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 PETERSEN MANAGEMENT COMPANY, LLC (CASE NO. 24-10583)

¹ 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.



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

INTRODUCTION

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

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

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² 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 "<u>Data Breach</u>"). 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 "<u>Change Cyberattack</u>"). 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' 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. <u>Reservation of Rights</u>. 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.
- 2. <u>Basis of Presentation</u>. 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 ("<u>GAAP</u>"), 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. <u>Accounts Payable and Distribution System</u>. The Debtors use a consolidated cash management system through which the Debtors pay substantially all liabilities and expenses (the "<u>Cash Management System</u>"). 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 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 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].*
- 5. <u>Date of Valuations</u>. 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.

- 7. <u>Re-characterization</u>. 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, re-designate, 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. <u>Property and Equipment</u>. 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.
- 9. <u>Causes of Action</u>. 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. <u>Executory Contracts and Unexpired Leases</u>. 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. <u>Classifications and Claims Descriptions</u>. 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."

- 17. <u>Addresses of Employees, Residents, and Resident Contacts</u>. 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.
- 18. <u>Estimates</u>. 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

Item 3: 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.

Item 11: 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.

Item 62: 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.

Item 71: 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.

Items 74 and 75: 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 "<u>Resident Trust Accounts</u>") 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.

Question 26a: 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.

[*Remainder of page left intentionally blank*]

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Fill in this information to identify the case: Debtor Name: In re : Petersen Management Company, LLC United States Bankruptcy Court for the: District of Delaware Case number (if known): 24-10583 (TMH)	Check if this is an amended filing
Official Form 206Sum	
Summary of Assets and Liabilities for Non-Individuals	12/15
Part 1: Summary of Assets	
1. Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)	
1a. Real property:	
Copy line 88 from Schedule A/B	\$
1b. Total personal property:	
Copy line 91A from Schedule A/B	\$
1c. Total of all property:	
Copy line 92 from Schedule A/B	\$
Part 2: Summary of Liabilities	
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)	\$ 12,442,517.18
Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D	\$12,442,517.18
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims:	\$ 595,756.51
Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	······
3b. Total amount of claims of nonpriority amount of unsecured claims:	+ \$ 1,386,083.85
Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F	
4. Total liabilities	
Lines 2 + 3a + 3b	\$

Fill in this information to identify the case:

Debtor Name: In re : Petersen Management Company, LLC

United States Bankruptcy Court for the: District of Delaware

Case number (if known): 24-10583 (TMH)

Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

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

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

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

Part	: 1:	Cash and cash equivalents				
1.	Does	the debtor have any cash or cash equi	valents?			
		o. Go to Part 2.				
	☑ Ye	es. Fill in the information below.				
	All ca	ash or cash equivalents owned or co	ontrolled by the debtor		Current val	ue of debtor's interest
2.	Cash	on hand				
		2.1 None			\$	
3.	Checl	king, savings, money market, or financ	ial brokerage accounts	(Identify all)		
	Name	of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number		
		3.1 Huntington	Government	9920	\$	4,190.07
		3.2 Huntington	Operating	9959	\$	23,983.87
		3.3 <u>CIBC</u>	Government	1601	\$	0.00
		3.4 <u>CIBC</u>	Non-Government	9212	\$	0.00
		3.5 <u>CIBC</u>	Operating	3015	\$	135,923.89
4.	Other	cash equivalents (Identify all)				
		4.1 None			\$	
-	T . (.) .					
		of Part 1 nes 2 through 4 (including amounts on a	any additional sheets)	Copy the total to line 80	\$	164,097.83

Debt	Case 24-10443-TMH Doc 505 Filed 05/31/24 Page 1 tor: Petersen Management Company, LLC Case number (if know	
Part 2:	Deposits and prepayments	
6. D e	pes the debtor have any deposits or prepayments?	
	No. Go to Part 3.	
\checkmark	Yes. Fill in the information below.	
		Current value of debtor's interest
7. D €	posits, including security deposits and utility deposits	
De	scription, including name of holder of deposit	
	7.1 None	\$
8. P I	epayments, including prepayments on executory contracts, leases, insurance, taxes, and rent	
De	escription, including name of holder of prepayment	
	8.1 Prepaid Insurance	\$ 638,130.29
	8.2 Prepaid Management Fees	\$3,487,225.35
	8.3 Prepaid Other	\$6,800.60
9. To	otal of Part 2.	
Ac	dd lines 7 through 8. Copy the total to line 81.	\$4,132,156.24

Debto	r: Petersen Manageme		443-TMH	Doc 505	Filed 05/31/24 P	-	70 24-10583	
	Name	_				_		
Part 3:	Accounts receivat	ble						
10. Doe	s the debtor have any	y accounts receiva	ıble?					
	No. Go to Part 4.							
\checkmark	Yes. Fill in the informa	tion below.						
							Current va interest	lue of debtor's
11. Acc	ounts receivable							
		Description	face amount		doubtful or uncollectible accour	nts		
11a.	90 days old or less:	Accounts Receivables	\$	11,955,556.22	\$	= →	\$	11,955,556.22
	Note: See Global I	Notes						
11b.	Over 90 days old:	Accounts Receivables	\$\$		\$	= →	\$	
	Note: See Global I	Votes						
12 Tot	al of Part 3.							

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

11,955,556.22

\$_____

De	ebtor:	Case 24-10443-TMH Detersen Management Company, LLC	oc 505			Page 18 number (if known):	
Part	: 4:	Investments					
13.	Does t	the debtor own any investments?					
	⊠ No	b. Go to Part 5.					
	□ Ye	s. Fill in the information below.					
					Valuation I for current	method used value	Current value of debtor's interest
14.	Mutua	I funds or publicly traded stocks not included in Part 1					
	Name	of fund or stock:					
							\$
		ublicly traded stock and interests in incorporated and un ing any interest in an LLC, partnership, or joint venture	incorporated	d businesses,			
	Name o	of entity:	% of ownersh	nip:			¢
							\$
16.	Gover instru	mment bonds, corporate bonds, and other negotiable and ments not included in Part 1	l non-negoti	able			
	Descril	be:					
							\$
17.	Total	of Part 4.				Γ	
	Add lir	nes 14 through 16. Copy the total to line 83.					\$0.00

Debtor:	Petersen Management Company, I
Debtor:	Fetersen Management Company,

_		
	Name	

LLC

Case number (if known):

Part	5:	Inventory, excluding agriculture assets
18.	Do	es the debtor own any inventory (excluding agriculture assets)?
	\mathbf{V}	No. Go to Part 6.
		Yes. Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials		\$		\$
20.	Work in progress		\$		\$
21.	Finished goods, including goods held for re		\$		\$
22.	Other inventory or supplies		\$		\$
23.	Total of Part 5. Add lines 19 through 22. Copy the total to line 8	34.			\$0.00
24.	Is any of the property listed in Part 5 perisha No Yes	ble?		L	
25.	Has any of the property listed in Part 5 been	purchased within 20 o	days before the bankruptcy was	s filed?	
	 No Yes. Description Book value 	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?		

□ Yes

0	Debtor:	Case 24-10443-TMH D Petersen Management Company, LLC	oc 505 Filed 05/32	L/24 Page 20 Case number (if known):	
		Name			
Par	t 6:	Farming and fishing-related assets (other that	an titled motor vehicles a	and land)	
27.	Ø No	the debtor own or lease any farming and fishing-related a o. Go to Part 7. es. Fill in the information below.	assets (other than titled motor	vehicles and land)?	
	Gener	ral description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28.	Crops	-either planted or harvested	\$		\$
29.	Farm	animals Examples: Livestock, poultry, farm-raised fish	\$		\$
30.	Farm	machinery and equipment (Other than titled motor vehicles	;) \$		\$
31.	Farm	and fishing supplies, chemicals, and feed	\$		\$
32.	Other	farming and fishing-related property not already listed ir	n Part 6 \$		\$
33.		of Part 6. ines 28 through 32. Copy the total to line 85.			\$0.00
34.		debtor a member of an agricultural cooperative?			
		es. Is any of the debtor's property stored at the cooperative?			
35.		ny of the property listed in Part 6 been purchased within	20 days before the bankruptcy	y was filed?	
	□ N □ Ye	o es. Description Book value ^{\$}	Valuation method	1 Cur	rent value \$
36.	lsade □ N	epreciation schedule available for any of the property list	ted in Part 6?		

- □ Yes
- 37. Has any of the property listed in Part 6 been appraised by a professional within the last year?
 - □ No
 - □ Yes

Det	Case 24-10443-7 Petersen Management Company, LLC	TMH Doc 50)5 Filed 05/	31/24 Pa Case numb	ge 21 of 70 er (if known): 24-) 10583	
	Name						
Par	7: Office furniture, fixtures, and equip	ment; and colled	tibles				
38.	Does the debtor own or lease any office furniture	, fixtures, equipmen	t, or collectibles?				
	No. Go to Part 8.						
	☑ Yes. Fill in the information below.						
	General description	Net book interest (Where av	value of debtor's	Valuation meth current value	nod used for	Current value interest	e of debtor's
39.	Office furniture						
	39.1 Total FFE from Balance Sheet	\$	121,608.94	Net Book Value		\$	121,608.9

40. Office fixtures 40.1 See Schedule A/B 39 \$\$ 41. Office equipment, including all computer equipment and communication systems equipment and software	
41. Office equipment, including all computer equipment and	
41.1 See Schedule A/B 39 \$\$	
42. Collectibles <i>Examples:</i> Antiques and figurines; paintings,prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles	
42.1 None \$\$	
43. Total of Part 7. Add lines 39 through 42. Copy the total to line 86. \$121,60	3.94
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 year?

⊠ No

□ Yes

121,608.94

De	btor:	Petersen Management Company, LLC			Case number (if known):	24-10583	
		Name					
Part	8:	Machinery, equipment, and vehicles					
46.	Doe	s the debtor own or lease any machinery, equipment,	or vehicles	s?			
		No. Go to Part 9.					
	Ø	Yes. Fill in the information below.					
		eral description	Net book interest	value of debtor's	Valuation method used	Current valu	le of debtor's interest
		ide year, make, model, and identification numbers (i.e., HIN, or N-number)	(Where a	vailable)	for current value	ourrent val	
47.	Auto	omobiles, vans, trucks, motorcycles, trailers, and titled	d farm vehi	cles			
		2004 Ford Taurus-DL57333 VIN: 47.1 1FAFP58U54A114480	\$	Undetermined	Cost	\$	5,000.00
		2006 Ford Box Truck-2666133B VIN: 47.2 1FDXE45S66DB17595	\$	Undetermined		\$	Undetermined
		2019 Dodge Caravan-Ck60035 VIN: 47.3 2C4RDGBG7KR782479	_ \$	Undetermined		\$	Undetermined
48.		ercraft, trailers, motors, and related accessories Exam ing homes, personal watercraft, and fishing vessels	ples: Boats	, trailers, motors,			
	noau	48.1 None	\$			\$	
49	Airc	raft and accessories					
40.		49.1 None	\$		5	6	
50	Othe	er machinery, fixtures, and equipment (excluding farm	maahinan	(and aquinment)			
50.	Othe	50.1 See Schedule A/B 39	\$			\$	
51.	Tota	al of Part 8.					
	Add	lines 47 through 50. Copy the total to line 87.			\$;	5,000.00
52.	ls a	depreciation schedule available for any of the proper	ty listed in	Part 8?			
	V	No					
		Yes					
53.	Has	any of the property listed in Part 8 been appraised by	/ a professi	ional within the last	year?		

🗹 No

□ Yes

Case number (if known):

Petersen Management Company, LLC Debtor:

Name

Part 9: **Real property**

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

- ☑ No. Go to Part 10.
- □ Yes. Fill in the information below.

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 Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value o debtor's intere	
55.1		\$		\$	
Total of Part 9. Add the current value on lines 55.1 through 55.6 and entries	from any additional shee	ts. Copy the total to line 8	3.	\$	0.00

- 57. Is a depreciation schedule available for any of the property listed in Part 9?
 - 🗆 No

56.

□ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- □ No
- □ Yes

Case 24-10443-TMH	Doc 505	Filed 05/31/24	Page 24 o	f 70
nagement Company, LLC		Case	e number (if known):	24-10583

Case number (if known):

LC
LC

Name

F

Debtor:

rt 10: Intangibles and intellectual property

Č.	intangibles and interleotadi 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			
	61.1 None	\$		\$
62.	Licenses, franchises, and royalties State of Illinois Department of Public Health License, 62.1 Permit, Certification, Registration	\$Undetermined		\$Undetermined
63.	Customer lists, mailing lists, or other compilations			
	63.1 Customer / patient list	\$0.00		\$ Undetermined
64.	Other intangibles, or intellectual property			
	64.1 None	\$		\$
65.	Goodwill			
	65.1 None	\$		\$
66.	Total of Part 10.		ſ	
	Add lines 60 through 65. Copy the total to line 89.			\$0.00
67.	Do your lists or records include personally identifiable informat	ion of customers (as defined in	ا 11 U.S.C. §§ 101(41A) ar	nd 107) ?

□ No

☑ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

⊠ No

□ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

⊠ No

□ Yes

Case 24-10443-TMH Doc 505 Filed 05/31/24 Page 25 of 70 Petersen Management Company, LLC Case number (if known): 24-10583 Debtor: Name Part 11: All other assets 70. Does the debtor own any other assets that have not yet been reported on this form? Include all interests in executory contracts and unexpired leases not previously reported on this form. No. Go to Part 12. ☑ Yes. Fill in the information below. Current value of debtor's interest 71. Notes receivable Description (include name of obligor) Total face amount doubtful or uncollectible accounts 7,693.67 - \$ 7,693.67 71.1 Employee Advances / Loans \$_____ Undetermined =..... -> \$ Description (include name of obligor) Total face amount doubtful or uncollectible accounts =..... - \$ 71.2 None \$ → \$ 72. Tax refunds and unused net operating losses (NOLs) Description (for example, federal, state, local) \$_____ 72.1 None Tax year 73. Interests in insurance policies or annuities 73.1 None \$_____ Causes of action against third parties (whether or not a lawsuit 74. has been filed) 74.1 See Global Notes \$ Nature of claim Amount requested \$ 75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims 75.1 None \$ Nature of claim Amount requested \$ 76. Trusts, equitable or future interests in property 76.1 None \$ 77. Other property of any kind not already listed Examples: Season tickets, country club membership

77.1 None

78. Total of Part 11.

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

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

- ☑ No
- □ Yes

7,693.67

\$

\$_____

Petersen Management Company, LLC

Name

Part 12: Summary

Debtor:

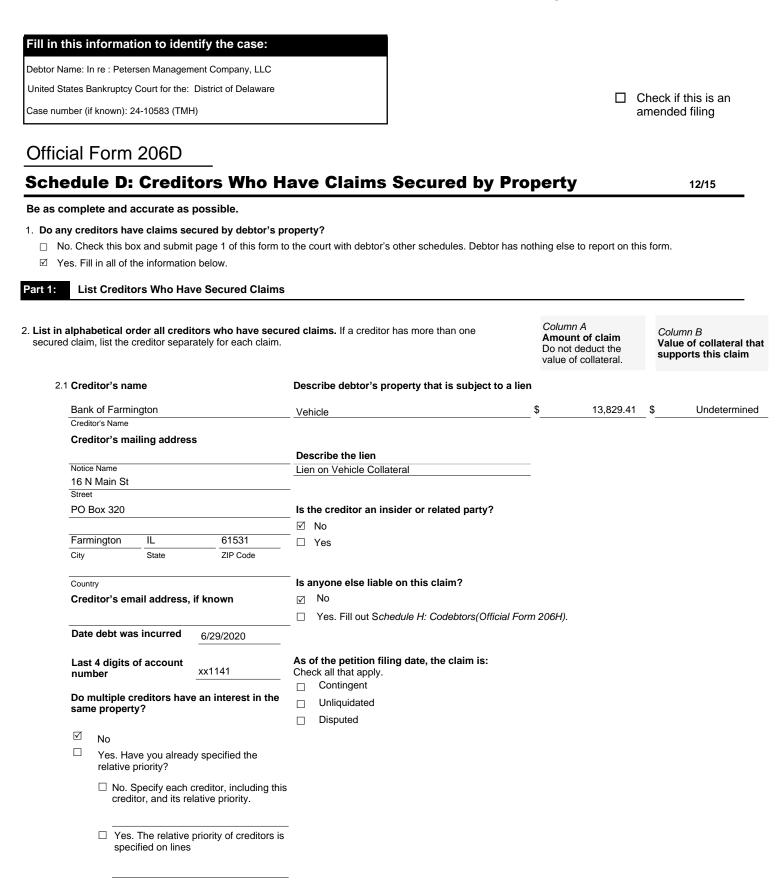
In Part 12 copy all of the totals from the earlier parts of the form.

Type of propertyCurrent value of personal propertyCurrent value of real property80.Cash, cash equivalents, and financial assets. Copy line 5, Part 1.\$164,097.8381.Deposits and prepayments. Copy line 9, Part 2.\$4,132,156.2482.Accounts receivable. Copy line 12, Part 3.\$11,955,556.2283.Investments. Copy line 17, Part 4.\$0.0084.Inventory. Copy line 23, Part 5.\$0.0085.Farming and fishing-related assets. Copy line 33, Part 6.\$0.0086.Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.\$121,608.9487.Machinery, equipment, and vehicles. Copy line 51, Part 8.\$5,000.0088.Real property. Copy line 56, Part 9	IN F	Part 12 copy all of the totals from the earlier parts of the form.				
81. Deposits and prepayments. Copy line 9, Part 2. $$ 4,132,156.24$ 82. Accounts receivable. Copy line 12, Part 3. $$ 11,955,556.22$ 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. $$ 0.00$ 86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7. $$ 121,608.94$ 87. Machinery, equipment, and vehicles. Copy line 51, Part 8. $$ 5,000.00$ 88. Real property. Copy line 56, Part 9 $$ 0.00$ 89. Intangibles and intellectual property. Copy line 66, Part 10. $$ 0.00$ 90. All other assets. Copy line 78, Part 11. $$ 7,693.67$		Type of property				
82. Accounts receivable. Copy line 12, Part 3.\$11,955,556.2283. 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. Copy line 43, Part 7.\$ $121,608.94$ 87. Machinery, equipment, and vehicles. Copy line 51, Part 8.\$ $5,000.00$ 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.\$ $7,693.67$	80.	Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	\$ 164,097.83			
83. Investments. Copy line 17, Part 4.\$0.0084. Inventory. Copy line 23, Part 5.\$0.0085. Farming and fishing-related assets. Copy line 33, Part 6.\$0.0086. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.\$121,608.9487. Machinery, equipment, and vehicles. Copy line 51, Part 8.\$5,000.0088. Real property. Copy line 56, Part 9. \rightarrow \$0.0089. Intangibles and intellectual property. Copy line 66, Part 10.\$0.0090. All other assets. Copy line 78, Part 11.\$7,693.67	81.	Deposits and prepayments. Copy line 9, Part 2.	\$ 4,132,156.24			
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. Copy line 43, Part 7. \$ 121,608.94 87. Machinery, equipment, and vehicles. Copy line 51, Part 8. \$ 5,000.00 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. \$ 7,693.67	82.	Accounts receivable. Copy line 12, Part 3.	\$ 11,955,556.22			
85. Farming and fishing-related assets. Copy line 33, Part 6. \$ 0.00 86. Office furniture, fixtures, and equipment; and collectibles. \$ 121,608.94 Copy line 43, Part 7. \$ 121,608.94 87. Machinery, equipment, and vehicles. Copy line 51, Part 8. \$ 5,000.00 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. \$ 7,693.67	83.	Investments. Copy line 17, Part 4.	\$ 0.00			
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7. \$ 121,608.94 87. Machinery, equipment, and vehicles. Copy line 51, Part 8. \$ 5,000.00 88. Real property. Copy line 56, Part 9	84.	Inventory. Copy line 23, Part 5.	\$ 0.00			
Copy line 43, Part 7. 87. Machinery, equipment, and vehicles. Copy line 51, Part 8. \$ 5,000.00 88. Real property. Copy line 56, Part 9	85.	Farming and fishing-related assets. Copy line 33, Part 6.	\$ 0.00			
87. Machinery, equipment, and vehicles. Copy line 51, Part 8. \$	86.	Office furniture, fixtures, and equipment; and collectibles.	\$ 121,608.94			
88. Real property. Copy line 56, Part 9		Copy line 43, Part 7.				
89. Intangibles and intellectual property. Copy line 66, Part 10. \$	87.	Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$ 5,000.00			
90. All other assets. Copy line 78, Part 11. \$ 7,693.67	88.	Real property. Copy line 56, Part 9	 →		\$0.00)
	89.	Intangibles and intellectual property. Copy line 66, Part 10.	\$ 0.00			
91. Total. Add lines 80 through 90 for each column	90.	All other assets. Copy line 78, Part 11.	\$ 7,693.67			
	91.	Total. Add lines 80 through 90 for each column91a.	\$ 16,386,112.90	+ 91b.	\$0.00)
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.	92.	Total of all property on Schedule A/B. Lines 91a + 91b = 92				

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Case number (if known):

24-10583



Name

24-10583 Case number (if known):

Part 1:	Ad	ditional Page								
		by this page only if mon previous page.	re space is needed. (Continue numbering the lines sequentially fro	m	Column A Amount of Do not de value of c	of claim duct the	<i>Column B</i> Value of collateral that supports this claim		
2.	2 Cre	ditor's name		Describe debtor's property that is subject to						
		k of Farmington itor's Name		Vehicle	\$	š	13,842.20	\$	Undetermined	
		ditor's mailing addres	s							
				Describe the lien						
		e Name		Lien on Vehicle Collateral						
		N Main St								
				Is the creditor an insider or related party?						
				⊠ No						
	Farr	nington IL	61531	□ Yes						
	City	State	ZIP Code							
	Cour	ntry		Is anyone else liable on this claim?						
	Cre	ditor's email address,	if known	✓ No						
				Yes. Fill out Schedule H: Codebtors(Office	cial Form	206H).				
	Dat	e debt was incurred	6/29/2020							
		t 4 digits of account nber	xx1140	As of the petition filing date, the claim is: Check all that apply.						
	Do	multiple creditors have	e an interest in the							
		ne property?		Unliquidated						
				Disputed						
	\checkmark	No								
		Yes. Have you alread relative priority?	ly specified the							
		No. Specify each or creditor, and its re								
		Yes. The relative specified on lines								

	r this page only if mor revious page.	re space is needed.	Continue numbering the lines sequentially from	Do no	mn A unt of claim ot deduct the e of collateral.	Column B Value of collateral tha supports this claim					
3 Credi	itor's name		Describe debtor's property that is subject to a lie	n							
Lume			Mortgage	\$	2,576,040.43	\$	Undetermined				
	or's Name										
Credi	itor's mailing addres	S	–								
Notice	Name		Describe the lien	_							
	Park Ave		Land/Building	_							
Street			-								
20th F	FLR		Is the creditor an insider or related party?								
			☑ No								
NewY		10169	□ Yes								
City	State	ZIP Code									
Countr	N		Is anyone else liable on this claim?								
	, itor's email address,	if known	✓ No								
	services@lument.com		 Yes. Fill out Schedule H: Codebtors(Official Form 206H). 								
	debt was incurred	·		,							
Last /	4 digits of account	8622	As of the petition filing date, the claim is: Check all that apply.								
	ultiple creditors have	e an interest in the	□ Unliquidated								
same	property?		☐ Disputed								
\checkmark	No										
_		har an a stift and the a									
	Yes. Have you alread relative priority?	ly specified the									
	No. Specify each or creditor, and its re										
	Yes. The relative specified on lines	priority of creditors is									

	y this page previous pa		ore space is	needed.	Cont	ontinue numbering the lines sequentially from			lines see	quentially	from	Column A Amount of claim Do not deduct the value of collateral.			Column B Value of collateral that supports this claim		
4 Crea	ditor's nam	e			Des	escril	ibe debto	r's prop	perty that	t is subjec	ct to a lie	n					
Lum					Mc	lortga	jage					\$	1,457,	241.93	\$	Undetermined	
	tor's Name																
Cred	ditor's mail	ing addres	SS		_												
Notic	e Name				Describe the lien			_									
	Park Ave				La	and/E	Building					_					
Stree					_												
20th	FLR				ls f	the	e creditor a	an insid	der or rela	ated party	/?						
					\checkmark	1 No	lo										
New	York	NY	1016)	_] Ye	es										
City		State	ZIP Co	de													
Coun	try				ls a	any	yone else	liable o	on this cla	aim?							
Crea	ditor's emai	il address	, if known		\checkmark	1 No	No										
clien	itservices@	lument.con	n] Ye	res. Fill ou	t Sched	lule H: Co	debtors(C	official For	m 206H)).				
Date	e debt was	incurred			-												
Last num	t 4 digits of ber	account	8622		Che	neck a	the petitic all that ap	oply.	I date, the	e claim is	:						
Do r	nultiple cre	ditors hav	ve an interes	t in the		-	Contingent										
	e property					-	Unliquidate	ed									
_] D	Disputed										
\checkmark	No																
	Yes. Have relative pr		dy specified	he													
	 No. Specify each creditor, including this creditor, and its relative priority. Yes. The relative priority of creditors is specified on lines 																
				-													

Copy this page only if more space is needed. C the previous page.	Continue numbering the lines sequentially from	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral tha supports this claim					
5 Creditor's name	Describe debtor's property that is subject to a lier	ı						
Lument	Mortgage	\$ 3,147,970.14	\$ Undetermine					
Creditor's Name								
Creditor's mailing address								
Notice Name	Describe the lien Land/Building	_						
230 Park Ave	Land/Building	-						
Street								
20th FLR	Is the creditor an insider or related party?							
	☑ No							
NewYork NY 10169	□ Yes							
City State ZIP Code								
Country	Is anyone else liable on this claim?							
Creditor's email address, if known	✓ No							
clientservices@lument.com	 Yes. Fill out Schedule H: Codebtors(Official Form 206H). 							
Date debt was incurred								
	As of the petition filing date, the claim is: Check all that apply.							
Do multiple creditors have an interest in the	Unliquidated							
same property?	Disputed							
☑ No								
 No Yes. Have you already specified the relative priority? 								
No. Specify each creditor, including this creditor, and its relative priority.								
Yes. The relative priority of creditors is specified on lines								

Part

Copy this pag the previous		re space is needed.	Continue numbering the lines sequent	Do not	n A ht of claim deduct the f collateral.	Column B Value of collateral that supports this claim		
Creditor's na	me		Describe debtor's property that is su	bject to a lien				
Lument			Mortgage	\$	S	3,551,487.33	\$	Undetermined
Creditor's Name								
Creditor's ma	uling addres	S	Describe the lien					
Notice Name			Land/Building					
230 Park Ave								
Street								
20th FLR			Is the creditor an insider or related p	party?				
			☑ No					
NewYork	NY	10169	□ Yes					
City	State	ZIP Code						
Country			Is anyone else liable on this claim?					
Creditor's en	ail address.	if known	✓ No					
clientservices			Yes. Fill out Schedule H: Codebto	rs(Official Form	206H).			
Date debt wa					,			
Last 4 digits number	of account	8622	As of the petition filing date, the claim Check all that apply.	n is:				
Do multiple c	reditors hav	e an interest in the						
same proper	y?							
☑ No			□ Disputed					
Yes. Ha relative		dy specified the						
□ No. S cred	Specify each tor, and its re	creditor, including this elative priority.						
	The relative	priority of creditors is						

Debtor	r: Petersen Manag			0443-TMH	Doc 505	Filed 05/31/24	Pag ase numbe	ge 33 of 70 r (if known): 24-105	83		
rt 1:	Name Additional Page	•									
	Copy this page o the previous page		re space is r	needed. Continu	ue numbering the	lines sequentially from	Am Do	<i>lumn A</i> nount of claim not deduct the ue of collateral.		mn B e of collateral that orts this claim	
2.7	Creditor's name			Descr	ribe debtor's prop	perty that is subject to a	lien				
	Lument			Morto	age		\$	1,682,105.74	\$	Undetermined	
	Creditor's Name				1-3-						
	Creditor's mailing	g addres	s								
		-		Desc	ribe the lien						
	Notice Name			Land	/Building						
	230 Park Ave				Zananig						
	Street										
	20th FLR			Is the	e creditor an insid	der or related party?					
				 ☑ N	lo						
	NewYork N	IY	10169	<u> </u>	íes						
	City S	itate	ZIP Co	•	63						
	Country			ls an	yone else liable o	on this claim?					
	Creditor's email a	address,	if known		No						
	clientservices@lument.com				Yes. Fill out Schedule H: Codebtors(Official Form 206H).						
	Date debt was incurred										
	Last 4 digits of a number	ccount	8622	Check	the petition filing all that apply. Contingent	g date, the claim is:					

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

Unliquidated Disputed

Do multiple creditors have an interest in the same property?

Yes. Have you already specified the

 \Box No. Specify each creditor, including this creditor, and its relative priority.

 $\hfill\square$ Yes. The relative priority of creditors is

12,442,517.18

\$

 \checkmark

No

relative priority?

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
			Line	
Name				
Notice Name				
Street				
City	tate	ZIP Code		
Country				

Fill in this information to identify the case:

Debtor Name: In re : Petersen Management Company, LLC

United States Bankruptcy Court for the: District of Delaware

Case number (if known): 24-10583 (TMH)

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1:	List All Creditors	with PRIORITY	Unsecured	Claims
---------	--------------------	---------------	-----------	--------

- 1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).
 - □ No. Go to Part 2.
 - ☑ Yes. Go to Line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

				Total claim	Priority amount
1 Priority creditor's name and mailing address Internal Revenue Service		d mailing address	As of the petition filing date, the claim is: Check all that apply.	\$595,756.51	\$595,756.51
Creditor Name			Contingent		
Creditor's Notice	Creditor's Notice name		Disputed		
569 West Mon	roe Street, Suite	1100			
Address			Basis for the claim:		
			Taxes	-	
			_		
Chicago	<u>IL</u>	60675	_		
City	State	ZIP Code			
Country			_		
Date or date	s debt was inc	urred			
Various			_		
Last 4 digits number	of account			Is the claim subject ☑ No	to offset?
Specify Cod	e subsection c	of PRIORITY unsecur	ed	□ Yes	
claim: 11 U.S	S.C. § 507(a) (<u>8</u>)				

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	
3.1 Nonpriority creditor's name and mailing address		12,943.98
ADP Creditor Name	Check all that apply.	
Creditor's Notice name	Unliquidated	
PO Box 830272	Basis for the claim:	
Address	Trade Payable	
Philadelphia PA 19182		
City State ZIP Code		
Country		
Date or dates debt was incurred	Is the claim subject to offset? ☑ No	
Various	U Yes	
Last 4 digits of account number		
2.2 Nonpriority creditor's name and mailing address		10,787.73
AmcapFinance - LB Creditor Name	Check all that apply.	
	Contingent	
Creditor's Notice name	Unliquidated	
PO Box 1880	Basis for the claim:	
Address	Trade Payable	
Minneapolis MN 55480-1880		
City State ZIP Code		
Country		
Date or dates debt was incurred	Is the claim subject to offset?	
Various	☑ No	
Last 4 digits of account		
number		

Case	24-10443-TMH
Case	24-10442-11011

otor: Petersen M	Petersen Management Company, LLC		Case number (if known): 24-10583	\$
Name				
3 Nonpriority	creditor's name a	and mailing address	As of the petition filing date, the claim is: \$	763.5
Ameren Illinois	6		Check all that apply.	
Creditor Name				
			Unliquidated	
Creditor's Notice	name			
PO Box 88034	PO Box 88034		Basis for the claim:	
Address			Trade Payable	
Chicago	IL	606801034		
City	State	ZIP Code		
Country				
Date or date	es debt was incur	red	Is the claim subject to offset?	
Various			☑ No	
Last 4 digits	of account			
American Outo		and mailing address	As of the petition filing date, the claim is: \$ Check all that apply.	3,990.0
Creditor Name			□ Contingent	
			□ Unliquidated	
Creditor's Notice	name		□ Disputed	
2944 State Ro	oute 29		Basis for the claim:	
Address			Trade Payable	
Delevan	<u>IL</u>	61734		
City	State	ZIP Code		
Country				
	Date or dates debt was incurred		Is the claim subject to offset?	
Various			─────────────────────────────────────	
Last 4 digits	of account			
number				

Case	24-10443-TMH
Ouse	24 10440 HMH

Petersen Management Company, LLC		, LLC	Case number (if known):	<u>):</u> 24-10583	
Name					
Nonpriority credito		nd mailing address	As of the petition filing date, the claim is:	\$	54.
Art Hossler Auto Plaza	а		Check all that apply.		
Creditor Name					
			Unliquidated		
Creditor's Notice name			Disputed		
2000 North Main Street			Basis for the claim:		
Address			Trade Payable	_	
Canton	IL	61520			
City	State	ZIP Code			
Country			Is the claim subject to offset?		
Date or dates debt	was incurr	ed			
Various			U Yes		
Last 4 digits of account number					
number					
Nonpriority credito		nd mailing address	As of the petition filing date, the claim is:	\$	440.
		nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	440.
Nonpriority credito Central Illinois Pest Ma		nd mailing address		\$	440.
Nonpriority credito Central Illinois Pest Ma Creditor Name		nd mailing address	Check all that apply.	\$	440.
Nonpriority credito Central Illinois Pest Ma		nd mailing address	Check all that apply.	\$	440.
Nonpriority credito Central Illinois Pest Ma Creditor Name	anagement	nd mailing address	Check all that apply. Contingent Unliquidated	\$	440
Nonpriority credito Central Illinois Pest Ma Creditor Name Creditor's Notice name	anagement	nd mailing address	Check all that apply. Contingent Unliquidated Disputed	\$	440.
Nonpriority credito Central Illinois Pest Ma Creditor Name Creditor's Notice name 401 East Washington	anagement	nd mailing address	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	440.
Nonpriority credito Central Illinois Pest Ma Creditor Name Creditor's Notice name 401 East Washington Address	anagement	nd mailing address	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	440
Nonpriority credito Central Illinois Pest Ma Creditor Name Creditor's Notice name 401 East Washington Address Yates City	anagement		Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	440
Nonpriority credito Central Illinois Pest Ma Creditor Name Creditor's Notice name 401 East Washington Address Yates City City Country	IL State	61572 ZIP Code	Check all that apply. Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	440
Nonpriority credito Central Illinois Pest Ma Creditor Name Creditor's Notice name 401 East Washington Address Yates City City Country Date or dates debt	IL State	61572 ZIP Code	Check all that apply. Check all that apply. Contingent Unliquidated Basis for the claim: Trade Payable Is the claim subject to offset?	\$	440
Nonpriority credito Central Illinois Pest Ma Creditor Name Creditor's Notice name 401 East Washington Address Yates City City Country	IL State was incurr	61572 ZIP Code	Check all that apply. Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	440

Case 24-10443-TMF	se 24	24-104	43-T	MΗ
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ebtor:	Case 24-10443-TMH Petersen Management Company, LLC	Doc 505		Page 39 0 e number (if known):	f 70 24-10583	
	Name					
3.7 N	lonpriority creditor's name and mailing address	As	s of the petition filing date	, the claim is: \$		2,275.00
С	itrix Systems Inc	Cl	neck all that apply.			
C	reditor Name		Contingent			
			Unliquidated			
C	reditor's Notice name		Disputed			
Р	O Box 931686	Ba	asis for the claim:			

			Unliquidated	
Creditor's Notice	e name			
PO Box 9316	86		Basis for the claim:	
Address			Trade Payable	
Atlanta	GA	31193-1686		
City	State	ZIP Code		
Country				
Date or date	es debt was incurr	ed	Is the claim subject to offset?	
Various			☑ No	
Last 4 digits	s of account			
number				
		nd mailing address	As of the petition filing date, the claim is: \$	3,304.88
Cityof Peoria- Creditor Name	- Stormwater		Check all that apply.	
Oregitor Name				
			Unliquidated	
Creditor's Notice	e name		□ Disputed	
PO Box 6390			Basis for the claim:	
Address			Trade Payable	
Deerie		61601 6200		
Peoria	IL State	61601-6390 ZIP Code		
City	Otale			
Country				
Date or date	es debt was incurr	ed	Is the claim subject to offset?	
Various			✓ No	
Last 4 digits	s of account			
number				

Case	24-1	L0443	-ТМН
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btor: Petersen Man	agement Company	y, LLC	Case number (if known):	24-10583	
Name					
		and mailing address	As of the petition filing date, the claim is:	\$	126.9
Confidentialon Si Creditor Name	ite Paper Shreddi	ng	Check all that apply.		
			Unliquidated		
Creditor's Notice nar	ne		□ Disputed		
422 South White	422 South White Oak Road		Basis for the claim:		
Address			Trade Payable	-	
Normal		61761			
City	State	ZIP Code			
Country					
Date or dates	debt was incuri	red	Is the claim subject to offset?		
Various			☑ No		
Last 4 digits o	f account				
number	editor's name a	and mailing address	As of the petition filing date, the claim is:	¢	7,249.
Constellation Net		and maning address	Check all that apply.	Ψ	7,245.
Creditor Name			Contingent		
			_		
Creditor's Notice nar	me				
	_		Disputed		
Gas Division LLC Address	<u>}</u>		Basis for the claim:		
PO Box 5473			Trade Payable	-	
Carol Stream	IL	60197-5473			
City	State	ZIP Code			
Country	Country Date or dates debt was incurred				
Date or dates			Is the claim subject to offset?		
Various			☑ No		
Last 4 digits o	f account				
number					

	Case 24-10443-TMH
Debtor:	Petersen Management Company, LLC

Case number (if known): 24-10583

Name				
Nonpriority c	reditor's name a	and mailing address	As of the petition filing date, the claim is: \$	375,000.0
	Bartholomew, Brau	er & Shevlin	Check all that apply.	
Creditor Name			Contingent	
			✓ Unliquidated	
Creditor's Notice na	ame			
			☑ Disputed	
12 W Lincoln St Address			Basis for the claim:	
Address			Litigation	
Belleville	IL	62220		
City	State	ZIP Code		
Country				
Date or dates	debt was incur	red	Is the claim subject to offset?	
2/23/2017			✓ No	
2/23/2017 Last 4 digits	of account		☑ No □ Yes	
	of account			
Last 4 digits on number		and mailing address		21,779.0
Last 4 digits o number Nonpriority c		and mailing address	Yes As of the petition filing date, the claim is: \$ Check all that apply.	21,779.0
Last 4 digits of number Nonpriority c Datamax Creditor Name	reditor's name a	and mailing address	 Yes As of the petition filing date, the claim is: \$ Check all that apply. Contingent 	21,779.0
Last 4 digits on number Nonpriority c Datamax	reditor's name a	and mailing address	 Yes As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated 	21,779.0
Last 4 digits of number Nonpriority c Datamax Creditor Name dba Sumner Or 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 	21,779.0
Last 4 digits of number Nonpriority c Datamax Creditor Name dba Sumner Or Creditor's Notice na PO Box 5180	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: 	21,779.0
Last 4 digits of number Nonpriority c Datamax Creditor Name dba Sumner Or 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 	21,779.0
Last 4 digits of number Nonpriority c Datamax Creditor Name dba Sumner Or Creditor's Notice na PO Box 5180	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: 	21,779.0
Last 4 digits of number Nonpriority c Datamax Creditor Name dba Sumner Or Creditor's Notice na PO Box 5180	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: 	21,779.0
Last 4 digits of number Nonpriority c Datamax Creditor Name dba Sumner Or Creditor's Notice na PO Box 5180 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: 	21,779.0
Last 4 digits of number Nonpriority c Datamax Creditor Name dba Sumner Or Creditor's Notice na PO Box 5180 Address St Louis	ereditor's name a	63139-0180	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	21,779.0
Last 4 digits of number Nonpriority c Datamax Creditor Name dba Sumner Or Creditor's Notice na PO Box 5180 Address St Louis City Country	ereditor's name a		As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	21,779.0
Last 4 digits of number Nonpriority c Datamax Creditor Name dba Sumner Or Creditor's Notice na PO Box 5180 Address St Louis City Country	ereditor's name a		As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	21,779.0

ebtor: Petersen Ma	Case 2		Doc 50	5 Filed 05/31/24	Page 42 e number (if known):		
Name							
3.13 Nonpriority o	creditor's name a	and mailing address		As of the petition filing date	, the claim is:	\$	11,526.08
Fed Ex				Check all that apply.			
Creditor Name				Contingent			
				Unliquidated			
Creditor's Notice r	name			Disputed			
DO Boy 04545				Basis for the claim:			
PO Box 94515 Address				Trade Payable			
						-	
Palatine	IL	600944515					
City	State	ZIP Code					
Country							
Date or dates	s debt was incur	red		Is the claim subject to offs	set?		
Various				☑ No			
Last 4 digits	of account			□ Yes			
number							
		and mailing address		As of the petition filing date	, the claim is:	\$	319.05
Fully Promoted Creditor Name	1			Check all that apply.			
Creditor Name				Contingent			
				Unliquidated			
Creditor's Notice r	name			Disputed			
7800 N Somme	or St			Basis for the claim:			
Address				Trade Payable			
Suite 508						-	
Peoria	IL	61615					
City	State	ZIP Code					
Country							
Date or date	s debt was incur	red		Is the claim subject to offs	set?		
Various				☑ No			
Last 4 digits	of account			□ Yes			

Case 24-10443-TMF	Case	24-1	.0443-	-тм⊦
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Debtor: Petersen Management Company, LLC Case number (if known): 24-10583 Name 3.15 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 42,000.00 Ginoli & Company L T D Check all that apply. Creditor Name □ Contingent Unliquidated Creditor's Notice name Disputed Basis for the claim: 7625 North University Address Trade Payable Suite A 616148303 IL Peoria State ZIP Code City Country Is the claim subject to offset? Date or dates debt was incurred \checkmark No Various Last 4 digits of account Yes number 3.16 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 4,682.23 Check all that apply. **Greatland Corporation** Creditor Name □ Contingent Unliquidated Creditor's Notice name Disputed Basis for the claim: PO Box 1157 Address Trade Payable Grand Rapids MI 49501-1157 City State ZIP Code Country Is the claim subject to offset? Date or dates debt was incurred \checkmark No Various □ Yes Last 4 digits of account number

Case 24-104	43-TM	┝
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	Case 24-10443-1MH	DOC 505	Filea 05/31/24	Page 44 0	170	
Debtor:	Petersen Management Company, LLC		Case	e number (if known):	24-10583	
	Name					
3.17 N	onpriority creditor's name and mailing address	As	s of the petition filing date	, the claim is: \$		2,963.79
G	uaranteed Ink	CI	heck all that apply.			
С	reditor Name		Contingent			

Creditor Name			□ Contingent	
			Unliquidated	
Creditor's Notice na	ame		□ Disputed	
PO Box 2222			Basis for the claim:	
Address			Trade Payable	
East Peoria	IL	61611		
City	State	ZIP Code		
Country				
Date or dates	debt was incuri	red	Is the claim subject to offset?	
Various			☑ No	
Last 4 digits	of account			
number				
	reditor's name a sources Internationa	and mailing address al LLC	As of the petition filing date, the claim is: \$ Check all that apply.	3,000.00
Creditor Name			Contingent	
			Unliquidated	
Creditor's Notice na	ame		Disputed	
PO Box 1549			Basis for the claim:	
Address			Trade Payable	
Burlington	СТ	06013		
City	State	ZIP Code		
Country				
Date or dates	debt was incuri	red	Is the claim subject to offset?	
Various			☑ No	
Last 4 digits	Last 4 digits of account			

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0		
se number	(if known):	24-10583

or: Petersen Management Company, LLC		y, LLC	Case number (if known): 24-10583	
Name				
Nonpriority cr	editor's name a	ind mailing address	As of the petition filing date, the claim is: \$	10
I Tsavvy LLC Creditor Name			Check all that apply.	
Creditor's Notice name			Contingent	
			Unliquidated	
			□ Disputed	
PO Box 3296			Basis for the claim:	
Address			Trade Payable	
		60439		
Glen Ellyn	IL State	60138		
City	State	ZIP Code		
Country				
			In the end the end to effect 0	
	debt was incur	red	Is the claim subject to offset?	
Date or dates Various Last 4 digits o number		red	Is the claim subject to offset? □ Yes	
Various Last 4 digits o number	f account editor's name a	red and mailing address	☑ No	33
Various Last 4 digits o number Nonpriority cr	f account editor's name a		 ☑ No □ Yes As of the petition filing date, the claim is: \$ 	33
Various Last 4 digits o number Nonpriority cr Illinois American	f account editor's name a		 ✓ No ❑ Yes As of the petition filing date, the claim is: \$ Check all that apply. 	33
Various Last 4 digits o number Nonpriority cr Illinois American	f account editor's name a ^{Water}		✓ No □ Yes As of the petition filing date, the claim is: \$ Check all that apply. □ Contingent □ Unliquidated	33
Various Last 4 digits o number Nonpriority cr Illinois American Creditor's Notice nat	f account editor's name a ^{Water}		✓ No □ Yes As of the petition filing date, the claim is: \$ Check all that apply. □ Contingent □ Unliquidated □ Disputed	33
Various Last 4 digits o number Nonpriority cr Illinois American Creditor Name	f account editor's name a ^{Water}		 ✓ No Yes As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: 	33
Various Last 4 digits o number Nonpriority cr Illinois American Creditor Name Creditor's Notice nam PO Box 6029	f account editor's name a ^{Water}		✓ No □ Yes As of the petition filing date, the claim is: \$ Check all that apply. □ Contingent □ Unliquidated □ Disputed	33
Various Last 4 digits o number Nonpriority cr Illinois American Creditor Name Creditor's Notice nam PO Box 6029	f account editor's name a ^{Water}		✓ No □ Yes As of the petition filing date, the claim is: \$ Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	33
Various Last 4 digits o number Nonpriority cr Illinois American Creditor Name Creditor's Notice nau PO Box 6029 Address	f account editor's name a Water	Ind mailing address	✓ No □ Yes As of the petition filing date, the claim is: \$ Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	33
Various Last 4 digits o number Nonpriority cr Illinois American Creditor's Notice nat PO Box 6029 Address Carol Stream	f account editor's name a Water me	and mailing address	✓ No ☐ Yes As of the petition filing date, the claim is: \$ \$ Check all that apply.	33
Various Last 4 digits o number Nonpriority cr Illinois American Creditor's Notice nat PO Box 6029 Address Carol Stream City Country	f account editor's name a Water me	and mailing address	✓ No ☐ Yes As of the petition filing date, the claim is: \$ \$ Check all that apply.	33
Various Last 4 digits o number Nonpriority cr Illinois American Creditor's Notice nat PO Box 6029 Address Carol Stream City Country	f account editor's name a Water me IL State debt was incur	and mailing address	✓ No ☐ Yes As of the petition filing date, the claim is: \$ \$ Check all that apply.	33

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or: Petersen Management Company, LLC		, LLO	Case number (it known): 24-10583			
Name						
		ind mailing address	As of the petition filing date, the claim is:	\$	587	
Illinois Record Creditor Name	Keepers Inc		Check all that apply.			
Creditor's Notice name			Contingent			
			Unliquidated			
			□ Disputed			
2312 SW Adan	ns Street		Basis for the claim:			
Address			Trade Payable			
Peoria City	IL State	61602 ZIP Code				
Country						
,	s debt was incurr	red	Is the claim subject to offset?			
Various			☑ No			
Last 4 digits	of account		□ Yes			
numbor						
	creditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	88,934	
	creditor's name a	nd mailing address	Check all that apply.	\$	88,934.	
Nonpriority of Inovalon Provid	creditor's name a	nd mailing address	Check all that apply.	\$	88,934.	
Nonpriority of Inovalon Provid Creditor Name	creditor's name a der Inc	nd mailing address	Check all that apply.	\$	88,934.	
Nonpriority of Inovalon Provid	creditor's name a der Inc	nd mailing address	Check all that apply.	\$	88,934.	
Nonpriority of Inovalon Provid Creditor Name Creditor's Notice r PO Box 856019	creditor's name a der Inc	nd mailing address	Check all that apply. Contingent Unliquidated	\$	88,934	
Nonpriority of Inovalon Provid Creditor Name Creditor's Notice r	creditor's name a der Inc	nd mailing address	Check all that apply. Contingent Unliquidated Disputed	\$	88,934	
Nonpriority of Inovalon Provid Creditor Name Creditor's Notice r PO Box 856011 Address	creditor's name a der Inc name 5		Check all that apply. Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	88,934.	
Nonpriority of Inovalon Provid Creditor Name Creditor's Notice r PO Box 85601 Address Minneapolis	creditor's name a der Inc name 5 5 MN	55485-6015	Check all that apply. Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	88,934.	
Nonpriority of Inovalon Provid Creditor Name Creditor's Notice r PO Box 856011 Address	creditor's name a der Inc name 5		Check all that apply. Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	88,934	
Nonpriority of Inovalon Provid Creditor Name Creditor's Notice r PO Box 856013 Address Minneapolis City Country	creditor's name a der Inc hame 5 MN State	55485-6015 ZIP Code	Check all that apply. Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	88,934	
Nonpriority of Inovalon Provid Creditor Name Creditor's Notice r PO Box 856011 Address Minneapolis City Country Date or dates	creditor's name a der Inc name 5 5 MN	55485-6015 ZIP Code	Check all that apply. Check all that apply. Contingent Unliquidated Basis for the claim: Trade Payable Is the claim subject to offset?	\$	88,934	
Nonpriority of Inovalon Provid Creditor Name Creditor's Notice r PO Box 856013 Address Minneapolis City Country	creditor's name a der Inc name 5 5 <u>MN</u> State s debt was incurr	55485-6015 ZIP Code	Check all that apply. Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	88,934	

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		-	-			

Debtor: Petersen Management Company, LLC Case number (if known): 24-10583 Name 3.23 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 29,826.07 Check all that apply. Kemper Technology Consulting Creditor Name □ Contingent Unliquidated Creditor's Notice name Disputed Basis for the claim: 302 East Walnut Street Address Trade Payable 624540000 Robinson IL State ZIP Code City Country Is the claim subject to offset? Date or dates debt was incurred \checkmark No Various Last 4 digits of account Yes number 3.24 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 325,000.00 Check all that apply. Kralovec, Jambois & Schwartz Creditor Name □ Contingent \checkmark Unliquidated Creditor's Notice name ☑ Disputed Basis for the claim: 60 W Randolph St Address Litigation Floor 4 Chicago IL 60601 City State ZIP Code Country Is the claim subject to offset? Date or dates debt was incurred \checkmark No 2/21/2023 □ Yes Last 4 digits of account number

Case	24-10443-TMH	

otor: Petersen M	Lase 2 Nanagement Company		c 505 Filed 05/31/24 Page 48 Case number (if known):		
Name					
		nd mailing address	As of the petition filing date, the claim is:	\$	389.6
Kristina Davis Creditor Name	3		Check all that apply.		
erealer rame					
			Unliquidated		
Creditor's Notice	e name		□ Disputed		
525 North Ca	mfield Street		Basis for the claim:		
Address			Trade Payable	-	
Sullivan	<u>IL</u>	61951			
City	State	ZIP Code			
Country					
	es debt was incuri	red	Is the claim subject to offset?		
Various	-		⊠ No		
Last 4 digits	s of account				
number					
		nd mailing address	As of the petition filing date, the claim is:	\$	Undetermined
Law Office of Creditor Name	Jeffrey Krumpe		Check all that apply.		
Orealitor Name					
			Unliquidated		
Creditor's Notice	e name		☐ Disputed		
110 SW Jeffe	reson		Basis for the claim:		
Address			Litigation		
Suite 410				-	
Peoria	IL	61602			
City	State	ZIP Code			
Country					
Date or date	es debt was incuri	red	Is the claim subject to offset?		
2/6/2024			⊠ No		
Loot 4 diate	s of account				

otor: Petersen Ma	Case 2	24-10443-TMH Do	c 505 Filed 05/31/24 Page 49 Case number (if known).		
Name					
	reditor's name a	and mailing address	As of the petition filing date, the claim is:	\$	58.72
Lexis Nexis Creditor Name			Check all that apply.		
Creditor Marile			□ Contingent		
			Unliquidated		
Creditor's Notice na	ame		Disputed		
28544 Network	Place		Basis for the claim:		
Address			Trade Payable		
Chicago	IL	60673-1285			
City	State	ZIP Code			
Country					
Date or dates	debt was incurr	red	Is the claim subject to offset?		
Various			⊠ No		
Last 4 digits	of account				
number					
28 Nonpriority c Manpower	reditor's name a	and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	14,763.42
Creditor Name					
Creditor's Notice na	ame		Unliquidated		
			Disputed		
PO Box 1465			Basis for the claim:		
Address			Trade Payable	_	
Bloomington	IL	61702-1465			
City	State	ZIP Code			
Country					
Date or dates	debt was incur	red	Is the claim subject to offset?		

⊠ No

□ Yes

Last 4 digits of account

Various

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e number	(if known):	24-105

tor: Petersen Management Company, LLC			Case number (if known): 24-10583		
Name					
9 Nonpriority creditor's name and mailing address			As of the petition filing date, the claim is:	\$	280
Martin Bros			Check all that apply.		
Creditor Name Creditor's Notice name 406 Viking Road			□ Contingent		
			Unliquidated		
			Basis for the claim:		
Address			Trade Payable		
				-	
Coder Falle	10	50642			
Cedar Falls	IA State	50613			
City	State	ZIP Code			
Country					
	s debt was incur	red	Is the claim subject to offset?		
Date or date Various Last 4 digits		red	Is the claim subject to offset? No □ Yes		
Various Last 4 digits number	of account		✓ No □ Yes		
Various Last 4 digits number Nonpriority	of account creditor's name a	red and mailing address	 ✓ No □ Yes As of the petition filing date, the claim is: 	\$	3,000
Various Last 4 digits number	of account creditor's name a		✓ No □ Yes As of the petition filing date, the claim is: Check all that apply.	\$	3,000
Various Last 4 digits number Nonpriority McQuellon Co	of account creditor's name a		 ✓ No □ Yes As of the petition filing date, the claim is: 	\$	3,000
Various Last 4 digits number Nonpriority McQuellon Co Creditor Name	of account creditor's name a nsulting Inc		✓ No □ Yes As of the petition filing date, the claim is: Check all that apply.	\$	3,000
Various Last 4 digits number Nonpriority McQuellon Co	of account creditor's name a nsulting Inc		 ✓ No □ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent 	\$	3,000
Various Last 4 digits number Nonpriority McQuellon Co Creditor Name	of account creditor's name a nsulting Inc		✓ No □ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated	\$	3,000
Various Last 4 digits number Nonpriority McQuellon Co Creditor Name	of account creditor's name a nsulting Inc		✓ No □ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed	\$	3,000
Various Last 4 digits number Nonpriority McQuellon Co Creditor Name Creditor's Notice 5901 North Kr	of account creditor's name a nsulting Inc		✓ No □ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	3,000
Various Last 4 digits number Nonpriority McQuellon Co Creditor Name Creditor's Notice 5901 North Kr Address	of account creditor's name a nsulting Inc		✓ No □ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	3,000
Various Last 4 digits number Nonpriority McQuellon Co Creditor Name Creditor's Notice 5901 North Kr Address Suite 2	of account creditor's name a nsulting Inc name oxville Avenue	and mailing address	✓ No □ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	3,000
Various Last 4 digits number Nonpriority McQuellon Co Creditor Name Creditor's Notice 5901 North Kr Address Suite 2 Peoria	of account creditor's name a nsulting Inc name oxville Avenue IL	and mailing address	✓ No □ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	3,000
Various Last 4 digits number Nonpriority McQuellon Co Creditor's Notice 5901 North Kr Address Suite 2 Peoria City Country	of account creditor's name a nsulting Inc name oxville Avenue IL	and mailing address	✓ No □ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	3,00
Various Last 4 digits number Nonpriority McQuellon Co Creditor's Notice 5901 North Kr Address Suite 2 Peoria City Country	of account creditor's name a nsulting Inc name oxville Avenue IL State	and mailing address	✓ No □ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim: Trade Payable	\$	3,000

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Name	nagement Company	y, LLC	Case number (if known):	24-10583	
1 Nonpriority creditor's name and mailing address Midland Paper			As of the petition filing date, the claim is: Check all that apply.	\$	1,843
Creditor Name			□ Contingent		
			Unliquidated		
Creditor's Notice name 1140 Paysphere Circle			Disputed		
			Basis for the claim:		
Address			Trade Payable	_	
Chicago	IL	60674			
City	State	ZIP Code			
Country					
Date or dates	debt was incur	red	Is the claim subject to offset?		
Various			☑ No		
Last 4 digits of	of account				
number					
		and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	43,179.
Midwest Lock & Creditor Name	Alarm				
Creditor's Notice na	ame		Unliquidated		
			Disputed		
PO Box 82			Basis for the claim:		
Address			Trade Payable	_	
Moweaqua	<u>IL</u>	62550			
City	State	ZIP Code			
Country					
Date or dates debt was incurred			Is the claim subject to offset?		
Various			✓ No		
Last 4 digits of account			□ Yes		
number					

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Debtor: Petersen Management Company, LLC Case number (if known): 24-10583 Name 3.33 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 155.56 Check all that apply. P I P Printingand Document Services Creditor Name □ Contingent Unliquidated Creditor's Notice name Disputed Basis for the claim: 8325 North Allen Road Address Trade Payable IL 61615 Peoria State ZIP Code City Country Is the claim subject to offset? Date or dates debt was incurred \checkmark No Various Last 4 digits of account Yes number 3.34 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 84.80 Check all that apply. Peoria Heights Waterworks Creditor Name □ Contingent Unliquidated Creditor's Notice name Disputed Basis for the claim: 4901 North Prospect Road Address Trade Payable Peoria Heights IL 61616 City State ZIP Code Country Is the claim subject to offset? Date or dates debt was incurred \checkmark No Various □ Yes Last 4 digits of account number

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nt Compo				

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Nonpriority	creditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	1,491
Peoria Tire & Vulcanizing			Check all that apply.	•	, -
Creditor Name			□ Contingent		
			Unliquidated		
Creditor's Notice	name				
8321 North Knoxville Avenue			Basis for the claim:		
Address			Trade Payable	-	
		01015			
Peoria City	IL State	61615 ZIP Code			
Country			Is the claim subject to offset?		
	s debt was incurr	red			
Various					
Last 4 digits	of account				
Last 4 digits number	of account		□ Yes		
number	creditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	1,105
number Nonpriority	creditor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	1,105
number Nonpriority Pioneer Snow	creditor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	1,105
number Nonpriority Pioneer Snow	creditor's name a Removal	nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	1,105
number Nonpriority Pioneer Snow Creditor Name	creditor's name a Removal	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$	1,105.
number Nonpriority Pioneer Snow Creditor Name	creditor's name a Removal	Ind mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	1,105
number Nonpriority Pioneer Snow Creditor Name Creditor's Notice 2240 West Too	creditor's name a Removal	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	1,105
number Nonpriority Pioneer Snow Creditor Name Creditor's Notice 2240 West Too	creditor's name a Removal	Ind mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	1,105
number Nonpriority of Pioneer Snow Creditor Name Creditor's Notice 2240 West Too Address	creditor's name a Removal name wnline Road		As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	1,105
number Nonpriority of Pioneer Snow Creditor Name Creditor's Notice 2240 West Too Address Peoria City Country	creditor's name a Removal name wnline Road	61615-1545 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	1,105
number Nonpriority of Pioneer Snow Creditor Name Creditor's Notice 2240 West Too Address Peoria City Country Date or date	creditor's name a Removal name wnline Road	61615-1545 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?	\$	1,105
number Nonpriority of Pioneer Snow Creditor Name Creditor's Notice 2240 West Too Address Peoria City Country	creditor's name a Removal name wnline Road	61615-1545 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	1,105

Name					
Point Click Care Technologies Inc			As of the petition filing date, the claim is: Check all that apply.	\$	22,464.45
Creditor Name			Contingent		
			Unliquidated		
Creditor's Notice name PO Box 674802 Address			Disputed		
			Basis for the claim:		
			Trade Payable	-	
Detroit	MI	48267-4802			
City	State	ZIP Code			
Country					
Date or date	es debt was incurr	red	Is the claim subject to offset?		
Various			☑ No		
Last 4 digits	s of account				
number					
R S M Mc Gla		nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	1,000.00
Creditor Name			Contingent		
Creditor's Notice	name		Disputed		
Address on Fil	le		Basis for the claim:		
Address			Trade Payable		
				-	
City	State	ZIP Code			
Countri					
		ad .	Is the claim subject to offset?		
Date or date	es debt was incurr	red	Is the claim subject to offset? ☑ No		
		red	-		

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otor: Petersen Management Company, LLC			Case number (if known):	24-10583	
Name					
9 Nonpriority creditor's name and mailing address			As of the petition filing date, the claim is:	\$	467.50
Redwood Toxicology Laboratory Inc			Check all that apply.		
Creditor Marrie	Creditor Name		□ Contingent		
			Unliquidated		
Creditor's Notice r	name		Disputed		
PO Box 73449	4		Basis for the claim:		
Address			Trade Payable		
				_	
Chicago	IL	60695-1494			
City	State	ZIP Code			
Country					
Date or dates	s debt was incur	red	Is the claim subject to offset?		
Various			☑ No		
Last 4 digits	of account				
number					
		and mailing address	As of the petition filing date, the claim is:	\$	765.0
Robert G Buffu Creditor Name	IM		Check all that apply.		
Creditor Hame					
			Unliquidated		
Creditor's Notice r	name		□ Disputed		
Address on File	е		Basis for the claim:		
Address			Trade Payable	_	
City	State	ZIP Code			
Country					
Date or dates debt was incurred			Is the claim subject to offset?		
Various			✓ No		
Last 4 digits	of account		□ Yes		
number					

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Ouse	24 10440 11011

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otor: Petersen Management Company, LLC		/, LLC	Case number (if known):	n): 24-10583			
Name							
1 Nonpriority creditor's name and mailing address			nd mailing address	As of the petition filing date, the claim is:	\$		84,538.8
S N F Receivable Solutions LLC				Check all that apply.			
Creditor	ormanie						
				Unliquidated			
Creditor	or's Notice name	9		Disputed			
PO Bo	ox 216			Basis for the claim:			
Address	SS			Trade Payable	_		
Thono	otosassa	FL	33592				
City		State	ZIP Code				
Country	try						
Date or dates debt was incurred			-	Is the claim subject to offset?			
Date o	or dates de	ebt was incurr	ed	-			
Variou	ous		ed	☑ No			
Variou Last 4 numb	ous 4 digits of a ber	account		☑ No □ Yes			
Variou Last 4 numb Nonpe Sage I	bus 4 digits of a ber priority creater Intacct Inc	account	ed nd mailing address	☑ No	\$		131,551.5
Variou Last 4 numb Nonpe Sage I	us 4 digits of a ber priority crea	account		 ✓ No □ Yes As of the petition filing date, the claim is: 	\$		131,551.5
Variou Last 4 numb Nonpe Sage I	4 digits of a ber priority cred Intacct Inc or Name	account		 No Yes As of the petition filing date, the claim is: Check all that apply. 	\$		131,551.5
Variou Last 4 numb Nonpu Sage I Creditor Dept 3	4 digits of a ber priority cred Intacct Inc or Name	account ditor's name a		 ✓ No ❑ Yes As of the petition filing date, the claim is: Check all that apply. ❑ Contingent ❑ Unliquidated 	\$		131,551.5
Variou Last 4 numb Nonpo Sage I Creditor Dept 3 Creditor	4 digits of a ber priority creater Intacct Inc or Name 3237 or's Notice name	account ditor's name a		 ✓ No ❑ Yes As of the petition filing date, the claim is: Check all that apply. ❑ Contingent ❑ Unliquidated 	\$		131,551.5
Variou Last 4 numb Nonpo Sage I Creditor Dept 3 Creditor	4 digits of a ber priority creater Intacct Inc or Name 3237 or's Notice name sox 123237	account ditor's name a		✓ No □ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed	\$		131,551.5
Variou Last 4 numb Nonpo Sage I Creditor Dept 3 Creditor PO Bo	4 digits of a ber priority creater Intacct Inc or Name 3237 or's Notice name sox 123237	account ditor's name a		 No Yes As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: 	\$		131,551.5
Variou Last 4 numb Nonpo Sage I Creditor Dept 3 Creditor PO Bo	4 digits of a ber priority creater Intacct Inc or Name 3237 or's Notice name Box 123237 ss	account ditor's name a		 No Yes As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: 	\$		<u>131,551.£</u>
Variou Last 4 numb Sage I Creditor Dept 3 Creditor PO Bo Address	4 digits of a ber priority creater Intacct Inc or Name 3237 or's Notice name Box 123237 ss	account ditor's name a	nd mailing address	 No Yes As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: 	\$		131,551.5
Variou Last 4 numb Nonpi Sage I Creditor Dept 3 Creditor PO Bo Address	4 digits of a ber priority created Intacct Inc or Name 3237 or's Notice name Box 123237 ss	account ditor's name a	nd mailing address	✓ No □ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim: Trade Payable	\$		131,551.
Variou Last 4 numb Sage I Creditor Dept 3 Creditor PO Bo Address Creditor	4 digits of a ber priority creater Intacct Inc or Name 3237 or's Notice name Gox 123237 ss	account ditor's name a	Ind mailing address	✓ No □ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim: Trade Payable	\$		131,551.5
Variou Last 4 numb Sage I Creditor Dept 3 Creditor PO Bo Address Dallas City Date 6 Variou	4 digits of a ber priority created Intacct Inc or Name 3237 or's Notice name Box 123237 ss ss	account ditor's name a	Ind mailing address	✓ No □ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim: Trade Payable	\$		131,551.6

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or: Petersen Ma					
Name 3 Nonpriority creditor's name and mailing address Sedgwick CMS			As of the petition filing date, the claim is: Check all that apply.	\$	6,400.0
Creditor Name					
			Unliquidated		
Creditor's Notice name		Disputed			
20.2 002201			Basis for the claim:		
PO Box 207834 Address	ł		Trade Payable		
				_	
Dallas	ТХ	75320-7834			
City	State	ZIP Code			
Country					
Date or dates	debt was incurr	red	Is the claim subject to offset?		
Date or dates debt was incurred					
Various			☑ No		
Various Last 4 digits of number			─────────────────────────────────────		
Last 4 digits on number	of account reditor's name a	nd mailing address	 Yes As of the petition filing date, the claim is: Check all that apply. Contingent 	\$	601.
Last 4 digits of number Nonpriority cl Shadow Fax Pro	of account reditor's name a ojects		 Yes As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated 	\$	601.
Last 4 digits of number Nonpriority ca Shadow Fax Pro Creditor Name	of account reditor's name a ojects		 Yes As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed 	\$	601.
Last 4 digits of number Nonpriority ct Shadow Fax Pro Creditor's Notice na PO Box 347	of account reditor's name a ojects		 Yes As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: 	\$	601.
Last 4 digits of number Nonpriority ct Shadow Fax Pro Creditor Name	of account reditor's name a ojects		 Yes As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed 	\$	601.
Last 4 digits of number Nonpriority ct Shadow Fax Pro Creditor's Notice na PO Box 347	of account reditor's name a ojects		 Yes As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: 	\$	601.
Last 4 digits of number Nonpriority cl Shadow Fax Pro Creditor Name Creditor's Notice na PO Box 347 Address	of account reditor's name a ojects	nd mailing address	 Yes As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: 	\$	601.
Last 4 digits of number Nonpriority cl Shadow Fax Pre Creditor Name Creditor's Notice na PO Box 347 Address	of account reditor's name a ojects ame IL	nd mailing address	 Yes As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: 	\$	601
Last 4 digits of number Nonpriority cl Shadow Fax Pre Creditor Name Creditor's Notice na PO Box 347 Address Sullivan City Country	of account reditor's name a ojects ame IL	nd mailing address	Yes 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?	\$	601
Last 4 digits of number Nonpriority cl Shadow Fax Pre Creditor Name Creditor's Notice na PO Box 347 Address Sullivan City Country	of account reditor's name a ojects ame IL State	nd mailing address	Yes As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	601.

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Cust	24 10440 11011

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or: Petersen Management Company, LLC		y, LLC	Case number (it known): 24-10583		
Name					
5 Nonpriority creditor's name and mailing address Smartlinx Solutions LLC			As of the petition filing date, the claim is: Check all that apply.	\$	14,844.
Creditor Name					
Creditor's Notice na	ime		Disputed		
PO Box 22598			Basis for the claim:		
Address			Trade Payable		
New York	NY	10087-2598			
City	State	ZIP Code			
Country			Is the claim subject to offset?		
Various	debt was incurr	red			
Last 4 digits c	of account		Yes		
	editor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	Undetermin
Sorling Creditor Name			Check all that apply.		
Creditor's Notice na	ime		Unliquidated		
			Disputed Basis for the claim:		
1 N Old State Ca Address	apitol Plaza		Litigation		
Suite 200				-	
Springfield	IL	62701			
City	State	ZIP Code			
Country					
Date or dates debt was incurred		red	Is the claim subject to offset?		
1/30/2024			☑ No		
Last 4 digits o	of account				
number					

Case	24-1	.044	.3-T	M	Η
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Is the claim subject to offset?

☑ Unliquidated

☑ Disputed Basis for the claim:

Litigation

⊠ No

□ Yes

Page 59 of 70 Case number (if known): 24-10583 As of the petition filing date, the claim is: \$ Undetermined Check all that apply. □ Contingent

1 N Old State Capitol Plaza	
Address	
Suite 200	

Debtor: Petersen Management Company, LLC

3.47 Nonpriority creditor's name and mailing address

Name

Creditor's Notice name

Sorling Creditor Name

Springfield	IL	62701
City	State	ZIP Code

Country

Date or	dates	debt	was	incurred
Various				

Last 4	digits	of	account

number

3.48

Nonpriority creditor's name and mailing address		and mailing address	As of the petition filing date, the claim is: \$4,44			
Stratus Networks			Check all that apply.			
Creditor Name			Contingent			
			Unliquidated			
Creditor's Notice nam	le		□ Disputed			
4700 North Prosp	ect Road		Basis for the claim:			
Address			Trade Payable			
Suite 8						
Peoria Heights	IL	61616-6496				
City	State	ZIP Code				
Country						
Date or dates of	lebt was incur	red	Is the claim subject to offset?			
Various			☑ No			
Last 4 digits of	account					

Case	24-10443-TMH
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Name					
		nd mailing address	As of the petition filing date, the claim is:	\$	280.3
Susan Sullivan	١		Check all that apply.		
Creditor Name			Contingent		
			Unliquidated		
Creditor's Notice r	name				
2 Longwood D	rive		Basis for the claim:		
Address	live		Trade Payable		
				_	
Galena	<u>IL</u>	61036			
City	State	ZIP Code			
Country					
Date or dates	s debt was incuri	red	Is the claim subject to offset?		
Various			☑ No		
Various Last 4 digits			☑ No □ Yes		
Last 4 digits number	of account		□ Yes		
Last 4 digits number	of account creditor's name a	nd mailing address		\$	145.0
Last 4 digits number Nonpriority o	of account creditor's name a	nd mailing address	Yes As of the petition filing date, the claim is: Check all that apply.	\$	145.0
Last 4 digits number Nonpriority o T C I Companie	of account creditor's name a	nd mailing address	 Yes As of the petition filing date, the claim is: Check all that apply. Contingent 	\$	145.0
Last 4 digits number Nonpriority o T C I Companie	of account creditor's name a	nd mailing address	 Yes As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated 	\$	145.0
Last 4 digits number Nonpriority of T C I Compani Creditor Name	of account creditor's name a les Inc	nd mailing address	 Yes As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed 	\$	145.0
Last 4 digits number Nonpriority of T C I Compani Creditor Name Creditor's Notice r 405 State Rout	of account creditor's name a les Inc	nd mailing address	 Yes As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: 	\$	145.0
Last 4 digits number Nonpriority of T C I Compani Creditor Name	of account creditor's name a les Inc	nd mailing address	 Yes As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed 	\$	145.0
Last 4 digits number Nonpriority of T C I Compani Creditor Name Creditor's Notice r 405 State Rout	of account creditor's name a les Inc	nd mailing address	 Yes As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: 	\$	145.0
Last 4 digits number Nonpriority of T C I Compani Creditor Name Creditor's Notice r 405 State Rout	of account creditor's name a les Inc	Ind mailing address	 Yes As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: 	\$	145.0
Last 4 digits number Nonpriority of T C I Compani Creditor Name Creditor's Notice r 405 State Rout Address	of account creditor's name a es Inc name te117		 Yes As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: 	\$	145.0
Last 4 digits number Nonpriority of T C I Compani Creditor Name Creditor's Notice r 405 State Rout Address	of account creditor's name a es Inc name te117 IL	61742	 Yes As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: 	\$	145.0
Last 4 digits number Nonpriority of T C I Compani Creditor's Notice r 405 State Rout Address Goodfield City Country	of account creditor's name a es Inc name te117 IL	61742 ZIP Code	 Yes As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: 	\$	145.0
Last 4 digits number Nonpriority of T C I Compani Creditor's Notice r 405 State Rout Address Goodfield City Country	of account creditor's name a es Inc name te1117 IL State	61742 ZIP Code	Yes As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	145.0

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e number	(if known)	24-105

or: P	Petersen Mana	gement Company	, LLC	Case number (if known):	24-10	583
	Name					
Non	npriority cre	ditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	2,945.
	entcare litor Name			Check all that apply.		
Credi	ntor Name					
				Unliquidated		
Creditor's Notice name 1108 Lavaca Street Address			Disputed			
			Basis for the claim:			
			Trade Payable			
Suite	e110-111				-	
	tia	TV	79704			
Aust	suri	TX 	78701			
City		อเลเย	ZIP Code			
Coun	ntry					
				le the element is at the effect of		
		lebt was incurr	ed	Is the claim subject to offset?		
Vario Last			ed	Is the claim subject to offset? ☑ No □ Yes		
Vario Last num Non	ious at 4 digits of nber npriority cre	account ditor's name a	nd mailing address	 ✓ No □ Yes As of the petition filing date, the claim is: 	\$	70
Vario Last num Non The	ious at 4 digits of nber npriority cre	account	nd mailing address	✓ No □ Yes As of the petition filing date, the claim is: Check all that apply.	\$	70
Vario Last num Non The	ious st 4 digits of nber npriority cre Office ofthe S	account ditor's name a	nd mailing address	 ✓ No □ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent 	\$	70
Vario Last num Non The Credit	ious st 4 digits of nber npriority cre Office ofthe S	account ditor's name a State Fire Marsha	nd mailing address	✓ No □ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated	\$	70
Vario Last num Non The Credit	ious at 4 digits of nber npriority cre Office ofthe S litor Name litor's Notice nam	account ditor's name a State Fire Marsha	nd mailing address	✓ No □ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed	\$	70
Vario Last num Non The Credit	ious at 4 digits of nber npriority cre Office ofthe S litor Name litor's Notice nam Box 3331	account ditor's name a State Fire Marsha	nd mailing address	✓ No □ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	70
Vario Last num Non The Credit	ious at 4 digits of nber npriority cre Office ofthe S litor Name litor's Notice nam Box 3331	account ditor's name a State Fire Marsha	nd mailing address	✓ No □ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed	\$	70
Varic Last num Non The Credit Credit Addre	ious at 4 digits of nber npriority cre Office ofthe S litor Name litor's Notice nam Box 3331	account ditor's name a State Fire Marsha	nd mailing address	✓ No □ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	70
Varic Last num Non The Credit Credit Addre	ious at 4 digits of mber Office of the S litor Name litor's Notice nam Box 3331 ess	account ditor's name a State Fire Marsha	nd mailing address	✓ No □ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	70
Varic Last num Non The credit Credit PO E Addre	ious it 4 digits of nber office of the S litor Name litor's Notice nam Box 3331 ress	account ditor's name a State Fire Marsha le	nd mailing address	✓ No □ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim: Trade Payable	\$	70
Varic Last num Non The Credit Credit PO E Addre	ious it 4 digits of mber npriority cre Office of the S litor Name litor's Notice nam Box 3331 ress ingfield ntry	account ditor's name a State Fire Marsha le	nd mailing address	✓ No □ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim: Trade Payable	\$	70
Vario Last Non The Credit PO E Addre Sprir City Coun	ious it 4 digits of mber office of the S litor's Notice nam Box 3331 ress ingfield ntry re or dates d	account ditor's name a State Fire Marsha re 	nd mailing address	✓ No □ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim: Trade Payable	\$	70

Caso	24-10443-	тиц
Case	24-10443-	

Name					
Nonpriority	creditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	14,257
	ommunications	0	Check all that apply.	•	, -
Creditor Name			Contingent		
Creditor's Notice	name		□ Disputed		
PO Box 78050	PO Box 780593		Basis for the claim:		
Address			Trade Payable		
				-	
Philadelphia	PA	19178-0593			
City	State	ZIP Code			
Country					
	s debt was incurr	ed	Is the claim subject to offset?		
Various			⊠ No		
Last 4 digits	of account				
number					
Nonpriority	creditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	51,798
Trillium					
Trillium Creditor Name			Check all that apply.		
Creditor Name			Check all that apply.		
Creditor Name					
	name		Contingent		
Creditor Name			Contingent Unliquidated		
Creditor Name Creditor's Notice			Contingent Unliquidated Disputed		
Creditor Name Creditor's Notice PO Box 64151			Contingent Unliquidated Disputed Basis for the claim:		
Creditor Name Creditor's Notice PO Box 64151	3 <u>MI</u>	48264-1513	Contingent Unliquidated Disputed Basis for the claim:		
Creditor Name Creditor's Notice PO Box 64151 Address	3		Contingent Unliquidated Disputed Basis for the claim:		
Creditor Name Creditor's Notice PO Box 64151 Address Detroit City Country	3 <u>MI</u> State	48264-1513 ZIP Code	Contingent Unliquidated Disputed Basis for the claim: Trade Payable		
Creditor Name Creditor's Notice PO Box 64151 Address Detroit City Country Date or date	3 <u>MI</u>	48264-1513 ZIP Code	Contingent Unliquidated Basis for the claim: Trade Payable Is the claim subject to offset?		
Creditor Name Creditor's Notice PO Box 64151 Address Detroit City Country	3 MI State s debt was incurr	48264-1513 ZIP Code	Contingent Unliquidated Disputed Basis for the claim: Trade Payable		

Case	24-1	104	43-7	ΓМ	Н
Cusc	<u> </u>	LO	TU	1 1 1 1	

Debtor: Petersen Management Company, LLC Case number (if known): 24-10583 Name 3.55 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 1,091.97 Check all that apply. Tyler Braden Creditor Name □ Contingent Unliquidated Creditor's Notice name Disputed Basis for the claim: Address on File Address Trade Payable State ZIP Code City Country Is the claim subject to offset? Date or dates debt was incurred ☑ No Various Last 4 digits of account Yes number 3.56 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 209.90 UniLink Check all that apply. Creditor Name □ Contingent Unliquidated Creditor's Notice name Disputed Basis for the claim: PO Box 18148 Address Trade Payable Rochester NY 14618 City State ZIP Code Country Is the claim subject to offset? Date or dates debt was incurred \checkmark No Various □ Yes Last 4 digits of account number

pr: Petersen Management Company, LLC	Case number (if known): 24-10583	
Name		
Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: \$	26,788.4
United Group Programs Inc Creditor Name	Check all that apply.	
	□ Unliquidated	
Creditor's Notice name	□ Disputed	
UGP- Fidelity Premium LockBox	Basis for the claim:	
Address	Trade Payable	
75 Remittance Drive Suite 1257		
Chicago IL 60675-1257		
City State ZIP Code		
Country		
Date or dates debt was incurred	Is the claim subject to offset?	
Various	✓ No	
Last 4 digits of account		
Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: $\$$	1,905.
Walz Label and Mailing Systems Creditor Name	Check all that apply.	
	Unliquidated	
Creditor's Notice name		
656 High Point Lane	Basis for the claim:	
Address	Trade Payable	
East Peoria IL 61611		
City State ZIP Code		
Country	Is the claim subject to offset?	
Date or dates debt was incurred	וש נווב טומווו שטשבט נט טוושבני	
	⊠ No	
Various Last 4 digits of account	☑ No □ Yes	

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		Case 2	4-10443-TMH	Doc 505	Filed 05/31/24	Page 65 o	f 70
otor:	Petersen Manage	ement Company	v, LLC		Case	e number (if known):	24-10583
-	Name						
59 N O	onpriority cred	itor's name a	nd mailing address	A	s of the petition filing date	e, the claim is: \$	5,161
	Waystar Inc			C	check all that apply.		
Cre	editor Name				Contingent		
					Unliquidated		
Cre	editor's Notice name] Disputed		
13	311 Solutions Cen	ter		В	asis for the claim:		
Ad	ldress			T	rade Payable		
	hicago	IL	60677-1311				
	0	State	ZIP Code				
Cit	ıy	Olale					
Сс	ountry						
Da	ate or dates de	bt was incurr	ed	ls	s the claim subject to off	set?	
Va	arious			\checkmark	1 No		
La	ast 4 digits of a	ccount			Yes		

art 3	:	List Others to Be No	otified About Uns	ecured Claims		
4.	List in alphabetical order any others who must be notified for claims li collection agencies, assignees of claims listed above, and attorneys for If no others need to be notified for the debts listed in Parts 1 and 2, do next page.				or unsecured creditors.	-
	Name and mailing address				On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
					Line	
	Name				Not Listed.Explain	
	Notice Name Street					
	City		itate	ZIP Code		
	Count	try				

Ρ

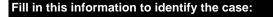
Part 4	Total Amounts of the Priority and Nonpriority Unsecured Claims							
5. Add the amounts of priority and nonpriority unsecured claims.								
			То	tal of claim amounts				
5a. T	otal claims from Part 1	5a.	\$	595,756.51				
5b. T	otal claims from Part 2	5b. 🕇	\$	1,386,083.85				
	btal of Parts 1 and 2 nes 5a + 5b = 5c.	5c.	\$	1,981,840.36				

Debtor Name: In re : Petersen Manageme United States Bankruptcy Court for the: D	1 37	_	Charly if this is an
Case number (if known): 24-10583 (TMH)			Check if this is an amended filing
Official Form 206G			
Schedule G: Execut	_ tory Contracts and Une>	pired Leases	12/15
 Does the debtor have any exect 	ossible. If more space is needed, copy and tory contracts or unexpired leases? s form with the court with the debtor's other sche	l attach the additional page, numbering the e edules. There is nothing else to report on this form.	ntries consecutively.
 Does the debtor have any exect No. Check this box and file this 	tory contracts or unexpired leases? s form with the court with the debtor's other sche		
 Does the debtor have any exect No. Check this box and file thi Yes. Fill in all of the information 	s form with the court with the debtor's other sche	dules. There is nothing else to report on this form.	perty (Official ss for all other parties wit
 Does the debtor have any exect No. Check this box and file thi Yes. Fill in all of the information Form 206A/B). List all contracts and unexpired 2.1 State what the contract or 	tory contracts or unexpired leases? s form with the court with the debtor's other sche n below even if the contracts or leases are listed leases	edules. There is nothing else to report on this form. on <i>Schedule A/B: Assets - Real and Personal Prop</i> State the name and mailing addres whom the debtor has an executor	berty (Official ss for all other parties wit y contract or unexpired
 Does the debtor have any exect No. Check this box and file thi Yes. Fill in all of the information Form 206A/B). List all contracts and unexpired 	s form with the court with the debtor's other sche	edules. There is nothing else to report on this form. on <i>Schedule A/B: Assets - Real and Personal Prop</i> State the name and mailing addres whom the debtor has an executor lease	berty (Official ss for all other parties wit y contract or unexpired
 Does the debtor have any execution No. Check this box and file thit Yes. Fill in all of the information Form 206A/B). List all contracts and unexpired 2.1 State what the contract or lease is for and the nature 	tory contracts or unexpired leases? s form with the court with the debtor's other sche n below even if the contracts or leases are listed leases	Adules. There is nothing else to report on this form. I on <i>Schedule A/B: Assets - Real and Personal Prop</i> State the name and mailing addres whom the debtor has an executor lease RehabCare Group East, Inc. dba Reh Name President, RehabCare	berty (Official ss for all other parties with y contract or unexpired
 Does the debtor have any execution No. Check this box and file thitor Yes. Fill in all of the information Form 206A/B). List all contracts and unexpired 2.1 State what the contract or lease is for and the nature 	tory contracts or unexpired leases? s form with the court with the debtor's other sche n below even if the contracts or leases are listed leases	edules. There is nothing else to report on this form. I on <i>Schedule A/B: Assets - Real and Personal Prop</i> State the name and mailing addres whom the debtor has an executor lease RehabCare Group East, Inc. dba Reh Name	berty (Official ss for all other parties wi y contract or unexpired

List the contract number of any government contract						
		Louisville	KY	40202		
		City	State	ZIP Code		
		Country				
. ² State what the contract or lease is for and the nature	Protocol and Agreement for the Provision of Hospice Services and Inpatient Respite Care	Sarah Bush Lincoln Health Center dba Lincolnland Hospice				
of the debtor's interest		Name Attn Post Acute Care	Director			
		Notice Name				
		Lincolnland Hospice	of Sarah Bush Lincoln			
State the term remaining		Address				
		1004 Health Center E	Drive, Suite 202			
List the contract number of						
any government contract						
		Mattoon	11	61938		

Mattoon	IL	61938
City	State	ZIP Code

Country



Debtor Name: In re : Petersen Management Company, LLC

United States Bankruptcy Court for the: District of Delaware

Case number (if known): 24-10583 (TMH)

Official Form 206H

Schedule H: Codebtors

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						
		Street				
						□ E/F
						□G
		City	State	ZIP Code		
		Country	-			

Check if this is an amended filing

12/15

Fill in this information to identify the case:

Debtor Name: In re : Petersen Management Company, LLC

United States Bankruptcy Court for the: District of Delaware

Case number (if known): 24-10583 (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

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets–Real and Personal Property (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- Schedule H: Codebtors (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- Amended Schedule
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- Other document that requires a declaration

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

Executed on 05/31/2024

MM / DD / YYYY

★ / s / David R. Campbell

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

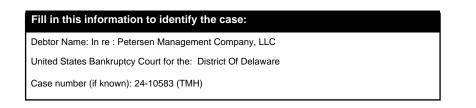
Chapter 11

Case No. 24-10443 (TMH)

(Jointly Administered)

STATEMENT OF FINANCIAL AFFAIRS FOR PETERSEN MANAGEMENT COMPANY, LLC (CASE NO. 24-10583)

¹ 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.



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).

1. Gross revenue from business

□ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year						Sources of revenue Check all that apply	(be	oss revenue efore deductions and clusions)
From the beginning of the fiscal year to filing date:	From	1/1/2024 MM / DD / YYYY	to	Filing date	₹ ₽	Operating a business Other	\$	3,518,769.68
For prior year:	From	1/1/2023 MM / DD / YYYY	to	12/31/2023 MM / DD / YYYY		Operating a business Other	\$	22,116,434.01
For the year before that:	From	1/1/2022 MM / DD / YYYY	to	12/31/2022 MM / DD / YYYY		Operating a business Other	\$	20,424,111.79

Petersen Management Company, LLC

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 rever source (before dedu exclusions)	nue from each
From the beginning of the fiscal year to filing date:	From	1/1/2024 MM / DD / YYYY	to	Filing date	Interest	\$	0.49
For prior year:	From	1/1/2023 MM / DD / YYYY	to	12/31/2023 MM / DD / YYYY	Interest	\$\$	1,624.89
For the year before that:	From	1/1/2022 MM / DD / YYYY	to	12/31/2022 MM / DD / YYYY	Interest	\$	10,243.13

Name

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

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

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

Case number (if known):

□ None

	Creditor's name an	d address		Dates	Total amount or value	ns for payment or transfer all that apply
3.1	See SOFA 3 Attachr	ment			\$	Secured debt
	Creditor's Name					Unsecured loan repayments
	<u></u>					Suppliers or vendors
	Street					Services
						Other
	City	State	ZIP Code			
	Country					

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

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7.575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. Insiders include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

	□ None					
	Insider's Name and	I Address		Dates	Total amount or value	Reason for payment or transfer
4.1	See SOFA 4 Attachr Insider's Name	ment			\$	
	Street					
	City	State	ZIP Code			
	Country					
	Relationship to Del	btor				

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.

Case number (if known).

☑ None					
Creditor's Name and Address	Description of the Property	Date	Value of property		
5.1 Creditor's Name			\$		
Street					
City State ZIP Code					
Country					

6. Setoffs

List any creditor, including a bank or financial 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.

□ None

	Creditor's Nan	ne and Addr	ress	Description of the action creditor took	Date action was taken	Amount	
6.1	1 Bed Tax Creditor's Name			Offset with Medicaid		\$	1,249,530.94
	Street						
				Last 4 digits of account number: XXXX–		-	
	City	State	ZIP Code				
	Country						

24-10583 Case number (if known):

Name

□ None

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.

Case title	Nature of case	Court or agency's name and address	Stat	tus of case
7.1 See SOFA 7 Attachment		Name		Pending On appeal
		Street		Concluded
Case number				
	-	City State ZIP Code		
		Country	÷	

Assignments and receivership 8.

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.

\checkmark	None
--------------	------

	Custodian's nan	ne and addre	ess	Description of the Property		Value			
3.1					9	6			
	Custodian's name					Court name a	nd address		
				Case title					
	Street					Name			
				Case number		Street			
	City	State	ZIP Code						
	Country			Date of order or assignment		City		State	ZIP Code
						Country			·

Debtor: Petersen Management Company, LLC

Name

Part 4: Certain Gifts and Charitable Contributions

- 9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000
 - $\ensuremath{\boxtimes}$ None

	Recipient's name	e and addre	SS	Description of the gifts or contributions	Dates given	Value
9.1						\$
	Creditor's Name					
	Street			-		
	City	State	ZIP Code	-		
	Country			-		
	Recipient's relation	onship to de	btor			

Debtor: Petersen Management Company, LLC

Name

Part 5:	Certain Losses

- 10. All losses from fire, theft, or other casualty within 1 year before filing this case.
 - □ None

	Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal	Date of loss		Value of property lost		
		Property).					
10.1	A ransomware cyber attack which occurred in October 2023, ultimately led to the loss of large quantities of data and signficant	None	10/2023	\$	Undetermined		
	consulting fees						

24-10583 Case number (if known):

Name

Debtor:

Part 6: **Certain Payments or Transfers**

Payments related to bankruptcy 11.

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.

\checkmark	None
--------------	------

	Who was paid or	who received t	the transfer?	If not money, describe any property transferred	Dates	Total amount or value
1.1						\$
	Address					
	Street					
	City	State	ZIP Code			
	Country					
	Email or website a	address				
	Who made the pa	yment, if not d	ebtor?			

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

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

Do not include transfers already listed on this statement.

☑ None

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

Name

13. Transfers not already listed on this statement

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

☑ None

1

	Who received tran	nsfer?		Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
3.1						\$
	Address					
	Street					
	City	State	ZIP Code			
	Country Relationship to De	ebtor				

Debtor:	Petersen Management Compa

Part 7: Previous Locations

14. Previous addresses

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

\checkmark	Does not apply				
	Address			Dates of occupancy	
14.1				From	То
	Street				
	City	State	ZIP Code		
	Country				

24-10583 Case number (if known):

Name

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

- Is the debtor primarily engaged in offering services and facilities for:
- diagnosing or treating injury, deformity, or disease, or
 providing any surgical, psychiatric, drug treatment, or obstetric care?
- □ No. Go to Part 9.
- \boxdot Yes. Fill in the information below.

	Facility Name	and Address		Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1	Palm Terrace of	of Mattoon		Skilled Nursing Facility	2,636
	Facility Name				_,
	1000 Palm Ave	nue		Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?
	Street			PCC Electronic	Check all that apply:
					Electronically
	Mattoon	IL	61938		Paper
	City	State	ZIP Code		
	Country				
	Facility Name	and Address		Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.2	Flora Rehabilita	ation & Health	Care Center	Skilled Nursing Facility	1,091
	Facility Name			Location where patient records are maintained (if different from	How are records kept?
	232 Given Stre	et		facility address). If electronic, identify any service provider.	now are records kept:
	Street				Check all that apply:
					Electronically
	Flora	IL	62839		Paper
	City	State	ZIP Code		
	Country				
	Facility Name	and Address		Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
	Toulon Rehabil	itation & Heal	th Care		
15.3	Center Facility Name			Skilled Nursing Facility	2,063
	700 E. Main Str	reet		Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?
	Street			PCC Electronic	Check all that apply:
	PO Box 249				Electronically
	Tuolon	IL	61483		☑ Paper
	City	State	ZIP Code		
	Country				

Case number (if known): 24-10583

me					
	Facility Name a	Ind Address		Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
5.4	Mt. Vernon Health Care Center			Skilled Nursing Facility	1,279
	Facility Name				
	#5 Doctors Park	Road		Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?
	Street			-	Check all that apply:
					Electronically
	Mount Vernon	IL	62864		☑ Paper
	City	State	ZIP Code	-	
	Country			-	
	Facility Name a	und Address		Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients ir debtor's care
5.5	White Oak Reha	abilitation & H	ealth Care	Skilled Nursing Facility	935
	Facility Name				
	1700 White Stre	et		Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?
	Street				Check all that apply:
	Mount Vernon	IL	62864		🗹 Paper

Country

Debtor: Pe	etersen Management Company, I

Name			
art 9: Pe	ersonally	Identifiable Information	
16. Does t	the debto	or collect and retain personally identifiable inform	nation of customers?
□ No.			
⊠ Yes	s. State tł	ne nature of the information collected and retained.	Medical and Billing Information
	Doest	the debtor have a privacy policy about that information	n?
	🗆 No)	
	⊠ Ye	25	
□ No.	. Go to Pa	art 10.	
		art 10. ne debtor serve as plan administrator?	
⊠ Yes		·	
	☑ No.	Go to Part 10.	
	□ Yes	. Fill in below:	
		Name of plan	Employer identification number of the plan
	17.1		EIN:
		Has the plan been terminated?	
		□ No	
		□ Yes	

Debtor: Petersen Management Company, LLC

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 institu	tion name and a	address	Last 4 digits of account number		Туре о	f account	Date account was closed, sold, moved, or transferred	Last balance before c transfer	losing or
8.1	Huntington			XXXX-9920		Checki	ng	4/1/2024	\$	0.00
	Name] Savings			·	
	PO Box 1558 E	A1W37				Money	market			
	Street			_		Brokera	age			
					\checkmark	Other	Government	t		
	Columbus	ОН	43216-1558	_						
	City	State	ZIP Code	_						
	Country			-						
8.2	Huntington			XXXX-9959		Checki	ng	4/1/2024	\$	0.00
	Name					Saving	S			
	PO Box 1558 E			Money	market					
	Street			_		Brokera	age			
					\checkmark	Other	Operating			
	Columbus	ОН	43216-1558	_						
	City	State	ZIP Code	_						
	Country			-						

19. Safe deposit boxes

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

☑ None

	Depository institu	ution name and add	dress	Names of anyone with access to it	Description of the contents	Does debtor still have it?
19.1						□ No
	Name					
	0.00000					□ Yes
	Street					
				Address		
	City	State	ZIP Code			
	Country					

Petersen Management Company, LLC Debtor:

20. Off-premises storage

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

□ None

	Facility name and	address		Names of anyone with access to it	Description of the contents	Does debtor still have it?
20.1	See Global Notes					□ No
	Name					
						□ Yes
	Street					
				Address		
	City	State	ZIP Code			
	Country					

Debtor: Petersen Management Company, LLC

Name

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

21. Property held for another

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

Case number (if known):

□ None

	Owner's name	and addres	s	Location of the property	Description of the property	Value
21.1	See Global Note Name	es				\$
	Street					
	City	State	ZIP Code			
	Country					

Case number (if known): 24-10583

Name

Part 12: Details About Environmental Information

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

- Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

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

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

☑ No

□ Yes. Provide details below.

	Case title	Court or agency	name and addre	SS	Nature of the case	Sta	tus of case
22.1		Name Street					Pending On appeal Concluded
	Case Number	City	State	ZIP Code			
		Country					

- 23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?
 - 🗹 No
 - □ Yes. Provide details below.

	Site name and	address		Governmenta address	al unit name a	nd	Environmental law, if known	Date of notice
23.1	Name			Name				
	Street			Street				
	City	State	ZIP Code	City	State	ZIP Code		
	Country			Country				

Debtor:	Peter	sen Manag	Case 24-2 gement Company,		l Doc	505-1	Filed 05/31		Page 19 Imber (if known):	of 35 24-10583	
	Name										
24.	Has th	ne debtor	r notified any g	overnmental un	it of any re	elease of h	azardous materia	I?			
	⊠ No)									
	□ Ye	es. Provid	e details below.								
		Site nan	ne and address		Governme	ntal unit na	ame and address	Envir	onmental law	, if known	Date of notice
	24.1										
		Name			Name						
		Street			Street						
		City	State	ZIP Code	City	State	ZIP Code				
		Country			Country			-			

Debtor: Petersen Management Company, LLC

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

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

☑ None

	Business name a	nd address		Describe the nature of the business	Employer Identi Do not include So	fication number ocial Security number or ITIN.	
25.1					EIN:		
	Name				Dates business	existed	
					From	То	
	Street						
	City	State	ZIP Code				
	City	Sidle	ZIF COUE				
	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.

	Name and Address			Dates of service			
-	Petersen Health Care Mar Name	nagement, LLC		From	_ To		
	830 West Trailcreek Dr. Street						
	Peoria City	IL State	61614 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

□ None

Name and Ac	ldress		Dates	Dates of service				
Petersen Hea Name	Ithcare Management, I	Mark Petersen	From	12/22/2011	То	Present		
830 West Tra Street	ilcreek Dr.							
Sileei								
Peoria	IL	61614						
City	State	ZIP Code						
Country								

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Potorson Management	Company LLC		Casa	unaber at a	04 4050

r:	Peterse	en Management Co		Case number (if k	nown):	n): 24-10583		
	Name							
	26b.2	Ginoli & Compar	ny		From	2002	То	Present
		Name						
		7625 N Universi	ty St.					
		Street						
		Peoria	IL	61614				
		City	State	ZIP Code				
		Country						
	26b.3	Clifton, Larson,	Allen		From	2012	То	Present
		Name						
		301 SW Adams	St.					
		Street						
		Suite 1000						
		Peoria	IL	61602				
		City	State	ZIP Code				

□ None

	Name and address			If any books of account and records are unavailable, explain why
26c.1	Getzler Henrich and Associates			
	Name			
	295 Madison Ave			
	Street			
	Floor 20			
	New York	NY	10023	
	City	State	ZIP Code	
	Country			
	Name and address			If any books of account and records are unavailable, explain why
26c.2	Ginoli & Company			
	Name			
	7625 N University St.			
	Street			
	Peoria	IL	61614	
	City	State	ZIP Code	
	σιγ	Sidle	ZIF Code	
	Country			

ame and address tersen Healthcare Management, Mark Petersen ne D West Trailcreek Dr. 20 oria	n IL State	61614 ZIP Code	If any books of account and records are unavailable, explain why
ne 0 West Trailcreek Dr. eet oria	IL		
0 West Trailcreek Dr. eet oria			-
oria			-
oria			-
,			-
	State	ZIP Code	-
intry			-
ame and address			If any books of account and records are unavailable, explain why
fton, Larson, Allen			
ne			_
1 SW Adams St.			
pet			-
ite 1000			-
oria	IL	61602	_
,	State	ZIP Code	-
n 1 it	e SW Adams St. et e 1000	e SW Adams St. et e 1000 ria IL State	e SW Adams St. et t e 1000 ria IL 61602 State ZIP Code

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.

one		
Name and address		
Name		
Street		
City	State	ZIP Code
Country		

Debtor:	Petersen Management Company, LLC	

	Name
27.	Inventories

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

			,	0	
⊠ No)				
□ Ye	es. Give the details a	about the two most recen	t inventories.		
	Name of the perso	on who supervised the tal	king of the inventory	Date of Inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
					\$
	Name and address records	s of the person who has p	oossession of inventory		
27.1					
27.1	Name			-	
27.1					
27.1	Name			- - -	
27.1	Name	State	ZIP Code	-	

Case number (if known):

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

Name	Address	Position and Nature of any interest	% of interest, if any
28.1 Petersen Health Care II, Inc.	203 East Monroe Street, Casey, IL 62420	Owner	100%

- 29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?
 - ⊠ No □ Yes. Identify below. Position and Nature of Period during which position or Name Address any interest interest was held То 29.1 From

Name

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

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

- 🗆 No
- ✓ Yes. Identify below.

		Name and address of	f recipient		Amount of money or description and value of property	Dates	Reason for providing the value
	30.1	See SOFA Question 4					
		Name					
		Street					
		City	State	ZIP Code			
		Country					
		Relationship to debto	or				
31.	Within	n 6 years before filing	g this case, has	s the debtor b	been a member of an	y consolidated group for	tax purposes?
	⊠ No						
	🗆 Yes	s. Identify below.					

Name of the parent corporation	Employer Identification number of the parent corporation
31.1	EIN:

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

☑ No	
□ Yes. Identify below.	
Name of the pension fund	Employer Identification number of the pension fund
32.1	EIN:

Part 14: Signature and Declaration Doc 505-1 Filed 05/31/24 Page 25 of 35 WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in

connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.

18 U.S.C.§§ 152, 1341, 1519, and 3571.

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

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

Executed on 05/31/2024

MM / DD / YYYY

X / s / David R. Campbell

Printed name David R. Campbell

Signature of individual signing on behalf of the debtor

Position or relationship to debtor Authorized Signatory

Are additional pages to Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy (Official Form 207) attached?

□ No

⊠ Yes

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In re: Petersen Management Company, LLC Case No. 24-10583 Attachment 3 Certain payments or transfers to creditors within 90 days before filing this case

							Total amount or	Reason for payment or transfer (e.g. Secured debt, Unsecured loan repayments, Suppliers or vendors,
Creditor's name	Address 1	Address 2	City	State	Zip	Date	value	Services, or Other)
Ameren Illinois	PO Box 88034		Chicago	IL	606801034	1/2/2024	\$2,022.88	Vendor
Ameren Illinois	PO Box 88034		Chicago	IL	606801034	1/2/2024	\$2,022.88	Vendor
Ameren Illinois	PO Box 88034		Chicago	IL	606801034	1/11/2024	\$1,634.66	Vendor
Ameren Illinois	PO Box 88034		Chicago	IL	606801034	1/11/2024	\$1,634.66	Vendor
Ameren Illinois	PO Box 88034		Chicago	IL	606801034	1/26/2024	\$1,364.00	Vendor
Ameren Illinois	PO Box 88034		Chicago	IL	606801034	1/26/2024	\$2,161.32	Vendor
Ameren Illinois	PO Box 88034		Chicago	IL	606801034	1/26/2024	\$3,525.32	Vendor
Ameren Illinois	PO Box 88034		Chicago	IL	606801034	1/29/2024	\$1,497.17	Vendor
Ameren Illinois	PO Box 88034		Chicago	IL	606801034	1/29/2024	\$1,497.17	Vendor
Ameren Illinois	PO Box 88034		Chicago	IL	606801034	1/31/2024	\$874.60	Vendor
Ameren Illinois	PO Box 88034		Chicago	IL	606801034	1/31/2024	\$874.60	Vendor
Ameren Illinois	PO Box 88034		Chicago	IL	606801034	2/28/2024	\$351.25	Vendor
Ameren Illinois	PO Box 88034		Chicago	IL	606801034	2/28/2024	\$814.21	Vendor
Ameren Illinois	PO Box 88034		Chicago	IL	606801034	2/28/2024	\$1,089.71	Vendor
Ameren Illinois	PO Box 88034		Chicago	IL	606801034	2/28/2024	\$2,162.17	Vendor
Ameren Illinois	PO Box 88034		Chicago	IL	606801034	2/28/2024	\$4,417.34	Vendor
Brimmer Enterprises LLC	5021 Duncan Road		Toulon	IL	61483	2/16/2024	\$4,300.00	Vendor
Brimmer Enterprises LLC	5021 Duncan Road		Toulon	IL	61483	2/16/2024	\$4,300.00	Vendor
Charter Communications	DBA Spectrum Business	PO Box 94188	Palatine	IL	600944188	12/28/2023	\$1,165.59	Vendor
Charter Communications	DBA Spectrum Business	PO Box 94188	Palatine	IL	600944188	12/28/2023	\$1,165.59	Vendor
Charter Communications	DBA Spectrum Business	PO Box 94188	Palatine	IL	600944188	1/19/2024	\$1,002.12	Vendor
Charter Communications	DBA Spectrum Business	PO Box 94188	Palatine	IL	600944188	1/19/2024	\$1,002.12	Vendor
Charter Communications	DBA Spectrum Business	PO Box 94188	Palatine	IL	600944188	1/29/2024	\$1,165.59	Vendor
Charter Communications	DBA Spectrum Business	PO Box 94188	Palatine	IL	600944188	1/29/2024	\$1,165.59	Vendor
Charter Communications	DBA Spectrum Business	PO Box 94188	Palatine	IL	600944188	2/22/2024	\$1,017.15	Vendor
Charter Communications	DBA Spectrum Business	PO Box 94188	Palatine	IL	600944188	2/22/2024	\$1,017.15	Vendor
Charter Communications	DBA Spectrum Business	PO Box 94188	Palatine	IL	600944188	3/11/2024	\$1,148.95	Vendor
Charter Communications	DBA Spectrum Business	PO Box 94188	Palatine	IL	600944188	3/11/2024	\$1,148.95	Vendor
CIBC	830 West Trailcreek Dr		Peoria	IL	61614	1/17/2024	\$289.00	Bank Fees
CIBC	830 West Trailcreek Dr		Peoria	IL	61614	2/21/2024	\$784.91	Bank Fees
CIBC	830 West Trailcreek Dr		Peoria	IL	61614	3/19/2024	\$7,340.66	Bank Fees
City of Flora	PO Box 249	131 East 2nd Street	Flora	IL	62839	1/24/2024	\$16,483.91	Vendor
City of Flora	PO Box 249	131 East 2nd Street	Flora		62839	1/24/2024	\$16,483.91	Vendor
City of Flora	PO Box 249	131 East 2nd Street	Flora	IL	62839	2/22/2024	\$13,753.56	Vendor
City of Flora	PO Box 249	131 East 2nd Street	Flora	IL	62839	2/22/2024	\$13,753.56	Vendor
City of Mattoon	208 North 19th	PO Box 99	Mattoon	IL	61938	1/12/2024	\$179.27	Vendor
City of Mattoon	208 North 19th	PO Box 99	Mattoon		61938	1/12/2024	\$179.27	Vendor
City of Mattoon	208 North 19th	PO Box 99	Mattoon	IL	61938	2/9/2024	\$15,029.52	Vendor
City of Mattoon	208 North 19th	PO Box 99	Mattoon	11	61938	2/9/2024	\$15,029.52	Vendor
City of Mattoon	208 North 19th	PO Box 99	Mattoon	IL	61938	3/11/2024	\$8,697.60	Vendor
City of Mattoon	208 North 19th	PO Box 99	Mattoon		61938	3/11/2024	\$8,697.60	Vendor
		1 0 00x 33	Inatioun	<u> </u>	01930	3/11/2024	φο,097.60	VENUUI

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In re: Petersen Management Company, LLC Case No. 24-10583 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 Ioan repayments, Suppliers or vendors, Services, or Other)
City of Mt. Vernon	1100 Main Street	PO Box 1708	Mt. Vernon	IL	62864	1/4/2024	\$1,935.96	Vendor
City of Mt. Vernon	1100 Main Street	PO Box 1708	Mt. Vernon		62864	1/4/2024	\$1,935.96	Vendor
City of Mt. Vernon	1100 Main Street	PO Box 1708	Mt. Vernon		62864	1/16/2024	\$1,822.29	Vendor
City of Mt. Vernon	1100 Main Street	PO Box 1708	Mt. Vernon	IL	62864	1/16/2024	\$1,822.29	Vendor
City of Mt. Vernon	1100 Main Street	PO Box 1708	Mt. Vernon		62864	2/12/2024	\$1,797.76	Vendor
City of Mt. Vernon	1100 Main Street	PO Box 1708	Mt. Vernon		62864	2/12/2024	\$1,798.35	Vendor
City of Mt. Vernon	1100 Main Street	PO Box 1708	Mt. Vernon		62864	2/12/2024	\$3,596.11	Vendor
City of Mt. Vernon	1100 Main Street	PO Box 1708	Mt. Vernon		62864	3/7/2024	\$1,934.21	Vendor
City of Mt. Vernon	1100 Main Street	PO Box 1708	Mt. Vernon		62864	3/7/2024	\$1,934.21	Vendor
City of Mt. Vernon	1100 Main Street	PO Box 1708	Mt. Vernon		62864	3/18/2024	\$1,934.21	Vendor
City of Mt. Vernon	1100 Main Street	PO Box 1708	Mt. Vernon		62864	3/18/2024	\$1,792.75	Vendor
Complete Payment Recovery Services		10 000 1700			02004	3/10/2024	ψ1,732.75	Vendor
Inc	PO Box 30184		Tampa	FL	33630-3184	2/13/2024	\$632.36	Vendor
Complete Payment Recovery Services								
Inc	PO Box 30184		Tampa	FL	33630-3184	2/13/2024	\$632.36	Vendor
Complete Payment Recovery Services								
Inc	PO Box 30184		Tampa	FL	33630-3184	2/21/2024	\$1,342.03	Vendor
Complete Payment Recovery Services	PO Box 30184		Tampa	-	22020 2404	0/04/0004	¢4 0 40 00	Verder
Complete Payment Recovery Services	FO B0X 30164		татра	FL	33630-3184	2/21/2024	\$1,342.03	Vendor
Inc	PO Box 30184		Tampa	FL	33630-3184	2/26/2024	\$4,606.94	Vendor
Complete Payment Recovery Services							• ,,•••••	
Inc	PO Box 30184		Tampa	FL	33630-3184	2/26/2024	\$4,606.94	Vendor
Favorite Healthcare Staffing	PO Box 26225		Overland Park	KS	66225	1/9/2024	\$3,911.66	Vendor
Favorite Healthcare Staffing	PO Box 26225		Overland Park	KS	66225	1/9/2024	\$3,911.66	Vendor
Favorite Healthcare Staffing	PO Box 26225		Overland Park	KS	66225	1/30/2024	\$6,432.51	Vendor
Favorite Healthcare Staffing	PO Box 26225		Overland Park	KS	66225	1/30/2024	\$6,432.51	Vendor
Favorite Healthcare Staffing	PO Box 26225		Overland Park	KS	66225	3/6/2024	\$4,215.85	Vendor
Favorite Healthcare Staffing	PO Box 26225		Overland Park	KS	66225	3/6/2024	\$4,215.85	Vendor
Flynn Sales & Service Inc	1286 Franks Road		Jacksonville	IL	62650	2/12/2024	\$13,258.46	Vendor
Flynn Sales & Service Inc	1286 Franks Road		Jacksonville	IL	62650	2/12/2024	\$13,258.46	Vendor
		1875 NW Corporate						
Health Advocates Network Inc	dba Horizons Healthcare	Boulevard, Suite 120	Boca Raton	FL	33431	1/17/2024	\$538.15	Vendor
		1875 NW Corporate					•	
Health Advocates Network Inc	dba Horizons Healthcare	Boulevard, Suite 120	Boca Raton	FL	33431	1/17/2024	\$538.15	Vendor
Health Advocates Network Inc	dba Horizons Healthcare	1875 NW Corporate Boulevard, Suite 120	Boca Raton	FL	33431	1/30/2024	\$25,313.70	Vendor
		1875 NW Corporate		р° ь	33431	1/30/2024	¢20,010.70	VENUUI
Health Advocates Network Inc	dba Horizons Healthcare	Boulevard, Suite 120	Boca Raton	FL	33431	1/30/2024	\$25,313.70	Vendor
		1875 NW Corporate		-			220,010110	
Health Advocates Network Inc	dba Horizons Healthcare	Boulevard, Suite 120	Boca Raton	FL	33431	2/16/2024	\$18,345.35	Vendor
Health Advocates Network Inc	dba Horizons Healthcare	1875 NW Corporate Boulevard, Suite 120	Boca Raton	FL	33431	2/16/2024	\$18,345.35	Vendor
IMMPACT	12800 South Ridgeland Avenue	Suite E	Palos Height	IL	60463	2/7/2024	\$15,000.00	Vendor

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In re: Petersen Management Company, LLC Case No. 24-10583 Attachment 3

Certain payments or transfers to	creditors	within 90	davs 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 Ioan repayments, Suppliers or vendors, Services, or Other)
IMMPACT	12800 South Ridgeland Avenue	Suite E	Palos Height	IL	60463	2/7/2024	\$15,000.00	Vendor
King-Lar Company	2020 East Olive Street	PO Box 317	Decatur	IL	62526-513	2/12/2024	\$6,700.00	Vendor
King-Lar Company	2020 East Olive Street	PO Box 317	Decatur	IL	62526-513	2/12/2024	\$6,700.00	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/7/2024	\$5,088.13	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/7/2024	\$5,167.21	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/7/2024	\$5,679.50	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/7/2024	\$6,744.38	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/7/2024	\$12,729.53	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/7/2024	\$35,408.75	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/18/2024	\$9,596.30	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/18/2024	\$11,574.86	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/18/2024	\$11,990.77	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/18/2024	\$21,260.92	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/18/2024	\$23,344.24	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/18/2024	\$77,767.09	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	OH	452630693	1/5/2024	\$6,956.79	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	OH	452630693	1/5/2024	\$7,666.24	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	ОН	452630693	1/5/2024	\$9,322.90	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	ОН	452630693	1/5/2024	\$9,884.85	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	ОН	452630693	1/5/2024	\$16,188.20	
McKesson Medical-Surgical	PO Box 630693		Cincinnati	OH	452630693	1/5/2024	\$50,018.98	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	OH	452630693	3/6/2024	\$4,801.29	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	OH	452630693	3/6/2024	\$6,284.89	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	ОН	452630693	3/6/2024	\$9,489.62	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	OH	452630693	3/6/2024	\$10,361.96	
McKesson Medical-Surgical	PO Box 630693		Cincinnati	OH	452630693	3/6/2024	\$18,617.16	
McKesson Medical-Surgical	PO Box 630693		Cincinnati	ОН	452630693	3/6/2024	\$49,554.92	Vendor
Medallion Services LLC	27 Chamblee Lane		St. Louis	MO	63141	2/12/2024	\$5,184.94	Vendor
Medallion Services LLC	27 Chamblee Lane		St. Louis	MO	63141	2/12/2024	\$5,184.94	Vendor
Mediacom	PO Box 5744		Carol Stream	IL	60197	12/22/2023	\$176.90	Vendor
Mediacom	PO Box 5744		Carol Stream	IL	60197	12/22/2023	\$176.90	Vendor
Mediacom	PO Box 5744		Carol Stream		60197	12/22/2023	\$353.80	Vendor
Mediacom	PO Box 5744		Carol Stream		60197	1/7/2024	\$929.97	Vendor
Mediacom	PO Box 5744		Carol Stream		60197	1/7/2024	\$929.97	Vendor
Mediacom	PO Box 5744		Carol Stream	11	60197	1/12/2024	\$176.90	Vendor
Mediacom	PO Box 5744		Carol Stream	11	60197	1/12/2024	\$1,486.85	Vendor
Mediacom	PO Box 5744		Carol Stream	11	60197	1/12/2024	\$1,663.75	
Mediacom	PO Box 5744		Carol Stream		60197	1/17/2024	\$176.90	
Mediacom	PO Box 5744		Carol Stream	1	60197	1/17/2024	\$176.90	Vendor
Mediacom	PO Box 5744		Carol Stream	1	60197	1/23/2024	\$929.97	Vendor
Mediacom	PO Box 5744		Carol Stream	11	60197	1/23/2024	\$929.97	

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In re: Petersen Management Company, LLC Case No. 24-10583 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 Ioan repayments, Suppliers or vendors, Services, or Other)
Mediacom	PO Box 5744		Carol Stream	IL	60197	2/12/2024	\$1,486.85	Vendor
Mediacom	PO Box 5744		Carol Stream	IL	60197	2/12/2024	\$1,486.85	Vendor
Mediacom	PO Box 5744		Carol Stream	IL	60197	2/14/2024	\$176.90	Vendor
Mediacom	PO Box 5744		Carol Stream	IL	60197	2/14/2024	\$176.90	Vendor
Mediacom	PO Box 5744		Carol Stream	IL	60197	2/20/2024	\$176.90	Vendor
Mediacom	PO Box 5744		Carol Stream	IL	60197	2/20/2024	\$176.90	Vendor
Mediacom	PO Box 5744		Carol Stream	IL	60197	3/5/2024	\$929.97	Vendor
Mediacom	PO Box 5744		Carol Stream	IL	60197	3/5/2024	\$929.97	Vendor
Mediacom	PO Box 5744		Carol Stream	IL	60197	3/12/2024	\$1,531.45	Vendor
Mediacom	PO Box 5744		Carol Stream	IL	60197	3/12/2024	\$1,531.45	Vendor
Mediacom	PO Box 5744		Carol Stream	IL	60197	3/14/2024	\$176.90	Vendor
Mediacom	PO Box 5744		Carol Stream	IL	60197	3/14/2024	\$176.90	Vendor
Mediacom	PO Box 5744		Carol Stream	IL	60197	3/17/2024	\$188.21	Vendor
Mediacom	PO Box 5744		Carol Stream	IL	60197	3/17/2024	\$188.21	Vendor
MPACE	Dr. Zaman	12800 South Ridgelande Avenue Suite E	Palos Heights	IL	60463	2/7/2024	\$2,000.00	Vendor
MPACE	Dr. Zaman	12800 South Ridgelande Avenue Suite E	Palos Heights	IL	60463	2/7/2024	\$2,600.00	Vendor
MPACE	Dr. Zaman	12800 South Ridgelande Avenue Suite E	Palos Heights	IL	60463	2/7/2024	\$4,600.00	Vendor
Oasis Medical Services	PO Box 823473		Philadelphia	PA	19182-3473	12/29/2023	\$7,817.39	Vendor
Oasis Medical Services	PO Box 823473		Philadelphia	PA	19182-3473	12/29/2023	\$7,817.39	Vendor
Oasis Medical Services	PO Box 823473		Philadelphia	PA	19182-3473	1/5/2024	\$2,814.69	Vendor
Oasis Medical Services	PO Box 823473		Philadelphia	PA	19182-3473	1/5/2024	\$2,814.69	Vendor
Oasis Medical Services	PO Box 823473		Philadelphia	PA	19182-3473	1/15/2024	\$5,026.83	Vendor
Oasis Medical Services	PO Box 823473		Philadelphia	PA	19182-3473	1/15/2024	\$5,026.83	Vendor
Oasis Medical Services	PO Box 823473		Philadelphia	PA	19182-3473	2/1/2024	\$447.06	Vendor
Oasis Medical Services	PO Box 823473		Philadelphia	PA	19182-3473	2/1/2024	\$447.06	Vendor
Oasis Medical Services	PO Box 823473		Philadelphia	PA	19182-3473	2/15/2024	\$360.30	Vendor
Oasis Medical Services	PO Box 823473		Philadelphia	PA	19182-3473	2/15/2024	\$360.30	Vendor
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	1/24/2024	\$655.44	Vendor
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	1/24/2024	\$679.04	Vendor
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	1/24/2024	\$940.08	Vendor
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	1/24/2024	\$1,237.08	Vendor
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	1/24/2024	\$6,496.72	Vendor
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	1/24/2024	\$10,008.36	Vendor
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	1/31/2024	\$190.18	Vendor
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	1/31/2024	\$653.15	Vendor
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	1/31/2024	\$1,096.17	Vendor

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In re: Petersen Management Company, LLC Case No. 24-10583 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 Ioan repayments, Suppliers or vendors, Services, or Other)
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	1/31/2024	\$1,898.37	Vendor
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	1/31/2024	\$6,356.49	Vendor
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	1/31/2024	\$10,194.36	Vendor
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	2/28/2024	\$31.70	Vendor
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	2/28/2024	\$409.36	Vendor
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	2/28/2024	\$467.98	Vendor
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	2/28/2024	\$1,279.44	Vendor
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	2/28/2024	\$2,918.77	Vendor
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	2/28/2024	\$5,107.25	Vendor
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	3/15/2024	\$607.65	Vendor
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	3/15/2024	\$870.09	Vendor
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	3/15/2024	\$1,239.97	Vendor
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	3/15/2024	\$2,555.33	Vendor
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	3/15/2024	\$5,273.04	Vendor
PointClickCare Technologies Inc	PO Box 674802		Detroit	М	48267-4802	2/5/2024	\$2,150.62	Vendor
PointClickCare Technologies Inc	PO Box 674802		Detroit	MI	48267-4802	2/5/2024	\$4,301.26	Vendor
PointClickCare Technologies Inc	PO Box 674802		Detroit	М	48267-4802	2/5/2024	\$6,451.88	Vendor
Russell C Simon	Chapter 13 Trustee	PO Box 1898	Memphis	TN	38101	12/22/2023	\$837.50	Vendor
Russell C Simon	Chapter 13 Trustee	PO Box 1898	Memphis	TN	38101	12/22/2023	\$837.50	Vendor
Russell C Simon	Chapter 13 Trustee	PO Box 1898	Memphis	TN	38101	1/5/2024	\$837.50	Vendor
Russell C Simon	Chapter 13 Trustee	PO Box 1898	Memphis	TN	38101	1/5/2024	\$837.50	Vendor
Russell C Simon	Chapter 13 Trustee	PO Box 1898	Memphis	TN	38101	1/17/2024	\$837.50	Vendor
Russell C Simon	Chapter 13 Trustee	PO Box 1898	Memphis	TN	38101	1/17/2024	\$837.50	Vendor
Russell C Simon	Chapter 13 Trustee	PO Box 1898	Memphis	TN	38101	1/31/2024	\$837.50	Vendor
Russell C Simon	Chapter 13 Trustee	PO Box 1898	Memphis	TN	38101	1/31/2024	\$837.50	Vendor
Russell C Simon	Chapter 13 Trustee	PO Box 1898	Memphis	TN	38101	2/16/2024	\$837.50	Vendor
Russell C Simon	Chapter 13 Trustee	PO Box 1898	Memphis	TN	38101	2/16/2024		Vendor
Russell C Simon	Chapter 13 Trustee	PO Box 1898	Memphis	TN	38101	2/29/2024	\$837.50	Vendor
Russell C Simon	Chapter 13 Trustee	PO Box 1898	Memphis	TN	38101	2/29/2024	\$837.50	Vendor
Russell C Simon	Chapter 13 Trustee	PO Box 1898	Memphis	TN	38101	3/15/2024	\$837.50	Vendor
Russell C Simon	Chapter 13 Trustee	PO Box 1898	Memphis	TN	38101	3/15/2024	\$837.50	Vendor
Select Rehabilitation LLC	PO Box 71985		Chicago	IL	606941985	1/24/2024	\$16,559.38	Vendor
Select Rehabilitation LLC	PO Box 71985		Chicago	IL	606941985	1/24/2024	\$20,494.40	Vendor
Select Rehabilitation LLC	PO Box 71985		Chicago	IL	606941985	1/24/2024	\$54,421.66	Vendor
Select Rehabilitation LLC	PO Box 71985		Chicago	IL	606941985	1/24/2024	\$73,303.79	Vendor
Select Rehabilitation LLC	PO Box 71985		Chicago	IL	606941985	1/24/2024	\$164,779.23	Vendor
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	1/23/2024	\$757.15	Vendor
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	1/23/2024		Vendor
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	1/23/2024	\$1,090.16	Vendor
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	1/23/2024	\$1,497.21	Vendor
Shadow Fax Projects	PO Box 347		Sullivan	IL.	61951	1/23/2024	\$4,326.54	Vendor

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In re: Petersen Management Company, LLC Case No. 24-10583 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 Ioan repayments, Suppliers or vendors, Services, or Other)
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	2/19/2024	\$990.70	Vendor
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	2/19/2024	\$1,031.70	
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	2/19/2024	\$1,090.16	Vendor
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	2/19/2024	\$1,848.35	Vendor
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	2/19/2024	\$4,960.91	Vendor
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	3/4/2024	\$939.21	Vendor
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	3/4/2024	\$1,092.02	Vendor
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	3/4/2024	\$1,221.77	Vendor
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	3/4/2024	\$1,998.35	Vendor
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	3/4/2024	\$5,251.35	Vendor
Shadow Fax Projects #2	Medical Waste Account	PO Box 347	Sullivan	IL	61951	1/3/2024	\$279.00	Vendor
Shadow Fax Projects #2	Medical Waste Account	PO Box 347	Sullivan	IL	61951	1/3/2024	\$373.50	Vendor
Shadow Fax Projects #2	Medical Waste Account	PO Box 347	Sullivan	IL	61951	1/3/2024	\$373.50	Vendor
Shadow Fax Projects #2	Medical Waste Account	PO Box 347	Sullivan	IL	61951	1/3/2024	\$373.50	Vendor
Shadow Fax Projects #2	Medical Waste Account	PO Box 347	Sullivan	IL	61951	1/3/2024	\$486.90	Vendor
Shadow Fax Projects #2	Medical Waste Account	PO Box 347	Sullivan	IL	61951	1/3/2024	\$1,886.40	
Shadow Fax Projects #2	Medical Waste Account	PO Box 347	Sullivan	IL	61951	1/16/2024	\$30.00	Vendor
Shadow Fax Projects #2	Medical Waste Account	PO Box 347	Sullivan	IL	61951	1/16/2024	\$124.50	Vendor
Shadow Fax Projects #2	Medical Waste Account	PO Box 347	Sullivan	IL	61951	1/16/2024	\$124.50	Vendor
Shadow Fax Projects #2	Medical Waste Account	PO Box 347	Sullivan	IL	61951	1/16/2024	\$124.50	Vendor
Shadow Fax Projects #2	Medical Waste Account	PO Box 347	Sullivan	IL	61951	1/16/2024	\$219.00	Vendor
Shadow Fax Projects #2	Medical Waste Account	PO Box 347	Sullivan	IL	61951	1/16/2024	\$622.50	Vendor
Shadow Fax Projects #2	Medical Waste Account	PO Box 347	Sullivan	IL	61951	2/19/2024	\$249.00	Vendor
Shadow Fax Projects #2	Medical Waste Account	PO Box 347	Sullivan	IL	61951	2/19/2024	\$249.00	Vendor
Shadow Fax Projects #2	Medical Waste Account	PO Box 347	Sullivan	IL	61951	2/19/2024	\$249.00	Vendor
Shadow Fax Projects #2	Medical Waste Account	PO Box 347	Sullivan	IL	61951	2/19/2024	\$343.50	Vendor
Shadow Fax Projects #2	Medical Waste Account	PO Box 347	Sullivan	IL	61951	2/19/2024	\$343.50	Vendor
Shadow Fax Projects #2	Medical Waste Account	PO Box 347	Sullivan	IL	61951	2/19/2024	\$1,434.00	Vendor
Shadow Fax Projects #2	Medical Waste Account	PO Box 347	Sullivan	IL	61951	3/4/2024	\$30.00	Vendor
Shadow Fax Projects #2	Medical Waste Account	PO Box 347	Sullivan	IL	61951	3/4/2024	\$124.50	Vendor
Shadow Fax Projects #2	Medical Waste Account	PO Box 347	Sullivan	IL	61951	3/4/2024	\$124.50	Vendor
Shadow Fax Projects #2	Medical Waste Account	PO Box 347	Sullivan	IL	61951	3/4/2024	\$143.40	Vendor
Shadow Fax Projects #2	Medical Waste Account	PO Box 347	Sullivan	IL	61951	3/4/2024	\$162.30	Vendor
Shadow Fax Projects #2	Medical Waste Account	PO Box 347	Sullivan	IL	61951	3/4/2024	\$584.70	Vendor
SumnerOne	PO Box 5180		St Louis	MO	63139-0180	1/8/2024	\$752.23	Vendor
SumnerOne	PO Box 5180		St Louis	MO	63139-0180	1/8/2024	\$945.12	Vendor
SumnerOne	PO Box 5180		St Louis	MO	63139-0180	1/8/2024	\$1,042.44	Vendor
SumnerOne	PO Box 5180		St Louis	MO	63139-0180	1/8/2024	\$1,114.10	Vendor
SumnerOne	PO Box 5180		St Louis	MO	63139-0180	1/8/2024	\$1,861.83	Vendor
SumnerOne	PO Box 5180		St Louis	MO	63139-0180	1/8/2024	\$5,715.72	Vendor
SumnerOne	PO Box 5180		St Louis	MO	63139-0180	2/2/2024	\$724.02	Vendor

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In re: Petersen Management Company, LLC Case No. 24-10583 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 Ioan repayments, Suppliers or vendors, Services, or Other)
SumnerOne	PO Box 5180		St Louis	MO	63139-0180	2/2/2024	\$988.72	Vendor
SumnerOne	PO Box 5180		St Louis	MO	63139-0180	2/2/2024	\$1,080.27	Vendor
SumnerOne	PO Box 5180		St Louis	MO	63139-0180	2/2/2024	\$1,097.16	Vendor
SumnerOne	PO Box 5180		St Louis	MO	63139-0180	2/2/2024	\$1,871.82	Vendor
SumnerOne	PO Box 5180		St Louis	MO	63139-0180	2/2/2024	\$5,761.99	Vendor
Winston Strawn	830 West Trailcreek Dr		Peoria	IL	61614	2/5/2024	\$200,000.00	Legal

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In re: Petersen Management Company, LLC Case No. 24-10583

Attachment 4

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

Total amount or										
Insider's name	Address 1	City	State	Zip	Date	value	Reasons for payment or transfer	Relationship to debtor		
**Please reference Global Notes for additional inform	nation related to Intercompany Payments/Transfers									
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL	61614	12/29/2023	\$300.00	Bill - Laura Collins	Owner		
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL	61614	12/29/2023	\$500.00	Bill - Joe Bolen	Owner		
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL	61614	12/29/2023	\$600.00	Bill - Erin Owens	Owner		
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL	61614	12/29/2023	\$900.00	Bill - Diaz & Reza LLC	Owner		
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL	61614	12/29/2023	\$950.00	Bill - Marc Maske	Owner		
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL	61614	12/29/2023	\$2,000.00	Bill - Carla Lovingood	Owner		
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL	61614	12/29/2023	\$3,500.00	Bill - Rick Gaa	Owner		
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL	61614	12/29/2023	\$5,400.00	Bill - Mark B Petersen	Owner		
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL	61614	12/29/2023	\$5,400.00	Bills: 2023/12/29 Batch	Owner		
Petersen Health Care II, Inc.*	203 East Monroe Street	Casey	IL	62420	2/16/2024	\$2,000.00	Intercompany Transfer	Related Entity		
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	4/13/2023	\$1,548.00	V00300Petersen Health Care Management	Related Entity		
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	4/13/2023	\$1,548.00	V00300Petersen Health Care Management	Related Entity		
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	4/13/2023	\$12,374.94	V00300Petersen Health Care Management	Related Entity		
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	4/13/2023	\$12,374.94	V00300Petersen Health Care Management	Related Entity		
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	5/11/2023	\$20,976.37	V00300Petersen Health Care Management	Related Entity		
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	5/11/2023	\$20,976.37	V00300Petersen Health Care Management	Related Entity		
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	6/8/2023	\$1,186.50	V00300Petersen Health Care Management	Related Entity		
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	6/8/2023	\$1,186.50	V00300Petersen Health Care Management	Related Entity		
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	6/8/2023	\$18,686.89	V00300Petersen Health Care Management	Related Entity		
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	6/8/2023	\$18,686.89	V00300Petersen Health Care Management	Related Entity		
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	7/13/2023	\$850.50	V00300Petersen Health Care Management	Related Entity		
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	7/13/2023	\$850.50	V00300Petersen Health Care Management	Related Entity		
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	7/13/2023	\$31,149.50	V00300Petersen Health Care Management	Related Entity		
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	7/13/2023	\$31,149.50	V00300Petersen Health Care Management	Related Entity		
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	8/10/2023	\$4,649.40	V00300Petersen Health Care Management	Related Entity		
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	8/10/2023	\$4,649.40	V00300Petersen Health Care Management	Related Entity		
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	8/10/2023	\$28,425.26	V00300Petersen Health Care Management	Related Entity		
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	8/10/2023	\$28,425.26	V00300Petersen Health Care Management	Related Entity		
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	9/14/2023	\$1,269.00	V00300Petersen Health Care Management	Related Entity		
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	9/14/2023	\$1,269.00	V00300Petersen Health Care Management	Related Entity		
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	9/14/2023	\$1,944.00	V00300Petersen Health Care Management	Related Entity		
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	9/14/2023	\$1,944.00	V00300Petersen Health Care Management	Related Entity		
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	9/14/2023	\$8,267.53	V00300Petersen Health Care Management	Related Entity		
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	9/14/2023	\$8,267.53	V00300Petersen Health Care Management	Related Entity		
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	9/14/2023	\$29,466.56	V00300Petersen Health Care Management	Related Entity		
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	9/14/2023	\$29,466.56	V00300Petersen Health Care Management	Related Entity		
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	10/12/2023	\$15,019.96	V00300Petersen Health Care Management	Related Entity		
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	10/12/2023	\$15,019.96	V00300Petersen Health Care Management	Related Entity		
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	10/12/2023	\$30,368.81	V00300Petersen Health Care Management	Related Entity		
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL.	61614	10/12/2023	\$30,368,81	V00300Petersen Health Care Management	Related Entity		
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	11/9/2023		V00300Petersen Health Care Management	Related Entity		
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	11/9/2023		V00300Petersen Health Care Management	Related Entity		
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL IL	61614	11/9/2023		V00300Petersen Health Care Management	Related Entity		
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria		61614	11/9/2023	\$11,804.26		Related Entity		
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria		61614	11/9/2023		V00300Petersen Health Care Management	Related Entity		
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL.	61614	11/9/2023	\$31,229.70		Related Entity		
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria		61614	1/11/2024		V00300Petersen Health Care Management	Related Entity		
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL IL	61614	1/11/2024		V00300Petersen Health Care Management	Related Entity		
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria		61614	1/11/2024	÷ · · · ·	V00300Petersen Health Care Management	Related Entity		

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In re: Petersen Management Company, LLC

Case No. 24-10583 Attachment 4

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

	Total amount or											
Insider's name	Address 1	City	State	Zip	Date	value	Reasons for payment or transfer	Relationship to debtor				
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/11/2024	\$2,780.70	V00300Petersen Health Care Management	Related Entity				
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/11/2024	\$10,398.12	V00300Petersen Health Care Management	Related Entity				
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/11/2024	\$10,398.12	V00300Petersen Health Care Management	Related Entity				
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/11/2024	\$18,545.92	V00300Petersen Health Care Management	Related Entity				
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/11/2024	\$18,545.92	V00300Petersen Health Care Management	Related Entity				
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/11/2024	\$26,683.45	V00300Petersen Health Care Management	Related Entity				
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/11/2024	\$26,683.45	V00300Petersen Health Care Management	Related Entity				
Plaza West Development, LLC*	7601 N. Orange Prairie Rd	Peoria	IL	61615	1/8/2024	\$80,000.00	Wire to	Related Entity				

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In re: Petersen Management Company, LLC Case No. 24-10583

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)
CALLTEK, INC. Plaintiff, v. PETERSEN HEALTH CARE MANAGEMENT, LLC. Defendant.	2024-LA-18	Collections. Defendant failed to pay plaintiff for digital data conversion provided. \$50,000.	10th Judicial Circuit Court of	324 Main St. Ste. 215	Peoria	IL	61602	
Cameron Bowen, Special Administrator of the Estate of Delores C. Bowen, deceased, v. Petersen Management Company, LLC d/b/a Flora Rehabilitation & Health Care Center, and Petersen Health Network, LLC, d/b/a Flora Gardens Care Center, and Petersen Companies, LLC, d/b/a Flora Gardens Care Center	2017-L-4	WD/fall w/ hip fracture	4th Judicial Circuit Court of III	111 Chestnut Street	Louisville	IL	62858	
HALEY GRAY, Plaintiff, v. PETERSEN MANAGEMENT COMPANY, LLC d/b/a FLORA REHABILITATION & HEALTH CARE CENTER, Defendant.	3:23-cv-01052	Departmnet of Human Rights	Equal Employment Opportunity Comission	131 M Street	NE Washington DC		20507	
Mary Qureshi as Independent Administrator for the Estate of Mary Ellen Qureshi, deceased v. Petersen Health Operations, LLC d/b/a Batavia Rehabilitation & Health Care Center; Petesen Health Management, Inc.; and Petersen Health Care Management, LLC	2022-LA-500	Undeterminable	Mercer County Circuit Court	100 S. 3rd Street	Geneva	IL	60134	
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 II, INC.; PETERSEN HEALTH CARE - ROSEVILLE, LLC; PETERSEN HEALTH CARE V, LLC; PETERSEN HEALTH CARE VII, LLC; PETERSEN HEALTH CARE, INC.; PETERSEN HEALTH CARE II, INC.; PETERSEN HEALTH METWORK, LLC; PETERSEN HEALTH OPERATIONS III, PETERSEN HEALTH OPERATIONS, LLC; PETERSEN HEALTH QUALITY, LLC; PETERSEN MANAGEMENT COMPANY, LLC; SJL HEALTH NETWORK, LLC; PETERSEN HEALTH OPERATIONS III, LLC; PETERSEN HEALTH OC, LLC; ALEDO HCO, LLC; BEMENT HCO, LLC; CASEY HCO, LLC; CHARL ESTON HCO, LLC; COLLINSVILLE HCO, LLC; BEMENT HCO, LLC; DECATUR HCO, LLC; CHARL ESTON HCO, LLC; COLLINSVILLE HCO, LLC; BEMENT HCO, LLC; DECATUR HCO, LLC; CASTVIEW HCO, LLC; COLLINSVILLE HCO, LLC; BEMENT HCO, LLC; DECATUR HCO, LLC; MELANSBORO HCO, LLC; NORTH AURORA HCO, LLC; PETERSEN HEALTH BUSINESS, LLC; PETERSEN HEALTH JUNCTION, LLC; PETERSEN HEALTH RESOURCES, LLC; PETERSEN HEALTH AURORA HCO, LLC; PLEASANT VIEW HCO, LLC; PRAIRIE CITY HCO, LLC; ROBINGS HCO, LLC; ROSICLARE HCO, LLC; NORTH AURORA HCO, LLC; SULLIVAN HCO, LLC; SWANSEA HCO, LLC; TARKIO HCO, LLC; TUSCOLA HCO, LLC; SHAN GRI LA HCO, LLC; SHELBYVILLE HCO, LLC; VANDALIA HCO, LLC; WATSEKA HCO, LLC; AND WESTSIDE HCO, LLC, DEFENDANTS			10th Judicial Circuit Court of					
DEFENDANIS	2024-LA-0000030	Undeterminable		324 Main St. Ste. 215	Peoria	IL	61602	Pending