements of the Debtor(s) that is the party to the Litigation Action. The inclusion of any Litigation Action in the Schedules and Statements does not constitute an admission by the Debtors of liability, the validity of any Litigation Action, or the amount of any potential claim that may result from any claims with respect to any Litigation Action, or the amount and treatment of any potential claim resulting from any Litigation Action currently pending or that may arise in the future.

- 12. <u>Credits and Adjustments</u>. In the ordinary course of their business, the Debtors apply credits against amounts otherwise due to vendors. Certain of these credits are subject to change. Claims of vendors and creditors are listed in the amounts entered on the Debtors' books and records, and may not reflect certain credits, allowances, or other adjustments due from such vendors or creditors to the Debtors. The Debtors and their estates reserve all rights with regard to any such credits, allowances, and other adjustments, including, without limitation, the right to assert claims, objections, setoffs, and recoupments with respect to the same.
- 13. Executory Contracts and Unexpired Leases. The Debtors have not set forth executory contracts and unexpired leases as assets in the Schedules and Statements, even though these contracts and leases may have some value to the Debtors' estates. Rather, executory contracts and unexpired leases have been set forth solely on Schedule G. The Debtors' rejection of executory contracts and unexpired leases may result in the assertion of rejection damages claims against the Debtors and their estates; however, the Schedules and Statements do not reflect any claims for rejection damages. The Debtors and their estates reserve all rights with respect to the assertion of any such claims.
- 14. <u>Claims</u>. Certain of the Debtors' Schedules list creditors and set forth the Debtors' estimate of the claims of creditors as of the Petition Date. The claim amounts reflected on the Schedules may include the Debtors' estimates for vendor charges not yet invoiced. By estimating certain invoices, the Debtors are not representing that they have sought to identify and estimate all un-invoiced vendor charges. While the Debtors have made their best efforts to reflect the claims by vendor, excluding these various adjustments, the actual unpaid claims of creditors that may be allowed in these Chapter 11 Cases may differ from the amounts set forth in the Schedules and Statements.
 - The Debtors intentionally have not included "non-cash" accruals (*i.e.*, accruals to recognize expense or liability over multiple periods where no specific obligation to perform is established, such as accruals to equalize lease payments) in the Schedules and Statements.
- 15. <u>First Day Orders</u>. Pursuant to various "first day" orders and any supplements or amendments to such orders entered by the Court, the Debtors and their estates are authorized to pay certain prepetition claims, including, without limitation, certain claims relating to employee wages and benefits, claims for taxes and fees, and claims of specific vendors.
- 16. Classifications and Claims Descriptions. Any failure to designate a claim listed on a Debtor's Schedule as "disputed," "contingent," or "unliquidated" does not constitute an admission by the Debtors that the claim is not "disputed," "contingent," or "unliquidated." Likewise, listing a claim (a) on Schedule D as "secured," (b) on Schedule E/F as "unsecured priority," or "unsecured non-priority," or (c) listing a contract or lease on Schedule G as "executory" or "unexpired," does not constitute an admission by the Debtors and their estates of the legal rights of any claimant, or a waiver of the rights of the Debtors and their estates to amend these Schedules and Statements to recharacterize or reclassify any claim or contract. The Debtors and their estates reserve the right to (i) object to, or otherwise dispute or assert setoff rights, cross-claims, counterclaims or defenses to, any

- claim reflected on the Schedules on any grounds, including, without limitation, amount, liability, validity, priority, or classification, or (ii) otherwise designate subsequently any claim as "disputed," "contingent," or "unliquidated."
- Addresses of Employees, Residents, and Resident Contacts. Consistent with the Debtors' Motion for Entry of an Order (I) Authorizing the Debtors to File (A) a Consolidated Master List of Creditors and (B) a Consolidated List of the Debtors' 40 Largest General Unsecured Creditors, (II) Authorizing the Debtors to Redact Personally Identifiable Information for Certain Individual Creditors and Parties in Interest, (III) Authorizing Procedures to Maintain and Protect Confidential Resident Information, and (IV) Granting Related Relief [Docket No. 3], the Debtors have attempted to list each of their current employees', Residents', and Resident Contacts' names and addresses as "Available Upon Request," where reasonably possible, in order to protect their privacy. The Debtors have served and will continue to serve all necessary notices, including notice of the claims bar date, to the actual address of each of the Debtors' employees, residents, and resident contacts.
- **Estimates.** The Debtors were required to make certain estimates and assumptions that affect the reported amounts of assets and liabilities and reported revenue and expenses. The Debtors and their estates reserve all rights to amend the reported amounts of assets, liabilities, revenue, and expenses to reflect changes in those estimates and assumptions.

SPECIFIC ADDITIONAL DISCLOSURES WITH RESPECT TO SCHEDULES

Schedule A/B

<u>Item 3</u>: The balances scheduled on Schedule A/B 3 are as of March 27, 2024, as those are the balances available to the Debtors and match the reporting provided by the Debtors in these Chapter 11 Cases.

<u>Item 11</u>: Negative accounts receivable balances are related to overpayments made to the Debtors by Medicaid or Medicare and certain private payments collected from residents while their Medicaid status is approved.

Due to the Data Breach, parsing accounts receivable by age (90 days old or less and over 90 days old) is not possible. As a result, the Debtors have listed the aggregate accounts receivable on Schedule A/B 11a.

<u>Item 39 & 40</u>: The Debtors are unable to parse between office furniture, fixtures, and other equipment ("<u>FF&E</u>") because all FF&E is booked in the aggregate. As a result, the Debtors have scheduled all FF&E in the aggregate at Item 39.

<u>Item 62</u>: The Debtors are scheduling certain licenses required to operate their business. These licenses are not traded on an open market and as a result the Debtors have scheduled their value as "undetermined." Notwithstanding that fact, the licenses are extremely valuable to the Debtors as they would be unable to operate their business without them.

<u>Item 71</u>: The reference to "See SOFA 3" is intended to highlight that certain loans made to, and taken from, Mark Petersen are described in SOFA 3 and thus not scheduled at Item 71.

<u>Items 74 and 75</u>: In the ordinary course of business, the Debtors typically pursue their current and former residents' past due balances through legal action. Because of the Data Breach, among other reasons, the Debtors have yet to complete a review the full scope of pursuable claims.

Despite their commercially reasonable efforts to identify all known assets, the Debtors may not have listed all of their respective causes of action or potential causes of action against third parties as assets in Schedule A/B, Part 11, Items 74 and 75, including, but not limited to, causes of action arising under the Bankruptcy Code or any other applicable laws (including, but not limited to, potential preference actions and/or fraudulent transfer action). The Debtors and their estates reserve all rights with respect to any claims and causes of action that they may have, and neither these Global Notes nor the Schedules and Statements shall be deemed a waiver of any such claims and causes of actions, or in any way waive, prejudice, impair, or otherwise affect the assertion of such claims and causes of action.

Schedule D

Except as otherwise ordered by the Court or agreed pursuant to a stipulation, the Debtors reserve their rights to dispute or challenge the validity, perfection, or immunity from avoidance of any lien purported to be granted or perfected in any specific asset for the benefit of a secured creditor listed on a Debtor's Schedule D. Moreover, although the Debtors may have scheduled claims of various creditors as secured claims for informational purposes, the Debtors reserve all rights to dispute or challenge the secured nature of any such creditor's claim or the characterization of the structure of any such transaction or any document or instrument (including without limitation, any intercompany agreement) related to such creditor's claim.

Except as specifically stated herein, real property lessors, utility companies, and other parties which may hold security deposits have not been listed on Schedule D. The Debtors have not included parties that may believe their claims are secured through setoff rights or inchoate statutory lien rights.

For all claims secured by property, the Debtors have listed balances as February 23, 2024. Where the precise date a debt was incurred is unavailable, the Debtors have listed the effective date of the applicable loan documents (including amendments).

Schedule E/F

The Debtors reserve their right to dispute or challenge whether claims owing to various taxing authorities are entitled to priority and the listing of any claim on Schedule E/F, Part 1 does not constitute an admission that such claim is entitled to priority treatment pursuant to section 507 of the Bankruptcy Code.

In certain instances, a Debtor may be a guarantor with respect to scheduled claims of other Debtors. No claim set forth on the Schedule E/F of any Debtor is intended to acknowledge claims of creditors that may be otherwise satisfied or discharged.

The Debtors have continued to pay Employee Compensation and Benefits, as defined in, and in accordance with, the *Final Order (I) Authorizing the Debtors to (A) Pay Prepetition Wages, Salaries, Other Compensation, and Reimbursable Expenses and (B) Continue Employee Benefits Programs and (II) Granting Related Relief* [Docket No. 216]. As a result, Schedule E/F, Part 2 does not include any potential Employee Compensation and Benefits amounts accrued but unpaid as of the Petition Date.

The Debtors have listed their known creditors in Schedule E/F. To the extent attorneys have entered appearances on behalf of such creditors, those appearances are noted on the docket of the Debtors' Chapter 11 Cases and are not separately listed in Item 4.

Third parties should not anticipate that the relationship of aggregate asset values and aggregate liabilities set forth in the Schedules will reflect their ultimate recoveries in these Chapter 11 Cases. Actual assets and liabilities may deviate from the amounts shown in the Schedules due to various events that occur throughout the duration of these Chapter 11 Cases.

Schedule G

The Debtors' business is complex, and the Data Breach have made the compilation and review of the Debtors' contracts difficult and time-consuming. While every effort has been made to ensure the accuracy of Schedule G, inadvertent errors or omissions may have occurred. The Debtors continue to search their records for potential contracts that may not have been included in the Schedules. If any such contracts are discovered, the Debtors reserve their right to amend and/or supplement the Schedules as necessary. The contracts, agreements, and leases listed on Schedule G may have expired or may have been modified, amended, or supplemented from time to time by various amendments, restatements, waivers, estoppel certificates, letter and other documents, instruments and agreements that may not be listed therein. Relationships between the Debtors and their vendors are occasionally governed by a master services agreement, under which vendors also place work and purchase orders, which may be considered executory contracts. The Debtors believe that disclosure of all of these purchase and work orders would be impracticable and unduly burdensome. Likewise, in some cases, the same supplier or provider may appear multiple times in Schedule G.

Unless otherwise specified on Schedule G, each executory contract or unexpired lease listed thereon shall include all final exhibits, schedules, riders, modifications, declarations, amendments, supplements, attachments, restatements, or other agreements made directly or indirectly by any executed agreement, instrument, or other document that in any manner affects such executory contract or unexpired lease, without respect to whether such agreement, instrument, or other document is listed thereon.

The Debtors and their estates hereby reserve all of their rights, claims, and causes of action to (i) dispute the validity, status, or enforceability of any contracts, agreements, or leases set forth in Schedule G, (ii) dispute or challenge the characterization of the structure of any transaction, document, or instrument related to a creditor's claim, including, but not limited to, the agreements listed on Schedule G; and (iii) amend or supplement such Schedule as necessary.

Schedule H

Due to their voluminous nature, and to avoid unnecessary duplication, the Debtors have not included on Schedule H debts for which more than one Debtor may be liable if such debts were already reflected on Schedule G for the respective Debtors subject to such debt. There may be certain contracts in which multiple Debtors are parties, and while the Debtors have made every effort to list co-Debtors appropriately in such instances, inadvertent errors or omissions may have occurred. Because nearly all of the Debtors' administrative processes are handled at the Debtors' corporate headquarters, the Debtors have listed 830 West Trailcreek Dr., Peoria, IL 61614 for each Debtor on Schedule H.

SPECIFIC ADDITIONAL DISCLOSURES WITH RESPECT TO STATEMENTS

<u>Question 3</u>: At times, the Debtors reimbursed certain employees when such employees used personal credit cards to pay for goods and/or services that would normally have been paid directly by the Debtors but, due to liquidity constraints, were not.

Question 4: Mark Petersen, as the owner and Chief Executive Officer of the Debtors and their affiliates since 2002, has overseen the expansion of the Debtors' enterprise over the last twenty plus years. For a large portion of that time, and for at least the past ten years, Mr. Petersen has not taken a salary for his role as Chief Executive Officer. In lieu of a salary, Mr. Petersen occasionally paid certain of his personal expenses out of the Debtors' accounts. Such payments were, at all times, accurately recorded as dividends and have been listed in Question 4. In certain instances, Mr. Petersen acted as an intermediary between certain Debtors wherein he would receive a disbursement from one Debtor entity and then immediately deposited such disbursement with another Debtor entity or non-Debtor affiliate as a method of intercompany cash management. Those disbursements to Mr. Petersen are reflected in Question 4, but due in part to the Data Breach, the records of the corresponding deposits back into the enterprise are not readily available in the Debtors books at this time and, thus, are not represented in these Schedules and Statements. The Debtors are in the process of engaging a third-party accounting firm to review and locate the appropriate matching transactions. In certain instances, payments were made to Mr. Petersen to pay down credit cards that were used for business expenses in the ordinary course. Those payments have been marked with an asterisk in Question 4.

The Debtors routinely made intercompany disbursements from Debtor to Debtor and from Debtor to non-Debtor affiliate. Disbursements to other Debtors or to non-Debtor affiliates are reflected in Question 4 and marked with an asterisk ("*"), but because of the Data Breach, the records of any corresponding deposits from Debtor to Debtor or from non-Debtor affiliate to Debtor are not available to the Debtors at this time and not represented in these Schedules and Statements. As noted above, the Debtors are in the process of engaging a third-party accounting firm to review and generate the appropriate matching transactions.

Question 6: The Debtors are subject to certain Medicaid setoffs based on various regulatory fees and taxes. The Debtors have used their best efforts to reflect such setoffs where known; however, there are instances where certain setoffs equal or surpass the amount that the Debtors are owed from Medicaid.

<u>Question 7</u>: The Debtors are subject to certain ordinary course audits by certain regulatory authorities, including, but not limited to audits of certain payroll reports and Illinois Department of Public Health facility audits, as applicable. Such ordinary course audits have not been listed.

Question 10: For all losses on property, the Debtors have listed such losses at the Debtor entity that owns the property. In the ordinary course of business, insurance payments may be processed through a separate operating Debtor entity. In such cases, insurance payments have been listed at the operating Debtor entity.

Question 20: Other than the location listed for off-premise storage, Mark Petersen maintains a storage facility that does not hold any property of the Debtors to the best of their knowledge.

Question 21: The Debtors maintain and manage bank accounts which hold residents' funds (the "Resident Trust Accounts") at their facilities. The money held in the Resident Trust Accounts is not property of the Debtors or their estates and is held solely for the benefit of the residents' use. The Debtors never have the ability to take ownership over Resident Trust Account funds. In the event that a resident leaves a facility and their Resident Trust Account funds cannot be returned, those funds are turned over to the state in which that facility operates. More information related to the Resident Trust Accounts can be found in the Debtors' Motion for Entry of Interim and Final Orders (I) Authorizing the Debtors to (A) Continue to Use Their Bank Account, (B) Honor Prepetition Obligations Related Thereto, (C) Maintain the Refund Programs, (D) Perform Intercompany Transactions, (E) Maintain Exiting Business Forms; and (II) Granting Related Relief [Docket No. 41].

In the ordinary course of business, the Debtors may hold personal belongings of residents after they leave a facility for various reasons. Such property is held until the resident or their designated contact retrieves the subject property.

Petersen Health Care, Inc. is party to a lease agreement for copiers which are held at various Debtor locations.

<u>Question 26a</u>: Debtor Petersen Health Care Management, LLC maintains the books and records for all of the Debtors and has been listed to reflect that in the Schedules and Statements. Specific names have been provided in the Statements of Petersen Health Care Management, LLC.

Question 26d: The Debtors' financial statements are maintained and distributed from Petersen Health Care Management, Inc. From time to time, the Debtors provide financial statements in the ordinary course of business to certain parties for business, statutory, credit, financing, and other reasons. Recipients may include regulatory and tax agencies, financial institutions, investment banks, vendors, debtholders, and their legal and financial advisors. Additionally, the Debtors contacted various parties in connection with the Debtors' efforts to market and sell their assets. The Debtors shared certain financial information under confidentiality agreements to certain of those parties through Walker & Dunlop Investment Sales, LLC, the Debtors' retained Investment Sales Broker. The identity of such parties has not been individually disclosed herein based on confidentiality.

Question 31: Until 2021, certain Debtors were members of a consolidated group for tax purposes wherein such Debtors did not file tax returns and were accounted for within the personal tax returns

of Mark Petersen. As of 2021, those Debtors are no longer part of such consolidated group. The Debtors maintain that during the time in which such Debtors were members of a consolidated group for tax purposes, such Debtors were not required to file any tax return because they generated no income.

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Fill in this information to identify the case:		
Debtor Name: In re : Havana HCO, LLC		
United States Bankruptcy Court for the: District of Delaware	_	
Case number (if known): 24-10568 (TMH)		Check if this is an amended filing
Official Form 206Sum		
Summary of Assets and Liabilities for No	on-Individuals	12/15
Part 1: Summary of Assets		
Schedule A/B: Assets–Real and Personal Property (Official Form 206A/B)		
1a. Real property:		
Copy line 88 from Schedule A/B	\$	0.00
1b. Total personal property:		
Copy line 91A from Schedule A/B	\$	2,102,643.17
1c. Total of all property:		
Copy line 92 from Schedule A/B	\$	2,102,643.17
Part 2: Summary of Liabilities		
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form	1 206D)	
Copy the total dollar amount listed in Column A, Amount of claim, from line 3 c	of Schedule D	3,933,640.78
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims:		
Copy the total claims from Part 1 from line 5a of Schedule E/F	\$	28,067.88
3b. Total amount of claims of nonpriority amount of unsecured claims:		
Copy the total of the amount of claims from Part 2 from line 5b of Schedul	le E/F +\$	1,358,697.94
4. Total liabilities		

Lines 2 + 3a + 3b

5,320,406.60

in this information to identify the case:
: In re : Havana HCO, LLC
States Bankruptcy Court for the: District of Delaware
e number (if known): 24-10568 (TMH)

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. Doe	s the debtor have any cash or cash equ	ivalents?			
□ !	No. Go to Part 2.				
✓ 、	Yes. Fill in the information below.				
All	cash or cash equivalents owned or co	ontrolled by the debto	or	Current valu	ue of debtor's interest
2. Cas	h on hand				
	2.1 None			\$	
3. Che	cking, savings, money market, or financ	cial brokerage accounts	s (Identify all)		
Nam	e of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number		
	3.1 PNC Bank	Commercial	3637	\$	0.00
	3.2 PNC Bank	Government	2888	\$	0.00
	3.3 PNC Bank	Operating	2546	\$	0.00
4. Othe	er cash equivalents (Identify all)				
	4.1 Non-Critical Repair Reserve			\$	28,065.37
	4.2 Property Insurance Escrow			\$	14,665.29
	4.3 Real Estate Tax Escrow			\$	42,266.00
5. Tota l	of Part 1				
Add I	ines 2 through 4 (including amounts on	any additional sheets).	Copy the total to line 80.	\$	84,996.66

Case 24-10443-TMH Doc 439 Filed 05/31/24 Page 16 of 59 Havana HCO, LLC 24-10568 Case number (if known): Debtor: Name **Deposits and prepayments** 6. Does the debtor have any deposits or prepayments? ☐ No. Go to Part 3. Current value of debtor's interest 7. Deposits, including security deposits and utility deposits Description, including name of holder of deposit 7.1 None 8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

9. Total of Part 2.

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

Description, including name of holder of prepayment

8.1 Prepaid Insurance

\$ 91,960.36

91,960.36

Case 24-10443-TMH Doc 439 Filed 05/31/24 Page 17 of 59 Havana HCO, LLC Case number (if known): Debtor: Name Accounts receivable Part 3: 10. Does the debtor have any accounts receivable? $\ \square$ No. Go to Part 4. $\ensuremath{\,\,^{\square}}$ Yes. Fill in the information below. Current value of debtor's 11. Accounts receivable Description face amount doubtful or uncollectible accounts Accounts 11a. 90 days old or less: 1,905,380.95 - \$ 1,905,380.95 Receivables Note: See Global Notes Accounts 11b. Over 90 days old: Receivables - \$ Note: See Global Notes 12. Total of Part 3.

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

1,905,380.95

\$

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Debtor:	Havana HCO, LLC	Case number (if known):	24-10568
	Name		

Par	t 4: Investments				
13.	Does the debtor own any investments?				
	☑ No. Go to Part 5.				
	$\ \square$ Yes. Fill in the information below.				
			Valuation method used for current value	Current value of debtor's interest	
14.	Mutual funds or publicly traded stocks not included in Part 1				
	Name of fund or stock:				
				\$	
15.	Non-publicly traded stock and interests in incorporated and ur including any interest in an LLC, partnership, or joint venture	nincorporated businesses,			
	Name of entity:	% of ownership:			
				\$	_
16.	Government bonds, corporate bonds, and other negotiable an instruments not included in Part 1	d non-negotiable			
	Describe:				
			_	\$	_
17	Total of Part 4.		ſ		
	Add lines 14 through 16. Copy the total to line 83.			\$ 0.00	
					_

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Debtor: Havana HCO, LLC Case number (if known): 24-10568

art 5: Inventory, excluding agriculture asse	rt 5:	Inventory,	excluding	agriculture	assets
--	-------	------------	-----------	-------------	--------

18.	Does the debtor own any inventory (excluding	ng agriculture assets)	?		
	☑ No. Go to Part 6.				
	☐ Yes. Fill in the information below.				
	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
			\$		\$
20.	Work in progress				
			\$		\$
21	Finished goods, including goods held for re-	ala			
21.	rimshed goods, including goods held for res	sale	\$		\$
			\$		
22.	Other inventory or supplies				
	•		\$		\$
23.	Total of Part 5.				
	Add lines 19 through 22. Copy the total to line 8	34.			\$0.00
				L	
24.	Is any of the property listed in Part 5 perisha	ble?			
	□ No				
	☐ Yes				
25.	Has any of the property listed in Part 5 been	purchased within 20 o	days before the bankruptcy was	s filed?	
	□ No				
	☐ Yes. Description Book value	ıe\$	Valuation method	Current value	\$
	Book vale	· · · · ·			Ť
20	Has any of the managery listed in Best 5 have		and within the last versus		
26.	Has any of the property listed in Part 5 been □ No	appraised by a profes	ssional within the last year?		
	☐ Yes				

Case 24-10443-TMH Doc 439 Filed 05/31/24 Page 20 of 59

 Debtor:
 Havana HCO, LLC
 Case number (if known):
 24-10568

Part 6	Farming and fishing-related assets (other than titled motor vehicles and land)

	✓ No. Go to Part 7. ✓ Yes. Fill in the information below.	assets (other than titled motor	venicies and land)?	
	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28.	Crops—either planted or harvested	\$		\$
29.	Farm animals Examples: Livestock, poultry, farm-raised fish	\$. \$
30.	Farm machinery and equipment (Other than titled motor vehicles)	•		\$
31.	Farm and fishing supplies, chemicals, and feed	\$		\$
32.	Other farming and fishing-related property not already listed in	n Part 6		\$
33.	Total of Part 6. Add lines 28 through 32. Copy the total to line 85.			\$0.00
	Is the debtor a member of an agricultural cooperative? No Yes. Is any of the debtor's property stored at the cooperative? No Yes			
35.	Has any of the property listed in Part 6 been purchased within	20 days before the bankruptcy	was filed?	
	□ No □ Yes. Description Book value \$	Valuation method	Curi	rent value \$
	Is a depreciation schedule available for any of the property list ☐ No ☐ Yes	ted in Part 6?		
	Has any of the property listed in Part 6 been appraised by a pro □ No □ Yes	ofessional within the last year?		

Case 24-10443-TMH Doc 439 Filed 05/31/24 Page 21 of 59

Debtor:	Havana HCO, LLC	Case number (if known):	24-10568	
	Name			

Pai	Office furniture, fixtures, and equipment; a	nd collectible	es				
38.	Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?						
	□ No. Go to Part 8.						
	☑ Yes. Fill in the information below.						
	General description	Net book value interest (Where available		Valuation method used for current value	Current va interest	lue of debtor's	
39.	Office furniture						
	39.1 Total FFE from Balance Sheet	\$	20,305.20	Net Book Value	\$	20,305.20	
40.	Office fixtures						
	40.1 See Schedule A/B 39	\$		-	\$		
41.	Office equipment, including all computer equipment and communication systems equipment and software						
	41.1 See Schedule A/B 39	\$			\$		
42.	Collectibles <i>Examples:</i> Antiques and figurines; paintings,print books, pictures, or other art objects; china and crystal; stamp, card collections; other collections, memorabilia, or collectibles		ς				
	42.1 None	\$		-	\$		
43.	Total of Part 7.						
	Add lines 39 through 42. Copy the total to line 86.				\$	20,305.20	
44.	Is a depreciation schedule available for any of the property	y listed in Part 7	?				
	☑ No						
	□ Yes						
45.	Has any of the property listed in Part 7 been appraised by	a professional w	ithin the last	year?			

☑ No☐ Yes

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Havana HCO, LLC Case number (if known): Debtor: Name 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. Net book value of debtor's **General description** Valuation method used Current value of debtor's interest interest Include year, make, model, and identification numbers (i.e., for current value VIN, HIN, or N-number) (Where available) 47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles 48. Watercraft, trailers, motors, and related accessories Examples: 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)

51. Total of Part 8.

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

\$_____0.00

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

Case 24-10443-TMH Doc 439 Filed 05/31/24 Page 23 of 59 Havana HCO, LLC Case number (if known): Debtor: Name Part 9: **Real property** Does the debtor own or lease any real property? ☑ No. Go to Part 10. $\hfill \hfill \hfill$ 55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest **Description and location of property** Net book value of Nature and extent of Valuation method Include street address or other description such as debtor's interest Current value of Assessor Parcel Number (APN), and type of property (for debtor's interest in used for current debtor's interest property value example, acreage, factory, warehouse, apartment or office (Where available) building), if available. 55.1 56. Total of Part 9. Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88. 0.00 \$ 57. Is a depreciation schedule available for any of the property listed in Part 9? □ No □ Yes 58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

□ Yes

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Debtor: Havana HCO, LLC Case number (if known): 24-10568

Name

Part 10:	Intangibles	and	intellectual	property
----------	-------------	-----	--------------	----------

59.	 □ No. Go to Part 11. ☑ Yes. Fill in the information below. 	property :		
	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets			
	60.1 None	\$	-	\$
61.	Internet domain names and websites			
	61.1 None	\$		\$
62.	Licenses, franchises, and royalties			
	State of Illinois Department of Public Health License, 62.1 Permit, Certification, Registration	\$ Undetermined	_	\$Undetermined
63.	Customer lists, mailing lists, or other compilations			
	63.1 Customer / patient list	\$0.00	-	\$ Undetermined
64.	Other intangibles, or intellectual property			
	64.1 None	\$		\$
65	Goodwill			
00.	65.1 None	\$		\$
66.	Total of Part 10.		Γ	
	Add lines 60 through 65. Copy the total to line 89.			\$0.00
67	De vous liste as seconde include personally identifiable informati	ion of quotomore (so defined in	11 11 5 C 5 \$ 101/41 A) on	
07.	Do your lists or records include personally identifiable informat No	ion of customers (as defined in	11 0.3.C. 99 101(41A) all	u 107)?
	✓ Yes			
68.	Is there an amortization or other similar schedule available for a	any of the property listed in Par	rt 10?	
	☑ No			
	☐ Yes			
69.	Has any of the property listed in Part 10 been appraised by a pro	ofessional within the last year?	?	
	☑ No			
	☐ Yes			

Case 24-10443-TMH Doc 439 Filed 05/31/24 Page 25 of 59

Debtor: Havana HCO, LLC Case number (if known): 24-10568

Name			

Part 11: All other assets

	Include all interests in exe	ny other assets that ecutory contracts and	have not yet been reported I unexpired leases not previou	on this form? usly reported on this form.		
	□ No. Go to Part 12.☑ Yes. Fill in the inform	nation below				
	□ 169. FIII III IIIE IIIIOM	iauon beiow.				
					Current value of interest	debtor's
7.1	Notes assistable					
71.	Notes receivable	of obligar)	Total face amount	doubtful or uncollectible a	aggunta	
	Description (include name	or obligor)		- \$		
	71.1 None		\$	Φ	= → \$	
72.	Tax refunds and unuse	d net operating los	ses (NOLs)			
	Description (for example,	federal, state, local)				
	72.1 None		_	Tax year	\$	
73.	Interests in insurance	policies or annuities	3			
	73.1 None				\$	
74.	Causes of action again has been filed)	st third parties (who	ether or not a lawsuit			
	74.1 See Global	Notes			\$	
	Nature of c	laim				
	Amount red	nuactad				
	Amountre	questeu	Ψ			
75.	Other contingent and u every nature, including set off claims	ınliquidated claims ı counterclaims of t	or causes of action of he debtor and rights to			
	75.1 None				\$	
	Nature of c					
	Amount red	guested				
		•				
76	Trusts, equitable or fut	ure interests in pro	perty			
<i>i</i> 0.	76.1 None	are intereste in pre	Johny		\$	
	70.1				Ψ	
7.	Other property of any ki country club membership	ind not already liste	d Examples: Season tickets,			
	77.1 None				\$	
78.	Total of Part 11.					
	Add lines 71 through 77.	. Copy the total to line	e 90.		\$	0.00
	Has any of the property ☑ No	listed in Part 11 be	en appraised by a profession	nai within the last year?		
	⊻ No □ Yes					
	1 155					

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Debtor: Havana HCO, LLC

Name

Case number (if known):

24-10568

Part 12: Summary

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

	Type of property	 nt value of nal property		Current value of real property	
80.	Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	\$ 84,996.66	_		
81.	Deposits and prepayments. Copy line 9, Part 2.	\$ 91,960.36			
82.	Accounts receivable. Copy line 12, Part 3.	\$ 1,905,380.95			
83.	Investments. Copy line 17, Part 4.	\$ 0.00	-		
84.	Inventory. Copy line 23, Part 5.	\$ 0.00	-		
85.	Farming and fishing-related assets. Copy line 33, Part 6.	\$ 0.00	-		
86.	Office furniture, fixtures, and equipment; and collectibles.	\$ 20,305.20	_		
	Copy line 43, Part 7.				
87.	Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$ 0.00	-		
88.	Real property. Copy line 56, Part 9	 		\$0.00	
89.	Intangibles and intellectual property. Copy line 66, Part 10.	\$ 0.00	-		
90.	All other assets. Copy line 78, Part 11.	\$ 0.00			
91.	Total. Add lines 80 through 90 for each column91a.	\$ 2,102,643.17	+ 91b.	\$ 0.00	
92.	Total of all property on Schedule A/B. Lines 91a + 91b = 92	 			\$

States Bankruptcy Court for the: District of Delaware umber (if known): 24-10568 (TMH)			Check if this is an amended filing
cial Form 206D edule D: Creditors Who H	ave Claims Secured by P	roperty	12/15
complete and accurate as possible.			
any creditors have claims secured by debtor's properties. Check this box and submit page 1 of this form to yes. Fill in all of the information below.		s nothing else to report on th	nis form.
List Creditors Who Have Secured Claims			
n alphabetical order all creditors who have secur ed 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 t supports this claim
2.1 Creditor's name	Describe debtor's property that is subject to a		Ф. Профессоr
Ecapital Creditor's Name Creditor's mailing address	NonRE Property and all Accounts	\$ 3,933,640.78	\$Undetermin
Notice Name	NonReal Estate and Financial		
20807 Biscayne Blvd Street	-		
Suite 203	Is the creditor an insider or related party?		
Aventura FL 33180	☑ No		
City State ZIP Code	☐ Yes		
Country	Is anyone else liable on this claim?		
Creditor's email address, if known	□ No		
	☑ Yes. Fill out Schedule H: Codebtors(Official F	Form 206H).	
Date debt was incurred			
Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply.		
	☐ Contingent		
Do multiple creditors have an interest in the same property?	□ Unliquidated		
[7]	☐ Disputed		
✓ No☐ Yes. Have you already specified the			
relative priority?			
 No. Specify each creditor, including this creditor, and its relative priority. 			
Yes. The relative priority of creditors is specified on lines			
opeomed on mice			

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.

Name and address			On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
Name			Line	
- Traine				
Notice Name				
Street				
City	State	ZIP Code		
Country				

Fill in this information to identify the case:
Debtor Name: In re : Havana HCO, LLC
United States Bankruptcy Court for the: District of Delaware
Case number (if known): 24-10568 (TMH)

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 Unsecure	d 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 amo	ount
1 Priority creditor's name and mailing address IDPH/CMS		d mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	2,200.00	\$	2,200.00
Creditor Name			Contingent				
			☐ Unliquidated				
Creditor's Notice r	name		 □ Disputed				
535 West Jeffe	rson Street						
Address			Basis for the claim:				
			Taxes	_			
Springfield	IL .	62761	_				
City	State	ZIP Code	-				
Country			_				
Date or dates	s debt was inc	urred					
Various			_				
Last 4 digits number	of account			Is the cla ☑ No	im subject	to offset?	
Specify Code	e subsection o	of PRIORITY unsecur	ed	□ Yes			
claim: 11 U.S	C. § 507(a) (8)						

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: Havana HCO, LLC	Cas	e number (if known)): 24-10568	
Name				
Priority creditor's name and mailing address	As of the petition filing date, the claim is: \$	5 25	5,000.00 \$	25,000
IDPH/CMS	Check all that apply.			
Creditor Name	☐ Contingent			
	☐ Unliquidated			
Creditor's Notice name				
505 West Is #sees Obsert	_ Disputed			
535 West Jefferson Street Address	Basis for the claim:			
nuuless				
	Taxes			
0	_			
Springfield IL 62761 City State ZIP Code	_			
City State Zir Code				
Country	_			
Date or dates debt was incurred				
Various				
Various Last 4 digits of account	_	Is the claim	subject to offset	?
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured in the control of		✓ No □ Yes	subject to offset	?
Last 4 digits of account number Specify Code subsection of PRIORITY unsecu	red As of the petition filing date, the claim is: \$ Check all that apply.	✓ No □ Yes	subject to offset	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecure claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address	As of the petition filing date, the claim is: \$ Check all that apply.	✓ No □ Yes		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecur claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address Internal Revenue Service	As of the petition filing date, the claim is: \$ Check all that apply. Contingent	✓ No □ Yes		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecur claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address Internal Revenue Service	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated	✓ No □ Yes		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecur claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address Internal Revenue Service Creditor Name Creditor's Notice name	As of the petition filing date, the claim is: \$ Check all that apply. Contingent	✓ No □ Yes		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecur claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address Internal Revenue Service Creditor Name	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated	✓ No □ Yes		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecur claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address Internal Revenue Service Creditor Name Creditor's Notice name	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	✓ No □ Yes		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecur claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address Internal Revenue Service Creditor Name Creditor's Notice name	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed	✓ No □ Yes		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecur claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address Internal Revenue Service Creditor Name Creditor's Notice name 569 West Monroe Street, Suite 1100 Address	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	✓ No □ Yes		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecur claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address Internal Revenue Service Creditor Name Creditor's Notice name 569 West Monroe Street, Suite 1100 Address Chicago IL 60675	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	✓ No □ Yes		? 867.
Last 4 digits of account number Specify Code subsection of PRIORITY unsecur claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address Internal Revenue Service Creditor Name Creditor's Notice name 569 West Monroe Street, Suite 1100 Address Chicago IL 60675	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	✓ No □ Yes		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecur claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address Internal Revenue Service Creditor Name Creditor's Notice name 569 West Monroe Street, Suite 1100 Address Chicago IL 60675	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	✓ No □ Yes		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecur claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address Internal Revenue Service Creditor Name Creditor's Notice name 569 West Monroe Street, Suite 1100 Address Chicago IL 60675 ZIP Code	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	✓ No □ Yes		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecur claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address Internal Revenue Service Creditor Name Creditor's Notice name Creditor's Notice name Chicago IL State 60675 ZIP Code	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	✓ No □ Yes		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecur claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address Internal Revenue Service Creditor Name Creditor's Notice name 569 West Monroe Street, Suite 1100 Address Chicago IL 60675 City State 60675 Country Date or dates debt was incurred	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	✓ No ☐ Yes		867

Part 2:

List All Creditors with NONPRIORITY Unsecured Claims

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

				Amount of claim		
Nonpriority of Accurate Biom		nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	31.50	
Creditor Name			☐ Contingent			
			· ·			
Creditor's Notice	name		Unliquidated			
			☐ Disputed			
500 Park Boule	evard		Basis for the claim:			
Address			Trade Payable	_		
Suite 1260						
Itasca	IL	60143				
City	State	ZIP Code				
Country						
Date or date	s debt was incurr	ed	Is the claim subject to offset?			
Various			☑ No			
Last 4 digits	of account		□ Yes			
Nonpriority of Biotech X- Ray		nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	239.4	
Creditor Name	,o		☐ Contingent			
			· ·			
Creditor's Notice	name		Unliquidated			
			☐ Disputed			
1065 Executive	e Parkway Drive		Basis for the claim:			
			Trade Payable	_		
Suite 220						
St Louis	MO	631416367				
City	State	ZIP Code				
Country						
Date or date	s debt was incurr	ed	Is the claim subject to offset?			
Various			☑ No			
Last 4 digits	of account		☐ Yes			
number						

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Name Nonpriority creditor's name and mailing address			As of the petition filing date, the claim is:	\$	369.7
Cass Communications Management Inc			Check all that apply.	Ψ	303.7
Creditor Name Creditor's Notice name			□ Contingent		
			☐ Unliquidated		
			□ Disputed		
			Basis for the claim:		
PO Box 200 Address					
			Trade Payable	_	
Virginia	IL	62691-0200			
City	State	ZIP Code			
Country			<u></u>		
Date or date	s debt was incurr	ed	Is the claim subject to offset?		
Date or dates debt was incurred Various					
Various			☑ No		
Various Last 4 digits number	of account		⊠ No □ Yes		
Last 4 digits number Nonpriority City of Havana	creditor's name a	nd mailing address		\$	2,933.
Last 4 digits number Nonpriority	creditor's name a	nd mailing address	☐ Yes As of the petition filing date, the claim is:	\$	2,933.
Last 4 digits number Nonpriority City of Havana	creditor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	2,933.
Last 4 digits number Nonpriority City of Havana	creditor's name a	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent	\$	2,933.
Last 4 digits number Nonpriority City of Havana Creditor Name	creditor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated	\$	2,933.
Last 4 digits number Nonpriority City of Havana Creditor Name Creditor's Notice	creditor's name a	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed	\$	2,933.
Last 4 digits number Nonpriority City of Havana Creditor Name Creditor's Notice 227 West Main	creditor's name a	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	2,933.
Last 4 digits number Nonpriority City of Havana Creditor Name Creditor's Notice 227 West Main	name	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	2,933.
Last 4 digits number Nonpriority City of Havana Creditor Name Creditor's Notice 227 West Mair Address	creditor's name a		□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	2,933.
Last 4 digits number Nonpriority City of Havana Creditor Name Creditor's Notice 227 West Main Address Havana	name n Street	62644	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	2,933.
Last 4 digits number Nonpriority City of Havana Creditor Name Creditor's Notice 227 West Mair Address Havana City Country	name n Street	62644 ZIP Code	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	2,933.
Last 4 digits number Nonpriority City of Havana Creditor Name Creditor's Notice 227 West Mair Address Havana City Country	name Street IL State	62644 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	2,933.

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Name Nonpriority creditor's name and mailing address			As of the petition filing date, the claim is:	\$	5.3
Clinical Radiologists			Check all that apply.		
Creditor Name Creditor's Notice name			☐ Contingent		
			Unliquidated Disputed		
520 East 22nd Street			Basis for the claim:		
Address			Trade Payable	_	
Lombard	IL	60148			
City	State	ZIP Code			
Country					
Date or dates debt was incurred			Is the claim subject to offset?		
Various			—		
Various Last 4 digits on number	of account		☑ No ☐ Yes		
Last 4 digits on number Nonpriority cr Constellation Ne	reditor's name a	nd mailing address		\$	37,730.
Last 4 digits on number Nonpriority cr	reditor's name a	nd mailing address	☐ Yes As of the petition filing date, the claim is:	\$	37,730.
Last 4 digits of number Nonpriority or Constellation Net Creditor Name	r editor's name a ew Energy	nd mailing address	☐ Yes As of the petition filing date, the claim is: Check all that apply.	\$	37,730.
Last 4 digits on number Nonpriority cr Constellation Ne	r editor's name a ew Energy	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent	\$	37,730.
Last 4 digits of number Nonpriority or Constellation Net Creditor Name Creditor's Notice nate Gas Division LLC	reditor's name a ew Energy	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated	\$	37,730.
Last 4 digits of number Nonpriority or Constellation Net Creditor Name Creditor's Notice na	reditor's name a ew Energy	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed	\$	37,730.
Last 4 digits of number Nonpriority or Constellation Net Creditor Name Creditor's Notice nate Gas Division LLC	reditor's name a ew Energy	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	37,730.
Last 4 digits on number Nonpriority or Constellation Net Creditor Name Creditor's Notice nate Gas Division LLO Address	reditor's name a ew Energy	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	37,730.
Last 4 digits of number Nonpriority or Constellation Net Creditor Name Creditor's Notice nate Gas Division LLO Address PO Box 5473	reditor's name a		□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	37,730.
Last 4 digits of number Nonpriority or Constellation Net Creditor Name Creditor's Notice nated Gas Division LLO Address PO Box 5473 Carol Stream	reditor's name a ew Energy name C	60197-5473	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	37,730.
Last 4 digits of number Nonpriority or Constellation Net Creditor Name Creditor's Notice nated Gas Division LLO Address PO Box 5473 Carol Stream City Country	reditor's name a ew Energy name C	60197-5473 ZIP Code	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	37,730.

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Name				Case number (if known): 24-10568		
7 Nonpriority creditor's name and mailing address			As of the petition filing date, the claim is:	\$	29.0	
County Truck Test Station Creditor Name Creditor's Notice name			Check all that apply.			
			☐ Contingent			
			Unliquidated Disputed			
15398 North IL Highway 100			Basis for the claim:			
Address			Trade Payable	_		
Lewistown	<u>IL</u>	61542				
City	State	ZIP Code				
Country						
Date or dates	debt was incurr	ed	Is the claim subject to offset?			
Various						
number Nonpriority creditor's name and mailing address						
Nonpriority c	reditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	1,993.9	
	reditor's name a	nd mailing address	Check all that apply.	\$	1,993.	
Nonpriority c Datamax Creditor Name		nd mailing address	Check all that apply. □ Contingent	\$	1,993.	
Nonpriority c	e	nd mailing address	Check all that apply. Contingent Unliquidated	\$	1,993.9	
Nonpriority c Datamax Creditor Name dba Sumner On Creditor's Notice na	e	nd mailing address	Check all that apply. Contingent Unliquidated Disputed	\$	1,993.6	
Nonpriority control Datamax Creditor Name	e	nd mailing address	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	1,993.	
Nonpriority control Datamax Creditor Name dba Sumner On Creditor's Notice name PO Box 5180	e	nd mailing address	Check all that apply. Contingent Unliquidated Disputed	\$	1,993.	
Nonpriority control Datamax Creditor Name dba Sumner On Creditor's Notice name PO Box 5180	e	nd mailing address	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	1,993.	
Nonpriority c Datamax Creditor Name dba Sumner On Creditor's Notice na PO Box 5180 Address	e ame		Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	1,993.	
Nonpriority c Datamax Creditor Name dba Sumner On Creditor's Notice na PO Box 5180 Address St Louis	e ame	63139-0180	Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	1,993.	
Nonpriority c Datamax Creditor Name dba Sumner On Creditor's Notice na PO Box 5180 Address St Louis City Country	e ame	63139-0180 ZIP Code	Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Is the claim subject to offset?	\$	1,993.	
Nonpriority c Datamax Creditor Name dba Sumner On Creditor's Notice na PO Box 5180 Address St Louis City Country	e mme MO State	63139-0180 ZIP Code	Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	1,993.9	

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Name			As of the petition filing date, the claim is:	¢	443.0
Nonpriority creditor's name and mailing address Direct Supply Inc			Check all that apply.	Φ	443.0
Creditor Name Creditor's Notice name			☐ Contingent		
			Unliquidated Disputed		
Pay 99201			Basis for the claim:		
Box 88201 Address			Trade Payable		
				_	
Milwaukee	WI	53288			
City	State	ZIP Code			
Country					
Date or dates	debt was incurr	red	Is the claim subject to offset?		
Various			✓ No		
Last 4 digits of account			☐ Yes		
number					
	editor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	11,050.0
Nonpriority cr		nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	11,050.0
Nonpriority cr		nd mailing address		\$	11,050.0
Nonpriority cr Dr. Jimmie Smitl Creditor Name	h	nd mailing address	Check all that apply.	\$	11,050.0
Nonpriority cr	h	nd mailing address	Check all that apply. □ Contingent	\$	11,050.0
Nonpriority cr Dr. Jimmie Smitl Creditor Name	h	nd mailing address	Check all that apply. □ Contingent □ Unliquidated	\$	11,050.0
Nonpriority or Dr. Jimmie Smitl Creditor Name	h	nd mailing address	Check all that apply. Contingent Unliquidated Disputed	\$	11,050.C
Nonpriority or Dr. Jimmie Smitl Creditor Name Creditor's Notice na Address on File	h	nd mailing address	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	11,050.0
Nonpriority or Dr. Jimmie Smitl Creditor Name Creditor's Notice na Address on File	h	nd mailing address	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	11,050.0
Nonpriority or Dr. Jimmie Smitl Creditor Name Creditor's Notice na Address on File	h	nd mailing address	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	11,050.0
Nonpriority or Dr. Jimmie Smitl Creditor Name Creditor's Notice na Address on File	h	nd mailing address	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	11,050.0
Nonpriority cr Dr. Jimmie Smitl Creditor Name Creditor's Notice na Address on File Address	h ime		Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	11,050.0
Nonpriority cr Dr. Jimmie Smitl Creditor Name Creditor's Notice na Address on File Address	h ime		Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	11,050.0
Nonpriority cr Dr. Jimmie Smitl Creditor Name Creditor's Notice na Address on File Address City Country	h ime	ZIP Code	Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Is the claim subject to offset?	\$	11,050.0
Nonpriority cr Dr. Jimmie Smitl Creditor Name Creditor's Notice na Address on File Address City Country	State debt was incurr	ZIP Code	Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	11,050.0

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tor: Havana HCO, LLC		Case number (if known): 24-10568		
Name				
1 Nonpriority creditor's nam	e and mailing address	As of the petition filing date, the claim is:	\$	325.12
Flynn Sales & Service Inc Creditor Name		Check all that apply.		
Creditor Name		☐ Contingent		
		☐ Unliquidated		
Creditor's Notice name		□ Disputed		
1286 Franks Road		Basis for the claim:		
Address		 Trade Payable		
			_	
- Hackgonville II	62650			
Jacksonville IL City State	62650 ZIP Code			
Country				
Date or dates debt was inc	eurred	Is the claim subject to offset?		
Various		✓ No		
Last 4 digits of account		□ Yes		
number				
2 Nonpriority creditor's nam	e and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	640.00
Illinois State Police Creditor Name				
		☐ Contingent		
Creditor's Notice name		Unliquidated		
Creditor's Notice Harrie		☐ Disputed		
Bureau of Investigation		Basis for the claim:		
Address		Trade Payable		
206 North Chicago Street			_	
Joliet IL	604324072			
City State	ZIP Code			
Country				
Date or dates debt was inc	urred	Is the claim subject to offset?		
Various		☑ No		
Last 4 digits of account		□ Yes		
number				

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Nonpriority creditor's name and mailing address Law Office of Jeffrey Krumpe Creditor Notice name Creditor Notice name Creditor No	Name					
Contingent	Nonpriority creditor's name and mailing address Law Office of Jeffrey Krumpe				\$	Undetermine
Creditor's Notice name 110 SW Jeffereson Address Suite 410 Peoria IL 61602 City State 2IP Code Country Date or dates debt was incurred Last 4 digits of account number Nonpriority creditor's name and mailing address Law Office of Steven J. Malman Creditor Notice name W Randolph St Address Suite 1700 Clicago IL 60606 City State 2IP Code Country Date or dates debt was incurred Is the claim subject to offset? Check all that apply. Contingent U Unitquidated Disputed Basis for the claim: Litigation IL 60606 City State 2IP Code Date or dates debt was incurred Is the claim subject to offset? It litigation Is the claim subject to offset? It litigation Is the claim subject to offset? It litigation						
Disputed Sais for the claim: Litigation Litigati				•		
Basis for the claim: Litigation Litigation	Creditor's Notice name			<u> </u>		
Suite 410 Suit	110 SW Jeffer	eson		·		
Suite 410		63011				
Country Date or dates debt was incurred 2/6/2024 Last 4 digits of account number Nonpriority creditor's name and mailing address Law Office of Steven J. Malman Creditor's Notice name W Randolph St Address Suite 1700 Chicago IL Go6066 City State ZIP Code Is the claim subject to offset? No Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Litigation Litigation Litigation State State Is the claim subject to offset? No	Suite 410				_	
Country Date or dates debt was incurred 2/6/2024 Last 4 digits of account number Nonpriority creditor's name and mailing address Law Office of Steven J. Malman Creditor's Notice name W Randolph St Address Suite 1700 Chicago IL 60606 City State ZIP Code Disputed Basis for the claim: Littigation Littigation Littigation State Country Date or dates debt was incurred 6/17/2022 Is the claim subject to offset? No No No No State	Peoria	IL	61602			
Date or dates debt was incurred 2/6/2024 Last 4 digits of account number Nonpriority creditor's name and mailing address Law Office of Steven J. Malman Creditor Name W Randolph St Address Suite 1700 Chicago IlL 60606 City State ZIP Code List the claim subject to offset? Solution Subject to offset? Is the claim subject to offset? No						
2/6/2024	Country					
Last 4 digits of account number Nonpriority creditor's name and mailing address Law Office of Steven J. Malman Creditor Name Creditor's Notice name W Randolph St Address Suite 1700 Chicago IL 60606 City State ZIP Code List the claim subject to offset? Is the claim subject to offset? No Yes As of the petition filling date, the claim is: Check all that apply. Contingent U Unliquidated Disputed Basis for the claim: Litigation Litigation Litigation Suite 1700 Country Date or dates debt was incurred 6/17/2022	Date or date	s debt was incurr	red	·		
Nonpriority creditor's name and mailing address Law Office of Steven J. Malman Creditor Name Creditor's Notice name W Randolph St Address Suite 1700 Chicago LL Country Date or dates debt was incurred 6/17/2022 As of the petition filing date, the claim is: \$ 650,000.00 Check all that apply. Disputed Basis for the claim: Litigation Suite 1700 IL Suite 1700 Suite 170						
Nonpriority creditor's name and mailing address Law Office of Steven J. Malman Creditor Name Creditor Notice name W Randolph St Address Suite 1700 Chicago IL State ZIP Code Country Date or dates debt was incurred 6/17/2022 As of the petition filing date, the claim is: \$ 650,000.00 Check all that apply. Contingent U Unliquidated Disputed Basis for the claim: Litigation State Itigation Is the claim subject to offset? No	Lasi 4 didiis					
Check all that apply. Creditor Name Creditor's Notice name Creditor's Notice name W Randolph St Address Suite 1700 Chicago IL 60606 City State Country Date or dates debt was incurred 6/17/2022 Check all that apply. Check all that apply. Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Litigation Litigation Is the claim subject to offset?	_	or account				
Creditor's Notice name W Randolph St Address Suite 1700 Chicago City Country Date or dates debt was incurred 6/17/2022 Unliquidated Unliquida	_	or account		_ 163		
Creditor's Notice name W Randolph St Address Suite 1700 Chicago City Country Date or dates debt was incurred 6/17/2022 Unliquidated Disputed Basis for the claim: Litigation Litigation Is the claim subject to offset? No	number Nonpriority	creditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	650,000.
Creditor's Notice name ☑ Disputed W Randolph St Basis for the claim: Address Litigation Chicago City IL State Country Date or dates debt was incurred 6/17/2022 ☑ No Disputed Basis for the claim: Litigation No No No No No No No No No	number Nonpriority (creditor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	650,000.0
W Randolph St Address Suite 1700 Chicago IL 60606 City State ZIP Code Country Date or dates debt was incurred 6/17/2022 Basis for the claim: Litigation Litigation Litigation Litigation Litigation Litigation Litigation No	number Nonpriority (creditor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent	\$	650,000.
Address Suite 1700 Chicago City State Country Date or dates debt was incurred 6/17/2022 Litigation Litigation Litigation Litigation Size Size Size Size Size Size Size Size	number Nonpriority of Law Office of S Creditor Name	creditor's name a Steven J. Malman	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated	\$	650,000.0
Chicago IL 60606 City State ZIP Code Country Date or dates debt was incurred 6/17/2022 Is the claim subject to offset? No	number Nonpriority of Law Office of S Creditor Name Creditor's Notice of S C C C C C C C C C C C C C C C C C C	creditor's name a Steven J. Malman	nd mailing address	As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed	\$	650,000.0
City State ZIP Code Country Date or dates debt was incurred 6/17/2022 Is the claim subject to offset? No	number Nonpriority of Law Office of S Creditor Name Creditor's Notice of W Randolph S	creditor's name a Steven J. Malman	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	650,000.0
City State ZIP Code Country Date or dates debt was incurred 6/17/2022 Is the claim subject to offset? No	number Nonpriority of Law Office of S Creditor Name Creditor's Notice of W Randolph S Address	creditor's name a Steven J. Malman	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	650,000.i
Date or dates debt was incurred 6/17/2022 Is the claim subject to offset? ✓ No	Nonpriority (Law Office of S Creditor Name Creditor's Notice of S Address Suite 1700	creditor's name a Steven J. Malman name		As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	650,000.
6/17/2022 ☑ No	Nonpriority of Law Office of S Creditor Name Creditor's Notice of W Randolph S Address Suite 1700 Chicago	creditor's name a Steven J. Malman name	60606	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	650,000.i
0/11/2022	Nonpriority of Law Office of Streditor Name Creditor's Notice of Streditor's Notice of	creditor's name a Steven J. Malman name	60606	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Litigation	\$	650,000.
	number Nonpriority of Law Office of S Creditor Name Creditor's Notice of S Address Suite 1700 Chicago City Country	creditor's name a Steven J. Malman name it IL State	60606 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Litigation Is the claim subject to offset?	\$	650,000.

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Name Nonpriority creditor's name and mailing address Martin Bros			As of the petition filing date, the claim is: \$	221,768.9
Martin Bros Creditor Name			Check all that apply.	
Sister Halle			☐ Contingent	
Creditor's Notice name			Unliquidated	
Creditor 5 Notice Hallie			☐ Disputed	
406 Viking Road	J		Basis for the claim:	
Address			Trade Payable	
Cedar Falls	IA	50613		
City	State	ZIP Code		
Country		_	le the plain outliest to effect?	
	debt was incurr	red	Is the claim subject to offset? ☑ No	
Various Last 4 digits of	-f		□ Yes	
number				
-		and mailing address	As of the petition filing date, the claim is: \$	8,239.
Mason District F		and mailing address	Check all that apply.	8,239.
Mason District F		nd mailing address	Check all that apply. ☐ Contingent	8,239.
Mason District F	lospital	and mailing address	Check all that apply. ☐ Contingent ☐ Unliquidated	8,239.
Mason District F Creditor Name Creditor's Notice na	lospital	and mailing address	Check all that apply. Contingent Unliquidated Disputed	8,239.
Mason District H Creditor Name	lospital	and mailing address	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	8,239.
Mason District F Creditor Name Creditor's Notice na PO Box 530	lospital	and mailing address	Check all that apply. Contingent Unliquidated Disputed	8,239.
Mason District F Creditor Name Creditor's Notice na PO Box 530	lospital	and mailing address	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	8,239.
Mason District F Creditor Name Creditor's Notice na PO Box 530 Address	lospital		Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	8,239.
Mason District F Creditor Name Creditor's Notice na PO Box 530 Address Havana	ime	62644530	Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	8,239.
Mason District F Creditor Name Creditor's Notice na PO Box 530 Address Havana City Country	ime	62644530 ZIP Code	Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Is the claim subject to offset?	8,239.
Mason District F Creditor Name Creditor's Notice na PO Box 530 Address Havana City Country	IL State	62644530 ZIP Code	Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	8,239.

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Name Nonpriority creditor's name and mailing address Mc Kesson Medical- Surgical			As of the petition filing date, the claim is: \$	31,872.8
Mc Kesson Medical- Surgical Creditor Name			Check all that apply.	
			☐ Contingent	
Creditor's Notice name			Unliquidated	
Creditor's Notice fiame			☐ Disputed	
PO Box 630693 Address			Basis for the claim:	
Address			Trade Payable	
Cincinnati	ОН	452630693		
City	State	ZIP Code		
Country		_	le the plain publicat to offeet?	
	debt was incurr	red	Is the claim subject to offset? ☑ No	
Various	of account		□ Yes	
Last 4 digits of account number				
number				
		and mailing address	As of the petition filing date, the claim is: \$ Check all that apply.	7,555.0
Nonpriority cr		and mailing address	Check all that apply.	7,555.0
Nonpriority cr Mechanical Serv		and mailing address	Check all that apply.	7,555.0
Nonpriority cr Mechanical Serv	vice Inc	and mailing address	Check all that apply. ☐ Contingent ☐ Unliquidated	7,555.0
Nonpriority or Mechanical Sen Creditor Name	vice Inc	and mailing address	Check all that apply.	7,555.0
Nonpriority cr Mechanical Serv Creditor Name	vice Inc	and mailing address	Check all that apply. Contingent Unliquidated Disputed	7,555.0
Nonpriority or Mechanical Service Treditor Name Creditor's Notice national Address	vice Inc		Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	7,555.0
Nonpriority or Mechanical Service Creditor Name Creditor's Notice nated the Monmouth Address Galesburg	vice Inc	61401	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	7,555.0
Nonpriority or Mechanical Service Treditor Name Creditor's Notice national Address	vice Inc		Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	7,555.0
Nonpriority or Mechanical Service Creditor Name Creditor's Notice nated the Monmouth Address Galesburg	vice Inc	61401	Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	7,555.0
Nonpriority cr Mechanical Serv Creditor Name Creditor's Notice na 1144 Monmouth Address Galesburg City Country	vice Inc	61401 ZIP Code	Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Is the claim subject to offset?	7,555.0
Nonpriority cr Mechanical Serv Creditor Name Creditor's Notice na 1144 Monmouth Address Galesburg City Country	ime Boulevard IL State debt was incurr	61401 ZIP Code	Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	7,555.0

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Name					
9 Nonpriority creditor's name and mailing address			As of the petition filing date, the claim is:	\$	438.4
Memorial Medical Center			Check all that apply.		
Creditor Name			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice name			 ☐ Disputed		
701 North First St	treet		Basis for the claim:		
Address			Trade Payable	_	
Onderfield		00704 0004			
Springfield	IL State	62781-0001 ZIP Code			
City	Otale	ZIF Code			
Country					
Date or dates of	lebt was incurr	ed	Is the claim subject to offset? ☑ No		
Various Last 4 digits of					
Nonpriority cre Neal Tire Creditor Name	editor's name a	and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	158.
			☐ Contingent		
Creditor's Notice nam	<u></u>		Unliquidated		
Creditor's Notice nam	ne		Unliquidated Disputed		
1410 West Jacks			□ Disputed Basis for the claim:		
			□ Disputed	_	
1410 West Jacks Address	on	04054	□ Disputed Basis for the claim:	_	
1410 West Jacks Address	on IL	61951 ZIP Code	□ Disputed Basis for the claim:	_	
1410 West Jacks Address	on	61951 ZIP Code	□ Disputed Basis for the claim:	_	
1410 West Jacks Address	on IL		Disputed Basis for the claim: Trade Payable		
1410 West Jacks Address Sullivan City	ON IL State	ZIP Code	□ Disputed Basis for the claim:	_	

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Name Nonpriority creditor's name and mailing address Oasis Medical Services			As of the petition filing date, the claim is: \$	59,093.6
Oasis Medical Services Creditor Name			Check all that apply.	
Ordinor Haille			☐ Contingent	
Conditional Making pages			Unliquidated	
Creditor's Notice name			☐ Disputed	
PO Box 823473			Basis for the claim:	
Address			Trade Payable	
Philadelphia	PA	19182-3473		
City	State	ZIP Code		
Country			le the plain publication offices	
	debt was incuri	red	Is the claim subject to offset? ☑ No	
Various				
	of account		<u></u>	
Last 4 digits	of account		□ Yes	
	of account		<u></u>	
Last 4 digits on number Nonpriority c		and mailing address	☐ Yes As of the petition filing date, the claim is: \$	19,467.8
Last 4 digits on number		and mailing address	☐ Yes As of the petition filing date, the claim is: \$ Check all that apply.	19,467.
Last 4 digits on number Nonpriority complicate		and mailing address	☐ Yes As of the petition filing date, the claim is: \$ Check all that apply. ☐ Contingent	19,467.5
Last 4 digits on number Nonpriority complicate	reditor's name a	and mailing address	□ Yes As of the petition filing date, the claim is: \$ Check all that apply. □ Contingent □ Unliquidated	19,467.
Nonpriority c Omnicare Creditor's Notice na	reditor's name a	and mailing address	□ Yes As of the petition filing date, the claim is: \$ Check all that apply. □ Contingent □ Unliquidated □ Disputed	19,467.5
Last 4 digits of number Nonpriority commicare Creditor Name	reditor's name a	and mailing address	□ Yes As of the petition filing date, the claim is: \$ Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	19,467.
Nonpriority c Omnicare Creditor's Notice na	reditor's name a	and mailing address	□ Yes As of the petition filing date, the claim is: \$ Check all that apply. □ Contingent □ Unliquidated □ Disputed	19,467.5
Last 4 digits on number Nonpriority complete Commicare Creditor Name Creditor's Notice not Department 781 Address	reditor's name a	and mailing address	□ Yes As of the petition filing date, the claim is: \$ Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	19,467.
Last 4 digits on number Nonpriority complete Commicare Creditor Name Creditor's Notice not Department 781 Address	reditor's name a	and mailing address 482781668	□ Yes As of the petition filing date, the claim is: \$ Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	19,467.5
Nonpriority c Omnicare Creditor Name Creditor's Notice na Department781 Address PO Box 78000	reditor's name a		□ Yes As of the petition filing date, the claim is: \$ Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	19,467.
Last 4 digits of number Nonpriority commicare Creditor Name Creditor's Notice not Department 781 Address PO Box 78000 Detroit	reditor's name a	482781668	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	19,467.
Last 4 digits of number Nonpriority c Omnicare Creditor Name Creditor's Notice not	reditor's name a	482781668 ZIP Code	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Is the claim subject to offset?	19,467.
Last 4 digits of number Nonpriority c Omnicare Creditor Name Creditor's Notice not	reditor's name a	482781668 ZIP Code	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	19,467.

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otor: Havana HC	O, LLC		Case number (if known).	24-10568	
Name					
3 Nonpriority creditor's name and mailing address PEL/VIP			As of the petition filing date, the claim is: Check all that apply.	\$	7,728.3
Creditor Name			☐ Contingent		
			Unliquidated		
Creditor's Notice	name		☐ Disputed		
9840 Southwe	st Highway		Basis for the claim:		
Address			Trade Payable	_	
Oak Lawn	IL	60453			
City	State	ZIP Code			
Country					
Date or date	s debt was incurr	red	Is the claim subject to offset?		
Various Last 4 digits			☑ No		
number					
Peoria Tazwel	creditor's name a Il Pathology Group S	ind mailing address C	As of the petition filing date, the claim is: Check all that apply.	\$	104.0
Creditor Name			☐ Contingent		
			Unliquidated		
Creditor's Notice	name		☐ Disputed		
PO Box 9578			Basis for the claim:		
Address			Trade Payable	_	
Pooris		64642.0579			
Peoria City	State	61612-9578 ZIP Code			
Country					
Date or date	es debt was incurr	red	Is the claim subject to offset?		
Various					
Last 4 digits	of account		□ Yes		

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PIPCO Companies LTD Creditor Name Creditor's Notice name Ithus 61615 City State ZIP Code Country Date or dates debt was incurred Various Last 4 digits of account number Creditor's Notice name Unliquidated Disputed Basis for the claim: Trade Payable Ithus 61615 State ZIP Code Is the claim subject to offset? Ves						
Creditor Notice name Creditor's Notice name Unliquidated Disputed Basis for the claim: Trade Payable	Nonpriority	creditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	5,713.9
Creditor's Notice name Contingent Unliquidated Disputed Basis for the claim: Trade Payable	PIPCO Companies LTD			Check all that apply.		
Disputed Basis for the claim: Trade Payable Peoria IL 61615 City State ZIP Code Yes No Popular Creditor's Notice name Disputed Disputed Popular Creditor's Notice name Disputed Disputed Disputed Disputed Popular Creditor's Notice name Disputed Dispu	•			☐ Contingent		
Disputed Basis for the claim: Trade Payable Peoria IL 61615 City State ZIP Code Date or dates debt was incurred Various Substant State				☐ Unliquidated		
Address Trade Payable Peoria IL 61615 City State ZIP Code Country Date or dates debt was incurred Various Last 4 digits of account number Nonpriority creditor's name and mailing address Point Click Care Technologies Inc Creditor Name Creditor's Notice name Do Box 674802 Address Detroit MI	Creditor's Notice name			□ Disputed		
Peoria IL State 3	1409 West Alte	orfer Drive		Basis for the claim:		
Country Date or dates debt was incurred Various Last 4 digits of account number Nonpriority creditor's name and mailing address Point Click Care Technologies Inc Creditor Name Creditor's Notice name PO Box 674802 Address Detroit MI Address Detroit MI Address Detroit MI Adservated Again Again MI Agaser Agaser As of the petition filling date, the claim is: \$ 5,110.8 Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Detroit MI Agaser Agaser Detroit MI Agaser Agaser As of the petition filling date, the claim is: \$ 5,110.8 Trade Payable Disputed Basis for the claim: Trade Payable Detroit MI Agaser Agaser As of the petition filling date, the claim is: \$ 5,110.8 The contingent Disputed Basis for the claim: Trade Payable Detroit Agaser As of the petition filling date, the claim is: \$ 5,110.8 The contingent Disputed Basis for the claim: Trade Payable Detroit Agaser As of the petition filling date, the claim is: \$ 5,110.8 The contingent Disputed Basis for the claim: Trade Payable Detroit Agaser As of the petition filling date, the claim is: \$ 5,110.8 The contingent Disputed Basis for the claim: Trade Payable Detroit MI Agaser As of the petition filling date, the claim is: \$ 5,110.8 The contingent Disputed Basis for the claim: Trade Payable	Address			Trade Payable	-	
Country Date or dates debt was incurred Various Last 4 digits of account number Nonpriority creditor's name and mailing address Point Click Care Technologies Inc Creditor Name Creditor's Notice name PO Box 674802 Address Detroit MI Address Detroit MI Address Detroit MI Adservated Again Again MI Agaser Agaser As of the petition filling date, the claim is: \$ 5,110.8 Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Detroit MI Agaser Agaser Detroit MI Agaser Agaser As of the petition filling date, the claim is: \$ 5,110.8 Trade Payable Disputed Basis for the claim: Trade Payable Detroit MI Agaser Agaser As of the petition filling date, the claim is: \$ 5,110.8 The contingent Disputed Basis for the claim: Trade Payable Detroit Agaser As of the petition filling date, the claim is: \$ 5,110.8 The contingent Disputed Basis for the claim: Trade Payable Detroit Agaser As of the petition filling date, the claim is: \$ 5,110.8 The contingent Disputed Basis for the claim: Trade Payable Detroit Agaser As of the petition filling date, the claim is: \$ 5,110.8 The contingent Disputed Basis for the claim: Trade Payable Detroit MI Agaser As of the petition filling date, the claim is: \$ 5,110.8 The contingent Disputed Basis for the claim: Trade Payable						
Country Date or dates debt was incurred Various Last 4 digits of account number Nonpriority creditor's name and mailing address Point Click Care Technologies Inc Creditor's Notice name Creditor's Notice name PO Box 674802 Address Detroit MI Address Detroit MI Address As of the petition filling date, the claim is: \$ 5,110.6 Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Detroit MI Address Detroit State ZiP Code Dis the claim subject to offset? Last the claim subject to offset? No						
Date or dates debt was incurred Various Last 4 digits of account number Nonpriority creditor's name and mailing address Point Click Care Technologies Inc Creditor's Notice name Creditor's Notice name PO Box 674802 Address Detroit MI 48267-4802 Clty State ZIP Code List the claim subject to offset? No No No No No No No No No N	City	State	ZIP Code			
Various Last 4 digits of account number Nonpriority creditor's name and mailing address Point Click Care Technologies Inc Creditor Name Creditor's Notice name PO Box 674802 Address Detroit MI 48267-4802 Cliy State ZIP Code State Date or dates debt was incurred Various No No Yes No No No Yes No No No Yes No No No Yes No No No State St	Country					
Last 4 digits of account number Nonpriority creditor's name and mailing address As of the petition filling date, the claim is: \$ 5,110.00 Creditor Name		s debt was incurr	ed	·		
Nonpriority creditor's name and mailing address Point Click Care Technologies Inc Creditor Name Creditor's Notice name PO Box 674802 Address Detroit MI 48267-4802 Clty State ZIP Code Basis for the claim: Trade Payable State As of the petition filing date, the claim is: \$ 5,110.60 Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable State State ZIP Code Is the claim subject to offset? Various						
Creditor's Notice name PO Box 674802 Address Detroit City Date or dates debt was incurred Various Unliquidated Disputed Basis for the claim: Trade Payable Is the claim subject to offset? No	Point Click Ca		and mailing address		\$	5,110.6
Creditor's Notice name PO Box 674802 Address Detroit City No Date or dates debt was incurred Various Disputed Basis for the claim: Trade Payable Trade Payable Is the claim subject to offset? No						
PO Box 674802 Address Basis for the claim: Trade Payable Detroit MI State ZIP Code Country Date or dates debt was incurred Various Disputed Basis for the claim: Trade Payable Is the claim subject to offset? No						
Address Trade Payable Detroit MI 48267-4802 City State ZIP Code Country Date or dates debt was incurred Various Trade Payable Is the claim subject to offset? ✓ No		name				
Detroit MI 48267-4802 City State ZIP Code Country Date or dates debt was incurred Various Is the claim subject to offset? ✓ No		name		□ Unliquidated □ Disputed		
City State ZIP Code Country Date or dates debt was incurred Various Is the claim subject to offset? No	Creditor's Notice PO Box 67480			□ Unliquidated □ Disputed		
City State ZIP Code Country Date or dates debt was incurred	Creditor's Notice PO Box 67480			□ Unliquidated □ Disputed Basis for the claim:	-	
Date or dates debt was incurred Is the claim subject to offset? Various ✓ No	Creditor's Notice PO Box 67480 Address	02	48267-4802	□ Unliquidated □ Disputed Basis for the claim:	-	
Various ☑ No	Creditor's Notice PO Box 67480 Address Detroit)) 		□ Unliquidated □ Disputed Basis for the claim:	-	
valious	PO Box 67480 Address Detroit City)) 		☐ Unliquidated ☐ Disputed Basis for the claim: Trade Payable	-	
	Creditor's Notice PO Box 67480 Address Detroit City Country	MI State	ZIP Code	□ Unliquidated □ Disputed Basis for the claim: Trade Payable Is the claim subject to offset?	-	

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Name Nonpriority creditor's name and mailing address			An of the method at the state of the state of	•	4 =00 =
Nonpriority creditor's name and mailing address Presto- X			As of the petition filing date, the claim is: Check all that apply.	\$	1,528.0
Creditor Name			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice name			·		
D0 D 44005			☐ Disputed Basis for the claim:		
PO Box 14095 Address	1		Trade Payable		
				_	
Reading	PA	19612			
City	State	ZIP Code			
Country					
Date or date	s debt was incurr	ed	Is the claim subject to offset?		
Various			☑ No		
Last 4 digits number	of account		□ Yes		
number Nonpriority (RecoverCare I	creditor's name a	nd mailing address	☐ Yes As of the petition filing date, the claim is: Check all that apply.	\$	306.8
number Nonpriority	creditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	306.8
number Nonpriority of RecoverCare La Creditor Name dba Joerns LLL	creditor's name a LLC C	nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	306.8
number Nonpriority of RecoverCare L	creditor's name a LLC C	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent	\$	306.8
number Nonpriority of RecoverCare La Creditor Name dba Joerns LLL	creditor's name a LLC C name	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated	\$	306.8
Nonpriority of RecoverCare La Creditor Name dba Joerns LL Creditor's Notice of Creditor's No	creditor's name a LLC C name	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$	306.8
number Nonpriority of RecoverCare La Creditor Name dba Joerns LL Creditor's Notice of PO Box 93644	creditor's name a LLC C name	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	306.4
number Nonpriority of RecoverCare La Creditor Name dba Joerns LL Creditor's Notice of PO Box 93644	creditor's name a LLC C name	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	306.8
Nonpriority of RecoverCare La Creditor Name dba Joerns LL-Creditor's Notice of PO Box 93644 Address	creditor's name a LC C name		As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	306.8
number Nonpriority of RecoverCare La Creditor Name dba Joerns LL-Creditor's Notice of PO Box 93644 Address Atlanta	creditor's name a LC C name 6	31193-6446	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	306.8
number Nonpriority of RecoverCare La Creditor Name dba Joerns LLL Creditor's Notice of PO Box 93644 Address Atlanta City Country	creditor's name a LLC C name 6	31193-6446 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Basis for the claim: Trade Payable Is the claim subject to offset?	\$	306.8
number Nonpriority of RecoverCare La Creditor Name dba Joerns LLL Creditor's Notice of PO Box 93644 Address Atlanta City Country	CC Cname 6 GA State S debt was incurr	31193-6446 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	306.8

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Nonpriority	creditor's name a	nd mailing address	As of the petition filing date, the claim is: \$	209,426.8
RehabCare Creditor Name			Check all that apply.	
Creditor Name			☐ Contingent	
			☐ Unliquidated	
Creditor's Notice name			☐ Disputed	
PO Box 71985	;		Basis for the claim:	
Address			Trade Payable	
Chicago	IL	60694-1985		
City	State	ZIP Code		
Country				
Date or date	s debt was incurr	red	Is the claim subject to offset?	
Various			✓ No	
Last 4 digits	of account		☐ Yes	
number Nonpriority	creditor's name a	and mailing address	As of the petition filing date, the claim is: \$	5
number	creditor's name a	and mailing address	As of the petition filing date, the claim is: \$ Check all that apply.	70,050.
number Nonpriority Select Rehabil	creditor's name a	and mailing address	As of the petition filing date, the claim is: \$	5
number Nonpriority Select Rehabil Creditor Name	creditor's name a	and mailing address	As of the petition filing date, the claim is: \$ Check all that apply.	70,050.
number Nonpriority Select Rehabil	creditor's name a	and mailing address	As of the petition filing date, the claim is: \$ Check all that apply.	5
number Nonpriority Select Rehabil Creditor Name Creditor's Notice PO Box 71985	creditor's name a itation LLC	and mailing address	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated	5
number Nonpriority of Select Rehabil Creditor Name Creditor's Notice	creditor's name a itation LLC	and mailing address	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed	5
number Nonpriority of Select Rehabil Creditor Name Creditor's Notice PO Box 71985 Address	creditor's name a itation LLC name		As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	5
number Nonpriority Select Rehabil Creditor Name Creditor's Notice PO Box 71985	creditor's name a itation LLC	and mailing address 606941985 ZIP Code	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	5 70,050.4
Nonpriority Select Rehabil Creditor Name Creditor's Notice PO Box 71985 Address Chicago	creditor's name a itation LLC	606941985	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	5
Nonpriority Select Rehabil Creditor's Notice PO Box 71985 Address Chicago City Country	creditor's name a itation LLC	606941985 ZIP Code	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	70,050.
number Nonpriority Select Rehabil Creditor Name Creditor's Notice PO Box 71985 Address Chicago City Country	creditor's name a itation LLC	606941985 ZIP Code	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	5

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Name Nonpriority of	raditar's name a	nd mailing addrose	As of the notition filling data the stairs in	¢	662.4
Nonpriority creditor's name and mailing address Shadow Fax Projects			As of the petition filing date, the claim is: Check all that apply.	5	002.4
Creditor Name			□ Contingent		
			☐ Unliquidated		
Creditor's Notice name			· □ Disputed		
PO Box 347			Basis for the claim:		
Address			Trade Payable	_	
Sullivan	<u>IL</u>	61951			
City	State	ZIP Code			
Country					
	s debt was incurr	red	Is the claim subject to offset?		
Various			☑ No		
Last 4 digits number	of account		□ Yes		
number Nonpriority of Shadow Fax Pri	creditor's name a	nd mailing address	☐ Yes As of the petition filing date, the claim is: Check all that apply.	\$	60.0
number Nonpriority of	creditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	60.0
number Nonpriority c Shadow Fax Pr Creditor Name	creditor's name a rojects#2	nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	60.0
number Nonpriority of Shadow Fax Pri	creditor's name a rojects#2	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent	\$	60.0
number Nonpriority c Shadow Fax Pr Creditor Name	creditor's name a rojects#2	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated	\$	60.0
number Nonpriority c Shadow Fax Pri Creditor Name Creditor's Notice in	creditor's name a rojects#2	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$	60.0
number Nonpriority c Shadow Fax Pr Creditor Name Creditor's Notice n Medical Waste	creditor's name a rojects#2	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	60.
number Nonpriority of Shadow Fax Priceditor Name Creditor's Notice in Medical Waste Address	creditor's name a rojects#2	ind mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	60.0
Nonpriority of Shadow Fax Proceeditor Name Creditor's Notice of Medical Waste Address PO Box 5473	creditor's name a rojects#2 name Account		As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	60.0
number Nonpriority of Shadow Fax Proceeditor Name Creditor's Notice of Medical Waste Address PO Box 5473 Sullivan	creditor's name a rojects#2 name Account	61951	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	60.0
number Nonpriority of Shadow Fax Proceeditor Name Creditor's Notice of Medical Waste Address PO Box 5473 Sullivan City Country	creditor's name a rojects#2 name Account	61951 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	60.0

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Name					
Nonpriority creditor's na Sherwin Williams Co	ıme and mailing		f the petition filing date, the claim is k all that apply.	: \$	120.0
Creditor Name			Contingent		
			Jnliquidated		
Creditor's Notice name			Disputed		
101 W. Prospect Ave			s for the claim:		
Address		Trade	e Payable		
Cleveland OH	044	115			
City State		Code			
Country					
Date or dates debt was Various	ncurred		e claim subject to offset? No		
Last 4 digits of account					
number					
Nonpriority creditor's na St Johns Hospital Creditor Name	nme and mailing	Chec	f the petition filing date, the claim is k all that apply.	: \$	2,287.
Nonpriority creditor's na St Johns Hospital	ame and mailing	Chec	k all that apply. Contingent	: \$	2,287.4
Nonpriority creditor's na St Johns Hospital	ame and mailing	Chec	ck all that apply. Contingent Unliquidated	: \$	2,287.
Nonpriority creditor's na St Johns Hospital Creditor Name Creditor's Notice name	ame and mailing	Chec	ck all that apply. Contingent Unliquidated Disputed	: \$	2,287.
Nonpriority creditor's na St Johns Hospital Creditor Name	ame and mailing	Chec	ck all that apply. Contingent Unliquidated Disputed S for the claim:	: \$	2,287.
Nonpriority creditor's na St Johns Hospital Creditor Name Creditor's Notice name PO Box 25545	ame and mailing	Chec	ck all that apply. Contingent Unliquidated Disputed	: \$	2,287.
Nonpriority creditor's na St Johns Hospital Creditor Name Creditor's Notice name PO Box 25545	ame and mailing	Chec	ck all that apply. Contingent Unliquidated Disputed S for the claim:	: \$	2,287.
Nonpriority creditor's na St Johns Hospital Creditor Name Creditor's Notice name PO Box 25545 Address	841	Chec	ck all that apply. Contingent Unliquidated Disputed S for the claim:	: \$	2,287.
Nonpriority creditor's not St Johns Hospital Creditor Name Creditor's Notice name PO Box 25545 Address Salt Lake City UT	841	Chec Chec Basis Trade	ck all that apply. Contingent Unliquidated Disputed s for the claim: Payable	: \$	2,287.
Nonpriority creditor's not St Johns Hospital Creditor Name Creditor's Notice name PO Box 25545 Address Salt Lake City City UT State		Chec Chec Basis Trade	ck all that apply. Contingent Unliquidated Disputed S for the claim:	: \$	

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The Home Depot Pro Creditor Name		is: \$	561.0
Creditor Name Creditor Name Creditor's Notice name Creditor's Notice name Creditor's Notice name Creditor's Notice name Chicago City Country Date or dates debt was incurred Various Last 4 digits of account number Sound Nonpriority creditor's name and mailing address Tri State Fire Protection Inc Creditor Name Creditor's Notice name PO Box 70 Address Contingent Contingent Unliquidated Contingent Sound Residue As of the petition Check all that apprint a	:	is: \$	561.0
Creditor Name Contingent Unliquidated Disputed Basis for the clast Trade Payable			
Creditor's Notice name 13924 Collection Center Drive Address Chicago IL 60693-0126 City State ZIP Code	n:		
Disputed Basis for the class Trade Payable	n:		
Disputed Basis for the class Trade Payable	n :		
Chicago IL 60693-0126 City State ZIP Code Country Date or dates debt was incurred Yes No	n:		
Chicago IL 60693-0126 City State ZIP Code Country Date or dates debt was incurred Yes			
Country Date or dates debt was incurred Various Last 4 digits of account number Nonpriority creditor's name and mailing address Tri State Fire Protection Inc Creditor Name Creditor's Notice name PO Box 70 Address Is the claim sub No Yes No Check all the petition Check all that app Unliquidated Disputed Basis for the claim Trade Payable			
Country Date or dates debt was incurred Various Last 4 digits of account number Nonpriority creditor's name and mailing address Tri State Fire Protection Inc Creditor Name Creditor's Notice name PO Box 70 Address As the petition Check all that app Unliquidated Disputed Basis for the cla			
Country Date or dates debt was incurred Various Last 4 digits of account number 6 Nonpriority creditor's name and mailing address Tri State Fire Protection Inc Creditor Name Creditor's Notice name PO Box 70 Address Is the claim sub No Yes No Cres Union Check all that app Unliquidated Disputed Basis for the claim Trade Payable			
Date or dates debt was incurred Various Last 4 digits of account number Nonpriority creditor's name and mailing address Tri State Fire Protection Inc Creditor Name Creditor's Notice name PO Box 70 Address Is the claim sub No Pes Non Pos N			
Various Last 4 digits of account number 6 Nonpriority creditor's name and mailing address Tri State Fire Protection Inc Creditor Name Creditor's Notice name PO Box 70 Address No f the petition Check all that app Unliquidated Disputed Basis for the cla			
Last 4 digits of account number Nonpriority creditor's name and mailing address Tri State Fire Protection Inc Creditor Name Creditor's Notice name PO Box 70 Address Po Box 70 Address As of the petition Check all that app Check all that app Unliquidated Disputed Basis for the cla	ct to offset?		
number 6 Nonpriority creditor's name and mailing address Tri State Fire Protection Inc Creditor Name Creditor's Notice name PO Box 70 Address As of the petition Check all that app Unliquidated Disputed Basis for the cla			
As of the petition Tri State Fire Protection Inc Creditor Name Creditor's Notice name PO Box 70 Address As of the petition Check all that app Unliquidated Disputed Basis for the cla			
Tri State Fire Protection Inc Creditor Name Creditor's Notice name Creditor's Notice name PO Box 70 Address Creditor's Notice name Trade Payable			
Tri State Fire Protection Inc Creditor Name Creditor's Notice name Creditor's Notice name PO Box 70 Address Creditor's Notice name Trade Payable	iling date the claim i	is· ¢	653.2
Creditor Name Creditor's Notice name Disputed PO Box 70 Address Trade Payable			
Creditor's Notice name PO Box 70 Address Unliquidated Disputed Basis for the class Trade Payable			
Creditor's Notice name PO Box 70 Address Basis for the class Trade Payable			
PO Box 70 Address Basis for the class Trade Payable			
Address Trade Payable	m·		
Newburgh IN 47629-0070			
City State ZIP Code			
Country			
Date or dates debt was incurred Is the claim sub			
Various ☑ No	ct to offset?		
Last 4 digits of account ☐ Yes	ct to offset?		

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	g address		On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
			Line	
Name			☐ Not Listed.Explain	
Notice Name				-
Street			<u> </u>	
			<u> </u>	
City	State	ZIP Code		
Country				

Add the amounts of priority and nonpriority unsecured claims.			
		Total of c	laim amounts
a. Total claims from Part 1	5a.	\$	28,067.88
o. Total claims from Part 2	5b. +	\$	1,358,697.94

5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.

Fill in this information to identify the case:	
Debtor Name: In re : Havana HCO, LLC	
United States Bankruptcy Court for the: District of Delaware	
Case number (if known): 24-10568 (TMH)	

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, numbering the entries consecutively.

- 1. Does the debtor have any executory contracts or unexpired leases?
 - □ No. Check this box and file this form with the court 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 contracts or leases are listed on *Schedule A/B: Assets Real and Personal Property* (Official Form 206A/B).

2.	List all contracts and unexpired	leases	State the name and r whom the debtor has lease	nailing address for a s an executory contra	Il other parties with act or unexpired
	2.1 State what the contract or lease is for and the nature	Addendum to Contract	Action Homecare and S	Staffing, LLC d/b/a Oas	is Medical Services
	of the debtor's interest	- Idadila ili ili oli ili adi	Name		
			Attn Administrator		
			Notice Name		
			761 Main St NW, Suite	A	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Bourbonnais	IL	60914
			City	State	ZIP Code
			Country		
	2.2 State what the contract or lease is for and the nature	Business Associate Agreement	Action Homecare and S	Staffing, LLC d/b/a Oas	is Medical Services
	of the debtor's interest		Name		
			Attn Administrator		
			Notice Name		
			761 Main St NW, Suite	A	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Bourbonnais	IL	60914
			City	State	ZIP Code
			Country		

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or: Havana HCO, LLC		Case number (if kno	wn): 24-10568	
Name				
2.3 State what the contract or lease is for and the nature	Oasis Medical Services Staffing Agreement	Action Homecare and S	taffing, LLC d/b/a Oasi	is Medical Service
of the debtor's interest		Name		
		Attn Administrator		
		Notice Name	_	
		761 Main St NW, Suite	A	
State the term remaining		Address		
List the contract number of				
any government contract				
		Bourbonnais	IL	60914
		City	State	ZIP Code
		Country		
State what the contract or				
State what the contract or lease is for and the nature	Business Associate Agreement	Camillus Staffing LLC, o	dba Nextaff Group, LLC	
of the debtor's interest		Name		
		Notice Name		
		11101 Switzer Rd. Suite	110	
State the term remaining		Address	, 110	
otato the term remaining				
List the contract number of				
any government contract				
. , ,				
		Overland Park	KS	66210
		City	State	ZIP Code
		Country		
State what the contract or lease is for and the nature		Community Hospice of	Amorica d/b/a Hospica	Composite M
of the debtor's interest	Addendum to Contract	Name	America d/b/a Hospice	Compassus - M
		Attn Executive Director		
		Notice Name		
		Hospice Compassus		
State the term remaining		Address		
· ·		755 N Henderson St		
List the contract number of				
any government contract				
		Galesburg	IL	61401
		City	State	ZIP Code
		Country		
		LAMINIV		

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ebtor: Havana HCO, LLC		Case number (if kno	wn): 24-10568	
Name	North Facility Harrison Consent to a fact and			
2.6 State what the contract or lease is for and the nature	Nursing Facility Hospice, General Inpatient and Respite Care Services Agreement	Community Hospice of	America d/b/a Hospice	Compassus - NWII
of the debtor's interest		Name		
		Attn Executive Director		
		Notice Name		
		Compassus - NWIL		
State the term remaining		Address		
		755 N Henderson St		
List the contract number of	f			
any government contract				
, ,		-		
		Galesburg	IL	61401
			State	ZIP Code
		City	State	ZIP Code
		Country		
		Country		
2.7 State what the contract or lease is for and the nature	Addendum to Nursing Facility Hospice, General			
of the debtor's interest	Inpatient and Respite Care Services Agreement	Community Hospice of	America, LLC d/b/a Co	mpassus - NVVIL
of the debtor's interest		Attn Executive Director		
		Notice Name		
04-4-41-4		Hospice Compassus Address		
State the term remaining				
		755 N Henderson St		
List the contract number of	·f			
any government contract				
		Galesburg	IL	61401
		City	State	ZIP Code
		Country		
State what the contract or				
$^{2.8}$ State what the contract or lease is for and the nature	Laboratory Services Agreement	Gamma HealthCare, In	C.	
of the debtor's interest		Name		
		Notice Name		
		1717 West Maud St		
State the term remaining		Address		
List the contract number of	f			
any government contract				
any government contract				
		Poplar Bluff	МО	63901
		City	State	ZIP Code
		Country		

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otor: Havana HCO, LLC Name		Case number (if known	24-10568	
2.9 State what the contract or lease is for and the nature of the debtor's interest	Nursing Home Dialysis Agreement	Home Dialysis Services N	letwork LLC	
of the deptor's interest		Name		
		Notice Name		
		14146 S Bell Rd		
State the term remaining		Address		
				
List the contract number of	f			
any government contract				
		Homer Glen	IL	60491
		City	State	ZIP Code
		Country		
10 State what the contract or lease is for and the nature		KERRO		
of the debtor's interest	Memorandum of Agreement	KEPRO Name		
		Notice Name		
		5700 Lombardo Center D	rive, Suite 100	
State the term remaining		Address		
List the contract number of	ıf			
any government contract				
		Seven Hills	OH OH	44131
		City	State	ZIP Code
		Country		
		Country		
11 State what the contract or lease is for and the nature	Memorandum of Agreement	Livanta, LLC		
of the debtor's interest	Memorandum of Agreement	Name		
		Notice Name		
		10830 Guilford Rd, Suite	312	
State the term remaining		Address		
I totally and the				
List the contract number of				
any government contract				
		Annapolis Junction	MD	20701
				ZIP Code
		City	State	ZIP Code
		Country		

		24-10443-1MH D0C 439 F	iled 05/31/24 Page 5		
ebtor:	Havana HCO, LLC		Case number (if know	vn): 24-10568	
2.12	Name State what the contract or ease is for and the nature of the debtor's interest	Addendum to Contract	Nextaff Group, LLC Name		
(of the deptor's interest		name		
			Notice Name		
			11101 Switzer Rd. Suite	110	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Overland Park	KS	66210
			City	State	ZIP Code
			Country		
	State what the contract or ease is for and the nature				
ا ^{۲.۱۵}	ease is for and the nature of the debtor's interest	STAFFING SERVICE AGREEMENT	Nextaff Group, LLC Name		
•	or the deptor 3 interest		. tame		
			Notice Name		
			11101 Switzer Rd. Suite	110	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Overland Park	KS	66210
			City	State	ZIP Code
			Country		
			,		
2.14	State what the contract or ease is for and the nature	Work Order Confirmation	Onestaff Medical		
	of the debtor's interest	Work Gradi Communici	Name		
			Notice Name		
			10802 Farnam Drive		
	State the term remaining		Address		
	otate the term remaining				
	List the contract number of				
;	any government contract				
			Omaha	NE	68154
			City	State	ZIP Code
			Country		

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otor: Havana HCO, LLC		Case number (if	known): 24-10568	
Name State what the contract or				
State what the contract or lease is for and the nature	Work Order Confirmation	Onestaff Medical Name		
of the debtor's interest		Name		
		Notice Name		
		10802 Farnam Drive		
State the term remaining		Address		
List the contract number o	f			
any government contract				
		Omaha	<u>NE</u>	68154
		City	State	ZIP Code
		Country		
		·		
.16 State what the contract or lease is for and the nature	Addendum to Contract	OneStaff Medical, LL	С	
of the debtor's interest		Name		
		Notice Name		
		10802 Farnam Drive	Suite 101	
State the term remaining		Address	Julie 101	
Otato ino torm romaning				
List the contract number o	f			
any government contract				
		Omaha	NE	68154
		City	State	ZIP Code
		Country		
		····,		
17 State what the contract or lease is for and the nature	Business Associate Agreement	OneStaff Medical, LL	С	
of the debtor's interest		Name		
		Notice Name		
		10802 Farnam Drive	Suite 101	
State the term remaining		Address	Julie 101	
	-			
List the contract number o	f			
any government contract				
		Omaha	NE	68154
		City	State	ZIP Code
		Country		
		LOUNTRY		

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Debtor:	Havana HCO, LLC		Case number (if known):	24-10568	
	Name State what the contract or lease is for and the nature of the debtor's interest	Staffing Service Agreement	OneStaff Medical, LLC		
,	or the deptor's interest		Notice Name		
			10802 Farnam Drive, Suite 1	01	
	State the term remaining		Address		
	List the contract number of any government contract				
			Omaha	NE	68154
			City	State	ZIP Code
			Country		

Fill in this information to identify the case:
Debtor Name: In re : Havana HCO, LLC
United States Bankruptcy Court for the: District of Delaware
Case number (if known): 24-10568 (TMH)

Official Form 206H

Schedule H: 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. Does the debtor 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
- 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						□D
		Street				-
						□ E/F
						□G
		City	State	ZIP Code		
		Country	-			

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Fill in this information to identify the case:
Debtor Name: In re : Havana HCO, LLC
United States Bankruptcy Court for the: District of Delaware
Case number (if known): 24-10568 (TMH)

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

		dent, another officer, or an authorized agering as a representative of the debtor in thi	nt of the corporation; a member or an authorized agent of the partnership; or another s case.						
I ha	ve examin	ed the information in the documents check	xed 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)								
V	Schedule	D: Creditors Who Have Claims Secured	by Property (Official Form 206D)						
	Schedule	E/F: Creditors Who Have Unsecured Cla	ims (Official Form 206E/F)						
V	Schedule	G: Executory Contracts and Unexpired L	eases (Official Form 206G)						
V	Schedule	H: Codebtors (Official Form 206H)							
$\overline{\mathbf{A}}$	Summary	of Assets and Liabilities for Non-Individua	als (Official Form 206Sum)						
	Amended	1 Schedule							
	Chapter	11 or Chapter 9 Cases: List of Creditors W	ho Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)						
	Other do	cument that requires a declaration							
l do	clare unde	r penalty of perjury that the foregoing is tru	ue and correct						
i de	ciare unde	r penalty of perjury that the foregoing is the	to and correct.						
Exe	cuted on	05/31/2024	* / s / David R. Campbell						
		MM / DD / YYYY	Signature of individual signing on behalf of debtor						
			David R. Campbell						
			Printed name						
			Authorized Signatory						
			Position or relationship to debtor						

IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

In re:

SC HEALTHCARE HOLDING, LLC, et al.,

Debtors. 1

Chapter 11

Case No. 24-10443 (TMH)

(Jointly Administered)

STATEMENT OF FINANCIAL AFFAIRS FOR HAVANA HCO, LLC (CASE NO. 24-10568)

The last four digits of SC Healthcare Holding, LLC's tax identification number are 2584. The mailing address for SC Healthcare Holding, LLC is c/o Petersen Health Care Management, LLC 830 West Trailcreek Dr., Peoria, IL 61614. Due to the large number of debtors in these Chapter 11 Cases, for which the Debtors have requested joint administration, a complete list of the Debtors and the last four digits of their federal tax identification numbers is not provided herein. A complete list of such information will be made available on a website of the Debtors' proposed claims and noticing agent at www.kccllc.net/Petersen.

Fill in this information to identify the case:					
Debtor Name: In re : Havana HCO, LLC					
United States Bankruptcy Court for the: District Of Delaware					
Case number (if known): 24-10568 (TMH)					

☐ 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								
Gross revenue from busines None	ss							
Identify the beginning and may be a calendar year	ending	dates of the debtor's	fiscal y	ear, which		Sources of revenue Check all that apply	(be	oss revenue fore deductions and lusions)
From the beginning of the fiscal year to filing date:	From	1/1/2024 MM / DD / YYYY	to	Filing date		Operating a business Other	_ \$	551,892.68
For prior year:	From	1/1/2023 MM / DD / YYYY	to	12/31/2023 MM / DD / YYYY	_ ☑	Operating a business Other	\$	3,443,854.34
For the year before that:	From	1/1/2022 MM / DD / YYYY	to	12/31/2022 MM / DD / YYYY	_ _ _	Operating a business Other	\$	3,211,719.99

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Debtor: Havana HCO, LLC Case number (if known): 24-10568

Name

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 reven source (before dedu exclusions)	nue from each
From the beginning of the fiscal year to filing date:	From	1/1/2024 MM / DD / YYYY	to	Filing date	Interest	\$	0.00
For prior year:	From	1/1/2023 MM / DD / YYYY	to	12/31/2023 MM / DD / YYYY	Interest	\$	1,587.98
For the year before that:	From	1/1/2022 MM / DD / YYYY	to	12/31/2022 MM / DD / YYYY	Interest	\$	260.23

	vana HCO, LLC	1H Doc 439	Case nur	mber (if known): 24-10568
Nan	ne			
2:	List Certain Transfers Made Before Fil	ing for Bankruptc	у	
Certa	ain payments or transfers to creditors w	vithin 90 days befo	ore filing this case	
filing		property transferre	ed to that creditor is less than \$	employee compensation, within 90 days befor 7,575 . (This amount may be adjusted on 4/0
□ N	one			
	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer Check all that apply
3.1	See SOFA 3 Attachment		\$	□ Secured debt
	Creditor's Name			☐ Unsecured loan repayments
				☐ Suppliers or vendors
	Street			□ Services
				☐ Other
	City State ZIP Cod			
	Country			
	guaranteed or cosigned by an insider unle \$7,575. (This amount may be adjusted on adjustment.) Do not include any payments	nse reimbursement ss the aggregate v 4/01/25 and every listed in line 3. Ins artnership debtor a	ts, made within 1 year before fill alue of all property transferred to 3 years after that with respect to iders include officers, directors, and their relatives; affiliates of the state o	ling this case on debts owed to an insider or to or for the benefit of the insider is less than
	List payments or transfers, including expe guaranteed or cosigned by an insider unle \$7,575. (This amount may be adjusted on adjustment.) Do not include any payments and their relatives; general partners of a p any managing agent of the debtor. 11 U.S None Insider's Name and Address	nse reimbursement ss the aggregate v 4/01/25 and every listed in line 3. Ins artnership debtor a .C. § 101(31).	ts, made within 1 year before fil alue of all property transferred to 3 years after that with respect to iders include officers, directors, and their relatives; affiliates of the Total amount or value	ling this case on debts owed to an insider or to or for the benefit of the insider is less than to cases filed on or after the date of , and anyone in control of a corporate debtor ne debtor and insiders of such affiliates; and
4.1	List payments or transfers, including expe guaranteed or cosigned by an insider unle \$7,575. (This amount may be adjusted on adjustment.) Do not include any payments and their relatives; general partners of a p any managing agent of the debtor. 11 U.S	nse reimbursement ss the aggregate v 4/01/25 and every listed in line 3. Ins artnership debtor a .C. § 101(31).	ts, made within 1 year before fill alue of all property transferred to 3 years after that with respect to iders include officers, directors, and their relatives; affiliates of the state o	ling this case on debts owed to an insider or to or for the benefit of the insider is less than to cases filed on or after the date of , and anyone in control of a corporate debtor ne debtor and insiders of such affiliates; and
4.1	List payments or transfers, including expe guaranteed or cosigned by an insider unle \$7,575. (This amount may be adjusted on adjustment.) Do not include any payments and their relatives; general partners of a p any managing agent of the debtor. 11 U.S None Insider's Name and Address See SOFA 4 Attachment	nse reimbursement ss the aggregate v 4/01/25 and every listed in line 3. Ins artnership debtor a .C. § 101(31).	ts, made within 1 year before fil alue of all property transferred to 3 years after that with respect to iders include officers, directors, and their relatives; affiliates of the Total amount or value	ling this case on debts owed to an insider or to or for the benefit of the insider is less than to cases filed on or after the date of , and anyone in control of a corporate debtor ne debtor and insiders of such affiliates; and
4.1	List payments or transfers, including expe guaranteed or cosigned by an insider unle \$7,575. (This amount may be adjusted on adjustment.) Do not include any payments and their relatives; general partners of a p any managing agent of the debtor. 11 U.S None Insider's Name and Address See SOFA 4 Attachment Insider's Name	nse reimbursement ss the aggregate v 4/01/25 and every listed in line 3. Ins artnership debtor a .C. § 101(31).	ts, made within 1 year before fil alue of all property transferred to 3 years after that with respect to iders include officers, directors, and their relatives; affiliates of the Total amount or value	ling this case on debts owed to an insider or to or for the benefit of the insider is less than to cases filed on or after the date of , and anyone in control of a corporate debtor ne debtor and insiders of such affiliates; and
4.1	List payments or transfers, including expe guaranteed or cosigned by an insider unle \$7,575. (This amount may be adjusted on adjustment.) Do not include any payments and their relatives; general partners of a p any managing agent of the debtor. 11 U.S None Insider's Name and Address See SOFA 4 Attachment Insider's Name	nse reimbursement ss the aggregate v 4/01/25 and every listed in line 3. Ins artnership debtor a .C. § 101(31).	ts, made within 1 year before fil alue of all property transferred to 3 years after that with respect to iders include officers, directors, and their relatives; affiliates of the Total amount or value	ling this case on debts owed to an insider or to or for the benefit of the insider is less than to cases filed on or after the date of , and anyone in control of a corporate debtor ne debtor and insiders of such affiliates; and
4.1	List payments or transfers, including expe guaranteed or cosigned by an insider unle \$7,575. (This amount may be adjusted on adjustment.) Do not include any payments and their relatives; general partners of a p any managing agent of the debtor. 11 U.S None Insider's Name and Address See SOFA 4 Attachment Insider's Name	nse reimbursement ss the aggregate v 4/01/25 and every listed in line 3. Ins artnership debtor a .C. § 101(31).	ts, made within 1 year before fil alue of all property transferred to 3 years after that with respect to iders include officers, directors, and their relatives; affiliates of the Total amount or value	ling this case on debts owed to an insider or to or for the benefit of the insider is less than to cases filed on or after the date of , and anyone in control of a corporate debtor ne debtor and insiders of such affiliates; and

Debtor:	Case 24-10443-TMH		5	2 7 10568	
	Name				
5. F	Repossessions, foreclosures, and returns				
L	ist all property of the debtor that was obtained by old at a foreclosure sale, transferred by a deed in	r a creditor within 1 year before filing this on lieu of foreclosure, or returned to the sell	case, including property ler. Do not include prope	repossessed by a erty listed in line 6.	creditor,
<u> </u>	☑ None				
c	Creditor's Name and Address	Description of the Property	Date	Value of property	
	5.1			\$	
	Creditor's Name				
	Street	_			
		_			
	City State ZIP Code	_			
	•				
	Country	_			
6. \$	Setoffs				
(List any creditor, including a bank or financial inst of the debtor without permission or refused to mal debt.				
[□ None				
	Creditor's Name and Address	Description of the action creditor took	Date action was taken	Amount	
	6.1 Bed Tax Creditor's Name	Offset with Medicaid		\$	56,947.00
	Street				

Last 4 digits of account number: XXXX-

City

Country

State

ZIP Code

ebtor:	Case 24-104	43-TMH Doc 439		4 Page number (if know			
	Name				-		
art 3	Legal Actions or Assignments						
'. L	egal actions, administrative proced	edings, court actions, exe	cutions, attachments, or g	jovernment	al audits		
	ist the legal actions, proceedings, invnvolved in any capacity—within 1 yea		diations, and audits by fede	ral or state a	agencies in whic	the o	debtor was
	□ None						
	Case title	Nature of case	Court or agency's	name and a	ıddress	Sta	tus of case
	7.1 See SOFA 7 Attachment						Pending
			Name				On appeal
						_ 🗆	Concluded
			Street				
	Case number					_	
		-	City	State	ZIP Code	_	
			Country			_	

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	Э
--------	---

Custodian's	name and addr	ess	Description of the Property	Value		
				\$		
Custodian's nar	ne			Court name and address	s	
			Case title			
Street				 Name		
			Case number	Street		
City	State	ZIP Code	Case number			
Country			Date of order or assignment	City	State	ZIP Code
			24.0 C. 0.40. C. 400.g			
				Country		

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Debtor: Havana HCO, LLC Case number (if known): 24-10568

Name

Part 4:	Gifts and Charitable Contributions
Part 4:	Gifts and Charitable Contribution

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 addres	SS	Description of the gifts or contributions	Dates given	Value
.1						\$
	Creditor's Name					
	Street			-		
	City	State	ZIP Code	-		
	Country			_		
	Recipient's relation	nship to del	btor			

Page 8 of 27 Case 24-10443-TMH Doc 439-1 Filed 05/31/24 Debtor: Havana HCO, LLC Case number (if known): Name Part 5: **Certain Losses** All losses from fire, theft, or other casualty within 1 year before filing this case. □ None

Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government Description of the property lost and how the compensation, or tort liability, list Date of loss Value of property lost loss occurred the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets - Real and Personal Property). None 10/2023 Undetermined

A ransomware cyber attack which occurred in 10.1 October 2023, ultimately led to the loss of large quantities of data and signficant consulting fees

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Debtor: Havana HCO, LLC Case number (if known): 24-10568

Name

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

1	Who was paid or	who received	the transfer?	If not money, describe any property transferred	Dates	Total amount or value
1 _						\$
	Address					
-;	Street			-		
-	City	State	ZIP Code	-		
-	Country			-		
I	Email or website	address				

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.

 $\ensuremath{\,\overline{\!\!\mathcal M\!}}$ None

	Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
12.1		-		\$
	Trustee			
		-		

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Debtor: Havana HCO, LLC Case number (if known): 24-10568

Name

13. Transfers not already listed on this statement

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

✓ None

,	Who received tra	ınsfer?		Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
.1 _						\$
4	Address					
-	Street					
	City	State	ZIP Code			
-	Country					
ı	Relationship to D	Debtor				

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Debtor: Havana HCO, LLC
Name

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

14.1

Street

To

To

To

To

ZIP Code

City

Country

State

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Debtor: Havana HCO, LLC Case number (if known):

Name

Part 8:	Health	Care	Bankruptcie	95
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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?
- $\ \square$ No. Go to Part 9.

Facility Nan	ne and Addre	ss	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	
5.1 Havana Hea Facility Name	Ith Care Cente	er	Skilled Nursing Facility		
609 North H	609 North Harpham Street Street		Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. PCC Electronic	How are records kept? Check all that apply:	
Havana City	IL State	62644 ZIP Code	- -	☑ Electronically ☑ Paper	
Country			_		

Case 24-10443-TMH Doc 439-1 Filed 05/31/24 Page 13 of 27 Debtor: Havana HCO, LLC Case number (if known): Name Personally Identifiable Information Part 9: 16. Does the debtor collect and retain personally identifiable information of customers? Medical and Billing Information 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: Employer identification number of the plan Name of plan 17.1 EIN:

Has the plan been terminated?

□ No□ Yes

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Debtor: Havana HCO, LLC Case number (if known): 24-10568

Name

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 institut	ion name and add	ress	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1				XXXX-	Checking		\$
	Name				Savings		
					Money market		
	Street			-	Brokerage		
					Other		
				-			
	City	State	ZIP Code	-			
	Country						

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 institu	ition name and ac	ddress	Names of anyone with access to it	Description of the contents	Does debtor still have it?
19.1						□ No
	Name					
						☐ Yes
	Street					
				Address		
	City	State	ZIP Code			
	Country					

Case 24-10443-TMH Doc 439-1 Filed 05/31/24 Page 15 of 27 Debtor: Havana HCO, LLC Case number (if known): Name 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 Does debtor still have it? Facility name and address Names of anyone with access to it Description of the contents 20.1 See Global Notes □ No Name ☐ Yes Street

Address

ZIP Code

City

Country

State

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Debtor: Havana HCO, LLC Case number (if known): 24-10568

Name

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

	21.	Property	held for	another
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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

	Owner's name	and addre	ess	Location of the property	Description of the property	Value
21.1	See Global Note	es				\$
	Street			-		
	City	State	ZIP Code	-		

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ebtor:	Hava Name	ana HCO, LLC			Case number (if known):	24-10568
Part 1		Details About Environmental				
	ie purp	pose of Part 12, the following de	finitions apply:			
		onmental law means any statute dless of the medium affected (air			Illution, contamination, or ha	zardous material,
		leans any location, facility, or profile owned, operated, or utilized.	operty, including dispo	osal sites, that the debt	or now owns, operates, or u	tilizes or that the debtor
		dous material means anything the milarly harmful substance.	hat an environmental	law defines as hazardo	us or toxic, or describes as	a pollutant, contaminant,
Repo	rt all ı	notices, releases, and proceed	dings known, regard	lless of when they occ	curred.	
[☑ No	s. Provide details below.			,	Include settlements and orders
		Case title	Court or agency na	ame and address	Nature of the case	Status of case
	22.1					☐ Pending
			Name			☐ On appeal
						☐ Concluded
			Street			
		Case Number				
		Ouse Number				
			City St	ate ZIP Code		
			Country			
		ny governmental unit otherwi vironmental law?	·	or that the debtor may	be liable or potentially lial	ole under or in violation of
	☑ No)				
	□ Ye	es. Provide details below.				
		Site name and address	Governi address	mental unit name and	Environmental la	aw, if known Date of notice
	23.1					
		Name	Name			
		Street	Street			

ZIP Code

State

ZIP Code

City

Country

City

Country

State

Case 24-10443-TMH Doc 439-1 Filed 05/31/24 Page 18 of 27 Debtor: Havana HCO, LLC

Case number (if known):

Name

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

✓ No

 $\ \square$ Yes. Provide details below.

	Site name a	and address		Governmen	ital unit name	e and address	Environmental law, if known	Date of notice
1.1	Name			Name				_
	Street			Street				
				_				
	City	State	ZIP Code	City	State	ZIP Code		
	Country			Country				

Case 24-10443-TMH Doc 439-1 Filed 05/31/24 Page 19 of 27 Havana HCO, LLC Debtor: Case number (if known): Name Details About the Debtor's Business or Connections to Any Business 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 **Employer Identification number Business name and address** Describe the nature of the business Do not include Social Security number or ITIN. 25.1 EIN: Name Dates business existed То Street State ZIP Code Country 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 Dates of service 26a.1 Petersen Health Care Management, LLC From To 830 West Trailcreek Dr. Street Peoria IL 61614 City State ZIP Code Country List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial 26b. statement within 2 years before filing this case. □ None

Name	Name and Address				ites of service		
1 Peter Name	sen Healthcare I	Management, N	Mark Petersen	From	12/22/2011	То	Present
830 V Street	Vest Trailcreek D	Or.					
Peori	a	IL	61614				
City		State	ZIP Code				

Case 24-10443-TMH Doc 439-1 Filed 05/31/24 Page 20 of 27 Havana HCO, LLC Debtor: Case number (if known): Name 26b.2 Ginoli & Company 2002 Present From То Name 7625 N University St. Street Peoria IL 61614 City State ZIP Code Country 26b.3 Clifton, Larson, Allen 2012 Present From То Name 301 SW Adams St. Street Suite 1000 Peoria IL 61602 State ZIP Code City Country 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 If any books of account and records are unavailable, explain why Name and address 26c.1 Getzler Henrich and Associates Name 295 Madison Ave Street Floor 20 New York NY 10023 City State ZIP Code Country If any books of account and records are Name and address unavailable, explain why 26c.2 Ginoli & Company Name 7625 N University St. Street Peoria IL 61614 State ZIP Code City

Country

Case 24-10443-TMH Doc 439-1 Filed 05/31/24 Page 21 of 27 Havana HCO, LLC Debtor: Case number (if known): Name If any books of account and records are Name and address unavailable, explain why 26c.3 Petersen Healthcare Management, Mark Petersen Name 830 West Trailcreek Dr. Street IL Peoria 61614 City State ZIP Code Country If any books of account and records are Name and address unavailable, explain why 26c.4 Clifton, Larson, Allen Name 301 SW Adams St. Street Suite 1000 Peoria IL 61602 City State ZIP Code Country 26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case. □ None Name and address Name Street City State ZIP Code Country

Debtor	Hav	rana HCO, L		443-TMH	Doc 439-1	Filed	d 05/31/2 4 Cas	4 Page	22 of 27	3
	Name	e					_			
27. I	nvent	tories								
ŀ	Have a	any invent	ories of the debtor's	s property been	taken within 2 years	s before f	filing this case	?		
	☑ No)								
	□ Ye	es. Give the	e details about the	two most recent	inventories.					
		Name of	the person who sup	pervised the tak	ing of the inventory		Date of nventory		mount and ba of each inve	asis (cost, market, or ntory
								\$		
		Name and	d address of the pe	rson who has p	ossession of invent	ory				
	27.1									
		Name								
		Street								
		City	State		ZIP Code					
		Country								
					nembers, general per filing of this case		, members in	control, con	trolling shar	eholders, or other
		Name		Address	S			sition and Nat erest	ure of any	% of interest, if any
	28.1	Mark B. P	etersen	830 Wes	st Trailcreek Dr., Pe	oria, IL 6	1614 Me	mber		1%
	28.2	SABL, LL	С	830 Wes	st Trailcreek Dr., Pe	oria, IL 6	1614 <u>M</u> a	nager		99%
					the debtor have off					partners, members
	☑ No	0								
	□ Ye	es. Identify	below.							
		Name		Address			Position an any interest		Period durin	g which position or held

____ To ____

From

Debtor:	Hava	Case 24 na HCO, LLC	4-10443-TMH	Doc	439-1	Filed		Page 2	3 of 27 24-10568	
	Name									
30.	Payme	nts, distributions, or	withdrawals credit	ed or giv	en to insid	ers				
		1 year before filing this s, loans,credits on loa					in any form, inc	luding salary	, other compe	nsation, draws,
	☑ Yes	s. Identify below.								
		Name and address of	frecipient		Amount of or descript value of pr	ion and	Dates		Reason for pr	oviding the value
	30.1	See SOFA Question 4								
		Name								
		Street								
		City	State ZIP (Code						
		Country								
		Relationship to debto	or							
31.	Within	6 years before filing	this case, has the	debtor b	een a mem	ber of any	v consolidated	l aroup for t	ax purposes?	•
	☑ No	,	,				,	3 .		
	□ Voc	s. Identify below.								
	□ 163	s. Identify below.								
	l	Name of the parent co	rporation				r Identification	number of th	e parent corpo	oration
	31.1					EIN:				
32.	Withi	n 6 years before filin	g this case, has the	debtor a	as an emplo	oyer been	responsible f	or contribut	ing to a pens	ion fund?
	☑ No	1								
	□ Ye	s. Identify below.								
		Name of the pension	fund		Er	nployer Id	entification nui	mber of the p	ension fund	
	32.1				EI	N:				

Part 14: Case 24-10443-TMH Doc 439-1 Filed 05/31/24 Page 24 of 27

Yes

WAF	RNING Ba	nkruptcy fraud is a seri	ous crime. Making a false st	tatement, concealing property, or	obtaining money or property by fraud in
conr	nection with	a bankruptcy case can	result in fines up to \$500,00	0 or imprisonment for up to 20 ye	ears, or both.
18 L	J.S.C.§§ 152	2, 1341, 1519, and 3571			
I hav	ve examined	the information in this	Statement of Financial Affai	rs and any attachments and have	e a reasonable belief that the information is true and correct.
I ded	clare under p	penalty of perjury that th	e foregoing is true and corr	ect.	
Exec	cuted on	05/31/2024 MM / DD / YYYY			
×	/s/David	l R. Campbell		Printed name	David R. Campbell
	Signature	of individual signing on	behalf of the debtor		
	Position or	relationship to debtor	Authorized Signatory		
Are	additional	pages to Statemen	t of Financial Affairs fo	r Non-Individuals Filing for I	Bankruptcy (Official Form 207) attached?
	No				

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In re: Havana HCO, LLC Case No. 24-10568

Attachment 3

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

Creditor's name	Address 1	Address 2	City	State	Zip	Date	Total amount or value	Reason for payment or transfer (e.g. Secured debt, Unsecured loan repayments, Suppliers or vendors, Services, or Other)
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	12/29/2023	\$21,369.00	Vendor
Oasis Medical Services	PO Box 823473		Philadelphia	PA	19182-3473	12/29/2023	\$33,308.93	Vendor
Oasis Medical Services	PO Box 823473		Philadelphia	PA	19182-3473	1/5/2024	\$7,632.80	Vendor
Oasis Medical Services	PO Box 823473		Philadelphia	PA	19182-3473	1/15/2024	\$27,310.17	Vendor
Oasis Medical Services	PO Box 823473		Philadelphia	PA	19182-3473	1/23/2024	\$25,271.84	Vendor
Oasis Medical Services	PO Box 823473		Philadelphia	PA	19182-3473	2/1/2024	\$27,644.24	Vendor
Oasis Medical Services	PO Box 823473		Philadelphia	PA	19182-3473	2/10/2024	\$20,983.54	Vendor
Oasis Medical Services	PO Box 823473		Philadelphia	PA	19182-3473	2/15/2024	\$6,170.06	Vendor
Oasis Medical Services	PO Box 823473		Philadelphia	PA	19182-3473	2/16/2024	\$19,403.02	Vendor
Oasis Medical Services	PO Box 823473		Philadelphia	PA	19182-3473	2/23/2024	\$5,944.58	Vendor
Oasis Medical Services	PO Box 823473		Philadelphia	PA	19182-3473	3/1/2024	\$5,213.27	Vendor
Oasis Medical Services	PO Box 823473		Philadelphia	PA	19182-3473	3/15/2024	\$3,527.22	Vendor
Oasis Medical Services	PO Box 823473		Philadelphia	PA	19182-3473	3/20/2024	\$3,132.59	Vendor

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In re: Havana HCO, LLC Case No. 24-10568

Attachment 4

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

			Total amount or							
Insider's name	Address 1	City	State	Zip	Date	value	Reasons for payment or transfer	Relationship to debtor		
**Please reference Global Notes for additional info	rmation related to Intercompany Payments/Transfers									
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	5/11/2023	\$1,125.00	V00300Petersen Health Care Management	Related Entity		
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	6/8/2023	\$1,833.00	V00300Petersen Health Care Management	Related Entity		
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	7/13/2023	\$2,031.16	V00300Petersen Health Care Management	Related Entity		
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	8/10/2023	\$447.90	V00300Petersen Health Care Management	Related Entity		
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	11/9/2023	\$207.00	V00300Petersen Health Care Management	Related Entity		

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In re: Havana HCO, LLC Case No. 24-10568 Attachment 7

Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

Case Title	Case number	Nature of case	Court name	Court address 1	Court City	Court State	Court Zip	Status of case (e.g. Pending, On appeal, Concluded)
Milton Schoonover, as Independent Administrator of the Estate of Marlene Joann Schoonover, deceased v. Havana HCO, LLC, an Illinois Limited Liability Company d/b/a Havana Health Care Center	2022-LA-7	Undeterminable	Madison County Circuit Court	125 N. Plum Street	Havana	IL	62644	
SELECT REHABILITATION, LLC PLAINTIFF V. MIDWEST HEALTH OPERATIONS, LLC; PETERSEN HEALTH CARE - FARMER CITY, LLC; PETERSEN HEALTH CARE - ILLINI, LLC; PETERSEN HEALTH CARE - OZARK, LLC; PETERSEN HEALTH CARE - WESTSIDE, LLC; PETERSEN HEALTH CARE - WESTSIDE, LLC; PETERSEN HEALTH CARE - ROSEVILLE, LLC; PETERSEN HEALTH CARE V, LLC; PETERSEN HEALTH OPERATIONS III, LLC; PETERSEN HEALTH OPERATIONS, LLC; PETERSEN HEALTH OPERATIONS III, LLC; PETERSEN HEALTH OPERATIONS, LLC; PETERSEN HEALTH QUALITY, LLC; PETERSEN MANAGEMENT COMPANY, LLC; SJL HEALTH SYSTEMS, INC.; ALEDO HCO, LLC; ACCOLA HCO, LLC; CASEY HCO, LLC; CHARL ESTON HCO, LLC; COLLINSVILLE HCO, LLC; CUMBERLAND HCO, LLC; CASEY HCO, LLC; EASTVIEW HCO, LLC; EFFINGHAM HCO, LLC; HAVANA HCO, LLC; KEWANEE HCO, LLC; LEBANON HCO, LLC; MCLEANSBORO HCO, LLC; NORTH AURORA HCO, LLC; PETERSEN HEALTH BUSINESS, LLC; PETERSEN HEALTH JUNCTION, LLC; PETERSEN HEALTH PESOURCES, LLC; PETERSEN HEALTH & WELLNESS, LLC; PIPER HCO, LLC; PLEASANT VIEW HCO, LLC; PRAIRIE CITY HCO, LLC; ROBINGS HCO, LLC; ROSICLARE HCO, LLC; SHELBYVILLE HCO, LLC; SULLIVAN HCO, LLC; SWANSEA HCO, LLC; TARKIO HCO, LLC; TUSCOLA HCO, LLC; WIN HCO, LLC; WANDALIA HCO, LLC; WATSEKA HCO, LLC; AND WESTSIDE HCO, LLC, DEFENDANTS			10th Judicial Circuit Court of					
	2024-LA-0000030	Undeterminable	III	324 Main St. Ste. 215	Peoria	IL	61602	Pending