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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 SHANGRI LA HCO, LLC (CASE NO. 24-10551)

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



## IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

In re

SC HEALTHCARE HOLDING, LLC et al.,

Debtors.1

Chapter 11

Case No. 24-10443 (TMH)

Jointly Administered

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

#### **INTRODUCTION**

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

On March 20, 2024 (the "Petition Date"), the Debtors commenced these Chapter 11 Cases by filing voluntary petitions for relief under chapter 11 of title 11 of the United States Code, 11 U.S.C. §§ 101–1532 (the "Bankruptcy Code") with the United States Bankruptcy Court for the District of Delaware (the "Court"). These Chapter 11 Cases have been consolidated for procedural purposes only and are being administered jointly under case number 24-10443 (TMH). The Debtors, with the exception of certain inactive entities, are authorized to operate their business as debtors-in-possession pursuant to sections 1107(a) and 1108 of the Bankruptcy Code.<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, indirect, incidental, consequential, or special damages (including, but not limited to, damages arising from the disallowance of a potential claim against the Debtors or damages to business reputation, lost business or lost profits), whether foreseeable or not and however caused, even if the Debtors or their agents, attorneys, and financial advisors are advised of the possibility of such damages.

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

## GLOBAL NOTES AND OVERVIEW OF METHODOLOGY

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

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

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

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

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

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

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

- **Re-characterization.** Notwithstanding the Debtors' reasonable efforts to properly characterize, classify, categorize or designate certain claims, assets, executory contracts, unexpired leases and other items reported in the Schedules and Statements, the Debtors may, nevertheless, have improperly characterized, classified, categorized, designated or omitted certain items due to the complexity and size of the Debtors' business. Accordingly, the Debtors reserve all of their rights to re-characterize, reclassify, re-categorize, redesignate, add or delete items reported in the Schedules and Statements at a later time as is necessary or appropriate as additional information becomes available, including, without limitation, whether contracts or leases listed in the Schedules and Statements were deemed executory or unexpired as of the Petition Date and remain executory or unexpired postpetition.
- **8. Property and Equipment.** Nothing in the Schedules and Statements is, or shall be construed as, an admission as to the determination of the legal status of any lease (including, without limitation, whether any lease is a true lease or a financing arrangement, and whether such lease is unexpired), and the Debtors and their estates reserve all rights with respect to such issues.
- **Causes of Action.** The Debtors have made their best efforts to set forth known causes of action against third parties as assets in their Schedules and Statements. The Debtors reserve all of their rights with respect to causes of action they may have (including, but not limited to, causes of action arising under the Bankruptcy Code or any other applicable laws), whether disclosed or not disclosed, and neither these Global Notes nor the Schedules and Statements shall be deemed a waiver of any such causes of action, or in any way waive, prejudice, impair, or otherwise affect the assertion of such claims and causes of action.
- **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 : Shangri La HCO, LLC		
United States Bankruptcy Court for the: District of Delaware		☐ Check if this is an
Case number (if known): 24-10551 (TMH)		amended filing
Official Form 206Sum		
Summary of Assets and Liabilities for N	on-Individuals	12/15
Part 1: Summary of Assets		
Schedule A/B: Assets–Real and Personal Property (Official Form 206A/B)		
1a. Real property:		
Copy line 88 from Schedule A/B		\$
1b. Total personal property:		
Copy line 91A from Schedule A/B		\$ 3,225,344.89
1c. Total of all property:	Г	
Copy line 92 from Schedule A/B		\$3,225,344.89
Part 2: Summary of Liabilities		
Schedule D: Creditors Who Have Claims Secured by Property (Official Formula)	rm 206D)	
Copy the total dollar amount listed in Column A, Amount of claim, from line 3	3 of Schedule D	\$3,933,640.78
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/	/F)	
3a. Total claim amounts of priority unsecured claims:		
Copy the total claims from Part 1 from line 5a of Schedule E/F		\$ 0.00
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 Scheol	tule E/F	1,136,854.69
4. Total liabilities		

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

5,070,495.47

Il in this information to identify the case:								
or Name: In re : Shangri La HCO, LLC								
nited States Bankruptcy Court for the: District of Delaware		]	С	Check	Check if th	Check if this	Check if this is	Check if this is
ase number (if known): 24-10551 (TMH)	_							amended filing

## Official Form 206A/B

## Schedule A/B: Assets - Real and Personal Property

12/15

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

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

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

Part 1:	Cash and cash equivalents				
1. <b>Do</b> e	es the debtor have any cash or cash equi	valents?			
	No. Go to Part 2.				
$\checkmark$	Yes. Fill in the information below.				
AII	cash or cash equivalents owned or co	ontrolled by the debto	r	Current valu	ue of debtor's interest
2. <b>Ca</b> :	sh on hand				
	2.1 None			\$	
	ecking, savings, money market, or financ	•	• • •		
Nan	ne of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number		
	3.1 PNC Bank	Commercial	2407	\$	0.00
	3.2 PNC Bank	Government	3629	\$	0.00
	3.3 PNC Bank	Operating	3274	<b></b> \$	0.00
4. Oth	ner cash equivalents (Identify all)				
	4.1 Non-Critical Repair Reserve			\$	51,388.76
	4.2 Property Insurance Escrow			<b></b> \$	27,138.50
5. Tota	al of Part 1				70 507 50
Add	lines 2 through 4 (including amounts on a	any additional sheets).	Copy the total to line 80.	\$	78,527.26

Case 24-10443-TMH Doc 479 Filed 05/31/24 Page 16 of 54

Debtor: Shangri La HCO, LLC Case number (if known): 24-105

	Name		
Part 2	Deposits and prepayments		
6. <b>C</b>	loes the debtor have any deposits or prepayments?		
	No. Go to Part 3.		
<u> </u>	Yes. Fill in the information below.		
		Curren	t value of debtor's interest
7. <b>D</b>	eposits, including security deposits and utility deposits		
D	escription, including name of holder of deposit		
	7.1 None	\$	
8. <b>F</b>	repayments, including prepayments on executory contracts, leases, insurance, taxes, and rent		
С	escription, including name of holder of prepayment		
	8.1 Prepaid Insurance	\$	116,591.33
	8.2 Prepaid Management Fees	\$	12,300.00
9. <b>T</b>	otal of Part 2.		
Α	dd lines 7 through 8. Copy the total to line 81.	\$	128,891.33

Case 24-10443-TMH Doc 479 Filed 05/31/24 Page 17 of 54 Shangri La 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.  $\ensuremath{\,\,^{\scalebox{}}}$  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: 2,967,373.88 -\$ 2,967,373.88 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.

2,967,373.88

\$

Case 24-10443-TMH Doc 479 Filed 05/31/24 Page 18 of 54

Debtor:	Shangri La HCO, LLC	Case number (if known):	24-10551	
	Name			

Par	t 4:	Investments				
13.	Does t	he debtor own any investments?				
	☑ No	. Go to Part 5.				
	□ Ye	s. Fill in the information below.				
				Valuation method used for current value	Current value of debtor's int	erest
14.	Mutua	I funds or publicly traded stocks not included in Part 1				
	Name o	of fund or stock:				
					\$	
15.		ublicly traded stock and interests in incorporated and unin ing any interest in an LLC, partnership, or joint venture	ncorporated businesses,			
	Name o	of entity:	% of ownership:			
					\$	
16.		nment bonds, corporate bonds, and other negotiable and r ments not included in Part 1	non-negotiable			
	Describ	pe:				
				_	\$	
17.	Total o	of Part 4.				
		nes 14 through 16. Copy the total to line 83.			\$	0.00

Case 24-10443-TMH Doc 479 Filed 05/31/24 Page 19 of 54

Debtor: Shangri La HCO, LLC Case number (if known): 24-10551

Name

Part 5:	Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?					
	<ul><li>✓ No. Go to Part 6.</li><li>✓ Yes. Fill in the information below.</li></ul>				
	Yes. Fill in the information below.				
	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
			\$		\$
20.	Work in progress				
			_ \$		\$
21.	Finished goods, including goods held for res	sale			
			\$		\$
00					
22.	Other inventory or supplies		\$		\$
			_		· ·
23.	Total of Part 5.				
	Add lines 19 through 22. Copy the total to line 8	34.			\$
2/	Is any of the property listed in Part 5 perisha	hle?			
۷٦.	□ No	bie:			
	□ Yes				
25	Has any of the property listed in Part 5 been	nurchased within 20	days hefore the hankruntey was	filed?	
20.	□ No	purchased within 20 (	days before the bankruptcy was	i ilieu :	
	☐ Yes. Description Book value	ue\$	Valuation method	Current value	\$
26.	Has any of the property listed in Part 5 been	appraised by a profes	ssional within the last year?		
	□ No				
	☐ Yes				

Case 24-10443-TMH Doc 479 Filed 05/31/24 Page 20 of 54

Debtor: Shangri La HCO, LLC Case number (if known): 24-10551

	Name		
Port 6	Farming and fishing-related assets (other than titled motor vehicl	es and land)	

<u> </u>	Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?  No. Go to Part 7.						
L	Yes. Fill in the information below.						
G	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest			
28. <b>C</b>	Crops—either planted or harvested						
		. \$		\$			
29. <b>F</b>	Farm animals Examples: Livestock, poultry, farm-raised fish	\$		_ \$			
30. <b>F</b>	Farm machinery and equipment (Other than titled motor vehicles	•		_ \$			
31. <b>F</b>	Farm and fishing supplies, chemicals, and feed	\$\$	_	\$			
32. <b>C</b>	Other farming and fishing-related property not already listed in	n Part 6 - \$	_	_ \$			
	<b>Fotal of Part 6.</b> Add lines 28 through 32. Copy the total to line 85.			\$			
	s the debtor a member of an agricultural cooperative?  No Yes. Is any of the debtor's property stored at the cooperative?  No Yes						
35. H	— las any of the property listed in Part 6 been purchased within	20 days before the bankruptcy	/ was filed?				
	□ No						
	Yes. Description Book value \$	Valuation method	I Cui	rrent value \$			
	s a depreciation schedule available for any of the property lis  No Yes	ted in Part 6?					
37. <b>H</b>	as any of the property listed in Part 6 been appraised by a pro	ofessional within the last year?	•				
	□ No						
	☐ Yes						

Case 24-10443-TMH Doc 479 Filed 05/31/24 Page 21 of 54

Debtor: Shangri La HCO, LLC Case number (if known): 24-10551

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	\$ 48,945.42	Net Book Value	\$ 48,945.42			
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.			\$ 48,945.42			
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						

Case 24-10443-TMH Doc 479 Filed 05/31/24 Page 22 of 54

 Debtor:
 Shangri La HCO, LLC
 Case number (if known):
 24-10551

 Name
 24-10551

art	8: Machinery, equipment, and vehicles			
46.	Does the debtor own or lease any machinery, equipment  ☐ No. Go to Part 9.  ☑ Yes. Fill in the information below.	, or vehicles?		
	General description  Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and title 47.1 None	d farm vehicles	_	\$
48.	Watercraft, trailers, motors, and related accessories Example floating homes, personal watercraft, and fishing vessels  48.1 None	nples: Boats, trailers, motors,		\$
	Aircraft and accessories  49.1 None  Other machinery, fixtures, and equipment (excluding farm			<b>.</b>
51.	Total of Part 8.  Add lines 47 through 50. Copy the total to line 87.	\$	;	6 0.00

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

☑ No

☐ Yes

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

✓ No

☐ Yes

Case 24-10443-TMH Doc 479 Filed 05/31/24 Page 23 of 54 Shangri La HCO, LLC Case number (if known): Debtor: Name Part 9: **Real property** Does the debtor own or lease any real property? ☑ No. Go to Part 10.  $\hfill \hfill \hfill$ 55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest **Description and location of property** Net book value of Nature and extent of Valuation method Include street address or other description such as debtor's interest Current value of Assessor Parcel Number (APN), and type of property (for debtor's interest in used for current debtor's interest 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

Case 24-10443-TMH Doc 479 Filed 05/31/24 Page 24 of 54

Debtor: Shangri La HCO, LLC

Name

Case number (if known): 24-10551

Part 10:	Intangibles and intellectual property
59. Does	the debtor have any interests in intangibles or intellectual property?

	□ No. Go to Part 11.			
	✓ Yes. Fill in the information below.			
	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			
01.	61.1 None	\$		\$
62.	Licenses, franchises, and royalties  State of Missouri Department of Health and Senior Services Division of Regulation and Licensure - 62.1 License	\$ Undetermined		\$ Undetermined
	State of Illinois Department of Public Health License, 62.2 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.	<b>Total of Part 10.</b> Add lines 60 through 65. Copy the total to line 89.			\$
67.	Do your lists or records include personally identifiable informat	tion of customers (as defined in	11 U.S.C. §§ 101(41A) an	d 107)?
	□ No ☑ Yes			
68.	Is there an amortization or other similar schedule available for a	any of the property listed in Par	t 10?	
	☑ No			
	☐ Yes			
69.	Has any of the property listed in Part 10 been appraised by a pr	ofessional within the last year?		
	☑ No □ Yes			
	L 163			

Case 24-10443-TMH Doc 479 Filed 05/31/24 Page 25 of 54

 Debtor:
 Shangri La HCO, LLC
 Case number (if known):
 24-10551

 Name
 24-10551

	1		
Part 11:	AII	other	assets

0. <b>[</b> 	<b>Does the de</b> nclude all in	btor own any other assets that terests in executory contracts and	have not yet beer unexpired leases	n reported on to not previously	: <b>his form?</b> reported on this t	form.			
	□ No. Go	to Part 12.							
[	✓ Yes. Fill	in the information below.							
								Current va	lue of debtor's
	N								
	Notes recei		Total face an	m a u m t	daubiful ar usar				
		include name of obligor)  Employee Advances / Loans	\$	1,607.00		ollectible accounts Undetermined :	ـ ـ	¢	1,607.00
	71.1	Employee Advances / Loans	Ψ	1,007.00	_ · Ψ	Undetermined .	7	Ψ	1,007.00
	Description (	include name of obligor)	Total face an	nount	doubtful or unco	ollectible accounts			
	71.2	None	\$		\$		= →	\$	
	Tax refunds	s and unused net operating loss	ses (NOLs)						
		(for example, federal, state, local)	• •						
	·	None		_	Tax year			\$	
3.	Interests in	insurance policies or annuities	<b>3</b>						
	73.1	None						\$	
1.	has been f	action against third parties (whe iled) See Global Notes	ether or not a law	suit				\$	
		Nature of claim							
		Amount requested							
		ingent and unliquidated claims re, including counterclaims of tl ns							
	75.1	None				_		\$	
		Nature of claim				_			
		Amount requested	\$			_			
	Tructo occ	itable or future interests in	oortv						
١.		itable or future interests in prop None	oei ty					\$	
	70.1	140110						Ψ	
		erty of any kind not already liste membership	d Examples: Seas	son tickets,					
	77.1	None				_		\$	
3.	Total of Pa	rt 11.							
	Add lines 7	1 through 77. Copy the total to line	90.					\$	1,607.00
	lae any of t	the property listed in Part 11 be	on annraiced by a	nrofossional	within the last:	voar?			
	nasanyon ∐ No	ine property listed in Part 11 De	en appraiseu by a	i hi nigasiniigi	within the last y	year:			
	∃ Yes								

Case 24-10443-TMH Doc 479 Filed 05/31/24 Page 26 of 54

Debtor: Shangri La HCO, LLC

Name

Case number (if known): 24-10551

## Part 12: Summary

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

	Type of property		rent value of sonal property		Current value of real property
80.	Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	\$	78,527.26		
81.	Deposits and prepayments. Copy line 9, Part 2.	\$	128,891.33		
82.	Accounts receivable. Copy line 12, Part 3.	\$_	2,967,373.88		
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.	\$_	48,945.42		
	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.	\$_	1,607.00		
91.	Total. Add lines 80 through 90 for each column91a.	\$_	3,225,344.89	<b>+</b> 91b.	\$ 0.00
92.	Total of all property on Schedule A/B. Lines 91a + 91b = 92				

States Bankruptcy Court for the: District of Delaware nmber (if known): 24-10551 (TMH)			Check if this is an amended filing
cial Form 206D edule D: Creditors Who Ha	ave Claims Secured by Pr	operty	12/15
complete and accurate as possible.			
any creditors have claims secured by debtor's proving. Check this box and submit page 1 of this form to yes. Fill in all of the information below.		nothing else to report on the	nis form.
List Creditors Who Have Secured Claims			
n alphabetical order all creditors who have secured claim, list the creditor separately for each claim.		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral t supports this claim
.1 Creditor's name	Describe debtor's property that is subject to a li		
Ecapital Creditor's Name Creditor's mailing address	NonRE Property and all Accounts	\$\$3,933,640.78	\$ Undetermine
Notice Name	Describe the lien  NonReal Estate and Financial		
20807 Biscayne Blvd Street		_	
Suite 203	Is the creditor an insider or related party?		
Aventura FL 33180	☑ No		
Aventura         FL         33180           City         State         ZIP Code	☐ Yes		
Country	Is anyone else liable on this claim?		
Creditor's email address, if known	□ No		
	✓ Yes. Fill out Schedule H: Codebtors(Official Fo	orm 206H).	
Date debt was incurred			
Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply.  Contingent		
Do multiple creditors have an interest in the	☐ Unliquidated		
same property?	☐ Disputed		
☑ No			
Yes. Have you already specified the relative priority?			
<ul> <li>No. Specify each creditor, including this creditor, and its relative priority.</li> </ul>			
Yes. The relative priority of creditors is specified on lines			

#### Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

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

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

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

Fill in this information to identify the case:				
Debtor Name: In re : Shangri La HCO, LLC				
United States Bankruptcy Court for the: District of Delaware				
Case number (if known): 24-10551 (TMH)				Check if this is an amended filing
Official Form 206E/F				
Schedule E/F: Creditors Who Ha	ave Unse	cured Claims		12/15
Be as complete and accurate as possible. Use Part 1 fo unsecured claims. List the other party to any executory on Schedule A/B: Assets - Real and Personal Property ( (Official Form 206G). Number the entries in Parts 1 and the Additional Page of that Part included in this form.	contracts or ur (Official Form 20	nexpired leases that could D6A/B) and on Schedule (	d result in a claim. A 3: Executory Contr	Also list executory contracts acts and Unexpired Leases
Part 1: List All Creditors with PRIORITY Unsecured CI	aims			
1. Do any creditors have priority unsecured claims? (See 11	U.S.C. § 507).			
☑ No. Go to Part 2.				
☐ Yes. Go to Line 2.				
3 creditors with priority unsecured claims, fill out and attach the  2.1 Priority creditor's name and mailing address  Creditor Name  Creditor's Notice name		on filing date, the claim is: pply.	Total claim	Priority amount
Address	Basis for the	claim:	-	
City State ZIP Code	-			
Country  Date or dates debt was incurred	_			
	_			
Last 4 digits of account number			Is the claim sub ☐ No	ject to offset?
Specify Code subsection of PRIORITY unsecure claim: 11 U.S.C. § 507(a) ()	ed		□ Yes	

#### Part 2:

#### **List All Creditors with NONPRIORITY Unsecured Claims**

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

				Amount of claim	
Nonpriority cro	editor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	1,074.11
Creditor Name			□ Contingent		
			☐ Unliquidated		
Creditor's Notice nar	me				
DO D 5000			☐ Disputed  Basis for the claim:		
PO Box 5080 Address			Trade Payable		
				_	
Carol Stream	IL	601975080			
City	State	ZIP Code			
Country			La the allebra subtract of the Co		
	debt was incurr	ed	Is the claim subject to offset?  ☑ No		
Various  Last 4 digits o	faccount				
number  Nonpriority cre	editor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	287.00
	Protection Systems	s Inc	Check all that apply.		
Creditor Name			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice nar	me		☐ Disputed		
404 B NW11th S	treet		Basis for the claim:		
Address			Trade Payable	_	
Plue Springs	MO	64045			
Blue Springs City	MO State	ZIP Code			
Ony		Zii Oode			
Country					
Date or dates	debt was incurr	ed	Is the claim subject to offset?		
Various			☑ No		
Last 4 digits o	f account		□ Yes		
number					

## Case 24-10443-TMH Doc 479 Filed 05/31/24 Page 31 of 54

Nonpriority (	creditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	1,234.7
American Heal	Ith Associates		Check all that apply.		
Creditor Name			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice	name		□ Disputed		
671 Ohio Pike			Basis for the claim:		
Address			 Trade Payable		
Suite K			<u> </u>	_	
Cincinnati	ОН	452452136			
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				
number					
number	creditor's name a	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.	\$	1,725.0
number Nonpriority	creditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	1,725.0
number Nonpriority of Anthony Plumb	creditor's name a	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent	\$	1,725.0
number Nonpriority of Anthony Plumb	creditor's name a oing & Heating	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated	\$	1,725.0
Nonpriority of Anthony Plumb Creditor Name	creditor's name a bing & Heating	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed	\$	1,725.0
Nonpriority ( Anthony Plumb Creditor Name	creditor's name a bing & Heating	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated	\$	1,725.0
Nonpriority ( Anthony Plumb Creditor Name  Creditor's Notice ( 15203 West 98	creditor's name a bing & Heating	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	1,725.0
Nonpriority ( Anthony Plumb Creditor Name  Creditor's Notice ( 15203 West 98	creditor's name a bing & Heating	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	1,725.0
Nonpriority ( Anthony Plumb Creditor Name  Creditor's Notice of 15203 West 98 Address	creditor's name a ping & Heating name		As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	1,725.0
Nonpriority ( Anthony Plumb Creditor Name  Creditor's Notice of 15203 West 98 Address	creditor's name a ping & Heating  mame  Oth Street	66219-1253	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	1,725.0
Nonpriority ( Anthony Plumb Creditor Name  Creditor's Notice of 15203 West 98 Address  Lenexa City  Country	creditor's name a ping & Heating  mame  Oth Street	66219-1253 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?	\$	1,725.0
Nonpriority ( Anthony Plumb Creditor Name  Creditor's Notice of 15203 West 98 Address  Lenexa City  Country	creditor's name a bing & Heating  mame Oth Street  KS  State	66219-1253 ZIP Code	As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed  Basis for the claim:  Trade Payable	\$	1,725.0

## Case 24-10443-TMH Doc 479 Filed 05/31/24 Page 32 of 54

Name			Case number (if known).	24-10551	
		nd mailing address	As of the petition filing date, the claim is:	\$	2,056.7
Biotech X- Ray Ir	nc .		Check all that apply.		
Ordano: Hame			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice nan	ne		☐ Disputed		
1065 Executive F	Parkway Drive		Basis for the claim:		
Address			 Trade Payable		
Suite 220				_	
St Louis	MO	631416367			
City	State	ZIP Code			
Country					
Date or dates	debt was incurr	ed	Is the claim subject to offset?		
Various			☑ No		
Last 4 digits of number	faccount		□ Yes		
number  Nonpriority cre Bothwell Physicia	editor's name a	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.	\$	83.C
number  Nonpriority cre	editor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	83.0
number  Nonpriority cre Bothwell Physicia Creditor Name	editor's name a	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.	\$	83.0
number  Nonpriority cre Bothwell Physicia	editor's name a	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent	\$	83.0
number  Nonpriority cre Bothwell Physicia Creditor Name	editor's name a	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated	\$	83.0
number  Nonpriority cre Bothwell Physicia Creditor Name  Creditor's Notice name	editor's name a	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed	\$	83.0
number  Nonpriority cre Bothwell Physicia Creditor Name  Creditor's Notice nam PO Box 801120	editor's name a	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	83.0
number  Nonpriority cre Bothwell Physicia Creditor Name  Creditor's Notice nam PO Box 801120	editor's name a	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	83.0
number  Nonpriority cre Bothwell Physicia Creditor Name  Creditor's Notice nam  PO Box 801120  Address	editor's name a		As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	83.C
Nonpriority cre Bothwell Physicia Creditor Name  Creditor's Notice name PO Box 801120 Address  Kansas City City  Country	editor's name a ans Group  ne  MO State	64180-1128 ZIP Code	As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated Basis for the claim:  Trade Payable	\$	83.C
Nonpriority cre Bothwell Physicia Creditor Name  Creditor's Notice name  PO Box 801120  Address  Kansas City  City  Country  Date or dates of	editor's name a	64180-1128 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?	\$	83.0
Nonpriority cre Bothwell Physicia Creditor Name  Creditor's Notice name PO Box 801120 Address  Kansas City City  Country	editor's name a ans Group  me  MO State	64180-1128 ZIP Code	As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated Basis for the claim:  Trade Payable	\$	83.0

## Case 24-10443-TMH Doc 479 Filed 05/31/24 Page 33 of 54

Name					
Nonpriority creditor's name and mailing address			As of the petition filing date, the claim is:	\$	7,201.4
C M Mose & Son			Check all that apply.		
Creditor Name			□ Contingent		
			☐ Unliquidated		
Creditor's Notice name			□ Disputed		
6603 Royal Street Address Suite E			Basis for the claim:		
			Trade Payable	-	
Pleasant Valley	MO	64068			
City	State	ZIP Code			
Country					
Date or dates of	debt was incurr	ed	Is the claim subject to offset?		
Various  Last 4 digits of account			☑ No		
number	raccount		□ Yes		
number  Nonpriority cre Care Staf Inc		nd mailing address	□ Yes  As of the petition filing date, the claim is:  Check all that apply.	\$	57,510.
number Nonpriority cre		nd mailing address	As of the petition filing date, the claim is:	\$	57,510.8
number  Nonpriority cre Care Staf Inc Creditor Name	editor's name a	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.	\$	57,510.8
number  Nonpriority cre Care Staf Inc	editor's name a	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated	\$	57,510.
Nonpriority cre Care Staf Inc Creditor Name  Creditor's Notice nan	editor's name a	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent	\$	57,510.5
number  Nonpriority cre Care Staf Inc Creditor Name	editor's name a	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	57,510.
Nonpriority cre Care Staf Inc Creditor Name  Creditor's Notice nan C/O Alterna Capi	editor's name a	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed	\$	57,510.5
Nonpriority cre Care Staf Inc Creditor Name  Creditor's Notice nan C/O Alterna Capi Address	editor's name a	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	57,510.8
Nonpriority cre Care Staf Inc Creditor Name  Creditor's Notice nan C/O Alterna Capi Address	editor's name a	nd mailing address  31193-6601	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	57,510.8
Nonpriority cre Care Staf Inc Creditor Name  Creditor's Notice nan C/O Alterna Capi Address PO Box 936601	editor's name a		As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	57,510.
Nonpriority cre Care Staf Inc Creditor Name  Creditor's Notice nan C/O Alterna Capi Address PO Box 936601  Atlanta	editor's name a	31193-6601	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	57,510.
Nonpriority cre Care Staf Inc Creditor Name  Creditor's Notice nan C/O Alterna Capi Address PO Box 936601  Atlanta City  Country	editor's name a	31193-6601 ZIP Code	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	57,510.
Nonpriority cre Care Staf Inc Creditor Name  Creditor's Notice nan C/O Alterna Capi Address PO Box 936601  Atlanta City  Country	editor's name a	31193-6601 ZIP Code	As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Basis for the claim:  Trade Payable	\$	57,510.

## Case 24-10443-TMH Doc 479 Filed 05/31/24 Page 34 of 54

Name Nonpriority creditor's name and mailing address			As of the petition filing date, the claim is:	\$	2.8
Cintas Fire 636525			Check all that apply.	Ψ	2.0
Creditor Name  Creditor's Notice name			□ Contingent		
			☐ Unliquidated		
			□ Disputed		
PO Box 636525 Address			Basis for the claim:		
			Trade Payable	_	
Cincinnati	OH	45263			
City	State	ZIP Code			
Country					
Date or dates debt was incurred			Is the claim subject to offset?		
			<del>-</del>		
Various  Last 4 digits of	of account		☑ No ☐ Yes		
Last 4 digits on number  Nonpriority or		nd mailing address	☐ Yes  As of the petition filing date, the claim is:	\$	718.
Last 4 digits on number		nd mailing address	☐ Yes  As of the petition filing date, the claim is:  Check all that apply.	\$	718.8
Last 4 digits on number  Nonpriority on Comcast Cable		nd mailing address	□ Yes  As of the petition filing date, the claim is:  Check all that apply.  □ Contingent	\$	718.
Last 4 digits on number  Nonpriority on Comcast Cable	reditor's name a	nd mailing address	□ Yes  As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated	\$	718.8
Nonpriority or Comcast Cable 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	\$	718.8
Last 4 digits on number  Nonpriority Cr Comcast Cable 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	\$	718.
Nonpriority or Comcast Cable 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:	\$	718.
Nonpriority or Comcast Cable Creditor's Notice na	reditor's name a	and mailing address	□ Yes  As of the petition filing date, the claim is:  Check all that apply. □ Contingent □ Unliquidated □ Disputed  Basis for the claim:	\$	718.
Last 4 digits on number  Nonpriority of Comcast Cable Creditor Name  Creditor's Notice nate PO Box 70219  Address	reditor's name a		□ Yes  As of the petition filing date, the claim is:  Check all that apply. □ Contingent □ Unliquidated □ Disputed  Basis for the claim:	\$	718.8
Last 4 digits on number  Nonpriority of Comcast Cable Creditor Name  Creditor's Notice nate PO Box 70219  Address	reditor's name a	191760219	As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed  Basis for the claim:  Trade Payable	\$	718.
Last 4 digits on number  Nonpriority of Comcast Cable Creditor Name  Creditor's Notice name  PO Box 70219  Address  Philadelphia City  Country	reditor's name a	191760219 ZIP Code	□ Yes  As of the petition filing date, the claim is:  Check all that apply. □ Contingent □ Unliquidated □ Disputed  Basis for the claim:	\$	718.

## Case 24-10443-TMH Doc 479 Filed 05/31/24 Page 35 of 54

Name Nonpriority credit Datamax Creditor Name dba Sumner One Creditor's Notice name PO Box 5180 Address	tor's name a	and mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent	\$	2,495.73
Datamax Creditor Name  dba Sumner One Creditor's Notice name  PO Box 5180	tor's name a	and mailing address	Check all that apply.	\$	2,495.7
Creditor Name  dba Sumner One Creditor's Notice name  PO Box 5180					
dba Sumner One Creditor's Notice name PO Box 5180			☐ Contingent		
Creditor's Notice name PO Box 5180			- Contingent		
PO Box 5180			☐ Unliquidated☐ Disputed☐ Basis for the claim:		
			Trade Payable		
				_	
St Louis	МО	63139-0180	<u> </u>		
City	State	ZIP Code			
Country					
Date or dates debt was incurred Various			Is the claim subject to offset?		
Last 4 digits of ac	count		□ Yes		
number					
Nonpriority creditor's name and mailing address			As of the petition filing date, the claim is: Check all that apply.	\$	3,311.3
Direct Supply Inc Creditor Name					
			☐ Contingent		
Creditor's Notice name			Unliquidated		
Creditor's Notice flame			☐ Disputed		
Box 88201			Basis for the claim:		
Address			Trade Payable	-	
Milwaukee	WI	53288			
City	State	ZIP Code			
Country					
Various  Last 4 digits of account			Is the claim subject to offset?		
			□ Yes		

## Case 24-10443-TMH Doc 479 Filed 05/31/24 Page 36 of 54

or: Shangri La HCO, LLC  Name			Case number (if known):	-	24-10551
Nonpriority creditor's name and mailing address			As of the petition filing date, the claim is:	\$	5,000.0
Dr. Nancy B. Israel			Check all that apply.	* -	
Creditor Name  Creditor's Notice name			 ☐ Contingent		
			□ Unliquidated		
			· □ Disputed		
15144 Pawnee Circle Address			Basis for the claim:		
			Trade Payable		
				-	
Leawood	KS	66224			
City	State	ZIP Code			
Country					
Various  Last 4 digits of account			Is the claim subject to offset?		
			☑ No □ Yes		
number  Nonpriority creditor's name and mailing address  Dr. Richard T. Chung  Creditor Name			As of the petition filing date, the claim is: Check all that apply.	\$_	2,000.0
			□ Contingent		
			☐ Unliquidated		
Creditor's Notice	name		☐ Disputed		
P0 P 040			Basis for the claim:		
PO Box 246 Address			Trade Payable		
				-	
Blue Springs	MO	64013			
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		

# Case 24-10443-TMH Doc 479 Filed 05/31/24 Page 37 of 54

Creditor Name  Creditor's Notice name  Creditor's Notice name  PO Box 219703  Address  Kansas City  MO  Guity  State  Country  Date or dates debt was incurred  Various  Last 4 digits of account  number  Check all that apply.  Unliquidated  Disputed  Basis for the claim:  Trade Payable  Is the claim subject to offset?  Ves	Name				
Creditor's Notice name  PO Box 219703  Address    Country   MO	5 Nonpriority creditor's name and mailing address  Evergy			As of the petition filing date, the claim is: \$ Check all that apply.	2,519.5
Disputed   Basis for the claim:   Trade Payable     PO Box 219703   Address   Trade Payable				☐ Contingent	
Disputed  Basis for the claim:  Trade Payable  Kansas City MO 641219703 City State ZIP Code  Date or dates debt was incurred Various State Staffing Creditor Name  Nonpriority creditor's name and malling address Favorite Healthcare Staffing Creditor Notice name  PO Box 26225 Raddress Staffing State Staffing Staffing Creditor Notice name  Overland Park KS 66225 City State ZIP Code  Country  Date or dates debt was incurred  Is the claim subject to offset?  As of the petition filling date, the claim is: \$ 150,271.0  Check all that apply.  Contingent  Unliquidated  Disputed  Basis for the claim:  Trade Payable  Staffing S				☐ Unliquidated	
Address  Kansas City MO 641219703 City State ZIP Code  Country  Date or dates debt was incurred Various   State Various   Stat	Creditor's Notice na	me		 □ Disputed	
Kansas City MO 841219703 City State ZIP Code    State	PO Box 219703			Basis for the claim:	
Country  Date or dates debt was incurred  Various  Last 4 digits of account number  Shonpriority creditor's name and mailing address Favorite Healthcare Staffing  Creditor Name  PO Box 26225 Address  Overland Park KS 66225 City State ZIP Code  List the claim subject to offset?  Is the claim subject to offset?  Is the claim subject to offset?  Overland Park KS 66225 Clay State ZIP Code  Is the claim subject to offset?  Is the claim subject to offset?  Is the claim subject to offset?  No	Address			Trade Payable	
Country  Date or dates debt was incurred  Various  Last 4 digits of account number  Shonpriority creditor's name and mailing address Favorite Healthcare Staffing  Creditor Name  PO Box 26225 Address  Overland Park KS 66225 City State ZIP Code  List the claim subject to offset?  Is the claim subject to offset?  Is the claim subject to offset?  Overland Park KS 66225 Clay State ZIP Code  Is the claim subject to offset?  Is the claim subject to offset?  Is the claim subject to offset?  No					
Country  Date or dates debt was incurred  Various  Last 4 digits of account number  Nonpriority creditor's name and mailing address Favorite Healthcare Staffing Creditor's Notice name  Creditor's Notice name  PO Box 26225  Address  Coverland Park KS 66225  City State ZIP Code    State ZiP Code   State ZiP Code   State Size Size Size Size Size Size Size Siz	Kansas City				
Date or dates debt was incurred  Various  Last 4 digits of account number  Nonpriority creditor's name and mailing address Favorite Healthcare Staffing Creditor's Notice name  Creditor's Notice name  PO Box 26225 Address  City State  ZIP Code  Date or dates debt was incurred  Various  Is the claim subject to offset?  No Check all that apply.  Contingent Unliquidated Disputed Basis for the claim: Trade Payable  Is the claim subject to offset?  No  No	City	State	ZIP Code		
Various	Country				
Last 4 digits of account number    Nonpriority creditor's name and mailing address   As of the petition filling date, the claim is: \$ 150,271.0     Check all that apply.   Check all that apply.     Contingent   Unliquidated     Disputed     Basis for the claim:     Trade Payable		debt was incurr	ed		
Nonpriority creditor's name and mailing address Favorite Healthcare Staffing Creditor Name  Creditor's Notice name  PO Box 26225  Address  City  State  Country  Date or dates debt was incurred  No  As of the petition filing date, the claim is: \$ 150,271.4  As of the petition filing date, the claim is: \$ 150,271.4  Check all that apply.  Check all that apply.  Contingent  Unliquidated  Disputed  Basis for the claim:  Trade Payable  State  Is the claim subject to offset?  No				<u></u>	
As of the petition filing date, the claim is: \$ 150,271.0    Check all that apply.	Last 4 digits o	or account		□ Yes	
Creditor Name  Creditor's Notice name  Creditor's Notice name  PO Box 26225  Address  City  Country  Date or dates debt was incurred  Creditor's Notice name    Contingent   Unliquidated     Disputed     Basis for the claim:     Trade Payable    Country     Date or dates debt was incurred     Various   No					
Creditor Name  Creditor's Notice name  PO Box 26225  Address  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  PO Box 26225  Address  Overland Park 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		nd mailing address		150,271.0
Creditor's Notice name  PO Box 26225 Address  Disputed  Basis for the claim:  Trade Payable   Overland Park KS 66225 City State ZIP Code  Country  Date or dates debt was incurred  Various  Disputed  Basis for the claim:  Trade Payable	Nonpriority cr		nd mailing address	Check all that apply.	150,271.0
PO Box 26225 Address  Trade Payable  Overland Park KS 66225 City State ZIP Code  Country  Date or dates debt was incurred Various  Basis for the claim:  Trade Payable  Is the claim subject to offset?  No	Nonpriority cr		nd mailing address	Check all that apply.	150,271.0
Address  Overland Park KS 66225 City State ZIP Code  Country  Date or dates debt was incurred Various  Trade Payable  Is the claim subject to offset?  No	Favorite Healtho Creditor Name	are Staffing	nd mailing address	Check all that apply.  Contingent Unliquidated	150,271.0
Overland Park KS 66225 City State ZIP Code  Country  Date or dates debt was incurred Various Is the claim subject to offset?  ✓ No	Favorite Healtho Creditor Name  Creditor's Notice na	are Staffing	nd mailing address	Check all that apply.  Contingent Unliquidated Disputed	150,271.0
Country  Date or dates debt was incurred  Various  ZIP Code  Is the claim subject to offset?  No	Favorite Healtho Creditor Name  Creditor's Notice na	are Staffing	nd mailing address	Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	150,271.0
Country  Date or dates debt was incurred  Various  ZIP Code  Is the claim subject to offset?  No	Favorite Healtho Creditor Name  Creditor's Notice na	are Staffing	nd mailing address	Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	150,271.c
Country  Date or dates debt was incurred  Various  Is the claim subject to offset?  No	Favorite Healtho Creditor Name  Creditor's Notice na PO Box 26225  Address	are Staffing		Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	150,271.0
Date or dates debt was incurred     Is the claim subject to offset?       Various     ✓ No	Nonpriority cr Favorite Healtho Creditor Name  Creditor's Notice na PO Box 26225 Address  Overland Park	me KS	66225	Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	150,271.C
Various  ☑ No	Nonpriority cr Favorite Healtho Creditor Name  Creditor's Notice na PO Box 26225 Address  Overland Park	me KS	66225	Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	150,271.0
validus	Nonpriority cr Favorite Healtho Creditor Name  Creditor's Notice na PO Box 26225 Address  Overland Park City  Country	me  KS  State	66225 ZIP Code	Check all that apply.  Contingent Unliquidated Disputed Basis for the claim: Trade Payable	150,271.
	Favorite Healtho Creditor Name  Creditor's Notice na PO Box 26225 Address  Overland Park City  Country  Date or dates	me  KS  State	66225 ZIP Code	Check all that apply.  Contingent Unliquidated Disputed Basis for the claim: Trade Payable  Is the claim subject to offset?	150,271.0

# Case 24-10443-TMH Doc 479 Filed 05/31/24 Page 38 of 54

Name					
7 Nonpriority creditor's name and mailing address			As of the petition filing date, the claim is:	\$	3,085.5
Gem Medical Supplies LLC			Check all that apply.		
Creditor Name			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice n	name		□ Disputed		
730 Anthony Tu	730 Anthony Trail		Basis for the claim:		
Address			 Trade Payable		
				_	
Northbrook	IL	60062			
City	State	ZIP Code			
Country					
Date or dates	s debt was incurr	ed	Is the claim subject to offset?		
Various			☑ No		
Last 4 digits	of account		□ Yes		
Last 4 digits number  Nonpriority of Guardian		nd mailing address	☐ Yes  As of the petition filing date, the claim is:  Check all that apply.	\$	401.2
Last 4 digits number  Nonpriority of		nd mailing address	As of the petition filing date, the claim is:	\$	401.2
Last 4 digits number  Nonpriority of Guardian		nd mailing address	As of the petition filing date, the claim is:  Check all that apply.	\$	401.2
Last 4 digits number  Nonpriority of Guardian	creditor's name a	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated	\$	401.2
Last 4 digits number  Nonpriority of Guardian Creditor Name  Creditor's Notice of	creditor's name a	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed	\$	401.2
Last 4 digits number  Nonpriority of Guardian Creditor Name	creditor's name a	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated	\$	401.2
Last 4 digits number  8 Nonpriority of Guardian Creditor Name  Creditor's Notice n	creditor's name a	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	401.2
Last 4 digits number  8 Nonpriority of Guardian Creditor Name  Creditor's Notice n	creditor's name a	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	401.2
Last 4 digits number  8 Nonpriority of Guardian Creditor Name  Creditor's Notice in PO Box 677458 Address	ereditor's name a		As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	401.2
Last 4 digits number  Nonpriority of Guardian Creditor Name  Creditor's Notice of PO Box 677458 Address	name 8	75267-7458	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	401.2
Last 4 digits number  8 Nonpriority of Guardian Creditor Name  Creditor's Notice of PO Box 677458 Address  Dallas City  Country	name 8	75267-7458 ZIP Code	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	401.2
Last 4 digits number  Nonpriority of Guardian Creditor Name  Creditor's Notice of PO Box 677458 Address  Dallas City  Country	ereditor's name a	75267-7458 ZIP Code	As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Basis for the claim:  Trade Payable	\$	401.3

## Case 24-10443-TMH Doc 479 Filed 05/31/24 Page 39 of 54

Name Nonpriority creditor's name and mailing address		and mailing address	As of the notition filling date the alabelia	¢.	4.050.00
Health Technologies Inc			As of the petition filing date, the claim is: Check all that apply.	\$	1,956.60
Creditor Name			□ Contingent		
			Unliquidated		
Creditor's Notice name					
0446 Dana Avanua	0440 5		☐ Disputed  Basis for the claim:		
Address	8446 Page Avenue Address		Trade Payable		
				_	
Ct. Lauria	MO	C2420			
St. Louis	MO State	63130 ZIP Code			
City	State	ZIP Code			
Country			In the claim publicat to offeet?		
Date or dates deb	ot was incurr	red	Is the claim subject to offset? ☑ No		
Various					
Last 4 digits of ac	Joount		□ 163		
number  Nonpriority credit  Kennyco Industries		and mailing address	As of the petition filing date, the claim is:  Check all that apply.	\$	467.7
number  Nonpriority credit		and mailing address	As of the petition filing date, the claim is:	\$	467.7
number  Nonpriority credit Kennyco Industries Creditor Name		and mailing address	As of the petition filing date, the claim is:  Check all that apply.	\$	467.75
number  Nonpriority credit  Kennyco Industries		and mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent	\$	467.75
number  Nonpriority credit Kennyco Industries Creditor Name  Creditor's Notice name  3150 Mercier		and mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated	\$	467.75
number  Nonpriority credit Kennyco Industries Creditor Name  Creditor's Notice name		and mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed	\$	467.75
number  Nonpriority credit Kennyco Industries Creditor Name  Creditor's Notice name  3150 Mercier		and mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	467.75
Nonpriority credit Kennyco Industries Creditor Name  Creditor's Notice name  3150 Mercier Address		and mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	467.7
number  Nonpriority credit Kennyco Industries Creditor Name  Creditor's Notice name  3150 Mercier Address Suite 520	tor's name a		As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	467.7
number  Nonpriority credit Kennyco Industries Creditor Name  Creditor's Notice name  3150 Mercier Address Suite 520  Kansas City	tor's name a	64111	As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed  Basis for the claim:  Trade Payable	\$	467.7
number  Nonpriority credit Kennyco Industries Creditor Name  Creditor's Notice name  3150 Mercier Address Suite 520  Kansas City City	MO State	64111 ZIP Code	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	467.7

# Case 24-10443-TMH Doc 479 Filed 05/31/24 Page 40 of 54

otor: Shangri La HCO, LLC			Case number (if known):	24-10551	
Name					
Nonpriority creditor's name and mailing address		nd mailing address	As of the petition filing date, the claim is:	\$	Undetermine
Law Office of Jeffrey Krumpe Creditor Name			Check all that apply.		
Creditor Name			☐ Contingent		
			✓ Unliquidated		
Creditor's Notice name			· ☑ Disputed		
110 SW Jeffereson			Basis for the claim:		
Address	··		 Litigation		
Suite 410				-	
Peoria	IL.	61602			
City	State	ZIP Code			
Country					
Date or dates d	lebt was incurr	red	Is the claim subject to offset?		
2/6/2024			✓ No		
Last 4 digits of	account		□ Yes		
Nonpriority cre Lynn Care LLC Creditor Name	ditor's name a	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent	\$	104,912.2
Creditor's Notice nam	e		Unliquidated		
			☐ Disputed		
Address	llevard Suite300		Basis for the claim:		
Suite 300			Trade Payable		
Suite 300					
Overland Park	KS	66211			
City	State	ZIP Code			
Country					
Date or dates debt was incurred Various		ed	Is the claim subject to offset?		
	_ast 4 digits of account		□ Yes		

# Case 24-10443-TMH Doc 479 Filed 05/31/24 Page 41 of 54

Nonpriority cre				
Nonpriority creditor's name and mailing address  Martin Bros			As of the petition filing date, the claim is: \$ Check all that apply.	236,415.2
Creditor Name			□ Contingent	
			☐ Unliquidated	
Creditor's Notice nar	ne		☐ Disputed	
406 Viking Road	406 Viking Road		Basis for the claim:	
Address			Trade Payable	
Cedar Falls	IA	50613		
City	State	ZIP Code		
Country				
Date or dates	debt was incurr	red	Is the claim subject to offset?	
Various				
Last 4 digits of	f account		☐ Yes	
number				
Nonpriority creditor's name and mailing address				
		nd mailing address	As of the petition filing date, the claim is: \$	75,220.0
Mc Kesson Medio		nd mailing address	As of the petition filing date, the claim is: \$ Check all that apply.	75,220.0
Mc Kesson Medi		nd mailing address		75,220.0
Mc Kesson Medic Creditor Name	cal- Surgical	nd mailing address	Check all that apply.	75,220.0
Mc Kesson Medi	cal- Surgical	nd mailing address	Check all that apply.	75,220.0
Mc Kesson Medic Creditor Name  Creditor's Notice nar  PO Box 630693	cal- Surgical	nd mailing address	Check all that apply.  Contingent Unliquidated	75,220.0
Mc Kesson Medic Creditor Name  Creditor's Notice nar	cal- Surgical	nd mailing address	Check all that apply.  Contingent Unliquidated Disputed	75,220.0
Mc Kesson Medic Creditor Name  Creditor's Notice nar  PO Box 630693	cal- Surgical	nd mailing address	Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	75,220.0
Mc Kesson Medic Creditor Name  Creditor's Notice nar  PO Box 630693	cal- Surgical	nd mailing address  452630693	Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	75,220.0
Mc Kesson Medic Creditor Name  Creditor's Notice nar  PO Box 630693  Address	cal- Surgical		Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	75,220.0
Mc Kesson Media Creditor Name  Creditor's Notice nar  PO Box 630693  Address  Cincinnati	me OH	452630693	Check all that apply.  Contingent Unliquidated Disputed Basis for the claim: Trade Payable	75,220.0
Mc Kesson Media Creditor Name  Creditor's Notice nar  PO Box 630693  Address  Cincinnati City  Country	me OH	452630693 ZIP Code	Check all that apply.  Contingent Unliquidated Disputed Basis for the claim: Trade Payable  Is the claim subject to offset?	75,220.0
Mc Kesson Media Creditor Name  Creditor's Notice nar  PO Box 630693  Address  Cincinnati City  Country	cal- Surgical  me  OH  State  debt was incurr	452630693 ZIP Code	Check all that apply.  Contingent Unliquidated Disputed Basis for the claim: Trade Payable	75,220.0

# Case 24-10443-TMH Doc 479 Filed 05/31/24 Page 42 of 54

btor: Shangri La l	HCO, LLC		Case number (if known)	): 24-10551	
Name					
5 Nonpriority creditor's name and mailing address			As of the petition filing date, the claim is:	\$	2,062.9
	Midwest Dysphagia Diagnostics PC Creditor Name		Check all that apply.		
Creditor Name			☐ Contingent		
			Unliquidated  Disputed		
Creditor's Notice	name				
1375 SW 100tl	1375 SW 100th Road		Basis for the claim:		
Address			Trade Payable	_	
Holden	MO	64040			
City	State	ZIP Code			
Country					
Date or date	s debt was incuri	red	Is the claim subject to offset?		
Various			☑ No		
Last 4 digits	of account		☐ Yes		
number	araditar'a nama s	and mailing address	As of the metition filling date the plains in	<b>.</b> 440	
Midwest ESD I		and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$ 1,189	1,109.4
Creditor Name			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice	name		☐ Disputed		
1209 NE 74th	Street		Basis for the claim:		
Address	Officer		Trade Payable	_	
Gladstone	МО	64118-2138			
City	State	ZIP Code			
Country	Country  Date or dates debt was incurred				
Date or date			Is the claim subject to offset?		
Various			☑ No		
Last 4 digits	of account		□ Yes		
Last 4 digits number	of account		☐ Yes		

# Case 24-10443-TMH Doc 479 Filed 05/31/24 Page 43 of 54

tor: Shangri La HCO, LLC			Case number (if known):	2	24-10551	
Name						
Nonpriority creditor's name and mailing address		ind mailing address	As of the petition filing date, the claim is:	\$		50,855.6
Omnicare			Check all that apply.			
Creditor Name			☐ Contingent			
			☐ Unliquidated			
Creditor's Notice name  Department781668			·  □ Disputed			
			Basis for the claim:			
Address			 Trade Payable			
PO Box 78000				-		
Detroit	MI	482781668				
City	State	ZIP Code				
Country						
Date or dates of	debt was incurr	red	Is the claim subject to offset?			
Various			☑ No			
Last 4 digits of	f account		□ Yes			
	editor's name a	and mailing address	As of the petition filing date, the claim is:	\$		11,740.4
PEL/VIP Creditor Name			Check all that apply.			
			☐ Contingent			
			Unliquidated			
Creditor's Notice nan	ne		☐ Disputed			
9840 Southwest I	Highway		Basis for the claim:			
Address			Trade Payable			
				-		
Oak Lawn	_ <u> L</u>	60453				
Country  Date or dates debt was incurred Various		ZIP Code				
		red	Is the claim subject to offset?			
			☑ No			
Last 4 digits of account			□ Yes			

# Case 24-10443-TMH Doc 479 Filed 05/31/24 Page 44 of 54

or: Shangri La HCO, LLC			Case number (if known):	24-10551		
Name						
9 Nonpriority creditor's name and mailing address			As of the petition filing date, the claim is:	\$	2,525.0	
	& Landscaping Inc		Check all that apply.			
Creditor Name			☐ Contingent			
			Unliquidated  Disputed			
Creditor's Notice	name					
PO Box 284	PO Box 284		Basis for the claim:			
Address			Trade Payable			
				-		
Grain Valley	МО	64029				
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			
Presto- X	creditor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	1,580.0	
Creditor Name			□ Contingent			
			☐ Unliquidated			
Creditor's Notice	name		□ Disputed			
PO Box 14095	<b>i</b>		Basis for the claim:			
Address			Trade Payable	_		
Reading	PA	19612				
City	State	ZIP Code				
Country  Date or dates debt was incurred						
		ed	Is the claim subject to offset?			
Various			☑ No			
Last 4 digits	of account		☐ Yes			
number						

# ase 24-10443-TMH Doc 479 Filed 05/31/24 Page 45 of 54

or: Shangri La Name					
Nonpriority creditor's name and mailing address  RecoverCare LLC			As of the petition filing date, the claim is: Check all that apply.	\$	1,443.7
Creditor Name			□ Contingent		
dba Joerns Ll	_C		☐ Unliquidated		
Creditor's Notice	Creditor's Notice name		□ Disputed		
PO Box 936446			Basis for the claim:		
Address			Trade Payable	_	
				_	
Atlanta	GA	31193-6446			
City	State	ZIP Code			
Country					
Date or date	es debt was incurr	ed	Is the claim subject to offset?		
Various			☑ No		
			☑ No		
Last 4 digits	s of account		⊠ No □ Yes		
Last 4 digits number  Nonpriority		nd mailing address	☐ Yes  As of the petition filing date, the claim is:	\$	168,791.8
Last 4 digits		nd mailing address	☐ Yes  As of the petition filing date, the claim is:  Check all that apply.	\$	168,791.8
Last 4 digits number Nonpriority RehabCare		nd mailing address	□ Yes  As of the petition filing date, the claim is:  Check all that apply.  □ Contingent	\$	168,791.8
Last 4 digits number Nonpriority RehabCare	creditor's name a	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated	\$	168,791.8
Last 4 digits number Nonpriority RehabCare Creditor Name  Creditor's Notice	creditor's name a	nd mailing address	□ Yes  As of the petition filing date, the claim is:  Check all that apply. □ Contingent □ Unliquidated □ Disputed	\$	168,791.8
Last 4 digits number Nonpriority RehabCare Creditor Name	creditor's name a	nd mailing address	□ Yes  As of the petition filing date, the claim is:  Check all that apply. □ Contingent □ Unliquidated □ Disputed  Basis for the claim:	\$	168,791.8
Last 4 digits number  Nonpriority RehabCare Creditor Name  Creditor's Notice PO Box 71988	creditor's name a	nd mailing address	□ Yes  As of the petition filing date, the claim is:  Check all that apply. □ Contingent □ Unliquidated □ Disputed	\$	168,791.8
Last 4 digits number  Nonpriority RehabCare Creditor Name  Creditor's Notice PO Box 71988	creditor's name a	nd mailing address	□ Yes  As of the petition filing date, the claim is:  Check all that apply. □ Contingent □ Unliquidated □ Disputed  Basis for the claim:	\$	168,791.8
Last 4 digits number  Nonpriority RehabCare Creditor Name  Creditor's Notice PO Box 71988	name	60694-1985	□ Yes  As of the petition filing date, the claim is:  Check all that apply. □ Contingent □ Unliquidated □ Disputed  Basis for the claim:	\$	168,791.8
Last 4 digits number  Nonpriority RehabCare Creditor Name  Creditor's Notice PO Box 7198	creditor's name a		□ Yes  As of the petition filing date, the claim is:  Check all that apply. □ Contingent □ Unliquidated □ Disputed  Basis for the claim:	\$	168,791.8
Last 4 digits number  Nonpriority RehabCare Creditor Name  Creditor's Notice PO Box 7198: Address  Chicago	name	60694-1985	As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed  Basis for the claim:  Trade Payable	\$	168,791.8
Last 4 digits number  Nonpriority RehabCare Creditor Name  Creditor's Notice PO Box 7198 Address  Chicago City  Country Date or date	name	60694-1985 ZIP Code	As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed  Basis for the claim:  Trade Payable  Is the claim subject to offset?	\$	168,791.8
Last 4 digits number  Nonpriority RehabCare Creditor Name  Creditor's Notice PO Box 7198 Address  Chicago City  Country  Date or date Various	creditor's name a	60694-1985 ZIP Code	As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed  Basis for the claim:  Trade Payable	\$	168,791.8

## Case 24-10443-TMH Doc 479 Filed 05/31/24 Page 46 of 54

Shangri La HCO, LLC Name			Case number (if known):	24-1	
3 Nonpriority creditor's name and mailing address			As of the petition filing date, the claim is:	\$	194,019.6
Select Rehabilitation LLC			Check all that apply.		
Creditor Name			☐ Contingent		
			Unliquidated  Disputed		
Creditor's Notice	name				
PO Box 71985	PO Box 71985		Basis for the claim:		
Address			Trade Payable	_	
Chicago	IL	606941985			
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					
	creditor's name a	and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	567.5
Creditor Name	Tiutii & Aviary Servic	<del>US</del>			
			☐ Contingent		
Creditor's Notice	name		Unliquidated		
			☐ Disputed		
	ce Plaza Drive		Basis for the claim:		
Address			Trade Payable	_	
Neenah	WI	54956			
City	State	ZIP Code			
Country					
Date or dates debt was incurred		ed	Is the claim subject to offset?		
Various  Last 4 digits of account			✓ No		
			☐ Yes		

# Case 24-10443-TMH Doc 479 Filed 05/31/24 Page 47 of 54

otor: Shangri La HCO, LLC			Case number (if known).	24-10551	
Name					
35 Nonpriority creditor's name and mailing address			As of the petition filing date, the claim is:	\$	755.6
Shadow Fax P Creditor Name	rojects		Check all that apply.		
Ground Hamb			☐ Contingent ☐ Unliquidated		
Creditor's Notice	Creditor's Notice name		□ Disputed		
PO Box 347	PO Box 347		Basis for the claim:		
Address			Trade Payable	_	
Sullivan	IL	61951			
City	State	ZIP Code			
Country					
Date or date	s debt was incurr	red	Is the claim subject to offset?		
Various  Last 4 digits			☑ No □ Yes		
number  Nonpriority ( Shadow Fax P Creditor Name		and mailing address	As of the petition filing date, the claim is:  Check all that apply.	\$	267.9
			☐ Contingent		
One dite de Netice			☐ Unliquidated		
Creditor's Notice	name		☐ Disputed		
Medical Waste	Account		Basis for the claim:		
Address			Trade Payable		
PO Box 5473				_	
Sullivan	IL	61951			
City	State	ZIP Code			
Country	Country				
	Date or dates debt was incurred		Is the claim subject to offset?		
Various					
Last 4 digits	Last 4 digits of account		□ Yes		

# Case 24-10443-TMH Doc 479 Filed 05/31/24 Page 48 of 54

tor: Shangri La HCO, LLC			Case number (if known).	24-1055	1
Name					
7 Nonpriority creditor's name and mailing address Spire			As of the petition filing date, the claim is: Check all that apply.	\$	10,262.7
Creditor Name	Creditor Name		☐ Contingent		
			☐ Unliquidated		
Creditor's Notice	Creditor's Notice name		☐ Disputed		
Drawer 2	Drawer 2		Basis for the claim:		
Address			Trade Payable	_	
St Louis	MO	63171			
City	State	ZIP Code			
Country			In the eleberate better offers		
	s debt was incurr	red	Is the claim subject to offset?  ☑ No		
Various  Last 4 digits					
number  8 Nonpriority of Stericycle Inc Creditor Name	creditor's name a	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.	\$	1,790.9
			☐ Contingent		
Creditor's Notice	name		Unliquidated		
			☐ Disputed		
28883 Network	k Place		Basis for the claim:		
Address			Trade Payable	_	
Chicago	IL	60673-1288			
City	State	ZIP Code			
Country	Country				
Date or date	s debt was incurr	red	Is the claim subject to offset?		
Various			☑ No		
Last 4 digits	Last 4 digits of account		□ Yes		

# Case 24-10443-TMH Doc 479 Filed 05/31/24 Page 49 of 54

Name					
Nonpriority cred The Home Depot F		nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	2,108.7
Creditor Name			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice name	)		□ Disputed		
13924 Collection C	Center Drive		Basis for the claim:		
Address			Trade Payable	-	
Chicago	IL	60693-0126			
City	State	ZIP Code			
Country					
Date or dates de	ebt was incurr	red	Is the claim subject to offset?		
Various			☑ No		
Last 4 digits of a	account		□ Yes		
Last 4 digits of a	account		□ Yes		
number  Nonpriority cred		nd mailing address	As of the petition filing date, the claim is:	\$	26,941.6
number		nd mailing address	As of the petition filing date, the claim is:  Check all that apply.	\$	26,941.6
number  Nonpriority cred Total Med Inc		nd mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent	\$	26,941.6
number  Nonpriority cred  Total Med Inc	ditor's name a	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated	\$	26,941.6
number  Nonpriority cred Total Med Inc Creditor Name  Creditor's Notice name	ditor's name a	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed	\$	26,941.6
number  Nonpriority cred  Total Med Inc  Creditor Name	ditor's name a	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	26,941.6
number  Nonpriority cred Total Med Inc Creditor Name  Creditor's Notice name  221 West College A	ditor's name a	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed	\$	26,941.6
number  Nonpriority cred Total Med Inc Creditor Name  Creditor's Notice name  221 West College Address	ditor's name a	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	26,941.6
number  Nonpriority cred Total Med Inc Creditor Name  Creditor's Notice name  221 West College Address	ditor's name a	and mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	26,941.6
number  Nonpriority cred Total Med Inc Creditor Name  Creditor's Notice name  221 West College Address Floor 2	ditor's name a		As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	26,941.6
number  Nonpriority cred Total Med Inc Creditor Name  Creditor's Notice name  221 West College Address Floor 2  Appleton	Avenue	54911	As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Basis for the claim:  Trade Payable	\$	26,941.
number  Nonpriority crec Total Med Inc Creditor Name  Creditor's Notice name  221 West College Address  Floor 2  Appleton City	Avenue  WI State	54911 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?	\$	26,941.
number  Nonpriority cred Total Med Inc Creditor Name  Creditor's Notice name  221 West College Address Floor 2  Appleton City  Country	Avenue  WI State	54911 ZIP Code	As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Basis for the claim:  Trade Payable	\$	26,941.

# Case 24-10443-TMH Doc 479 Filed 05/31/24 Page 50 of 54

### 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	g address		On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
			Line	
Name			□ Not Listed.Explain	
Notice Name				
Street			_	
			_	
City	State	ZIP Code		
City	Sidle	ZIF 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 5c. Total of Parts 1 and 2 5c. \$ 1,136,854.69

Lines 5a + 5b = 5c.

Fill in this information to identify the case:
Debtor Name: In re : Shangri La HCO, LLC
United States Bankruptcy Court for the: District of Delaware
Case number (if known): 24-10551 (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 lea	ses	State the name and mailing whom the debtor has an exclease		
	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 : Shangri La HCO, LLC
United States Bankruptcy Court for the: District of Delaware
Case number (if known): 24-10551 (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				S <b>5</b> (5
						□ E/F
						□G
		City	State	ZIP Code		
		Country	-			

Case 24-10443-TMH Doc 479 Filed 05/31/24 Page 54 of 54

Fill in this information to identify the case:
Debtor Name: In re : Shangri La HCO, LLC
United States Bankruptcy Court for the: District of Delaware
Case number (if known): 24-10551 (TMH)

### Official Form 202

### **Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

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

### **Declaration and signature**

		dent, another officer, or an authorized agering as a representative of the debtor in thi	nt of the corporation; a member or an authorized agent of the partnership; or another s case.
I ha	ve examin	ed the information in the documents check	xed below and I have a reasonable belief that the information is true and correct:
	Schedule	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 SHANGRI LA HCO, LLC (CASE NO. 24-10551)

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 : Shangri La HCO, LLC
United States Bankruptcy Court for the: District Of Delaware
Case number (if known): 24-10551 (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	(be	oss revenue fore deductions and lusions)
From the beginning of the fiscal year to filing date:	From	1/1/2024 MM / DD / YYYY	to	Filing date	☑	Operating a business Other	\$	925,781.10
For prior year:	From	1/1/2023 MM / DD / YYYY	to	12/31/2023 MM / DD / YYYY	_ _ □	Operating a business Other	\$	5,750,357.61
For the year before that:	From	1/1/2022 MM / DD / YYYY	to	12/31/2022 MM / DD / YYYY	_ ☑ 	Operating a business Other	\$	5,118,663.24

Case 24-10443-TMH Doc 479-1 Filed 05/31/24 Page 3 of 26

Debtor: Shangri La HCO, LLC Case number (if known): 24-10551

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 revenu source (before deduct exclusions)	
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	_ \$	74.00
For the year before that:	From	1/1/2022 MM / DD / YYYY	to	12/31/2022 MM / DD / YYYY	Interest	\$	67.66

Nan	me						
2:	List Certain Tr	ansfers Made	Before Filing f	or Bankruptcy	1		
Certa	ain payments o	r transfers to	creditors withi	n 90 days befo	re filing this case		
iling	this case unless	the aggregate	value of all pro	perty transferre			ompensation, within 90 days be s amount may be adjusted on 4
□N	lone						
	Creditor's name	e and address		Dates	Total amount or value		ns for payment or transfer all that apply
3.1	See SOFA 3 Atta	achment			\$		Secured debt
	Creditor's Name				<u> </u>		Unsecured loan repayments
						П	Suppliers or vendors
	Street			-		П	Services
						П	Other
				-			
	City	State	ZIP Code	-			
	·			•	ar before filing this case th		•
	Payments or ot List payments or guaranteed or co \$7,575. (This am adjustment.) Do and their relative	r transfers, inclosigned by an incount may be a not include anges; general part	uding expense insider unless the adjusted on 4/01 y payments listed thers of a partners of a partners.	reimbursements ne aggregate va /25 and every a ed in line 3. Insi ership debtor ar	s, made within 1 year before alue of all property transferre 3 years after that with respec ders include officers, director	filing this cased to or for the cases file rs, and anyone	e on debts owed to an insider of benefit of the insider is less that d on or after the date of e in control of a corporate debt
	Payments or ot List payments or guaranteed or co \$7,575. (This am adjustment.) Do	r transfers, inclosigned by an incount may be a not include anges; general part	uding expense insider unless the adjusted on 4/01 y payments listed thers of a partners of a partners.	reimbursements ne aggregate va /25 and every a ed in line 3. Insi ership debtor ar	s, made within 1 year before alue of all property transferre 3 years after that with respec ders include officers, director	filing this cased to or for the cases file rs, and anyone	e on debts owed to an insider of benefit of the insider is less that
	Payments or ot List payments or guaranteed or or \$7,575. (This am adjustment.) Do and their relative any managing a	r transfers, inclosigned by an incunt may be a not include anger; general partigent of the deb	uding expense insider unless the adjusted on 4/01 y payments listed there of a partney of the 11 U.S.C. §	reimbursements ne aggregate va /25 and every a ed in line 3. Insi ership debtor ar	s, made within 1 year before alue of all property transferre 3 years after that with respec ders include officers, director	filing this cased to or for the ct to cases file rs, and anyone the debtor an	e on debts owed to an insider of benefit of the insider is less that d on or after the date of e in control of a corporate debt
4.1	Payments or ot List payments or or guaranteed or co \$7,575. (This am adjustment.) Do and their relative any managing ac None Insider's Name a Please reference information relate Payments/Transfe	r transfers, incliposigned by an incount may be a not include anges; general partigent of the deband Address Global Notes for discountry	uding expense rinsider unless the adjusted on 4/01 y payments listed the solution of a partners of a partners of a partners. 11 U.S.C. §	reimbursements ne aggregate va /25 and every s ed in line 3. Insi ership debtor ar § 101(31).	s, made within 1 year before alue of all property transferre 3 years after that with respec ders include officers, director and their relatives; affiliates of	filing this cased to or for the ct to cases file rs, and anyone the debtor an	e on debts owed to an insider of benefit of the insider is less that d on or after the date of e in control of a corporate debt d insiders of such affiliates; and
4.1	Payments or ot List payments or or guaranteed or or \$7,575. (This am adjustment.) Do and their relative any managing ac None Insider's Name a Please reference information relate	r transfers, incliposigned by an incount may be a not include anges; general partigent of the deband Address Global Notes for discountry	uding expense rinsider unless the adjusted on 4/01 y payments listed the solution of a partners of a partners of a partners. 11 U.S.C. §	reimbursements ne aggregate va /25 and every s ed in line 3. Insi ership debtor ar § 101(31).	s, made within 1 year before alue of all property transferre 3 years after that with respectors include officers, directord their relatives; affiliates of	filing this cased to or for the ct to cases file rs, and anyone the debtor an	e on debts owed to an insider of benefit of the insider is less that d on or after the date of e in control of a corporate debt d insiders of such affiliates; and
4.1	Payments or ot List payments or ot guaranteed or oc \$7,575. (This am adjustment.) Do and their relative any managing ac None Insider's Name a Please reference information relate Payments/Transfe Insider's Name	r transfers, incliposigned by an incount may be a not include anges; general partigent of the deband Address Global Notes for discountry	uding expense rinsider unless the adjusted on 4/01 y payments listed the solution of a partners of a partners of a partners. 11 U.S.C. §	reimbursements ne aggregate va /25 and every s ed in line 3. Insi ership debtor ar § 101(31).	s, made within 1 year before alue of all property transferre 3 years after that with respectors include officers, directord their relatives; affiliates of	filing this cased to or for the ct to cases file rs, and anyone the debtor an	e on debts owed to an insider of benefit of the insider is less that d on or after the date of e in control of a corporate debt d insiders of such affiliates; and
4.1	Payments or ot List payments or or guaranteed or co \$7,575. (This am adjustment.) Do and their relative any managing ac None Insider's Name a Please reference information relate Payments/Transfe	r transfers, incliposigned by an incount may be a not include anges; general partigent of the deband Address Global Notes for discountry	uding expense rinsider unless the adjusted on 4/01 y payments listed the solution of a partners of a partners of a partners. 11 U.S.C. §	reimbursements ne aggregate va /25 and every s ed in line 3. Insi ership debtor ar § 101(31).	s, made within 1 year before alue of all property transferre 3 years after that with respectors include officers, directord their relatives; affiliates of	filing this cased to or for the ct to cases file rs, and anyone the debtor an	e on debts owed to an insider of benefit of the insider is less that d on or after the date of e in control of a corporate debt d insiders of such affiliates; and
4.1	Payments or ot List payments or ot guaranteed or oc \$7,575. (This am adjustment.) Do and their relative any managing ac None Insider's Name a Please reference information relate Payments/Transfe Insider's Name	r transfers, incliposigned by an incount may be a not include anges; general partigent of the deband Address Global Notes for discountry	uding expense rinsider unless the adjusted on 4/01 y payments listed the solution of a partners of a partners of a partners. 11 U.S.C. §	reimbursements ne aggregate va /25 and every s ed in line 3. Insi ership debtor ar § 101(31).	s, made within 1 year before alue of all property transferre 3 years after that with respectors include officers, directord their relatives; affiliates of	filing this cased to or for the ct to cases file rs, and anyone the debtor an	e on debts owed to an insider of benefit of the insider is less that d on or after the date of e in control of a corporate debt d insiders of such affiliates; and
4.1	Payments or ot List payments or or guaranteed or co \$7,575. (This am adjustment.) Do and their relative any managing ac None Insider's Name a Please reference information relate Payments/Transfe Insider's Name  Street	r transfers, inclossigned by an incount may be a not include any as; general part gent of the deband Address Global Notes for do to Intercompaers	uding expense in insider unless the adjusted on 4/01 y payments liste thers of a partner of a pa	reimbursements ne aggregate va /25 and every s ed in line 3. Insi ership debtor ar § 101(31).	s, made within 1 year before alue of all property transferre 3 years after that with respectors include officers, directord their relatives; affiliates of	filing this cased to or for the ct to cases file rs, and anyone the debtor an	e on debts owed to an insider of benefit of the insider is less that d on or after the date of e in control of a corporate debt d insiders of such affiliates; and
4.1	Payments or ot List payments or ot guaranteed or oc \$7,575. (This am adjustment.) Do and their relative any managing ac None Insider's Name a Please reference information relate Payments/Transfe Insider's Name	r transfers, incliposigned by an incount may be a not include anges; general partigent of the deband Address Global Notes for discountry	uding expense rinsider unless the adjusted on 4/01 y payments listed the solution of a partners of a partners of a partners. 11 U.S.C. §	reimbursements ne aggregate va /25 and every s ed in line 3. Insi ership debtor ar § 101(31).	s, made within 1 year before alue of all property transferre 3 years after that with respectors include officers, directord their relatives; affiliates of	filing this cased to or for the ct to cases file rs, and anyone the debtor an	e on debts owed to an insider of benefit of the insider is less that d on or after the date of e in control of a corporate debt d insiders of such affiliates; and
4.1	Payments or ot List payments or or guaranteed or co \$7,575. (This am adjustment.) Do and their relative any managing ac None Insider's Name a Please reference information relate Payments/Transfe Insider's Name  Street	r transfers, inclossigned by an incount may be a not include any as; general part gent of the deband Address Global Notes for do to Intercompaers	uding expense in insider unless the adjusted on 4/01 y payments liste thers of a partner of a pa	reimbursements ne aggregate va /25 and every s ed in line 3. Insi ership debtor ar § 101(31).	s, made within 1 year before alue of all property transferre 3 years after that with respectors include officers, directord their relatives; affiliates of	filing this cased to or for the ct to cases file rs, and anyone the debtor an	e on debts owed to an insider of benefit of the insider is less that d on or after the date of e in control of a corporate debt d insiders of such affiliates; and
4.1 <sub>-</sub> -	Payments or ot List payments or guaranteed or cc \$7,575. (This am adjustment.) Do and their relative any managing ac None Insider's Name a Please reference information relate Payments/Transfe Insider's Name  Street  City	r transfers, include any signed by an interest and include any signer and and Address Global Notes for do Intercomparers	uding expense in insider unless the adjusted on 4/01 y payments liste thers of a partner of a pa	reimbursements ne aggregate va /25 and every s ed in line 3. Insi ership debtor ar § 101(31).	s, made within 1 year before alue of all property transferre 3 years after that with respectors include officers, directord their relatives; affiliates of	filing this cased to or for the ct to cases file rs, and anyone the debtor an	e on debts owed to an insider of benefit of the insider is less that d on or after the date of e in control of a corporate debt d insiders of such affiliates; and

	Case 24-10443-TMH	Doc 479-1	Filed 05/31/24 P	age 5	of 26
Debtor:	Shangri La HCO, LLC		Case number	r (if known):	24-10551
	Name				

### 5. Repossessions, foreclosures, and returns

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

### ✓ None

editor's Name and Address			<b>Description of the Property</b>	Date	Value of property
.1 Creditor's Name					\$
Street			_		
City	State	ZIP Code	_		
Country			_		

### 6. Setoffs

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

	Creditor's Name and Address	Description of the action creditor took	Date action was taken	Amount
6.1	Creditor's Name			\$
	Street	Last 4 digits of account number: XXXX-		
	City State ZIP Code			
	Country			

Case 24-10443-TMH Doc 479-1 Filed 05/31/24 Page 6 of 26 Shangri La HCO, LLC Debtor: Case number (if known): Name **Legal Actions or Assignments** Part 3: 7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case. □ None Case title Nature of case Court or agency's name and address Status of case Pending 7.1 See SOFA 7 Attachment Name On appeal Concluded Street Case number City State ZIP Code Country

### 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.

Custodian's	Custodian's name and address		Description of the Property		Value			
1				\$	3			
Custodian's nar	me				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 479-1 Filed 05/31/24 Page 7 of 26

Debtor: Shangri La HCO, LLC Case number (if known): 24-10551

Name

Part 4: Certain Gifts and Charitable Contribution
---

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

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

Case 24-10443-TMH Doc 479-1 Filed 05/31/24 Page 8 of 26 Debtor: Shangri La HCO, LLC Case number (if known): Name Part 5: **Certain Losses** All losses from fire, theft, or other casualty within 1 year before filing this case. □ None Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government Description of the property lost and how the compensation, or tort liability, list Date of loss Value of property lost loss occurred the total received.

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

10/2023

Property).

None

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

Undetermined

Case 24-10443-TMH Doc 479-1 Filed 05/31/24 Page 9 of 26

Debtor: Shangri La HCO, LLC Case number (if known): 24-10551

Name

Part 6: Certain Payments or Transfers

### 11. Payments related to bankruptcy

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

✓ None

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

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

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

Do not include transfers already listed on this statement.

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

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

Case 24-10443-TMH Doc 479-1 Filed 05/31/24 Page 10 of 26

Debtor: Shangri La HCO, LLC Case number (if known): 24-10551

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.

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

ZIP Code

City

Country

State

Case 24-10443-TMH Doc 479-1 Filed 05/31/24 Page 12 of 26

Debtor: Shangri La HCO, LLC Case number (if known):

Name

### 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 Name	and Addre	ss	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
Shangri La Rel Facility Name	nab & Living	g Center	Skilled Nursing Facility	2,020
930 NE Dunca Street	n Road		Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept? Check all that apply:
Blue Springs	МО	64014	- -	☐ Electronically  ☑ Paper
Country	State	ZIP Code	-	

Case 24-10443-TMH Doc 479-1 Filed 05/31/24 Page 13 of 26 Debtor: Shangri La HCO, LLC Case number (if known): Name Personally Identifiable Information Part 9: 16. Does the debtor collect and retain personally identifiable information of customers? Medical and Billing Information Does the debtor have a privacy policy about that information? □ No Yes 17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit? ☐ No. Go to Part 10. ☑ Yes. Does the debtor serve as plan administrator? ☑ No. Go to Part 10. ☐ Yes. Fill in below: Employer identification number of the plan Name of plan 17.1 EIN:

Has the plan been terminated?

□ No□ Yes

Case 24-10443-TMH Doc 479-1 Filed 05/31/24 Page 14 of 26

Debtor: Shangri La HCO, LLC Case number (if known): 24-10551

Name

### Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

### 18. Closed financial accounts

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

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

☑ None

	Financial institut	ion name and add	ress	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1				XXXX-	Checking		\$
	Name			<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.

	Depository institu	tion name and a	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 479-1 Filed 05/31/24 Page 15 of 26 Shangri La HCO, LLC Debtor: 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 479-1 Filed 05/31/24 Page 16 of 26

Debtor: Shangri La HCO, LLC Case number (if known): 24-10551

Name

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

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

□ None

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

Debtor:	Shar	Case 24-10443 ngri La HCO, LLC	в-тмн	Doc 479-1		24 Page 17 of 26 Case number (if known): 24-10551	
	Name						
Part 1	12:	Details About Environmental In	formation	n			
For th		pose of Part 12, the following defir					
		onmental law means any statute o lless of the medium affected (air, l				contamination, or hazardous mat	erial,
		eans any location, facility, or proprly owned, operated, or utilized.	erty, inclu	ding disposal sites,	that the debtor now	owns, operates, or utilizes or that	the debtor
		dous material means anything tha milarly harmful substance.	t an envir	onmental law define	es as hazardous or to	oxic, or describes as a pollutant, o	ontaminant,
Repo	rt all ı	notices, releases, and proceeding	ngs know	n, regardless of w	hen they occurred.		
22. H	las th	e debtor been a party in any jud	licial or a	dministrative proc	eeding under any e	nvironmental law? Include settl	ements and orders.
[	☑ No						
[	□ Yes	s. Provide details below.					
		Case title	Court or	agency name and ad	ldress	Nature of the case	Status of case
	22.1						□ Pending
			Name				☐ On appeal
			Street				☐ Concluded
		Case Number					
			City	State	ZIP Code		
			Country				
		ny governmental unit otherwise vironmental law?	notified	the debtor that the	debtor may be liab	le or potentially liable under or	in violation of
	☑ No	)					
	□ Ye	es. Provide details below.					
		Site name and address		Governmental un address	it 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

Case 24-10443-TMH Doc 479-1 Filed 05/31/24 Page 18 of 26

Debtor: Shangri La HCO, LLC Case number (if known): 24-1055

Name

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

✓ No

 $\hfill \square$  Yes. Provide details below.

	Site name and address			Governmen	tal unit nam	e and address	Environmental law, if known	Date of notice
l.1	Name			Name				_
	Street			Street				
	City	State	ZIP Code	City	State	ZIP Code		
	Country	State	Zir Gode	Country	State	ZIF Code		

Case 24-10443-TMH Doc 479-1 Filed 05/31/24 Page 19 of 26 Shangri La 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 Country

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
--------

Name and	d Address	Dates	Dates of service					
Petersen I Name	Healthcare Management, N	Mark Petersen	From	12/22/2011	То	Present		
830 West	Trailcreek Dr.							
Peoria	IL							
City	State	61614 ZIP Code						

Case 24-10443-TMH Doc 479-1 Page 20 of 26 Filed 05/31/24 Shangri La 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 479-1 Filed 05/31/24 Page 21 of 26 Shangri La 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	: Shar	ngri La HCC		)443-TMH	Doc 479-1	Filed		4 Page se number (if know	22 of 26	I
	Name	•								
27.	Invente	ories								
I	Have a	ny invento	ories of the debtor's	s property been	taken within 2 years	before f	iling this cas	e?		
	☑ No									
	□ Yes	s. Give the	e details about the	two most recent	inventories.					
		Name of t	he person who su	pervised the tak	ing of the inventory		ate of nventory		mount and ba of each inver	sis (cost, market, or ntory
								_ \$		
		Name and records	d address of the pe	erson who has p	ossession of invent	ory				
	27.1									
		Name								
	-	Street								
	-									
		City	State		ZIP Code					
		Country								
					nembers, general p		members i	n control, con	trolling shar	eholders, or other
		Name		Address	<b>.</b>			osition and Nat terest	ure of any	% of interest, if any
	28.1	Mark B. Pe	etersen	830 Wes	st Trailcreek Dr., Ped	oria, IL 6	1614 M	ember		1%
	28.2	SABL, LLC		830 Wes	st Trailcreek Dr., Ped	oria, IL 6	1614 <u>M</u>	anager		99%
29.					he debtor have off trol of the debtor w					partners, members
	☑ No	)								
	□ Ye	s. Identify	below.							
	ı	Name		Address			Position ar	nd Nature of	Period durin	g which position or held

29.1 \_\_\_\_\_

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

Debtor	: Shan	gri La HC0		4-10443-TN	ИН Doc	479-1	Filed		Page 2	3 of 26 24-1055	1
	Name										
30.	Payme	nts, dist	tributions, o	r withdrawals c	redited or giv	en to insid	ers				
				s case, did the cans, stock reden				in any form, inc	luding salary	, other con	npensation, draws,
		s. Identify	y below.								
		Name a	nd address o	f recipient		Amount of or descript value of pr	tion and	Dates		Reason fo	r providing the value
	30.1	See SOF	FA Question 4	ı							
		Name									
		Street									
		City		State	ZIP Code						
		Country									
		Relation	nship to debto	or							
			•								
31.	Within	6 years	before filing	g this case, has	the debtor b	een a mem	ber of any	y consolidated	I group for t	ax purpos	es?
	☑ No										
	□ Yes	s. Identify	y below.								
	I	Name of	the parent co	orporation			Employe	r Identification	number of th	e parent co	orporation
	31.1						EIN:				
32.	Withi	n 6 years	s before filin	ng this case, ha	s the debtor a	as an emplo	oyer been	responsible f	or contribut	ing to a pe	ension fund?
	☑ No	)									
	□ Ye	s. Identif	fy below.								
		Name o	of the pension	n fund		Eı	mployer Id	lentification nu	mber of the p	ension fun	d
	32.1					EI	N:				

# Part 14: Case 24-10443-TMH Doc 479-1 Filed 05/31/24 Page 24 of 26

Yes

WAI	RNING Ba	ankruptcy fraud is a seri	ous crime. Making a false stateme	nt, concealing property, or	obtaining money or property by fraud in
conr	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 3571			
I hav	/e 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 th	e foregoing is true and correct.		
Exe	cuted on	05/31/2024 MM / DD / YYYY			
×	/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 ਯ	additiona	I pages to <i>Statemen</i>	t of Financial Affairs for Non	-Individuals Filing for I	Bankruptcy (Official Form 207) attached?

# Case 24-10443-TMH Doc 479-1 Filed 05/31/24 Page 25 of 26

### In re: Shangri La HCO, LLC Case No. 24-10551

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)
CareStaf Inc	C/O Alterna Capital Solutions	PO Box 936601	Atlanta	GA	31193-6601	1/19/2024	\$10,529.53	Vendor
CareStaf Inc	C/O Alterna Capital Solutions	PO Box 936601	Atlanta	GA	31193-6601	1/26/2024	\$9,442.00	Vendor
CareStaf Inc	C/O Alterna Capital Solutions	PO Box 936601	Atlanta	GA	31193-6601	2/1/2024	\$7,123.00	Vendor
CareStaf Inc	C/O Alterna Capital Solutions	PO Box 936601	Atlanta	GA	31193-6601	2/9/2024	\$7,530.50	Vendor
CareStaf Inc	C/O Alterna Capital Solutions	PO Box 936601	Atlanta	GA	31193-6601	2/16/2024	\$6,698.00	Vendor
CareStaf Inc	C/O Alterna Capital Solutions	PO Box 936601	Atlanta	GA	31193-6601	2/23/2024	\$9,375.50	Vendor
CareStaf Inc	C/O Alterna Capital Solutions	PO Box 936601	Atlanta	GA	31193-6601	3/19/2024	\$15,963.00	Vendor
City of Blue Springs Utility Billing	903 West Main Street		Blue Springs	MO	64015-3709	12/30/2023	\$6,780.86	Vendor
City of Blue Springs Utility Billing	903 West Main Street		Blue Springs	MO	64015-3709	1/29/2024	\$3,692.87	Vendor
City of Blue Springs Utility Billing	903 West Main Street		Blue Springs	МО	64015-3709	2/19/2024	\$5,006.21	Vendor
Favorite Healthcare Staffing	PO Box 26225		Overland Park	KS	66225	1/9/2024	\$10,983.42	Vendor
Favorite Healthcare Staffing	PO Box 26225		Overland Park	KS	66225	1/30/2024	\$25,350.80	Vendor
Favorite Healthcare Staffing	PO Box 26225		Overland Park	KS	66225	3/6/2024	\$15,189.86	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	1/8/2024	\$57,022.22	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	ОН	452630693	1/5/2024	\$6,861.12	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	ОН	452630693	3/15/2024	\$23,880.85	Vendor
Select Rehabilitation LLC	PO Box 71985		Chicago	IL	606941985	1/2/2024	\$29,458.64	Vendor
Spire	Drawer 2		St Louis	MO	63171	2/1/2024	\$10,262.77	Vendor
The Zack Group		6600 College Boulevard Suite 300	Overland Park	KS	66211	1/5/2024	\$13,744.50	Vendor
The Zack Group		6600 College Boulevard Suite 300	Overland Park	KS	66211	2/12/2024	\$32,594.00	Vendor
The Zack Group	6600 College Boulevard Suite 300	Suite 300	Overland Park	KS	66211	3/19/2024	\$50,526.25	Vendor
TotalMed Inc	221 West College Avenue	Floor 2	Appleton	WI	54911	1/26/2024	\$8,194.16	Vendor

# Case 24-10443-TMH Doc 479-1 Filed 05/31/24 Page 26 of 26

### In re: Shangri La HCO, LLC Case No. 24-10551 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