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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 ROSICLARE HCO, LLC (CASE NO. 24-10526)

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 "<u>Petition Date</u>"), 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 "<u>Bankruptcy Code</u>") with the United States Bankruptcy Court for the District of Delaware (the "<u>Court</u>"). 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.<sup>2</sup>

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, 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.
- **10.** <u>Materialman's/Mechanic's Liens</u>. 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 : Rosiclare HCO, LLC		
United States Bankruptcy Court for the: District of Delaware	_	
Case number (if known): 24-10526 (TMH)		Check if this is an amended filing
Official Form 206Sum		
Summary of Assets and Liabilities for No	n-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	\$_	1,692,785.54
1c. Total of all property:		
Copy line 92 from Schedule A/B	\$_	1,692,785.54
Part 2: Summary of Liabilities		
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form	206D)	
Copy the total dollar amount listed in Column A, Amount of claim, from line 3 or	of Schedule D \$ _	4,041,128.55
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	\$_	2,200.00
3b. Total amount of claims of nonpriority amount of unsecured claims:		
Copy the total of the amount of claims from Part 2 from line 5b of Schedule	e E/F+\$_	1,051,638.62
4. Total liabilities	<u></u>	

Lines 2 + 3a + 3b .....

5,094,967.17

Fill in this information to identify the case:	
Debtor Name: In re : Rosiclare HCO, LLC	
United States Bankruptcy Court for the: District of Delaware	☐ Check if th
Case number (if known): 24-10526 (TMH)	amended f

## Official Form 206A/B

Part 1: Cash and cash equivalents

## 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.

	_				
1. D	Ooes the debtor have any cash or cash equiva	lents?			
	☐ No. Go to Part 2.				
v	Yes. Fill in the information below.				
A	All cash or cash equivalents owned or cont	rolled by the debto	r	Current valu	e of debtor's interest
2. <b>(</b>	Cash on hand				
	2.1 None				
3. <b>C</b>	Checking, savings, money market, or financial	brokerage accounts	s (Identify all)		
N	lame of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number		
	3.1 PNC Bank	Commercial	2271	<b></b> \$	0.00
	3.2 PNC Bank	Government	3493	\$	0.00
	3.3 PNC Bank	Operating	3151	<b></b> \$	0.00
4. <b>O</b>	Other cash equivalents (Identify all)				
	4.1 Non-Critical Repair Reserve			\$	33,222.30
	4.2 Property Insurance Escrow			\$	14,344.40
	4.3 Real Estate Tax Escrow			\$	2,223.22
5 <b>T</b> (	otal of Part 1				
	dd lines 2 through 4 (including amounts on an	v additional sheets)	Copy the total to line 80	\$	49,789.92
7,0	a mico z umougn - (moluding amounts on any	y additional shocks.	copy the total to line ou.		

Case 24-10443-TMH Doc 455 Filed 05/31/24 Page 16 of 57 Rosiclare HCO, LLC 24-10526 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 Description, including name of holder of prepayment

9. Total of Part 2.

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

8.2 Prepaid Management Fees

8.1 Prepaid Insurance

9,200.00

Page 17 of 57 Case 24-10443-TMH Doc 455 Filed 05/31/24 Rosiclare 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: 1,563,810.94 - \$ 1,563,810.94 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.

1,563,810.94

\$

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Debtor:	Rosiclare HCO, LLC	Case number (if known):	24-10526	
	Name			

Par	t 4:	Investments				
13.	Does	the debtor own any investments?				
	☑ N	o. Go to Part 5.				
	□ Y	es. Fill in the information below.				
				Valuation method used for current value	Current value of debtor's into	erest
14.	Mutua	al funds or publicly traded stocks not included in Part 1				
	Name	of fund or stock:				
					\$	
15.		publicly traded stock and interests in incorporated and uni ding any interest in an LLC, partnership, or joint venture	ncorporated businesses,			
	Name	of entity:	% of ownership:			
					\$	
16.		rnment bonds, corporate bonds, and other negotiable and uments not included in Part 1	non-negotiable			
	Descr	ibe:				
				_	\$	
				ſ		
17.		of Part 4.				
	Add I	ines 14 through 16. Copy the total to line 83.			\$	0.00

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Rosiclare HCO, LLC 24-10526 Case number (if known): Debtor: Name

Part	Inventory, excluding agricult	ure assets			
18.	Does the debtor own any inventory (excluded)  ✓ No. Go to Part 6.  ✓ Yes. Fill in the information below.	ding agriculture assets	)?		
	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	resale	\$		\$
22.	Other inventory or supplies	_	\$\$		\$\$
23.	. <b>Total of Part 5.</b> Add lines 19 through 22. Copy the total to lin	e 84.			\$0.00
24.	Is any of the property listed in Part 5 peris  ☐ No	hable?		L	

■ No
------

☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

No			
Yes. Description	Book value\$	Valuation method	Current value \$

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- □ No
- ☐ Yes

Case 24-10443-TMH Doc 455 Filed 05/31/24 Page 20 of 57

Rosiclare HCO, LLC 24-10526 Case number (if known): Debtor:

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

Name

27.	7. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?					
	✓ No. Go to Part 7.  ✓ Yes. Fill in the information below.					
	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					
		\$		<b>\$</b>		
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	\$		_ \$		
		\$		_ \$		
	Other farming and fishing-related property not already listed in	Part 6 \$		\$		
33.	<b>Total of Part 6.</b> Add lines 28 through 32. Copy the total to line 85.			\$0.00		
34.	Is the debtor a member of an agricultural cooperative?  ☐ No					
	<ul><li>☐ Yes. Is any of the debtor's property stored at the cooperative?</li><li>☐ No</li><li>☐ Yes</li></ul>					
35.	Has any of the property listed in Part 6 been purchased within 2	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 liste  ☐ No ☐ Yes					
37.	Has any of the property listed in Part 6 been appraised by a prof	fessional within the last year?				

☐ Yes

Part 6:

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Debtor:	Rosiclare HCO, LLC	Case number (if known):	24-10526
	Name		
Part 7:	Office furniture, fixtures, and equipment; and collectibles		

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 of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture			
	39.1 Total FFE from Balance Sheet	\$ 8,213.89	Net Book Value	\$ 8,213.89
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.	<b>Collectibles</b> <i>Examples:</i> Antiques and figurines; paintings,prints books, pictures, or other art objects; china and crystal; stamp, card collections; other collections, memorabilia, or collectibles			
	42.1 None	\$		_ \$
43.	Total of Part 7.			
	Add lines 39 through 42. Copy the total to line 86.			\$ 8,213.89
44.	Is a depreciation schedule available for any of the property	/ listed in Part 7?	_	
	☑ No			
	□ Yes			
45.	Has any of the property listed in Part 7 been appraised by	a professional within the last y	year?	
	✓ No			

□ Yes

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Debtor:	Rosiclare HCO, LLC	Case number (if known):	24-10526
	Name		
Part 8:	Machinery, equipment, and vehicles		

46.	6. Does the debtor own or lease any machinery, equipment, or vehicles?								
	□ No. Go to Part 9.								
	✓ Yes. Fill in the information below.								
	General description	Net book value of debtor's interest	Valuation method used	Current value of debtor's interest					
	Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	(Where available)	for current value	Current value of deptor's interest					
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled	farm vehicles							
	47.1 None	\$		\$					
48.	Watercraft, trailers, motors, and related accessories Examp floating homes, personal watercraft, and fishing vessels  48.1 None	oles: Boats, trailers, motors, \$		\$					
49.	Aircraft and accessories								
	49.1 None	\$		<b></b>					
50.	Other machinery, fixtures, and equipment (excluding farm 50.1 See Schedule A/B 39	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	y listed in Part 8?							
	☑ No								
	☐ Yes								
53.	Has any of the property listed in Part 8 been appraised by	a professional within the last y	ear?						
	<b>⋈</b> No								

Official Form 206 A/B

☐ Yes

Case 24-10443-TMH Doc 455 Filed 05/31/24 Page 23 of 57 Rosiclare HCO, LLC Case number (if known): 24-10526 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 value property 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:
 Rosiclare HCO, LLC
 Case number (if known):
 24-10526

 Name
 24-10526

Part 10: Intangibles and intellectual property

59.	□ No. Go to Part 11.	property :		
	✓ Yes. Fill in the information below.			
	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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			
	65.1 None	\$		\$
66.	Total of Part 10.			
	Add lines 60 through 65. Copy the total to line 89.			\$
67.	Do your lists or records include personally identifiable informati	ion of customers (as defined in	∟ 11 U.S.C. §§ 101(41A) an	d 107) <b>?</b>
	□ No			
	✓ Yes			
68.	Is there an amortization or other similar schedule available for a	ny of the property listed in Par	t 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			

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Part 11:	AII	other	assets

	Include all in	ebtor own any other assets that have n terests in executory contracts and unexpi to Part 12.				
	✓ Yes. Fill	in the information below.				
						rrent value of debtor's erest
71.	Notes rece	ivable				
	Description (	(include name of obligor)	otal face amount	doubtful or uncollectible accou	ınts	
	71.1	None \$	S	- \$	= → \$	
72.	Tax refund	s and unused net operating losses (NC	DLs)			
	Description	(for example, federal, state, local)				
	72.1	None		Tax year	\$	
73	Interests in	insurance policies or annuities				
70.		N			\$	
					<b>,</b>	
74.	Causes of	action against third parties (whether o	r not a lawsuit			
		See Global Notes			\$	
		Nature of claim				
		Amount requested				
75.	Other cont every natu set off clair	ingent and unliquidated claims or caus re, including counterclaims of the debt ns	ses of action of for and rights to			
	75.1	None			\$	
		Nature of claim				
		Amount requested	\$			
76.	•	itable or future interests in property				
	76.1	None			\$_	
		erty of any kind not already listed Exammembership	mples: Season tickets,			
	77.1	None			\$	
78	Total of Pa	rt 11.				
70.		1 through 77. Copy the total to line 90.			\$	0.00
79.	Has any of	the property listed in Part 11 been app	raised by a professional	within the last year?		
	☑ No					
	☐ Yes					

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Debtor: Rosiclare HCO, LLC

Name

Case number (if known):

24-10526

## Part 12: Summary

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

Type of property	Current value of personal property	Current value of real property	
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	\$ 49,789.92	_	
81. Deposits and prepayments. Copy line 9, Part 2.	\$ 70,970.79	_	
82. Accounts receivable. Copy line 12, Part 3.	\$ 1,563,810.94	_	
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.	\$ 8,213.89	_	
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. <b>Total.</b> Add lines 80 through 90 for each column91a.	\$1,692,785.54	- 91b. \$ 0.00	
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92			\$1,

Fill in f	his ir	formation to iden	tify the case:			I				
		re : Rosiclare HCO, LLC								
		ankruptcy Court for the:								this is an
Case nur	nber (if	known): 24-10526 (TMH	l)					а	mende	d filing
O ((;		- 0005								
Offic	iai i	Form 206D								
Sche	edu	le D: Credit	ors Who H	av	e Claims	Secured by Pro	perty			12/15
Be as c	omple	ete and accurate as	possible.							
l. Do ar	ny cred	litors have claims sec	cured by debtor's pr	oper	ty?					
				the	court with debtor'	's other schedules. Debtor has no	othing else t	o report on thi	s form.	
✓Y	es. Fill	in all of the information	n below.							
art 1:	Lis	t Creditors Who Hav	ve Secured Claims							
List in	alphal	petical order all credit	tors who have secur	ed c	laims. If a credito	or has more than one	Column Amount	A of claim	Colum	
secure	u ciaiiii	, list the creditor separa	atery for each claim.					educt the collateral.		of collateral that orts this claim
0	4 01			<b>D</b>						
2.	Crea	itor's name		Des	scribe debtor's p	property that is subject to a lier				
		of Rantoul		Ve	hicle		\$	53,416.55	\$	Undetermined
		or's Name	_							
	Cred	itor's mailing address	5	De	scribe the lien					
	Notice	Name			n on Vehicle Coll	ateral	-			
		Champaign								
	Street			1-4		Overen besteller or relice				
				-		nsider or related party?				
	Ranto	oul IL	61866	-	No Yes					
	City	State	ZIP Code	П	res					
	Count			le f	anvono oleo liah	le on this claim?				
	Cred	y itor's email address,	if known	IS ( ☑	No	ile on this claim?				
	Oreu	nor 3 eman address,	ii kilowii			hedule H: Codebtors(Official Fori	n 206H)			
	Date	debt was incurred	3/3/2023				200,.			
				۸.	af tha matition fil	line data the elaimeia.				
	Last num	4 digits of account ber	19		eck all that apply.	ling date, the claim is:				
					Contingent					
		ultiple creditors have property?	an interest in the		Unliquidated					
		, p p			Disputed					
	$\checkmark$	No								
		Yes. Have you alread relative priority?	y specified the							
		☐ No. Specify each of creditor, and its rel								
		Yes. The relative properties on lines	priority of creditors is	-						

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Column A

Amount of claim
Do not deduct the

Column B

Value of collateral that

Debtor: Rosiclare HCO, LLC Case number (if known): 24-10526

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

Name

Part 1: Additional Page

the previous page.

												e of collateral.	sup	ports this claim
Cred	litor's na	ıme		Des	scribe	debtor's p	property	that is s	subject t	o a lien				
Ecap	ital			Nor	nRE P	roperty an	d all Acc	counts			\$	3,933,640.78	\$	Undetermined
Credite	or's Name													
Cred	itor's ma	ailing address	•											
						the lien								
	Name	no Dhid		Nor	nReal	Estate and	d Financi	ial						
Street	7 Biscay	ne biva		-										
Suite				ls t	the cre	editor an i	nsider o	r related	narty?					
Cano	200			-		and an i		. roidtod	puity.					
Aven	tura	FL	33180											
City		State	ZIP Code	ш	res									
Creditor's email address, if known  Date debt was incurred  Last 4 digits of account number  Do multiple creditors have an interest in the				of the eck all t	Fill out Sopetition fithat apply. tingent	iling dat		•	cial Form	1 206H	<i>t</i> ).			
same	e proper	ty?		П	Disp	•								
$\checkmark$	No				- 10-									
	Yes. Ha	ave you already priority?	specified the											
		Specify each c itor, and its rela	reditor, including this ative priority.											
	☐ Yes	. The relative p	priority of creditors is	-										

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Column A

\$

4,041,128.55

Column B

Debtor: Rosiclare HCO, LLC 24-10526 Case number (if known):

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

Name

**Additional Page** Part 1:

the p	previous page.			Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
3 Crec	ditor's name		Describe debtor's property that is subject to a lien		
Hear	rtland Bank & Trust C	Company	Vehicle	\$ 54,071.22	\$ Undetermined
Credit	tor's Name		Vollidio		
Cred	ditor's mailing addre	ess			
			Describe the lien		
	e Name		Lien on Vehicle Collateral		
401 Street	N Hershey Rd		_		
Street	ı		Is the creditor an insider or related party?		
			-		
Plac	mington IL	61702	☑ No		
City	State	ZIP Code	□ Yes		
City	State	ZIF Code			
Count	trv		Is anyone else liable on this claim?		
	ditor's email addres	s. if known	√ No		
		-,	☐ Yes. Fill out Schedule H: Codebtors(Official Form	n 206H)	
Date	e debt was incurred	5/24/2023	- Tes. 1 iii dat eenedale 11. eedesters(emelal 1 em		
Last num	t 4 digits of account nber	xxxx3087	As of the petition filing date, the claim is: Check all that apply.		
	multiple creditors have property?	ave an interest in the	<ul><li>☐ Contingent</li><li>☐ Unliquidated</li><li>☐ Disputed</li></ul>		
$\checkmark$	No				
	Yes. Have you alre relative priority?	ady specified the			
	☐ No. Specify eac creditor, and its	h creditor, including this relative priority.			
	Yes. The relative specified on line	re priority of creditors is			

Page, if any.

## 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				

## 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.

Dart 1	List All Creditors with PRIORITY Unsecured Claims	
ait i.	List All Greditors with PRIORITT Unsecured Claims	š

- 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 cred	Priority creditor's name and 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)						

#### 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 Ameren Illinois		nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	975.67
Creditor Name			□ Contingent		
			☐ Unliquidated		
Creditor's Notice name PO Box 88034			☐ Disputed		
			Basis for the claim:		
Address			Trade Payable	_	
Chicago	<u>IL</u>	606801034	<u></u>		
City	State	ZIP Code			
Country			la the claim out is at to affect?		
	s debt was incurr	ed	Is the claim subject to offset?  ☑ No		
Various  Last 4 digits	of account		□ Yes		
		nd mailing address	As of the petition filing date, the claim is:	\$	1,012.98
Baptist Health I	Medical Group		Check all that apply.		
			☐ Contingent		
Creditor's Notice r	nama		Unliquidated		
Orealion 3 Notice 1	ane		☐ Disputed		
PO Box 734839			Basis for the claim:		
Address			Trade Payable	_	
Ohiooni		00070			
Chicago	IL	60673			
City	State	ZIP Code			
Country					
Date or dates debt was incurred			Is the claim subject to offset?		
Various			✓ No		
Last 4 digits of account			□ Yes		
number					

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Name			Case number (if known):	24-10526	
Nonpriority creditor's name and mailing address			As of the petition filing date, the claim is:	\$	250.0
Cassandra Griswold Creditor Name  Creditor's Notice name  Address on File			Check all that apply.		
			☐ Contingent		
			☐ Unliquidated		
			☐ Disputed		
			Basis for the claim:		
Address on File Address			Trade Payable		
			<u> </u>	_	
City	State	ZIP Code			
Country					
Date or dates	debt was incurr	ed	Is the claim subject to offset?		
Various			☑ No		
Last 4 digits of	f account		□ Yes		
number					
Nonpriority cre Constellation Net		nd mailing address	As of the petition filing date, the claim is:  Check all that apply.	\$	678.3
Nonpriority cro		nd mailing address		\$	678.3
Nonpriority cro Constellation Net Creditor Name	w Energy	nd mailing address	Check all that apply.	\$	678.3
Nonpriority cro	w Energy	nd mailing address	Check all that apply.	\$	678.3
Nonpriority cro Constellation Net Creditor Name	w Energy	nd mailing address	Check all that apply.  Contingent Unliquidated	\$	678.3
Nonpriority cre Constellation Net Creditor Name  Creditor's Notice nar	w Energy	nd mailing address	Check all that apply.  Contingent Unliquidated Disputed	\$	678.3
Nonpriority cre Constellation Net Creditor Name  Creditor's Notice nar Gas Division LLC	w Energy	nd mailing address	Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	678.3
Nonpriority cre Constellation Net Creditor Name  Creditor's Notice nar  Gas Division LLC Address	w Energy	nd mailing address  60197-5473	Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	678.3
Nonpriority cre Constellation Net Creditor Name  Creditor's Notice nar  Gas Division LLC  Address  PO Box 5473	me		Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	678.3
Nonpriority cre Constellation Net Creditor Name  Creditor's Notice nar  Gas Division LLC Address PO Box 5473  Carol Stream	me	60197-5473	Check all that apply.  Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	678.3
Nonpriority cre Constellation Net Creditor Name  Creditor's Notice nar  Gas Division LLC Address PO Box 5473  Carol Stream City  Country	me	60197-5473 ZIP Code	Check all that apply.  Contingent Unliquidated Disputed Basis for the claim: Trade Payable  Is the claim subject to offset?	\$	678.3
Nonpriority cre Constellation Net Creditor Name  Creditor's Notice nar  Gas Division LLC Address PO Box 5473  Carol Stream City  Country	me L State	60197-5473 ZIP Code	Check all that apply.  Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	678.3

number

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or:	Rosiclare HC0	O, LLC		Case number (if known)	24-105	24-10526	
-	Name						
5 <b>N</b> C	onpriority cr	editor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	3,233.5	
	atamax editor Name			Check all that apply.			
Cre	editor Name			□ Contingent □ Unliquidated			
	a Sumner One						
Cre	editor's Notice nar	me		☐ Disputed			
PC	O Box 5180			Basis for the claim:			
Add	ddress			Trade Payable	_		
St	Louis	МО	63139-0180				
Cit	ty	State	ZIP Code				
Co	ountry						
Da	ate or dates	debt was incurr	ed	Is the claim subject to offset?			
Va	arious			☑ No			
La	ast 4 digits o	f account		□ Yes			
De	onpriority creditor's name and mailing address eaconess Hospital			As of the petition filing date, the claim is:  Check all that apply.	\$	375.0	
Cre	editor Name			☐ Contingent			
				☐ Unliquidated			
Cre	editor's Notice nar	me		□ Disputed			
60	0 Mary Street			Basis for the claim:			
Add	dress			Trade Payable	_		
_							
_	vansville	IN	47747-1658				
Cit	ty	State	ZIP Code				
	ountry			le the eleim publication official			
	Date or dates debt was incurred  Various			Is the claim subject to offset?			
				✓ No			
Last 4 digits of account				☐ Yes			
nu	umber						

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			Case number (if known):	24-10526	
Name					
	or's name ar	nd mailing address	As of the petition filing date, the claim is:	\$	5,401.2
Direct Supply Inc Creditor Name			Check all that apply.		
			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice name			☐ Disputed		
Box 88201			Basis for the claim:		
Address			Trade Payable	-	
Milwaukee	WI	53288			
City	State	ZIP Code			
Country					
Date or dates deb	t was incurre	ed	Is the claim subject to offset?		
Various  Last 4 digits of ac			☑ No		
Nonpriority credit Dr. Marcos Sunga	or's name ar	nd mailing address	As of the petition filing date, the claim is:	\$	2,400.0
Creditor Name		a maming addition	Check all that apply.		
			Check all that apply.  □ Contingent		
Creditor Name					
			☐ Contingent		
Creditor Name  Creditor's Notice name  Address on File			☐ Contingent ☐ Unliquidated		
Creditor Name  Creditor's Notice name			☐ Contingent ☐ Unliquidated ☐ Disputed	-	
Creditor Name  Creditor's Notice name  Address on File			☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim:		
Creditor Name  Creditor's Notice name  Address on File  Address	State		☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim:	_	
Creditor Name  Creditor's Notice name  Address on File	State	ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim:		
Creditor Name  Creditor's Notice name  Address on File  Address	State		☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim:	-	
Creditor Name  Creditor's Notice name  Address on File  Address  City		ZIP Code	□ Contingent □ Unliquidated □ Disputed  Basis for the claim:  Trade Payable  Is the claim subject to offset?	_	
Creditor Name  Creditor's Notice name  Address on File  Address  City  Country		ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: Trade Payable	-	

number

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btor:	Rosiclare HCC	D, LLC		Case number (if known).		24-10526	
	Name				_		
9 <b>N</b>	onpriority cre	editor's name a	nd mailing address	As of the petition filing date, the claim is:	\$_		3,853.9
	ynn Sales & Se	ervice Inc		Check all that apply.			
Cr	reditor Name			☐ Contingent			
				☐ Unliquidated			
Cr	reditor's Notice nar	me		 □ Disputed			
12	286 Franks Roa	ad		Basis for the claim:  Trade Payable			
	ddress				_		
_					_		
Ja	acksonville	<u>IL</u>	62650				
Cit	ity	State	ZIP Code				
Co	ountry						
D	ate or dates	debt was incurr	ed	Is the claim subject to offset?			
_	/arious			☑ No			
La	ast 4 digits o	f account		□ Yes			
nı	umber						
0 <b>N</b>	onpriority cre	editor's name a	nd mailing address	As of the petition filing date, the claim is:	\$		263.1
Gem Medical Supplies LLC			Check all that apply.	_			
Cr	reditor Name			☐ Contingent			
				☐ Unliquidated			
Cr	reditor's Notice nar	ne		□ Disputed			
73	30 Anthony Tra	il		Basis for the claim:			
Ad	ddress			Trade Payable	_		
_							
No	orthbrook	IL	60062				
Cit	ity	State	ZIP Code				
Co	ountry						
D	Date or dates debt was incurred			Is the claim subject to offset?			
_	arious			☑ No 			
La	ast 4 digits of account			□ Yes			
nı	umber						

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tor:	Rosiclare HCC	), LLC		Case number (if known):	:	24-10526			
	Name				-				
1 <b>N</b>	onpriority cre	editor's name a	nd mailing address	As of the petition filing date, the claim is:	\$		5,590.1		
		eneral Hospital		Check all that apply.	-				
Cr	reditor Name			☐ Contingent					
				☐ Unliquidated					
Cr	reditor's Notice nan	me		□ Disputed					
6	Ferrell Road			Basis for the claim:					
	Address			Trade Payable					
P	O Box 2467				-				
	osiclare	IL	62982						
Ci		State	ZIP Code						
C	ountry								
D	ate or dates of	debt was incurr	red	Is the claim subject to offset?					
Va	arious			☑ No					
La	ast 4 digits of	f account		□ Yes					
2 <b>N</b>			nd mailing address	As of the petition filing date, the claim is:	\$		3,407.0		
	arrisburg Medic reditor Name	cai Center		Check all that apply.					
				☐ Contingent					
	ttn Business Of			Unliquidated					
Ci	reditor's Notice nan	ne		☐ Disputed					
P	O Box 428			Basis for the claim:					
Ad	ddress			Trade Payable	_				
_	arrisburg	<u> L</u>	62946	<u></u>					
Ci	ity	State	ZIP Code						
	ountry			lo the claim out isst to effect?					
		debt was incurr	red	Is the claim subject to offset?  ☑ No					
_	arious								
Lá	ast 4 digits of	raccount		□ Yes					
nı	umber								

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tor:	Rosiclare HCC	O, LLC		Case number (if known):		24-10526	
	Name						
			nd mailing address	As of the petition filing date, the claim is:	\$		1,266.3
	eartland Bank &	& Trust		Check all that apply.			
Ci	reditor Name			☐ Contingent			
				☐ Unliquidated			
Cr	reditor's Notice nar	me		☐ Disputed			
Р	PO Box 67			Basis for the claim:			
Ac	ddress			Trade Payable	-		
_							
В	loomington	IL	61702-0067				
Ci	ity	State	ZIP Code				
С	ountry						
		debt was incurr	ed	Is the claim subject to offset?			
_	arious			✓ No			
Li	ast 4 digits o	f account		□ Yes			
	umber	aditavla nama a	nd mailing address	As of the matting filling date the element	•		4 004 6
	eartland Regior		ina maning address	As of the petition filing date, the claim is: Check all that apply.	Ф.		1,804.6
	reditor Name			☐ Contingent			
				☐ Unliquidated			
Cr	reditor's Notice nar	ne		☐ Disputed			
Dί	O Box 60545			Basis for the claim:			
	ddress			Trade Payable			
_					-		
_ Si	t. Louis	MO	63160-0545				
Ci		State	ZIP Code				
C	ountry						
D	ate or dates	debt was incurr	red	Is the claim subject to offset?			
Va	arious			☑ No			
La	ast 4 digits o	f account		☐ Yes			
n	umber						

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tor: Rosiclare HCO, LLC		Case number (if known):	24-10526		
Name					
5 Nonpriority creditor's name a Herrin Hospital	and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	1,949.00	
Creditor Name		☐ Contingent			
		☐ Unliquidated			
Creditor's Notice name		·			
		☐ Disputed  Basis for the claim:			
Southern I L Hospital Services Address		Trade Payable			
201 South 14th Street		Trade r ayable	_		
Herrin IL	62948				
City State	ZIP Code				
Country		Is the plaim publicat to offeet?			
Date or dates debt was incur	red	Is the claim subject to offset?  ☑ No			
Various  Last 4 digits of account					
number		_ 103			
6 Nonpriority creditor's name	and mailing address	As of the notition filling date the plain is:	¢	183.00	
HMC Orthopaedics	and maining address	As of the petition filing date, the claim is: Check all that apply.	Ψ	103.00	
Creditor Name		☐ Contingent			
		_			
Creditor's Notice name		·			
		☐ Disputed  Basis for the claim:			
100 Dr Warren Tuttle Drive Address					
		Trade Payable	_		
Harrisburg IL	62946-2718				
City State	ZIP Code				
Country					
Country	ua.d	Is the claim subject to offset?			
Date or dates debt was incur Various	rea	✓ No			
Last 4 digits of account		□ Yes			
number		00			

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tor: Rosiclare H	ICO, LLC		Case number (if known).	24-10526	
Name					
-		nd mailing address	As of the petition filing date, the claim is:	\$	4,572.6
Illinois America Creditor Name	an Water		Check all that apply.		
Oroditor Hamo			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice	Creditor's Notice name		☐ Disputed		
PO Box 6029	PO Box 6029		Basis for the claim:		
Address			Trade Payable	_	
Carol Stream	IL	601976029			
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  8 Nonpriority of Illinois State Proceeditor Name		nd mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent	\$	130.0
Creditor's Notice	name		Unliquidated		
			☐ Disputed		
Bureau of Inve	estigation		Basis for the claim:		
206 North Chic	cago Street		Trade Payable	_	
Joliet	IL	604324072			
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		

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: Rosiclare HCO, LLC			Case number (if known):	24-10526		
Name						
9 Nonpriority credito		mailing address	As of the petition filing date, the claim is:	\$	649.0	
Impact Medical Service Creditor Name	es LLC		Check all that apply.			
Creditor Name			☐ Contingent			
			☐ Unliquidated			
Creditor's Notice name  1001 NW Vesper Street			□ Disputed			
			Basis for the claim:			
Address			Trade Payable	_		
	MO	64015-3676				
City	State	ZIP Code				
Country						
Date or dates debt	was incurred		Is the claim subject to offset?			
Various  Last 4 digits of acc			☑ No □ Yes			
O Nonpriority credito John Strawser	r's name and	mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	250.0	
Creditor Name			 ☐ Contingent			
			☐ Unliquidated			
Creditor's Notice name			<del></del>			
			☐ Disputed  Basis for the claim:			
Address on File			Dasis for the Cialiff.			
Address			Trada Payabla			
Address			Trade Payable	-		
Address			Trade Payable	_		
	State	ZIP Code	Trade Payable	-		
	State	ZIP Code	Trade Payable	_		
City		ZIP Code	Trade Payable  Is the claim subject to offset?	-		
City		ZIP Code		-		

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or: Rosiclare HCO,	LLC		Case number (if known):	:	24-10526
Name				-	
Nonpriority cred	litor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	Undetermined
Law Office of Jeffre	ey Krumpe		Check all that apply.		
Creditor Name			☐ Contingent		
			✓ Unliquidated		
Creditor's Notice name			☑ Disputed		
110 SW Jeffereson	1		Basis for the claim:		
Address	•		 Litigation		
Suite 410				-	
Peoria	IL	61602			
City	State	ZIP Code			
Country					
Date or dates de	ebt was incurr	ed	Is the claim subject to offset?		
2/6/2024			☑ No		
Last 4 digits of a	account		□ Yes		
		nd mailing address	As of the petition filing date, the claim is:	\$	264.0
Marion Eye Centers Creditor Name	S Lta		Check all that apply.		
			☐ Contingent		
Creditor's Notice name			☐ Unliquidated		
Creditor's Notice name			☐ Disputed		
PO Box 1178			Basis for the claim:		
Address			Trade Payable	_	
Marion	IL	62959			
City	State	ZIP Code			
Country					
Date or dates de	ebt was incurr	red	Is the claim subject to offset?		
Various					
Last 4 digits of a	account		☐ Yes		

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Nonpriority creditor's name and mailing address   As of the petition filling date, the claim is: \$ 693.4						
Creditor's Notice name    Contingent   Unliquidated     Disputed     Basis for the claim:     Trade Payable	Marion Healthca		and mailing address		\$	693.4
Coditor's Notice name  3003 Civic Circle Boulevard Address  Marion  IL 62959-5259 City State ZiP Code  State  State Various  No Last 4 digits of account number  Nonpriority creditor's name and mailing address Mariin Bros  Creditor's Notice name  406 Viking Road Address  Creditor's Notice name  406 Viking Road Address  Creditor's State  State  State St	Creditor Name			☐ Contingent		
Disputed  Basis for the claim:  Trade Payable  Marion IL 62959-5259 City State ZIP Code  Country  Date or dates debt was incurred  Various   Yes  Last 4 digits of account   Yes  Nonpriority creditor's name and mailing address Martin Bros   Creditor Notice name   Unliquidated   Creditor Notice name   Unliquidated   Creditor Notice name   Address   Address   Trade Payable  Cedar Falls   IA 50613   City State   State   State   State   State   State   State   Calim subject to offset?    Contingent     Unliquidated     Disputed     Disputed     State   Calim subject to offset?   Trade Payable     Country     Date or dates debt was incurred     State   Calim subject to offset?   State   Calim subject				☐ Unliquidated		
Address  Marion IL 62959-5259 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 Martin Bros Creditor Name  Creditor Name  Creditor Notice name  406 Viking Road Address  Creditor State  As 50613 City State State  Country  Date or dates debt was incurred  Sharin Bros Creditor Notice name  Creditor Notice name  Creditor State  Creditor State  Creditor State  Creditor State  State Stat	Creditor's Notice na	me		□ Disputed		
Address  Marion IL 62959-5259 City State 7IP Code  Country  Date or dates debt was incurred Various 7 No Last 4 digits of account number  Nonpriority creditor's name and mailing address Martin Bros 7 Creditor Name 7 Disputed 8 Basis for the claim: 1 Trade Payable  Creditor's Notice name 1 Disputed 8 Basis for the claim: 1 Trade Payable  Cedar Falls IA 50613 City State 7IP Code  Date or dates debt was incurred 9 Is the claim subject to offset?  I Trade Payable 7 Is the claim subject to offset?  I Trade Payable 8 Is the claim subject to offset?  I Trade Payable 9 Is the claim: 1 Trade Payable 9 Is the claim subject to offset?  I Trade Payable 9 Is the claim subject to offset?  I State 1 Is the claim subject to offset?  I State 1 Is the claim subject to offset?  I State 1 Is the claim subject to offset?	3003 Civic Circle Boulevard			·		
Country  Date or dates debt was incurred Various Last 4 digits of account number  Nonpriority creditor's name and mailing address Martin Bros Creditor Name  Creditor's Notice name  406 Viking Road Address  Cledar Falls IA State				Trade Payable	_	
Country  Date or dates debt was incurred Various Last 4 digits of account number  Nonpriority creditor's name and mailing address Martin Bros Creditor Name  Creditor's Notice name  406 Viking Road Address  Cledar Falls IA State	Marion	П	62959-5259			
Date or dates debt was incurred     Is the claim subject to offset?       Various     ✓ No       Last 4 digits of account     Yes       Nonpriority creditor's name and mailing address       Martin Bros     Check all that apply.       Creditor Name     Contingent       Creditor's Notice name     Unliquidated       Address     Basis for the claim:       Trade Payable       Cedar Falls     IA     50613       City     State     ZIP Code       Is the claim subject to offset?       Various     Is the claim subject to offset?						
Various  Last 4 digits of account  number  Nonpriority creditor's name and mailing address Martin Bros Creditor Name  Creditor's Notice name  406 Viking Road Address  Cledar Falls IA State State  Country  Date or dates debt was incurred Various  No  Yes  No  No  Yes  No  No  Yes  No  No  Yes  No  No  State No  No  No  State No	Country					
Last 4 digits of account number  Nonpriority creditor's name and mailing address Martin Bros Creditor Name  Creditor's Notice name  406 Viking Road Address  Cedar Falls LA State ZIP Code  LIS the claim subject to offset?  Ores  State  State  State  As of the petition filing date, the claim is: \$ 136,179.  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim: Trade Payable  State  State  LA State ZIP Code  State  State	Date or dates	debt was incurr	red	Is the claim subject to offset?		
Nonpriority creditor's name and mailing address Martin Bros Creditor Name Creditor's Notice name  406 Viking Road Address Cledar Falls City State ZIP Code  Country  Date or dates debt was incurred Various  As of the petition filing date, the claim is: \$ 136,179. Check all that apply.  Disputed  Basis for the claim: Trade Payable  State  State Claim subject to offset? No	Various			✓ No		
Nonpriority creditor's name and mailing address  Martin Bros Creditor Name Creditor's Notice name Unliquidated Disputed Basis for the claim: Trade Payable  Cedar Falls IA 50613 City State ZIP Code  List the claim subject to offset?  Is the claim subject to offset?  No	Last 4 digits of	of account		□ Yes		
Martin Bros  Creditor Name  Creditor's Notice name  Creditor's Notice name  406 Viking Road  Address  Cedar Falls City  Country  Date or dates debt was incurred Various  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim: Trade Payable  Esthe claim subject to offset?  No	_					
Creditor Name  Creditor's Notice name  406 Viking Road  Address  Cedar Falls City  Country  Date or dates debt was incurred  Contingent  Unliquidated  Disputed  Basis for the claim:  Trade Payable  Is the claim subject to offset?  No	number					
Creditor's Notice name  406 Viking Road  Address  Cedar Falls City  Country  Date or dates debt was incurred Various  Unliquidated Disputed  Basis for the claim:  Trade Payable  Is the claim subject to offset?  No	Nonpriority cr	editor's name a	and mailing address		\$	136,179.
Creditor's Notice name  406 Viking Road  Address  Cedar Falls City  Country  Date or dates debt was incurred Various  Disputed  Basis for the claim:  Trade Payable  Is the claim subject to offset?  No	Nonpriority cr	editor's name a	and mailing address	Check all that apply.	\$	136,179.
Address  Address  Cedar Falls City  Date or dates debt was incurred Various  Basis for the claim:  Trade Payable  Trade Payable  Is the claim subject to offset?  No	Nonpriority cr	reditor's name a	and mailing address	Check all that apply.  □ Contingent	\$	136,179.
Address  Trade Payable  Cedar Falls IA 50613 City State ZIP Code  Country  Date or dates debt was incurred Various  Trade Payable  Is the claim subject to offset?  ✓ No	Martin Bros Creditor Name		and mailing address	Check all that apply.  ☐ Contingent ☐ Unliquidated	\$	136,179.
Cedar Falls IA 50613   City State ZIP Code    Country  Date or dates debt was incurred  Various  Is the claim subject to offset?  No	Nonpriority cr Martin Bros Creditor Name  Creditor's Notice na	me	and mailing address	Check all that apply.  Contingent  Unliquidated  Disputed	\$	136,179.
Country  Date or dates debt was incurred Various  State  ZIP Code  Is the claim subject to offset?  No	Monpriority cr Martin Bros Creditor Name  Creditor's Notice na 406 Viking Road	me	and mailing address	Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	136,179.
Country  Date or dates debt was incurred  Various  Is the claim subject to offset?  No	Monpriority cr Martin Bros Creditor Name  Creditor's Notice na 406 Viking Road	me	and mailing address	Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	136,179.
Date or dates debt was incurred       Is the claim subject to offset?         Various       ✓ No	Nonpriority cr Martin Bros Creditor Name  Creditor's Notice na 406 Viking Road Address	me I		Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	136,179.
Various  ☑ No	Nonpriority cr Martin Bros Creditor Name  Creditor's Notice na 406 Viking Road Address  Cedar Falls	me I	50613	Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	136,179.
validus	Nonpriority cr Martin Bros Creditor Name  Creditor's Notice na 406 Viking Road Address  Cedar Falls City	me I	50613	Check all that apply.  Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	136,179.
	Nonpriority cr Martin Bros Creditor Name  Creditor's Notice na 406 Viking Road Address  Cedar Falls City  Country	IA State	50613 ZIP Code	Check all that apply.  Contingent Unliquidated Basis for the claim: Trade Payable  Is the claim subject to offset?	\$	136,179.

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Name				
Mc Kesson Med		nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$ 11,081.8
Creditor Name			□ Contingent	
			☐ Unliquidated	
Creditor's Notice na	me		· □ Disputed	
PO Box 630693			Basis for the claim:	
Address	Address		Trade Payable	
Cincinnati	ОН	452630693		
City	State	ZIP Code		
Country				
Date or dates	debt was incurr	ed	Is the claim subject to offset?	
Various  Last 4 digits of	of account		✓ No  —— Yes	
	of account		<u> </u>	
Last 4 digits of number  Nonpriority cr Omnicare		nd mailing address	<u> </u>	\$ 21,942.:
Last 4 digits on number  Nonpriority cr		nd mailing address	☐ Yes  As of the petition filing date, the claim is:	\$ 21,942.
Last 4 digits of number  Nonpriority cr Omnicare Creditor Name	reditor's name a	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.	\$ 21,942.:
Last 4 digits of number  Nonpriority cr Omnicare	reditor's name a	nd mailing address	□ Yes  As of the petition filing date, the claim is:  Check all that apply.  □ Contingent	\$ 21,942.3
Last 4 digits of number  Nonpriority cr Omnicare Creditor Name	reditor's name a	nd mailing address	□ Yes  As of the petition filing date, the claim is:  Check all that apply.  □ Contingent □ Unliquidated	\$ 21,942.3
Last 4 digits of number  Nonpriority cr Omnicare Creditor Name	reditor's name a	nd mailing address	□ Yes  As of the petition filing date, the claim is:  Check all that apply.  □ Contingent □ Unliquidated □ Disputed	\$ 21,942.
Last 4 digits of number  Nonpriority cr Omnicare Creditor Name  Creditor's Notice na	reditor'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:	\$ 21,942.3
Last 4 digits of number  Nonpriority cr Omnicare Creditor Name  Creditor's Notice na  Department7816 Address	reditor's name a	nd mailing address  482781668	□ Yes  As of the petition filing date, the claim is:  Check all that apply. □ Contingent □ Unliquidated □ Disputed  Basis for the claim:	\$ 21,942.:
Last 4 digits of number  Nonpriority or Omnicare Creditor Name  Creditor's Notice nather the Notice na	me		□ Yes  As of the petition filing date, the claim is:  Check all that apply. □ Contingent □ Unliquidated □ Disputed  Basis for the claim:	\$ 21,942.:
Last 4 digits of number  Nonpriority cr Omnicare Creditor Name  Creditor's Notice na  Department7816 Address PO Box 78000  Detroit	me  MI	482781668	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$ 21,942.:
Last 4 digits of number  Nonpriority cr Omnicare Creditor Name  Creditor's Notice na Department7816 Address PO Box 78000  Detroit City  Country	me  MI	482781668 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?	\$ 21,942.:
Last 4 digits of number  Nonpriority cr Omnicare Creditor Name  Creditor's Notice na Department7816 Address PO Box 78000  Detroit City  Country	me  MI State	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	\$ 21,942.3

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Name					
	ditor's name a	and mailing address	As of the petition filing date, the claim is:	\$	357.
Orthopaedic Asso	ociates Inc		Check all that apply.		
Creditor Name			☐ Contingent		
			Unliquidated		
Creditor's Notice nam	ne		☐ Disputed		
48 Doctors Park			Basis for the claim:		
Address			Trade Payable	_	
Cape Girardeau	MO	63703-4918			
City	State	ZIP Code			
Country					
Date or dates d	lebt was incurr	red	Is the claim subject to offset?		
Various  Last 4 digits of			✓ No		
number					
Nonpriority cre Orthopaedic Instit		and mailing address entucky	As of the petition filing date, the claim is:  Check all that apply.	\$	1,470.
Nonpriority cre				\$	1,470.
Nonpriority cre Orthopaedic Instit Creditor Name	tute of Western K		Check all that apply.	\$	1,470.
Nonpriority cre Orthopaedic Instit	tute of Western K		Check all that apply.  □ Contingent	\$	1,470.
Nonpriority cre Orthopaedic Instit Creditor Name  Creditor's Notice nam 510 Lincoln Drive	tute of Western K		Check all that apply.  ☐ Contingent ☐ Unliquidated	\$	1,470.
Nonpriority cre Orthopaedic Instit Creditor Name  Creditor's Notice nam	tute of Western K		Check all that apply.  Contingent  Unliquidated  Disputed	\$	1,470.
Nonpriority cre Orthopaedic Instit Creditor Name  Creditor's Notice nam 510 Lincoln Drive Address	tute of Western K	entucky	Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	1,470.
Nonpriority cre Orthopaedic Instit Creditor Name  Creditor's Notice nam 510 Lincoln Drive Address  Herrin	tute of Western K	62948-6334	Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	1,470.
Nonpriority cre Orthopaedic Instit Creditor Name  Creditor's Notice nam 510 Lincoln Drive Address	tute of Western K	entucky	Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	1,470.
Nonpriority cre Orthopaedic Instit Creditor Name  Creditor's Notice nam 510 Lincoln Drive Address  Herrin	tute of Western K	62948-6334	Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	1,470.
Nonpriority cre Orthopaedic Instit Creditor Name  Creditor's Notice nam 510 Lincoln Drive Address  Herrin City	tute of Western K	62948-6334 ZIP Code	Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	1,470.

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Name					
	editor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	14,291.0
Creditor Name			□ Contingent		
			☐ Unliquidated		
Creditor's Notice na	ime		 ☐ Disputed		
9840 Southwest Highway			Basis for the claim:		
Address			Trade Payable	-	
Oald Lawre		00450			
Oak Lawn City	State	ZIP Code			
Country	4-1-4		Is the claim subject to offset?		
Various	debt was incurr	ea	✓ No		
Last 4 digits o	of account				
number					
Nonpriority cr Presto- X	editor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	1,164.0
Presto- X			ericek dir triat apply.		
Creditor Name			□ Contingent		
			<del></del>		
	ime		□ Contingent		
Creditor Name	me		□ Contingent □ Unliquidated		
Creditor Name  Creditor's Notice na	ime		□ Contingent □ Unliquidated □ Disputed	-	
Creditor Name  Creditor's Notice na  PO Box 14095  Address		19612	☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim:	-	
Creditor Name  Creditor's Notice na  PO Box 14095	PA State	19612 ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim:	-	
Creditor Name  Creditor's Notice na  PO Box 14095  Address  Reading	PA	<del></del>	☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: Trade Payable	-	
Creditor Name  Creditor's Notice na PO Box 14095  Address  Reading City  Country  Date or dates	PA	ZIP Code	□ Contingent □ Unliquidated □ Disputed  Basis for the claim:  Trade Payable  Is the claim subject to offset?	-	
Creditor Name  Creditor's Notice na  PO Box 14095  Address  Reading  City  Country	PA State  debt was incurr	ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: Trade Payable	-	

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Name			Case number (if known):	24-10526	
Nonpriority of	creditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	499.
Proforma Creditor Name			Check all that apply.		
Creditor Name			☐ Contingent		
			Unliquidated		
Creditor's Notice r	name		☐ Disputed		
PO Box 64081	PO Box 640814		Basis for the claim:		
Address			Trade Payable		
Cincinnati	ОН	452640814			
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	creditor's name a	nd mailing address	☐ Yes  As of the petition filing date, the claim is:  Check all that apply.	\$	2,837.
number Nonpriority of	creditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	2,837.
number  Nonpriority of RecoverCare L	creditor's name a	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.	\$	2,837.
number Nonpriority of RecoverCare L Creditor Name	creditor's name a LC	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated	\$	2,837.
Nonpriority of RecoverCare L Creditor Name  dba Joerns LLC Creditor's Notice recovers the control of the contro	creditor's name a LC C name	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent	\$	2,837.
number  Nonpriority of RecoverCare Loreditor Name  dba Joerns LLO	creditor's name a LC C name	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed	\$	2,837.
number  Nonpriority of RecoverCare Loreditor Name  dba Joerns LLO Creditor's Notice of PO Box 936444	creditor's name a LC 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:	\$	2,837.
number  Nonpriority of RecoverCare Loreditor Name  dba Joerns LLO Creditor's Notice of PO Box 936444	creditor's name a LC 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:	\$	2,837.
Nonpriority of RecoverCare L Creditor Name dba Joerns LLC Creditor's Notice of PO Box 936446 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:	\$	2,837.
Nonpriority of RecoverCare L Creditor Name  dba Joerns LLC Creditor's Notice of PO Box 936444  Address	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  Basis for the claim:  Trade Payable	\$	2,837.
Nonpriority of RecoverCare L Creditor Name  dba Joerns LLC Creditor's Notice of PO Box 936444 Address  Atlanta City  Country	creditor's name a LC C name 6	31193-6446 ZIP Code	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	2,837.

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tor: Rosiclare HCC	O, LLC		Case number (if known):	24-10526	
Name					
	editor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	539,319.6
RehabCare Creditor Name			Check all that apply.		
Oroditor Hamo			☐ Contingent		
			Unliquidated		
Creditor's Notice nar	Creditor's Notice name		☐ Disputed		
PO Box 71985			Basis for the claim:		
Address			Trade Payable		
Chicago	<u>IL</u>	60694-1985			
City	State	ZIP Code			
Country					
Date or dates	debt was incurr	ed	Is the claim subject to offset?		
Various			☑ No		
Last 4 digits of	f account		□ Yes		
number  84 Nonpriority cre Select Rehabilita Creditor Name		nd mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent	\$	274,827.9
			☐ Unliquidated		
Creditor's Notice nar	me		·		
			☐ Disputed		
PO Box 71985 Address			Basis for the claim:		
			Trade Payable		
Chicago	IL	606941985			
City	State	ZIP Code			
Country					
Date or dates	debt was incurr	red	Is the claim subject to offset?		
Date or dates debt was incurred			✓ No		
Various					

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Creditor's Notice name  Disputed  Basis for the claim:  Trade Payable  Sullivan  IL  Gly  State  Cly  Country  Date or dates debt was incurred  Various  Last 4 digits of account  number  Nonpriority creditor's name and mailing address Shadow Fax Projects#2  Contingent  Unliquidated  Disputed  Basis for the claim:  Trade Payable   Trade Payable   Shadow Fax Projects#2  Contingent  Unliquidated  Disputed  Basis for the claim:  Trade Payable			and mailing address	As of the petition filing date, the claim is: \$	752.8			
Creditor's Notice name  PO Box 347 Address  Sullivan IL 61951 City State 2iP Code    State   Shadow Fax Projects#2   Creditor's Notice name   Cred		rojects		Check all that apply.				
Disputed   PO Box 347				☐ Contingent				
Disputed   Basis for the claim:   Trade Payable	Craditar's Nation	namo		Unliquidated				
Sullivan   IL   61951   ZIP Code   State   ZIP Code   ZIP Code   State   ZIP Code   State   ZIP Code   State   ZIP Code   Z	Creditor's Notice i	name		☐ Disputed				
Sullivan IL 61951 City State ZIP Code    State				Basis for the claim:				
Country  Date or dates debt was incurred Various Last 4 digits of acount number  Nonpriority creditor's name and mailing address Shadow Fax Projects#2 Creditor Name  Creditor's Notice name Medical Waste Account Address PO Box 5473  Sullivan IL 61951 City State ZIP Code  Is the claim subject to offset?  No  As of the petition filing date, the claim is: \$ 124.5  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim: Trade Payable  Country  Date or dates debt was incurred Various  Is the claim subject to offset?  Is the claim subject to offset?	Address			Trade Payable				
Country  Date or dates debt was incurred Various  Last 4 digits of account number  Nonpriority creditor's name and mailing address Shadow Fax Projects#2  Creditor Name  Creditor's Notice name Medical Waste Account Address PO Box 5473  Sullivan IL State	Sullivan	II.	61951					
Date or dates debt was incurred     Is the claim subject to offset?       Various     ✓ No       Last 4 digits of account     ✓ Yes       Nonpriority creditor's name and mailing address     As of the petition filling date, the claim is: \$								
Various				In the plains publicates offeeto				
Last 4 digits of account number  Nonpriority creditor's name and mailing address Shadow Fax Projects#2 Creditor Name  Creditor's Notice name  Medical Waste Account Address PO Box 5473  Sullivan IL Gly State ZIP Code  List the claim subject to offset?  Is the claim subject to offset?  No  Yes  As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed  Basis for the claim:  Trade Payable  State  State ZIP Code  Is the claim subject to offset?  No		s debt was incuri	red					
Nonpriority creditor's name and mailing address Shadow Fax Projects#2 Creditor Name  Creditor's Notice name  Creditor's Notice name  Medical Waste Account Address PO Box 5473  Sullivan IL Gity State Stat		-f						
Nonpriority creditor's name and mailing address Shadow Fax Projects#2 Creditor Name Creditor's Notice name  Medical Waste Account Address PO Box 5473  Sullivan IL City State State  Creditor's Notice name  Busis for the claim: Trade Payable  Is the claim subject to offset?  Is the claim subject to offset?  No	_			□ 165				
Shadow Fax Projects#2  Creditor Name  Creditor's Notice name  Creditor's Notice name  Medical Waste Account Address PO Box 5473  Sullivan IL State  Country  Country  Date or dates debt was incurred Various  Check all that apply.  Contingent Unliquidated Disputed  Basis for the claim: Trade Payable  Trade Payable  Is the claim subject to offset?  No	number							
Creditor Name  Creditor's Notice name  Medical Waste Account  Address PO Box 5473  Sullivan City State  Country  Date or dates debt was incurred  Contingent Unliquidated Disputed  Basis for the claim: Trade Payable  It 61951 ZIP Code  Is the claim subject to offset? No								
Creditor's Notice name  Medical Waste Account Address PO Box 5473  Sullivan City  Country  Date or dates debt was incurred Various  Unliquidated Disputed  Basis for the claim: Trade Payable  Italy 61951 ZIP Code  Is the claim subject to offset? No	Nonpriority (		and mailing address		124.			
Creditor's Notice name □ Disputed   Medical Waste Account Basis for the claim:   Address Trade Payable    Trade Payable   Sullivan  IL  City  State  Country  Date or dates debt was incurred  Various  □ Disputed  Basis for the claim:  Trade Payable  Is the claim subject to offset?  ☑ No  □ Disputed  Basis for the claim:  Trade Payable  Is the claim subject to offset?  ☑ No  □ Disputed  Basis for the claim:  Trade Payable  □ Disputed  Is the claim subject to offset?  ☑ No  □ Disputed  □ Disputed  Basis for the claim:  Trade Payable  □ Disputed  Is the claim subject to offset?  ☑ No	Nonpriority of Shadow Fax P		and mailing address	Check all that apply.	124.			
Medical Waste Account Address  PO Box 5473  Sullivan IL 61951 City State ZIP Code  Country  Date or dates debt was incurred Various  Basis for the claim: Trade Payable  Trade Payable  Is the claim subject to offset?  ✓ No	Nonpriority of Shadow Fax P		and mailing address	Check all that apply.  □ Contingent	124.			
Address  PO Box 5473  Sullivan IL 61951 City State ZIP Code  Country  Date or dates debt was incurred Various  Trade Payable  Is the claim subject to offset?  No	Nonpriority ( Shadow Fax P Creditor Name	rojects#2	and mailing address	Check all that apply.  □ Contingent □ Unliquidated	124.5			
PO Box 5473    Sullivan	Nonpriority ( Shadow Fax P Creditor Name	name	and mailing address	Check all that apply.  ☐ Contingent ☐ Unliquidated ☐ Disputed	124.8			
Sullivan     IL     61951       City     State     ZIP Code    Country  Date or dates debt was incurred  Various  Is the claim subject to offset?  No	Nonpriority of Shadow Fax P Creditor Name  Creditor's Notice of Medical Waste	name	and mailing address	Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	124.5			
Country  Date or dates debt was incurred Various  State  ZIP Code  Is the claim subject to offset?  No	Nonpriority ( Shadow Fax P Creditor Name  Creditor's Notice to Medical Waste Address	name	and mailing address	Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	124.			
Country  Date or dates debt was incurred  Various  Is the claim subject to offset?  No	Nonpriority ( Shadow Fax P Creditor Name  Creditor's Notice to Medical Waste Address	name	and mailing address	Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	124.			
Date or dates debt was incurred       Is the claim subject to offset?         Various       ✓ No	Nonpriority ( Shadow Fax P Creditor Name  Creditor's Notice I Medical Waste Address PO Box 5473	name Account		Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	124.5			
Various  ☑ No	Nonpriority ( Shadow Fax P Creditor Name  Creditor's Notice to Medical Waste Address PO Box 5473  Sullivan	name Account	61951	Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	124.5			
Various	Nonpriority ( Shadow Fax P Creditor Name  Creditor's Notice i Medical Waste Address PO Box 5473  Sullivan City  Country	name  Account  IL  State	61951 ZIP Code	Check all that apply.  Contingent Unliquidated Disputed Basis for the claim: Trade Payable	124.			
	Nonpriority of Shadow Fax P Creditor Name  Creditor's Notice of Medical Waster Address PO Box 5473  Sullivan City  Country  Date or date:	name  Account  IL  State	61951 ZIP Code	Check all that apply.  Contingent Unliquidated Basis for the claim: Trade Payable  Is the claim subject to offset?	124.			

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or: Rosiclare HC	CO, LLC		Case number (if known):	24-10526	
Name					
Nonpriority c	reditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	521.7
Sherwin William	ns Co		Check all that apply.		
Creditor Name			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice na	ame		 ☐ Disputed		
101 W. Prospec	ct Ave		Basis for the claim:		
Address			Trade Payable	_	
Cleveland	OH	044115			
City	State	ZIP Code			
Country					
Date or dates	debt was incurr	red	Is the claim subject to offset?		
Various  Last 4 digits			☑ No ☐ Yes		
	reditor's name a	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.	\$	87.9
Creditor Name			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice n	ame		 ☐ Disputed		
510 Lincoln Driv	ve		Basis for the claim:		
Address			 Trade Payable		
				_	
Herrin	IL	62948			
City	State	ZIP Code			
Country					
Date or dates	debt was incurr	ed	Is the claim subject to offset?		
Various			✓ No		
Various	Various  Last 4 digits of account				

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Name					
Nonpriority cre	editor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	5,140.0
St Joseph Memo			Check all that apply.		
Creditor Name			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice nar	ne		□ Disputed		
PO Box 1845			Basis for the claim:		
Address			Trade Payable	_	
Indianapolis	IN	46206-1845			
City	State	ZIP Code			
Country					
Date or dates	debt was incurr	red	Is the claim subject to offset?		
Various  Last 4 digits o			☑ No		
Nonpriority cro		nd mailing address	As of the petition filing date, the claim is:	\$	607.7
Creditor Name	t Pro		Check all that apply.		007.1
	t Pro		☐ Contingent		001
Creditor Name					007
			□ Contingent □ Unliquidated □ Disputed		007.1
Creditor Name  Creditor's Notice nar  13924 Collection	me		☐ Contingent ☐ Unliquidated ☐ Disputed ☐ Basis for the claim:		307.
Creditor Name  Creditor's Notice nar	me		□ Contingent □ Unliquidated □ Disputed		007.1
Creditor Name  Creditor's Notice nar  13924 Collection  Address	ne Center Drive		☐ Contingent ☐ Unliquidated ☐ Disputed ☐ Basis for the claim:		607.
Creditor Name  Creditor's Notice nar  13924 Collection	me	60693-0126  ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed ☐ Basis for the claim:	_	607.
Creditor Name  Creditor's Notice nar  13924 Collection Address  Chicago	ne Center Drive	60693-0126	☐ Contingent ☐ Unliquidated ☐ Disputed ☐ Basis for the claim:		
Creditor Name  Creditor's Notice nar  13924 Collection Address  Chicago City  Country	ne Center Drive	60693-0126 ZIP Code	□ Contingent □ Unliquidated □ Disputed  Basis for the claim:  Trade Payable  Is the claim subject to offset?		
Creditor Name  Creditor's Notice nar  13924 Collection Address  Chicago City  Country	Center Drive  IL State  debt was incurr	60693-0126 ZIP Code	□ Contingent □ Unliquidated □ Disputed  Basis for the claim:  Trade Payable		

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or: Ro	Rosiclare HCO, LLC			Case number (if known)	):	24-10526	
Na	ame						
1 Nonp	priority credi	tor's name a	nd mailing address	As of the petition filing date, the claim is:	\$		1,229.50
	tate Fire Protec	tion Inc		Check all that apply.			
Credito	or Name			□ Contingent			
				☐ Unliquidated			
Credito	or's Notice name			 □ Disputed			
РО В	Box 70			Basis for the claim:			
Addres	SS			Trade Payable			
Newb	burgh	IN	47629-0070				
City		State	ZIP Code				
Countr	try						
Date	or dates del	ot was incurr	ed	Is the claim subject to offset?			
Vario	ous			✓ No			
	4 digits of a						

Official Form 206E/F

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#### 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 mailin	ng 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				
City	State	ZIP Code		
Country				

# Total Amounts of the Priority and Nonpriority Unsecured Claims 5. Add the amounts of priority and nonpriority unsecured claims. Total of claim amounts 5a. Total claims from Part 1 5b. Total claims from Part 2 5b. + \$ 1,051,638.62

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

1,053,838.62

Fill in this information to identify the case:
Debtor Name: In re : Rosiclare HCO, LLC
United States Bankruptcy Court for the: District of Delaware
Case number (if known): 24-10526 (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 mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for and the nature of the debtor's interest	Name
		Notice Name
	State the term remaining	Address
	List the contract number of any government contract	
		City State ZIP Code
		Country

Fill in this information to identify the case:	
Debtor Name: In re : Rosiclare HCO, LLC	
United States Bankruptcy Court for the: District of Delaware	
Case number (if known): 24-10526 (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 : Rosiclare HCO, LLC
United States Bankruptcy Court for the: District of Delaware
Case number (if known): 24-10526 (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:
<b>V</b>	Schedule	e A/B: Assets–Real and Personal Property	(Official Form 206A/B)
<b>V</b>	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)
<b>V</b>	Schedule	G: Executory Contracts and Unexpired L	eases (Official Form 206G)
<b>V</b>	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 ROSICLARE HCO, LLC (CASE NO. 24-10526)

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 : Rosiclare HCO, LLC
United States Bankruptcy Court for the: District Of Delaware
Case number (if known): 24-10526 (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	s							
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	(bet	ess 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	_ \$ .	490,389.61
For prior year:	From	1/1/2023 MM / DD / YYYY	to	12/31/2023 MM / DD / YYYY	_ _ □	Operating a business Other	\$_	2,980,748.34
For the year before that:	From	1/1/2022 MM / DD / YYYY	to	12/31/2022 MM / DD / YYYY	_ ☑ 	Operating a business Other	\$	3,041,404.70

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Debtor: Rosiclare HCO, LLC Case number (if known): 24-10526

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 deducexclusions)	ue 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	\$	158.06
For the year before that:	From	1/1/2022 MM / DD / YYYY	to	12/31/2022 MM / DD / YYYY	Interest	\$	1,491.66

or.	Ros	siclare HCO,		C 2- 10	1 10 111				_	Case number	•	of 26 24-10526
-	Name		, 220							Jase Hullibel	i (ii kriowii).	24-10020
t 2:		List Certa	ain Trans	sfers Made	Before Fil	ing for l	Bankrupto	у				_
Ce	ertai	in paymer	nts or tra	ansfers to	creditors w	ithin 90	0 days bef	ore filing th	is case			
filir	ng t	this case u	nless the	e aggregate	value of al	propert	ty transferr	ed to that ci				ompensation, within 90 days bef s amount may be adjusted on 4/
	No	one										
		Creditor's	name ar	nd address		ı	Dates	Total	amount or va	alue		ns for payment or transfer all that apply
:	3.1	See SOFA	3 Attach	ment				\$				Secured debt
	-	Creditor's Nar	me									Unsecured loan repayments
												Suppliers or vendors
	-	Street										Services
												Other
	-											
	-	City		State	ZIP Code	<del></del>						
	_											
	P								filing this cas			
	F L 9 a a	Payments List paymer guaranteed \$7,575. (Th adjustment and their re	nts or tra d or cosignis amou a) Do not elatives;	insfers, incli ined by an i nt may be a include any	uding expensider unlendiges under under under under under under unlendiges und under un	nse reim ss the a 4/01/25 listed ir artnersh	nbursemen aggregate v and every n line 3. Ins nip debtor a	ats, made wi value of all p v 3 years afte siders include	thin 1 year be roperty transi er that with re e officers, dir	efore filing sferred to of espect to carectors, and	this case or for the ases file d anyone	any insider  e on debts owed to an insider or benefit of the insider is less than d on or after the date of e in control of a corporate debto d insiders of such affiliates; and
	F L 9 \$ a a a	Payments List paymer guaranteed \$7,575. (Th adjustment and their re	nts or tra d or cosignis amou a) Do not elatives;	insfers, incligned by an int may be an include any general part	uding expensider unlendiges under under under under under under unlendiges und under un	nse reim ss the a 4/01/25 listed ir artnersh	nbursemen aggregate v and every n line 3. Ins nip debtor a	ats, made wi value of all p v 3 years afte siders include	thin 1 year be roperty transi er that with re e officers, dir	efore filing sferred to of espect to carectors, and	this case or for the ases file d anyone	e on debts owed to an insider or benefit of the insider is less that d on or after the date of e in control of a corporate debto
	F L 9 \$ a a a	Payments List payment guaranteed \$7,575. (The adjustment and their reany manag	nts or tra d or cosignis amou and Do not elatives; ( ging agen	insfers, incligned by an int may be a include any general partit of the deb	uding expensider unlendiges under under under under under under unlendiges und under un	nse reim ss the a 4/01/25 listed ir artnersh	nbursemen aggregate v and every n line 3. Ins nip debtor a 11(31).	ots, made wi value of all p v 3 years aft siders incluc and their rela	thin 1 year be roperty transi er that with re e officers, dir	efore filing ferred to o espect to ca rectors, and es of the de	this case or for the ases file d anyone ebtor an	e on debts owed to an insider or benefit of the insider is less that d on or after the date of e in control of a corporate debto
4.	First Print of the Control of the Co	Payments List payments guaranteed \$7,575. (Th adjustment and their re any manag None Insider's Na Please refer nformation Payments/T	nts or trad or cosignis amou  .) Do not elatives; ging agen  ame and rence Glo related to ransfers	insfers, incligned by an int may be a include any general partit of the deb	uding experinsider unler djusted on a payments of a payment tor. 11 U.S	nse reim ss the a 4/01/25 listed ir artnersh .C. § 10	nbursemen aggregate v and every n line 3. Ins nip debtor a 11(31).	ots, made wi value of all p v 3 years aft siders incluc and their rela	thin 1 year be roperty transl er that with re e officers, dir atives; affiliate	efore filing ferred to o espect to ca rectors, and es of the de	this case or for the ases file d anyone ebtor an	e on debts owed to an insider or benefit of the insider is less that d on or after the date of e in control of a corporate debto d insiders of such affiliates; and
4.	First Print of the Control of the Co	Payments List payment guaranteed \$7,575. (The adjustment and their reany manag None Insider's Natherical Please referenformation	nts or trad or cosignis amou  .) Do not elatives; ging agen  ame and rence Glo related to ransfers	insfers, incligated by an interpretation may be a include any general part at of the deb	uding experinsider unler djusted on a payments of a payment tor. 11 U.S	nse reim ss the a 4/01/25 listed ir artnersh .C. § 10	nbursemen aggregate v and every n line 3. Ins nip debtor a 11(31).	ots, made wi value of all p v 3 years aft siders includ and their rela	thin 1 year be roperty transl er that with re e officers, dir atives; affiliate	efore filing ferred to o espect to ca rectors, and es of the de	this case or for the ases file d anyone ebtor an	e on debts owed to an insider or benefit of the insider is less that d on or after the date of e in control of a corporate debto d insiders of such affiliates; and
4.	L 9 \$ a a a a Firit in 1.1 F	Payments List payments guaranteed \$7,575. (Th adjustment and their re any manag None Insider's Na Please refer nformation Payments/T	nts or trad or cosignis amou  .) Do not elatives; ging agen  ame and rence Glo related to ransfers	insfers, incligated by an interpretation may be a include any general part at of the deb	uding experinsider unler djusted on a payments of a payment tor. 11 U.S	nse reim ss the a 4/01/25 listed ir artnersh .C. § 10	nbursemen aggregate v and every n line 3. Ins nip debtor a 11(31).	ots, made wi value of all p v 3 years aft siders includ and their rela	thin 1 year be roperty transl er that with re e officers, dir atives; affiliate	efore filing ferred to o espect to ca rectors, and es of the de	this case or for the ases file d anyone ebtor an	e on debts owed to an insider or benefit of the insider is less that d on or after the date of e in control of a corporate debto d insiders of such affiliates; and
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4.	F L g \$ a a a a a F irri Irr	Payments List payment guaranteed \$7,575. (The adjustment and their reany manag None Insider's Name Payments/Tinsider's Name	nts or trad or cosignis amou  .) Do not elatives; ging agen  ame and rence Glo related to ransfers	insfers, incligated by an interpretation may be a include any general part at of the deb	uding experinsider unler djusted on a payments of a payment tor. 11 U.S	nse reim ss the a 4/01/25 listed ir artnersh .C. § 10	nbursemen aggregate v and every n line 3. Ins nip debtor a 11(31).	ots, made wi value of all p v 3 years aft siders includ and their rela	thin 1 year be roperty transl er that with re e officers, dir atives; affiliate	efore filing ferred to o espect to ca rectors, and es of the de	this case or for the ases file d anyone ebtor an	e on debts owed to an insider or benefit of the insider is less that d on or after the date of e in control of a corporate debto d insiders of such affiliates; and
4.	L 99 \$ aa a	Payments List payment guaranteed \$7,575. (The adjustment and their reany manag None Insider's Name Please refernformation Payments/Tinsider's Name	nts or trad or cosignis amou  .) Do not elatives; ging agen  ame and rence Glo related to ransfers	ansfers, included by an interest may be a concluded any general part of the debth and the concluded by the c	uding experinsider unler dijusted on y payments ners of a ptor. 11 U.S	nse reim ss the a 4/01/25 listed ir artnersh .C. § 10	nbursemen aggregate v and every n line 3. Ins nip debtor a 11(31).	ots, made wi value of all p v 3 years aft siders includ and their rela	thin 1 year be roperty transl er that with re e officers, dir atives; affiliate	efore filing ferred to o espect to ca rectors, and es of the de	this case or for the ases file d anyone ebtor an	e on debts owed to an insider or benefit of the insider is less that d on or after the date of e in control of a corporate debto d insiders of such affiliates; and
4.	F L g \$\$ aa	Payments  List payment guaranteed \$7,575. (The adjustment and their reany manag   □ None   Insider's Na Please refernformation   Payments/Tesider's Name  Street	nts or trad or cosignis amount.) Do not elatives; quing agentame and trence Glorelated to ransfers	ansfers, incligated by an interest may be a sinclude any general partit of the deb	uding experinsider unler dijusted on y payments ners of a ptor. 11 U.S	nse reim ss the a 4/01/25 listed ir artnersh .C. § 10	nbursemen aggregate v and every n line 3. Ins nip debtor a 11(31).	ots, made wi value of all p v 3 years aft siders includ and their rela	thin 1 year be roperty transl er that with re e officers, dir atives; affiliate	efore filing ferred to o espect to ca rectors, and es of the de	this case or for the ases file d anyone ebtor an	e on debts owed to an insider or benefit of the insider is less that d on or after the date of e in control of a corporate debto d insiders of such affiliates; and
4.	F L g \$\$ aa	Payments  List payment guaranteed \$7,575. (The adjustment and their reany manag   □ None   Insider's Na   Please refernformation   Payments/T   Insider's Name	nts or trad or cosignis amount.) Do not elatives; quing agentame and trence Glorelated to ransfers	ansfers, incligated by an interest may be a sinclude any general partit of the deb	uding experinsider unler dijusted on y payments ners of a ptor. 11 U.S	nse reim ss the a 4/01/25 listed ir artnersh .C. § 10	nbursemen aggregate v and every n line 3. Ins nip debtor a 11(31).	ots, made wi value of all p v 3 years aft siders includ and their rela	thin 1 year be roperty transl er that with re e officers, dir atives; affiliate	efore filing ferred to o espect to ca rectors, and es of the de	this case or for the ases file d anyone ebtor an	e on debts owed to an insider or benefit of the insider is less tha d on or after the date of e in control of a corporate debto d insiders of such affiliates; and

Debtor:	Rosiclare HCO,	Case 24-10443-TMF	H Doc 455-1		•	f <b>26</b> 24-10526	
	Name						
5. F	Repossessions	s, foreclosures, and returns					
		of the debtor that was obtained b sure sale, transferred by a deed i					
<u> </u>	☑ None						
c	Creditor's Name	and Address	Description of the P	roperty	Date	Value of property	7
	5.1					\$	
	Creditor's Nar	me					
	Street		_				
			<del>_</del>				
	City	State ZIP Code					
	Country		_				
6. 5	Setoffs						
l (	List any creditor	r, including a bank or financial ins thout permission or refused to ma					
[	□ None						
	Creditor's	Name and Address	Description of the actio	n creditor took	Date action was take	en Amount	
	6.1 Bed Tax		Offset with Medicaid			\$	137,574.78
	Creditor's Na	me					

Last 4 digits of account number: XXXX-

Street

City

Country

State

ZIP Code

Debtor:		13-TMH Doc 455-1		Page 6	of 26					
	Name									
Part 3	Legal Actions or Assignments									
7. I	Legal actions, administrative procee	dings, court actions, execut	ions, attachments, or gov	vernmental a	udits					
	List the legal actions, proceedings, inventoring in any capacity—within 1 year		tions, and audits by federal	or state ager	ncies in which	n the c	debtor was			
[	□ None									
	Case title	Nature of case	Court or agency's na	ame and addr	ess	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.

☑ N	one							
	Custodian's nan	ne and addre	ess	<b>Description of the Property</b>		Value		
8.1					\$	<b>.</b>		
	Custodian's name					Court name and address		
				Case title				
	Street			_		Name		
					_			
					_			
				Case number		Street		
	City	State	ZIP Code	_	_			
	Country			Date of order or assignment		City	State	ZIP Code

Country

Case 24-10443-TMH Doc 455-1 Filed 05/31/24 Page 7 of 26

Debtor: Rosiclare HCO, LLC Case number (if known): 24-10526

Name

Part 4: Certain	Gifts and	Charitable	Contributions
-----------------	-----------	------------	---------------

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

✓ None

	Recipient's nam	ne and addre	ess	Description of the gifts or contributions	Dates given	Value
1						\$
-	Creditor's Name					
-	Street			_		
-	City	State	ZIP Code	_		
	Country			_		
	Recipient's relat	tionship to de	ebtor			

Case 24-10443-TMH Doc 455-1 Filed 05/31/24 Page 8 of 26

Debtor: Rosiclare HCO, LLC
Name

Part 5: Certain Losses

10. 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

Description of the property lost and how the loss occurred

Amount of payments received for the loss
If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).

Date of loss

Value of property lost

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

None

10/2023

Undetermined

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Debtor: Rosiclare HCO, LLC Case number (if known): 24-10526

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

	Who was paid o	r who received	I the transfer?	If not money, describe any property transferred	Dates	Total amount or value
1.1						\$
	Address					
	Street					
	City	State	ZIP Code	-		
	Country			-		
	Email or website	e address				
	Who made the p	ayment, if not	debtor?	_		

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

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

Do not include transfers already listed on this statement.

 $\ensuremath{\,\overline{\!\!\mathcal M\!}}$  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: Rosiclare HCO, LLC Case number (if known): 24-10526

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

		payments received or debts paid in exchange	Date transfer was made	Total amount or value
				\$
Address				
Street		_		
City Sta	ate ZIP Code	_		
Country		_		
Relationship to Debto	or			

ZIP Code

City

Country

State

Case 24-10443-TMH Doc 455-1 Filed 05/31/24 Page 12 of 26

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

Name

Part 8:	<b>Health Care</b>	Bankruptcies
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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 Nam	e and Addre	ess	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients i debtor's care
Rosiclare Rehabilitation & Health Care Center Facility Name			Skilled Nursing Facility	1,034
1807 Fairview Road				
1807 Fairvie	v Road		Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?
1807 Fairvie	v Road			How are records kept? Check all that apply:
	v Road			·
Street	v Road	62982		Check all that apply:

Case 24-10443-TMH Doc 455-1 Filed 05/31/24 Page 13 of 26 Rosiclare HCO, LLC Debtor: 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

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Debtor: Rosiclare HCO, LLC Case number (if known): 24-10526

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 instituti	on name and addr	ess	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			<del></del>	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 455-1 Filed 05/31/24 Page 15 of 26 Debtor: Rosiclare 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

Case 24-10443-TMH Doc 455-1 Filed 05/31/24 Page 16 of 26

Debtor: Rosiclare HCO, LLC Case number (if known): 24-10526

Name

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

21.	Property	/ held	for	another	
-----	----------	--------	-----	---------	--

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

□ None

	Owner's name	and addre	ss	Location of the property	Description of the property	Value
_	See Global Note	s				\$
=	Street			-		
-	City	State	ZIP Code	-		

Debtor:	Rosio	Case 24-1044	3-TMH Doc 455-:		9	26 -10526
	Name	3			·	
Part 1	2:	Details About Environmental I	nformation			
		pose of Part 12, the following def				
		onmental law means any statute of dless of the medium affected (air,			contamination, or hazard	dous material,
		neans any location, facility, or prorly owned, operated, or utilized.	perty, including disposal site	s, that the debtor now o	owns, operates, or utilize	es or that the debtor
		rdous material means anything th imilarly harmful substance.	at an environmental law defi	nes as hazardous or to:	xic, or describes as a po	ollutant, contaminant,
Repo	rt all r	notices, releases, and proceed	ings known, regardless of	when they occurred.		
22. H	as the	e debtor been a party in any ju	dicial or administrative pro	oceeding under any e	nvironmental law? Inc	lude settlements and orders.
	☑ No					
	∃ Yes	s. Provide details below.				
		Case title	Court or agency name and	address I	Nature of the case	Status of case
	22.1					□ Pending
			Name			☐ On appeal
			Street			☐ Concluded
		Case Number				
			City State	ZIP Code		
			Country			
a		ny governmental unit otherwis vironmental law?	e notified the debtor that t	he debtor may be liabl	e or potentially liable	under or in violation of
	□ Ye	es. Provide details below.				
		Site name and address	Governmental address	unit name and	Environmental law,	if known Date of notice
	23.1	Name	Name			

ZIP Code

State

Street

City

Country

ZIP Code

Street

City

Country

State

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Debtor: Rosiclare HCO, LLC

Case number (if known): 24-10526

Debtor: Rosiclare HCO, LLC Case number (if known): 24-10526

Name

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

✓ No

 $\ \square$  Yes. Provide details below.

Site name a	nd address		Governme	ntal unit nam	e and address	Environmental law, if known	Date of notice
Name			Name				_
Street			Street				
O'th	Otata	710.0-1-	Otto	01-11-	710.0-1-		
City	State	ZIP Code		State	ZIP Code		
	Name	Street	Name	Name Name  Street Street	Name Name  Street  Street  City State ZIP Code City State	Name  Street  Street  City State ZIP Code City State ZIP Code	Name  Name  Street  Street  City State ZIP Code  City State ZIP Code

Case 24-10443-TMH Doc 455-1 Filed 05/31/24 Page 19 of 26 Rosiclare 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 City 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

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

□ None

26b.

Country

	Name and Address			Dates	of service
.1	Petersen Healthcare M	anagement, M	lark Petersen	From	12/22/2011
	Name				
	830 West Trailcreek Dr				
	Street			_	
	Peoria	IL	61614		
	City	State	ZIP Code		
	Country				

Present

To

Case 24-10443-TMH Doc 455-1 Page 20 of 26 Filed 05/31/24 Rosiclare 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 455-1 Filed 05/31/24 Page 21 of 26 Rosiclare 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	: Ros	iclare HCO,		l-1044	3-TMH	Doc 45	55-1 File	ed 05/3		Page umber (if know	22 of 26	3
	Name	е										
27.	Invent	ories										
	Have a	any invento	ories of the de	ebtor's pro	perty been t	aken within	2 years befor	e filing this	s case?			
	☑ No	)										
	□ Ye	s. Give the	e details about	t the two	most recent i	inventories.						
		Name of t	the person wh	no superv	ised the taki	ng of the inv	ventory	Date of Inventory			mount and ba of each inver	sis (cost, market, or ntory
									\$			
		Name and records	d address of ti	he persor	n who has po	ssession of	f inventory					
	27.1	Name										
		Street										
		City	Sta	ate		ZIP Code						
		Country										
		,										
28.	List th	ne debtor' e in contr	s officers, dir ol of the debt	rectors, i tor at the	managing m time of the	embers, ge filing of thi	eneral partne is case.	rs, membe	ers in co	ontrol, con	trolling shar	eholders, or other
		Name			Address				Position	on and Nat	ure of any	% of interest, if any
	28.1	Mark B. P	etersen		830 Wes	t Trailcreek	Dr. , Peoria, IL	61614	Memb			1%
	28.2	SABL, LLC	С		830 Wes	t Trailcreek	Dr. , Peoria, IL	61614	Manag	ger		99%
29.	Within	n 1 year b	efore the filine e debtor, or s	ng of this	case, did th	ne debtor h	ave officers,	directors	s, managi	ing membe	ers, general	partners, members
	☑ No		e debioi, or s	onai enoi	ders in com	or or the di	ebtor who he	ionger in	ioiu tiles	e position	3:	
	⊔ Y€	es. Identify	pelow.									
		Name		Ad	ddress				ion and N nterest	ature of	Period durin interest was	g which position or held

From \_\_\_\_\_ To \_\_\_\_

29.1

Debtor:	Rosic	lare HCO,		4-10443-TN	MH Doc	455-1	Filed		Page 23	3 of 26 24-10526	
	Name										
30.	Payme	nts, dist	ributions, o	r withdrawals c	redited or giv	en to insid	ers				
	Within	1 year be	fore filing th	is case, did the d	lebtor provide	an insider w	ith value i	n any form, inc	luding salary	, other compe	ensation, draws,
	bonuse No	es, Ioans,	credits on lo	ans, stock redem	iptions, and of	otions exerc	ised?				
		s. Identify	helow								
		, , , ,	20.0								
		Name an	nd address o	of recipient		Amount of or descript value of pro	ion and	Dates		Reason for p	roviding the value
	30.1	See SOF	A Question 4	1							
		Name									
		Street									
		City		State	ZIP Code						
		Country									
		Relation	ship to debt	or							
31.	Within	6 years	before filin	g this case, has	the debtor b	een a mem	ber of any	y consolidated	d group for ta	ax purposes	?
	☑ No										
	□ Yes	s. Identify	helow								
		•									
	ı	Name of t	he parent co	orporation				r Identification	number of the	e parent corp	oration
	31.1						EIN:				
32.	Withi	n 6 years	before filir	ng this case, ha	s the debtor a	as an emplo	yer been	responsible f	or contributi	ng to a pens	sion fund?
	☑ No	)									
	□ Ye	s. Identify	y below.								
		Name o	f the pensio	n fund		Er	nployer Id	entification nu	mber of the p	ension fund	
	32.1					EI	N:				

# Part 14: Case 24-10443-TMH Doc 455-1 Filed 05/31/24 Page 24 of 26

Yes

WA	RNING Ba	ankruptcy fraud is a seri	ous crime. Making a false stateme	nt, concealing property, or	obtaining money or property by fraud in
coni	nection with	a bankruptcy case can	result in fines up to \$500,000 or im	nprisonment for up to 20 ye	ears, or both.
18 L	J.S.C.§§ 152	2, 1341, 1519, and 357	I.		
l ha	ve examined	the information in this	Statement of Financial Affairs and	any attachments and have	e a reasonable belief that the information is true and correct.
I de	clare under p	penalty of perjury that the	ne foregoing is true and correct.		
Exe	cuted on	05/31/2024			
		MM / DD / YYYY			
×	/ o / Dovis	N.D. Comphall			
*	/ S / David	d 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	I pages to <i>Statemer</i>	nt of Financial Affairs for Non	-Individuals Filing for I	Bankruptcy (Official Form 207) attached?
M	No				·

# Case 24-10443-TMH Doc 455-1 Filed 05/31/24 Page 25 of 26

#### In re: Rosiclare HCO, LLC Case No. 24-10526

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)
Illinois American Water	PO Box 6029		Carol Stream	IL	601976029	1/16/2024	\$5,234.22	Vendor
Illinois American Water	PO Box 6029		Carol Stream	IL	601976029	2/15/2024	\$4,572.62	Vendor
Illinois American Water	PO Box 6029		Carol Stream	IL	601976029	3/15/2024	\$3,206.22	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	ОН	452630693	1/5/2024	\$3,755.04	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	ОН	452630693	1/22/2024	\$14,165.29	Vendor
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	2/7/2024	\$2,433.54	Vendor
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	2/21/2024	\$10,422.38	Vendor
SouthEastern Illinois Electric Coop	PO Box 961		Carrier Mills	IL	62917-0961	1/22/2024	\$6,766.01	Vendor
SouthEastern Illinois Electric Coop	PO Box 961		Carrier Mills	IL	62917-0961	3/4/2024	\$4,690.34	Vendor

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#### In re: Rosiclare HCO, LLC Case No. 24-10526

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)
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 CARE VI, LLC; PETERSEN HEALTH CARE VI, LLC; PETERSEN HEALTH CARE VI, LLC; PETERSEN HEALTH DEPRATIONS III, 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; ARCOLA HCO, LLC; CASEY HCO, LLC; CHARL ESTON HCO, LLC; COLLINSVILLE HCO, LLC; CUMBERLAND HCO, LLC; DECATUR 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 JUNCTION, LLC; PLEASANT VIEW HCO, LLC; PRAIRIE CITY HCO, LLC; ROBINGS HCO, LLC; ROSICLARE HCO, LLC; ROYAL HCO, LLC; SHAN GRI LA HCO, LLC;								
SHELBYVILLE HCO, LLC; SULLIVAN HCO, LLC; SWANSEA HCO, LLC; TARKIO HCO, LLC; TUSCOLA HCO, LLC; TWIN HCO; VANDALIA 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