

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE

In re

SC HEALTHCARE HOLDING, LLC *et al.*,

Debtors.<sup>1</sup>

Chapter 11

Case No. 24-10443 (TMH)

Jointly Administered

**NOTICE OF CERTAIN AMENDMENTS TO SCHEDULES OF  
ASSETS AND LIABILITIES AND STATEMENT OF FINANCIAL AFFAIRS**

**PLEASE TAKE NOTICE OF THE FOLLOWING:**

Pursuant to Rule 1009(a) of the Federal Rules of Bankruptcy Procedure, the above-captioned debtors and debtors in possession (collectively, the “Debtors”) hereby provide notice (this “Notice”) that, as set forth below, the Debtors have amended: (i) Schedule A/B, Part 11 for twenty-nine of the Debtors; (ii) Schedule A/B, Part 55 for three of the Debtors; (iii) Schedule E/F for three of the Debtors; (iv) Schedule G of seventy of the Debtors; and (v) Part 2, Question 4 of the Statements (as defined below) for twelve of the Debtors.<sup>2</sup>

**ORIGINAL SCHEDULES OF ASSETS AND LIABILITIES  
AND STATEMENT OF FINANCIAL AFFAIRS**

On May 31, 2024, the Debtors filed their Schedules of Assets and Liabilities (the “Schedules”) and Statements of Financial Affairs (the “Statements”) [Docket Nos. 380–505] with the United States Bankruptcy Court for the District of Delaware (the “Court”).

**AMENDED SCHEDULES AND STATEMENTS**

Certain of the Debtors hereby amend (i) Schedule A/B, Part 11 to identify certain intercompany receivables; (ii) Schedule A/B, Part 55 to identify certain parcels of real property that were either scheduled incorrectly or inadvertently omitted; (iii) Schedule E/F to identify intercompany payables; and (iv) Schedule G to include additional contracts identified in the Debtors’ review of their books and records; (the “Amended Schedules”). The Amended Schedules are attached hereto as **Exhibit A**. The Debtors hereby amend Part 2, Question 4 of the Statements to include transfers made to certain insiders that were not readily available to the Debtors at the

<sup>1</sup> The last four digits of SC Healthcare Holding, LLC’s tax identification number are 2584. The mailing address for SC Healthcare Holding, LLC is c/o Petersen Health Care Management, LLC 830 West Trailcreek Dr., Peoria, IL 61614. Due to the large number of debtors in these Chapter 11 Cases, whose cases are being jointly administered, a complete list of the Debtors and the last four digits of their federal tax identification numbers is not provided herein. A complete list of such information is available on a website of the Debtors’ claims and noticing agent at [www.kccllc.net/Petersen](http://www.kccllc.net/Petersen).

<sup>2</sup> Attached hereto as **Schedule 1** is a list of the Debtors whose Schedules and/or Statements have been amended.



time of filing of the Statements (the “Amended Statements”). The Amended Statements are attached hereto as **Exhibit B**.

Except for the Amended Schedules and the Amended Statements, no changes have been made to the Schedules or the Statements since they were originally filed. The Amended Schedules and the Amended Statements are hereby incorporated into, and comprise an integral part of, the Schedules and the Statements.

### **AMENDED SCHEDULES BAR DATE**

On May 21, 2024, the Court entered an order [Docket No. 339], which established certain bar dates in the Debtors’ chapter 11 cases. On May 31, 2024, the Debtors filed the *Amended Notice of Entry of Bar Date Order Establishing Deadline for Filing Proofs of Claim (Including for Claims Asserted Under Section 503(b)(9) of the Bankruptcy Code) Against the Debtors* [Docket No. 379].

To the extent that parties affected by the amendments to Schedule E/F and Schedule G (each an “Affected Party”) wish to file a proof of claim in the Debtors’ chapter 11 cases with respect to these Amended Schedules, such Affected Party must do so by no later than **5:00 p.m. (Prevailing Central Time) on May 23, 2025** (the “Amended Schedules Bar Date”).

An Affected Party need not submit a duplicate proof of claim if such Affected Party has already filed a valid proof of claim prior to the applicable bar date.

### **GLOBAL NOTES**

The Amended Schedules and the Amended Statements remain subject in all respects to the *Global Notes and Statements of Limitations, Methodology, and Disclaimers Regarding the Debtors’ Schedules of Assets and Liabilities and Statements of Financial Affairs* filed with the original Schedules and Statements, as amended and/or superseded by the *Global Notes and Statements of Limitations, Methodology, and Disclaimers Regarding the Debtors’ Amended Schedules of Assets and Liabilities and Statements of Financial Affairs* appended to the Amended Schedules and the Amended Statements.

### **RESERVATION OF RIGHTS**

The Debtors reserve their rights to dispute, or to assert offsets or defenses against, any filed claim or any claim listed or reflected in the Amended Schedules and the Amended Statements as to the nature, amount, liability, classification, or otherwise. The Debtors reserve all rights to further amend or supplement the Amended Schedules and the Amended Statements. In addition, nothing contained in this Notice shall preclude the Debtors from objecting to any claim, whether scheduled or filed, on any and all grounds.

Dated: April 22, 2025  
Wilmington, Delaware

Respectfully submitted,

**YOUNG CONAWAY STARGATT & TAYLOR,  
LLP**

*/s/ Shella Borovinskaya*

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*Counsel for the Debtors and Debtors in Possession*

**Schedule 1**

**List of Debtors Subject to Amended Schedules and Amended Statements**

**Schedule A/B, Part 11 Amendments**

CYE Girard HCO, LLC  
CYE Monmouth - PHC, Inc.  
Lebanon HCO, LLC  
Midwest Health Operations, LLC  
Petersen Health & Wellness, LLC  
Petersen Health Business, LLC  
Petersen Health Care - Farmer City, LLC  
Petersen Health Care - Illini, LLC  
Petersen Health Care - Roseville, LLC  
Petersen Health Care II, Inc.  
Petersen Health Care Management, LLC  
Petersen Health Care VIII, LLC  
Petersen Health Care, Inc.  
Petersen Health Enterprises, LLC  
Petersen Health Group, LLC  
Petersen Health Network, LLC  
Petersen Health Properties, LLC  
Petersen Health Quality, LLC  
Petersen Health Systems, Inc.  
Petersen Management Company, LLC  
Petersen MT3, LLC  
Piper HCO, LLC  
SABL, LLC  
SJL Health Systems, Inc.  
Sullivan HCO, LLC  
Tarkio HCO, LLC  
Tuscola HCO, LLC  
Westside HCO, LLC  
XCH, LLC

**Schedule A/B, Part 55 Amendments**

Knoxville & Pennsylvania, LLC  
Petersen Health Care II, Inc.  
Petersen Health Systems, Inc.

**Schedule E/F Amendments**

CYE Girard HCO, LLC  
CYE Kewanee- PHC, Inc.  
CYE Knoxville - PHC, Inc.  
CYE Monmouth - PHC, Inc.  
Effingham HCO, LLC  
El Paso - PHC, Inc  
Kewanee HCO, LLC  
Knoxville & Pennsylvania, LLC  
Legacy - PHC Inc.  
Marigold - PHC Inc.  
Midwest Health Operations, LLC  
Midwest Health Properties, LLC  
North Aurora HCO, LLC  
Petersen Health & Wellness, LLC  
Petersen Health Business, LLC  
Petersen Health Care - Farmer City, LLC  
Petersen Health Care - Illini, LLC  
Petersen Health Care - Roseville, LLC  
Petersen Health Care II, Inc.  
Petersen Health Care Management, LLC  
Petersen Health Care VIII, LLC  
Petersen Health Care, Inc.  
Petersen Health Enterprises, LLC  
Petersen Health Group, LLC  
Petersen Health Network, LLC  
Petersen Health Properties, LLC  
Petersen Health Quality, LLC  
Petersen Health Systems, Inc.  
Petersen Management Company, LLC  
Polo - PHC, Inc.  
SABL, LLC  
SJL Health Systems, Inc.  
War Drive, LLC  
XCH, LLC

**Schedule G Amendments**

Aledo HCO, LLC  
Arcola HCO, LLC  
Aspen HCO, LLC  
Bement HCO, LLC  
Betty's Garden HCO, LLC  
Casey HCO, LLC  
Collinsville HCO, LLC  
CYE Bradford HCO, LLC  
CYE Bushnell HCO, LLC

CYE Girard HCO, LLC  
CYE Knoxville HCO, LLC  
CYE Monmouth HCO, LLC  
CYE Sullivan HCO, LLC  
CYE Walcott HCO, LLC  
Decatur HCO, LLC  
Eastview HCO, LLC  
Effingham HCO, LLC  
Havana HCO, LLC  
Jonesboro, LLC  
Kewanee HCO, LLC  
Knoxville & Pennsylvania, LLC  
Lebanon HCO, LLC  
Macomb, LLC  
McLeansboro HCO, LLC  
Midwest Health Operations, LLC  
Midwest Health Properties, LLC  
North Aurora HCO, LLC  
Petersen Health & Wellness, LLC  
Petersen Health Business, LLC  
Petersen Health Care - Farmer City, LLC  
Petersen Health Care - Illini, LLC  
Petersen Health Care - Roseville, LLC  
Petersen Health Care II, Inc.  
Petersen Health Care III, LLC  
Petersen Health Care Management, LLC  
Petersen Health Care V, LLC  
Petersen Health Care VII, LLC  
Petersen Health Care XI, LLC  
Petersen Health Care, Inc.  
Petersen Health Enterprises, LLC  
Petersen Health Group, LLC  
Petersen Health Network, LLC  
Petersen Health Properties, LLC  
Petersen Health Quality, LLC  
Petersen Health Systems, Inc.  
Petersen Management Company, LLC  
Petersen MT, LLC  
Petersen MT3, LLC  
Piper HCO, LLC  
Pleasant View HCO, LLC  
Prairie City HCO, LLC  
Robings HCO, LLC  
Rosiclare HCO, LLC  
Royal HCO, LLC  
SABL, LLC

SC Healthcare Holding, LLC  
Shangri La HCO, LLC  
Shelbyville HCO, LLC  
SJL Health Systems, Inc.  
South Elgin, LLC  
Sullivan HCO, LLC  
Swansea HCO, LLC  
Tarkio HCO, LLC  
Tuscola HCO, LLC  
Twin HCO, LLC  
Vandalia HCO, LLC  
Village Kewanee HCO, LLC  
War Drive, LLC  
Watseka HCO, LLC  
Westside HCO, LLC  
XCH, LLC

**SOFA Part 2, Question 4 Amendments**

Midwest Health Operations, LLC  
Petersen Health & Wellness, LLC  
Petersen Health Care - Illini, LLC  
Petersen Health Care - Roseville, LLC  
Petersen Health Care II, Inc.  
Petersen Health Care Management, LLC  
Petersen Health Network, LLC  
Petersen Health Systems, Inc.  
Petersen Management Company, LLC  
SABL, LLC  
SJL Health Systems, Inc.  
XCH, LLC

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

**In re**

**SC HEALTHCARE HOLDING, LLC *et al.*,  
  
Debtors.<sup>1</sup>**

Chapter 11

Case No. 24-10443 (TMH)

Jointly Administered

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

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**INTRODUCTION**

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

The debtors and debtors in possession (collectively, the “Debtors” or the “Company”) in the above-captioned chapter 11 cases (these “Chapter 11 Cases”) filed their *Schedules of Assets and Liabilities* (the “Schedules”) and *Statements of Financial Affairs* (the “Statements” and, together with the Schedules, the “Schedules and Statements”) 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 May 31, 2024. *See* Docket Nos. 380–505.

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<sup>1</sup> The last four digits of SC Healthcare Holding, LLC’s tax identification number are 2584. The mailing address for SC Healthcare Holding, LLC is c/o Petersen Health Care Management, LLC 830 West Trailcreek Dr., Peoria, IL 61614. Due to the large number of debtors in these Chapter 11 Cases, whose cases are being jointly administered, a complete list of the Debtors and the last four digits of their federal tax identification numbers is not provided herein. A complete list of such information is available on a website of the Debtors’ claims and noticing agent at [www.kccllc.net/Petersen](http://www.kccllc.net/Petersen).

<sup>2</sup> 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.



As discussed in global notes attached to each of the originally filed Schedules and Statements (the “Global Notes”),<sup>3</sup> due in part to the Data Breach, the records of certain “insider” payments disclosed in question 4 of the Schedules were unavailable at the time Schedules and Statements were filed and were thus not represented therein.<sup>4</sup> The Debtors, as denoted in the Global Notes, engaged a third-party accounting firm which has reviewed and recreated certain missing portions of the Debtors’ books and records—relevantly, that work has yielded a more fulsome understanding of the Debtors’ “insider” payments, among other things. Accordingly, the Debtors now file these amendments to the Schedules and Statements (the “Amended Schedules and Statements”) to provide updates to the Schedules and Statements where new details have been made available.

As part of their ongoing business operations and review of their books and records, the Debtors reviewed additional contracts which have been added to Schedule G. The Debtors have also identified additional accounts receivable amounts due from non-Debtor affiliates, real property owned by certain Debtors, additional unsecured claims, and additional payments to insiders, all of which have been added in the Amended Schedules and Statements, where applicable. The Debtors have also included various one-off updates as part of the Amended Schedules and Statements where applicable and necessary.

The Amended 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 Amended Schedules and Statements are unaudited and subject to potential adjustment. In preparing the Amended Schedules and Statements, the Debtors relied on financial data derived from their books and records that was available at the time of preparation.

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

The Debtors and their estates reserve all rights to further amend or supplement the Amended Schedules and Statements as may be necessary and appropriate, but expressly do not

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<sup>3</sup> Capitalized terms used herein but not otherwise defined shall have the meaning ascribed to them in the Global Notes.

<sup>4</sup> On or about October 20, 2023, Petersen became the victim of a ransomware attack by an entity named White Ninja. The attackers infiltrated many of the Petersen systems, thereby impacting the Debtors’ access to historic and current billing records, other books and records, and emails (the “Data Breach”). The Debtors quickly contacted a consultant to assist in remedying the impact of the ransomware attack and provided notice of the attack to the Federal Bureau of Investigation. While the Debtors are back “online” with new servers, email addresses, and replacement software, a significant amount of the Debtors’ books and records were lost in the attack, leading to incredible difficulty and delay in pursuit of the Debtors’ accounts receivable. Additionally, as a result of the ransomware attack, retrieval of the Debtors’ files and related information has proven onerous and, in some cases, impossible. Thus, throughout the Chapter 11 Cases, the Debtors have had and anticipate having difficulty providing comprehensive historical information. Such difficulty, thus, impacts the availability, accuracy, and completeness of the information in the Debtors’ Schedules and Statements.

undertake any obligation to update, modify, revise, or re-categorize the information provided in the Amended 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 Amended Schedules and Statements or these *Global Notes and Statements of Limitations, Methodology, and Disclaimers Regarding Debtors' Amended Schedules of Assets and Liabilities and Statements of Financial Affairs* (these "Amended 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.

Unless specifically amended hereby, the Global Notes are incorporated by reference in full and should be read in conjunction with these Amended Global Notes. These Amended Global Notes should be referred to and reviewed in connection with any review of the Amended Schedules and Statements.

## **SPECIFIC ADDITIONAL DISCLOSURES WITH RESPECT TO AMENDED SCHEDULES AND STATEMENTS**

### **Schedule A/B**

**Item 11:** As previewed in the Global Notes, the Debtors engaged RubinBrown, LLP to review and reconcile certain historical data in their books and records. As a result of that work, the Debtors now have updated books and records and are filing these Amended Schedules and Statements to provide those updated records. As part of Rubin Brown's work, additional unpaid accounts receivable amounts were identified as due and owing to certain Debtors from various non-Debtor affiliates and Mr. Petersen. Such amounts have been added to the appropriate Debtors' accounts receivable values, where applicable, in the Amended Schedules and Statements.

**Item 55:** Upon further review and analysis of the Debtors' real property, particularly in the wake of the sale of substantially all of the Debtors' facilities, the Debtors have identified certain parcels of real property that were either scheduled incorrectly or were inadvertently not scheduled. Accordingly, the Debtors have updated Schedule A/B, item 55, where applicable, to accurately reflect their real property assets.

### **Schedule E/F**

**Part 2:** As previewed in the Global Notes, the Debtors engaged RubinBrown, LLP to review and reconcile certain historical data in their books and records. As part of Rubin Brown's work, additional nonpriority unsecured claims held by non-Debtor affiliates were identified and have been scheduled in the appropriate Debtors' Amended Schedules and Statements.

### **Schedule G**

The Debtors' business is complex, and the Data Breach made the compilation and review of the Debtors' contracts difficult and time-consuming. The amendment to Schedule G reflects the Debtors' best efforts to schedule every known executory contract in the Debtors' books and records. While every effort has been made to ensure the accuracy of Schedule G, inadvertent errors or omissions may have occurred. If the Debtors uncover additional contracts that were not included herein, 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, letters, 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.

### **Statement of Financial Affairs**

**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 deposit 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 were not readily available in the Debtors' books at the time of filing the original Schedules and Statements. As discussed above, the Debtors engaged RubinBrown, LLP to review and reconcile certain historical data in their books and records and are filing these Amended Schedules and Statements to provide necessary updates. Rubin Brown's work identified instances in which payments were made to Mr. Petersen during the one-year look-back period set forth in Question 4 for various business-related reasons. Such payments have been added to the appropriate Debtors' Amended Schedules and Statements. Rubin Brown's work also identified additional payments from Debtors to non-Debtor affiliates during the one-year look-back period set forth in Question 4. Such payments have been added to the appropriate Debtors' Amended Schedules and Statements and marked with an asterisk ("\*") as marked in the originally filed Schedules and Statements. Finally, in the originally filed Schedules and Statements, certain insider payments were scheduled to "undetermined" insiders. Rubin Brown's work identified the appropriate recipient insiders for those payments and accordingly, the "undetermined" payments have been removed. Rubin Brown's work also identified certain insider payments that were scheduled inadvertently and such payments have been removed from the appropriate Debtors' Amended Schedules and Statements.

*[Remainder of page left intentionally blank]*

**EXHIBIT A**

**Amended Schedules**

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

In re:

SC HEALTHCARE HOLDING, LLC, *et al.*,  
Debtors.<sup>1</sup>

Chapter 11

Case No. 24-10443 (TMH)

(Jointly Administered)

**AMENDED SCHEDULES OF ASSETS AND LIABILITIES FOR  
MIDWEST HEALTH OPERATIONS, LLC (CASE NO. 24-10452)**

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Amended Herein:

- Schedule A/B: Assets Real and Personal Property Part 11: All other assets
- Schedule E/F: Creditors Who Have Unsecured
- Schedule G: Executory Contracts and Unexpired Leases
- Summary of Assets and Liabilities for Non-Individuals

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

Debtor Name: In re : Midwest Health Operations, LLC  
 United States Bankruptcy Court for the: District of Delaware  
 Case number (if known): 24-10452 (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* .....

\$ 0.00

**1b. Total personal property:**Copy line 91A from *Schedule A/B* .....

\$ 17,986,852.76

**1c. Total of all property:**Copy line 92 from *Schedule A/B* .....

\$ 17,986,852.76

**Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D* .....

\$ 3,933,640.78

**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F* .....

\$ 355,864.55

**3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F* .....

+ \$ 2,284,514.36

**4. Total liabilities**

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

\$ 6,574,019.69

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

Debtor Name: In re : Midwest Health Operations, LLC

United States Bankruptcy Court for the: District of Delaware

Case number (if known): 24-10452 (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 equivalents?**

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

**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****2. Cash on hand**

2.1 None \$

**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number		
3.1 CIBC	Operating	4691	\$	53,676.30
3.2 PNC Bank	Commercial	3469	\$	0.00
3.3 PNC Bank	Government	2589	\$	0.00
3.4 PNC Bank	Operating	2378	\$	0.00

**4. Other cash equivalents (Identify all)**

4.1 None \$

**5. Total of Part 1**

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

\$ 53,676.30



Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

**Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?**

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

Current value of debtor's interest

**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1 None \$

**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

8.1 Prepaid Insurance \$ 225,950.95

8.2 Vendor Security Deposit Receivable \$ 5,672.89

**9. Total of Part 2.**

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

\$ 231,623.84

Debtor: Midwest Health Operations, LLCCase number (if known): 24-10452

Name

**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**

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

**Current value of debtor's interest****11. Accounts receivable**

	Description	face amount	doubtful or uncollectible accounts		
11a. 90 days old or less:	Accounts Receivables	\$ 4,574,715.11	- \$	=..... →	\$ 4,574,715.11

*Note: See Global Notes*

11b. Over 90 days old:	Accounts Receivables	\$	- \$	=..... →	\$
------------------------	----------------------	----	------	----------	----

*Note: See Global Notes***12. Total of Part 3.**

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

\$ 4,574,715.11

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

**Part 4: Investments****13. Does the debtor own any investments?**

- ☒ No. Go to Part 5.
- ☐ Yes. Fill in the information below.

Valuation method used  
for current value

Current value of debtor's interest

**14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

\$

**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity:

% of ownership:

\$

**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

\$

**17. Total of Part 4.**

Add lines 14 through 16. Copy the total to line 83.

\$ 0.00

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

**Part 5: Inventory, excluding agriculture assets****18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.  
☐ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials		\$		\$
20. Work in progress		\$		\$
21. Finished goods, including goods held for resale		\$		\$
22. Other inventory or supplies		\$		\$

**23. Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$ 0.00

**24. Is any of the property listed in Part 5 perishable?**

- ☐ No  
☐ Yes

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

- ☐ No  
☐ Yes. Description \_\_\_\_\_ Book value \$ \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \$ \_\_\_\_\_

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

- ☐ No  
☐ Yes

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

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

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested	\$		\$
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish	\$		\$
30. Farm machinery and equipment (Other than titled motor vehicles)	\$		\$
31. Farm and fishing supplies, chemicals, and feed	\$		\$
32. Other farming and fishing-related property not already listed in Part 6	\$		\$
33. Total of Part 6. Add lines 28 through 32. Copy the total to line 85.			\$ 0.00

34. Is the debtor a member of an agricultural cooperative?

- ☐ No
- ☐ Yes. Is any of the debtor's property stored at the cooperative?
- ☐ No
- ☐ Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
- ☐ Yes. Description \_\_\_\_\_ Book value \$ \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \$ \_\_\_\_\_

36. Is a depreciation schedule available for any of the property listed in Part 6?

- ☐ No
- ☐ Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
---------------------	--	---	------------------------------------

## 39. Office furniture

39.1 Total FFE from Balance Sheet	\$ 135,446.10	Net Book Value	\$ 135,446.10
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## 40. Office fixtures

40.1 See Schedule A/B 39	\$		\$
--------------------------	----	--	----

## 41. Office equipment, including all computer equipment and communication systems equipment and software

41.1 See Schedule A/B 39	\$		\$
--------------------------	----	--	----

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

42.1 None	\$		\$
-----------	----	--	----

## 43. Total of Part 7.

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

\$ 135,446.10
---------------

## 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

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	(Where available)		

47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

49. Aircraft and accessories

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

51. Total of Part 8.

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

\$ \_\_\_\_\_ 0.00

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

- ☐ No
- ☐ Yes

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

- ☐ No
- ☐ Yes

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

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	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 of debtor's interest
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.				
55.1 _____		\$ _____		\$ _____

**56. Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ 0.00

**57. Is a depreciation schedule available for any of the property listed in Part 9?**

- ☐ No
- ☐ Yes

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

- ☐ No
- ☐ Yes



Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

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

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

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>60. Patents, copyrights, trademarks, and trade secrets</b>			
60.1 None	\$		\$
<b>61. Internet domain names and websites</b>			
61.1 None	\$		\$
<b>62. Licenses, franchises, and royalties</b>			
State of Illinois Department of Public Health License, 62.1 Permit, Certification, Registration	\$	Undetermined	\$ Undetermined
<b>63. Customer lists, mailing lists, or other compilations</b>			
63.1 Customer / patient list	\$	0.00	\$ Undetermined
<b>64. Other intangibles, or intellectual property</b>			
64.1 None	\$		\$
<b>65. Goodwill</b>			
65.1 None	\$		\$

**66. Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$ 0.00

**67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 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

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

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	
71.1 Employee Advances / Loans	\$ 7,883.69	- \$ Undetermined	=..... → \$ 7,883.69
71.2 None	\$	- \$	=..... → \$

**72. Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)	—	Tax year	\$
72.1 None			

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

73.1 None \$

**74. Causes of action against third parties (whether or not a lawsuit 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 See AMENDED A/B 77 Attachment \$ 12,983,507.72

**78. Total of Part 11.**

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

\$ 12,991,391.41

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

- ☒ No
- ☐ Yes

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

**Part 12: Summary**

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

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1.</i>	\$ 53,676.30	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	\$ 231,623.84	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	\$ 4,574,715.11	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	\$ 0.00	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	\$ 0.00	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	\$ 0.00	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	\$ 135,446.10	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	\$ 0.00	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....</i> →		\$ 0.00
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	\$ 0.00	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	\$ 12,991,391.41	
91. <b>Total.</b> Add lines 80 through 90 for each column.....91a.	\$ 17,986,852.76	\$ 0.00
92. <b>Total of all property on Schedule A/B.</b> Lines 91a + 91b = 92. ....		\$ 17,986,852.76

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

Debtor Name: In re : Midwest Health Operations, LLC  
 United States Bankruptcy Court for the: District of Delaware  
 Case number (if known): 24-10452 (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
-------------	-----------------

## 2.1 Priority creditor's name and mailing address

Internal Revenue Service

Creditor Name

Creditor's Notice name

569 West Monroe Street, Suite 1100

Address

Chicago	IL	60675
City	State	ZIP Code

Country

## Date or dates debt was incurred

Various

Last 4 digits of account  
number

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is: \$

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

Taxes

\$ 355,864.55	\$ 355,864.55
---------------	---------------

Is the claim subject to offset?

- ☒ No  
☐ Yes

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

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

**3.1 Nonpriority creditor's name and mailing address**

Kralovec, Jambois &amp; Schwartz

Creditor Name

Creditor's Notice name

60 W Randolph St

Address

Floor 4

Geneva

IL

60134

City

State

ZIP Code

Country

**Date or dates debt was incurred**

12/30/2019

**Last 4 digits of account**

number

**As of the petition filing date, the claim is:***Check all that apply.*☐ Contingent☒ Unliquidated☒ Disputed**Basis for the claim:**

Litigation

**Amount of claim**

\$ 300,000.00

**3.2 Nonpriority creditor's name and mailing address**

Kralovec, Jambois &amp; Schwartz

Creditor Name

Creditor's Notice name

60 W Randolph St

Address

Floor 4

Geneva

IL

60134

City

State

ZIP Code

Country

**Date or dates debt was incurred**

3/23/2022

**Last 4 digits of account**

number

**As of the petition filing date, the claim is:***Check all that apply.*☐ Contingent☒ Unliquidated☒ Disputed**Basis for the claim:**

Litigation

\$ 165,000.00

**Is the claim subject to offset?**☒ No☐ Yes

Debtor: Midwest Health Operations, LLC

Case number (if known):

24-10452

Name

## 3.3 Nonpriority creditor's name and mailing address

Law Office of Jeffrey Krumpe

Creditor Name

Creditor's Notice name

110 SW Jefferson

Address

Suite 410

Peoria

IL

61602

City

State

ZIP Code

Country

## Date or dates debt was incurred

2/6/2024

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$

Undetermined

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Litigation

## 3.4 Nonpriority creditor's name and mailing address

Law Office of Jeffrey Krumpe

Creditor Name

Creditor's Notice name

110 SW Jefferson

Address

Suite 410

Peoria

IL

61602

City

State

ZIP Code

Country

## Date or dates debt was incurred

2/6/2024

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$

Undetermined

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Litigation

## Is the claim subject to offset?

☒ No☐ Yes

Debtor: Midwest Health Operations, LLC

Case number (if known):

24-10452

Name

## 3.5 Nonpriority creditor's name and mailing address

Parker &amp; Parker

Creditor Name

Creditor's Notice name

411 Hamilton Boulevard

Address

Suite1900

Peoria

IL

61602

City

State

ZIP Code

Country

## Date or dates debt was incurred

3/7/2023

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$ 300,000.00

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Litigation

## Is the claim subject to offset?

☒ No☐ Yes

## 3.6 Nonpriority creditor's name and mailing address

Petersen Healthcare VII, LLC

Creditor Name

Creditor's Notice name

830 W Trailcreek Dr.

Address

Peoria

IL

61614

City

State

ZIP Code

Country

## Date or dates debt was incurred

As of 3/31/2024

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$ 1,519,514.36

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

## Basis for the claim:

Inter Company Loan

## Is the claim subject to offset?

☒ No☐ Yes

Amended herein: added

**Part 3:** List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors. If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Name

Line

☐ Not Listed.Explain

Notice Name

Street

City

State

ZIP Code

Country



**Part 4:** Total Amounts of the Priority and Nonpriority Unsecured Claims

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

		Total of claim amounts
5a. Total claims from Part 1	5a.	\$ 355,864.55
5b. Total claims from Part 2	5b. +	\$ 2,284,514.36
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$ 2,640,378.91

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

Debtor Name: In re : Midwest Health Operations, LLC

United States Bankruptcy Court for the: District of Delaware

Case number (if known): 24-10452 (TMH)

☒ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15**

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

**1. Does the debtor have any executory contracts or unexpired leases?**

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease****2.1 State what the contract or lease is for and the nature of the debtor's interest**

Amendment No. 1 to Clinical Service and Therapeutic Rehabilitation Equipment - Operating Lease Agreement

Accelerated Care Plus Leasing, Inc.

Name

Attn Administrator

Notice Name

761 Main St NW, Suite A

Address

State the term remaining

List the contract number of any government contract

Bourbonnais

City

IL

State

60914

ZIP Code

Country

*Amended herein: added***2.2 State what the contract or lease is for and the nature of the debtor's interest**

Clinical Service and Therapeutic Rehabilitation Equipment - Operating Lease Agreement

Accelerated Care Plus Leasing, Inc.

Name

Notice Name

4999 Aircenter Circle Ste 103

Address

State the term remaining

List the contract number of any government contract

Reno

City

NV

State

89502

ZIP Code

Country

*Amended herein: added*

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

2.3 **State what the contract or lease is for and the nature of the debtor's interest**

Clinical Service and Therapeutic Rehabilitation  
Equipment Operating Lease Agreement

Accelerated Care Plus Leasing, Inc.

Name

Notice Name

4999 Aircenter Circle Ste 103

Address

State the term remaining

List the contract number of  
any government contract

Reno

NV

89502

City

State

ZIP Code

Country

Amended herein: added

2.4 **State what the contract or lease is for and the nature of the debtor's interest**

Addendum to Contract

Action Homecare and Staffing, LLC d/b/a Oasis Medical Services

Name

Attn Administration

Notice Name

761 Main St NW, Suite A

Address

State the term remaining

List the contract number of  
any government contract

Bourbonnais

IL

60914

City

State

ZIP Code

Country

Amended herein: added

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

Term Staffing Agreement

Action Homecare and Staffing, LLC d/b/a Oasis Medical Services

Name

Attn Administration

Notice Name

761 Main St NW, Suite A

Address

State the term remaining

List the contract number of  
any government contract

Bourbonnais

IL

60914

City

State

ZIP Code

Country

Amended herein: added

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

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

Term Staffing Agreement re: Jennifer Pruett

Action Homecare and Staffing, LLC d/b/a Oasis Medical Services

Name

Attn Administration

Notice Name

761 Main St NW, Suite A

State the term remaining

Address

List the contract number of any government contract

Bourbonnais

IL

60914

City

State

ZIP Code

Country

Amended herein: added

2.7 **State what the contract or lease is for and the nature of the debtor's interest**

Term Staffing Agreement re: Karen Grunloh

Action Homecare and Staffing, LLC d/b/a Oasis Medical Services

Name

Attn Administration

Notice Name

761 Main St NW, Suite A

State the term remaining

Address

List the contract number of any government contract

Bourbonnais

IL

60914

City

State

ZIP Code

Country

Amended herein: added

2.8 **State what the contract or lease is for and the nature of the debtor's interest**

Term Staffing Agreement re: William Rakestraw

Action Homecare and Staffing, LLC d/b/a Oasis Medical Services

Name

Attn Administration

Notice Name

761 Main St NW, Suite A

State the term remaining

Address

List the contract number of any government contract

Bourbonnais

IL

60914

City

State

ZIP Code

Country

Amended herein: added

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

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

Letter Agreement re: Single Case Agreement for Skilled Nursing Facility

Adva-Pac  
Name

Notice Name

6920 Professional Parkway

Address

State the term remaining

List the contract number of any government contract

Sarasota

FL

34240

City

State

ZIP Code

Country

Amended herein: added

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

Facility Agreement

Aetna Better Health  
Name

Notice Name

PO Box 818031, F661

Address

State the term remaining

List the contract number of any government contract

Cleveland

OH

44181

City

State

ZIP Code

Country

Amended herein: added

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

Facility Services Agreement. Product Participation and Signature Sheet

Aetna Health Inc., a Pennsylvania Corporation  
Name

Notice Name

550 Maryville Centre Drive, Suite 300

Address

State the term remaining

List the contract number of any government contract

St. Louis

MO

63141

City

State

ZIP Code

Country

Amended herein: added

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

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

Nursing Facility Hospice Services Agreement

Amerathon LLC dba American Health Associates

Name

Notice Name

102 East Main Street

Address

State the term remaining

List the contract number of any government contract

Galesburg

IL

61401

City

State

ZIP Code

Country

Amended herein: added

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

Nursing Facility Laboratory Agreement

Amerathon LLC, American Health Associates

Name

Notice Name

102 East Main Street

Address

State the term remaining

List the contract number of any government contract

Galesburg

IL

61401

City

State

ZIP Code

Country

Amended herein: added

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

Amendment to Nursing Facility Laboratory Agreement

Amerathon, LLC d/b/a American Health Associates

Name

Notice Name

102 East Main Street

Address

State the term remaining

List the contract number of any government contract

Galesburg

IL

61401

City

State

ZIP Code

Country

Amended herein: added

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

2.15 **State what the contract or lease is for and the nature of the debtor's interest**Nursing Facility Laboratory AgreementAmerathon, LLC d/b/a American Health Associates

Name

Notice Name

102 East Main Street

Address

**State the term remaining****List the contract number of any government contract**Galesburg

City

IL

State

61401

ZIP Code

Country

*Amended herein: added*2.16 **State what the contract or lease is for and the nature of the debtor's interest**Addendum to ContractBeacon of Hope Hospice of Illinois, Inc.

Name

Notice Name

102 East Main Street, Suite A

Address

**State the term remaining****List the contract number of any government contract**Galesburg

City

IL

State

61401

ZIP Code

Country

*Amended herein: added*2.17 **State what the contract or lease is for and the nature of the debtor's interest**Hospice and Nursing Facility Collaborative Care AgreementBeacon of Hope Hospice of Illinois, Inc.

Name

Notice Name

102 East Main Street, Suite A

Address

**State the term remaining****List the contract number of any government contract**Galesburg

City

IL

State

61401

ZIP Code

Country

*Amended herein: added*

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

2.18 **State what the contract or lease is for and the nature of the debtor's interest**

Hospice and Nursing Facility Collaborative Care Agreement

Beacon of Hope Hospice, Inc.

Name

Notice Name

1020 West 35th Street

Address

**State the term remaining****List the contract number of any government contract**

Davenport

IA

52806

City

State

ZIP Code

Country

*Amended herein: added*2.19 **State what the contract or lease is for and the nature of the debtor's interest**

Addendum to Clinical Services Agreement Dated as of June 23, 2022

Bio-Behavioral Care Solutions, LLC dba Behavioral Care Solutions

Name

Attn Robert A. Clemente, Chief Executive Officer

Notice Name

Behavioral Care Solutions

Address

39465 W. 14 Mile Rd.

**State the term remaining****List the contract number of any government contract**

Novi

MI

48377

City

State

ZIP Code

Country

*Amended herein: added*2.20 **State what the contract or lease is for and the nature of the debtor's interest**

Amendment to Clinical Services Agreement Dated as of June 23, 2022

Bio-Behavioral Care Solutions, LLC dba Behavioral Care Solutions

Name

Attn Robert A. Clemente, Chief Executive Officer

Notice Name

Behavioral Care Solutions

Address

39465 W. 14 Mile Rd.

**State the term remaining****List the contract number of any government contract**

Novi

MI

48377

City

State

ZIP Code

Country

*Amended herein: added*



Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

2.21 **State what the contract or lease is for and the nature of the debtor's interest**

Skilled Nursing Facility/Nursing Home Agreement for Certain Home Peritoneal Dialysis Related Services

Bio-Medical Application of Illinois, Inc., d/b/a FCM Saline County  
Name

Attention Director of Operations

Notice Name

275 Small Street

Address

**State the term remaining****List the contract number of any government contract**

Harrisburg

IL

62946

City

State

ZIP Code

Country

*Amended herein: added*2.22 **State what the contract or lease is for and the nature of the debtor's interest**

Mobile Imaging Service Agreement

BioTech X-ray, Inc

Name

Attn Tamara Schwartz, President

Notice Name

1065 Executive Parkway Ste.220

Address

**State the term remaining****List the contract number of any government contract**

St. Louis

MO

63141-6367

City

State

ZIP Code

Country

*Amended herein: added*2.23 **State what the contract or lease is for and the nature of the debtor's interest**

Mobile Imaging Services Agreement

BioTech X-ray, Inc

Name

Attn Tamara Schwartz, President

Notice Name

1065 Executive Parkway Ste.220

Address

**State the term remaining****List the contract number of any government contract**

St. Louis

MO

63141-6367

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

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

Service Agreement

BioTech X-ray, Inc

Name

Attn Tamara Schwartz, President

Notice Name

1065 Executive Parkway Ste.220

**State the term remaining**

Address

**List the contract number of any government contract**

St. Louis

MO

63141-6367

City

State

ZIP Code

Country

*Amended herein: added*2.25 **State what the contract or lease is for and the nature of the debtor's interest**

Mobile Imaging Services Agreement

BioTech X-ray, Inc.

Name

Attn Tamara Schwartz, President

Notice Name

1065 Executive Parkway, Ste. 220

**State the term remaining**

Address

**List the contract number of any government contract**

St. Louis

MO

63141-6367

City

State

ZIP Code

Country

*Amended herein: added*2.26 **State what the contract or lease is for and the nature of the debtor's interest**

Service Agreement

BioTech X-ray, Inc.

Name

Attn Tamara Schwartz / Bill Hunt / Catherine Bergmann

Notice Name

10114 Woodfield Lane

**State the term remaining**

Address

**List the contract number of any government contract**

St. Louis

MO

63132

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

2.27 **State what the contract or lease is for and the nature of the debtor's interest**

Addendum to Contract

Bird in the Hand Staffing, LLC

Name

Attn Robin Simpson

Notice Name

614 State Route 116

Address

**State the term remaining****List the contract number of any government contract**

Metamora

IL

61548

City

State

ZIP Code

Country

*Amended herein: added*2.28 **State what the contract or lease is for and the nature of the debtor's interest**

Staffing Agency Contract

Bird in the Hand Staffing, LLC

Name

Notice Name

614 State Route 116

Address

**State the term remaining****List the contract number of any government contract**

Metamora

IL

61548

City

State

ZIP Code

Country

*Amended herein: added*2.29 **State what the contract or lease is for and the nature of the debtor's interest**

Medicaid Provider Agreement

Blue Cross Blue Shield of Illinois, a Division of Health Care Service Corporation

Name

Notice Name

300 East Randolph St

Address

**State the term remaining****List the contract number of any government contract**

Chicago

IL

60601

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

2.30 **State what the contract or lease is for and the nature of the debtor's interest**

Skilled Nursing Facility Agreement

Blue Cross Blue Shield of Illinois, a Division of Health Care Service Corporation

Name

Notice Name

300 East Randolph St

Address

State the term remaining

List the contract number of any government contract

Chicago

IL

60601

City

State

ZIP Code

Country

*Amended herein: added*

2.31 **State what the contract or lease is for and the nature of the debtor's interest**

Customer Service Agreement

Call One Inc.

Name

Notice Name

225 W Wacker Drive, 8th Floor

Address

State the term remaining

List the contract number of any government contract

Chicago

IL

60606

City

State

ZIP Code

Country

*Amended herein: added*

2.32 **State what the contract or lease is for and the nature of the debtor's interest**

Renewal Customer Service Agreement

Call One Inc.

Name

Notice Name

225 West Wacker Drive 8th Floor

Address

State the term remaining

List the contract number of any government contract

Chicago

IL

60606

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

2.33 **State what the contract or lease is for and the nature of the debtor's interest**

Request to Change of Name and Responsibility for Telephone Service and Directory Advertising

Call One Inc.

Name

Notice Name

123 N Wacker Drive 7th Floor

Address

**State the term remaining****List the contract number of any government contract**

Chicago

IL

60606

City

State

ZIP Code

Country

*Amended herein: added*2.34 **State what the contract or lease is for and the nature of the debtor's interest**

Addendum to Contract

Camilus Staffing, LLC d/b/a Nextaff

Name

Notice Name

11101 Switzer Rd. Suite 110

Address

**State the term remaining****List the contract number of any government contract**

Overland Park

KS

66210

City

State

ZIP Code

Country

*Amended herein: added*2.35 **State what the contract or lease is for and the nature of the debtor's interest**

Educational Affiliation Agreement

Carl Sandburg College

Name

Attn Kris Gray, Dean of Health Professions

Notice Name

2400 Tom L. Wilson Blvd

Address

**State the term remaining****List the contract number of any government contract**

Galesburg

IL

61401

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

2.36 **State what the contract or lease is for and the nature of the debtor's interest**

Student Affiliation Agreement

Carl Sandburg College

Name

Attn Lori L. Sundberg, President

Notice Name

2400 Tom L. Wilson Blvd

**State the term remaining**

Address

**List the contract number of any government contract**

Galesburg

IL

61401

City

State

ZIP Code

Country

*Amended herein: added*2.37 **State what the contract or lease is for and the nature of the debtor's interest**

Hospice Inpatient Residential Agreement

Celtic Hospice &amp; Palliative Care Services of S. IL, LLC

Name

Attn Administrator

Notice Name

150 Scharberry Lane

**State the term remaining**

Address

**List the contract number of any government contract**

Mars

PA

16046

City

State

ZIP Code

Country

*Amended herein: added*2.38 **State what the contract or lease is for and the nature of the debtor's interest**

Enteral Therapy, Urological, Ostomy and Tracheotomy Supplies and Wound Care Products Agreement

Centrad Healthcare, LLC

Name

Attn Michelle C. Korslin, Sr. VP of Sales &amp; Marketing

Notice Name

184 Shuman Blvd, Suite 130

**State the term remaining**

Address

**List the contract number of any government contract**

Naperville

IL

60563

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

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

Hospital Transfer Agreement

CGH Medical Center

Name

Notice Name

100 E. Le Fevre Road

Address

**State the term remaining****List the contract number of any government contract**

Sterling

IL

61081

City

State

ZIP Code

Country

*Amended herein: added*2.40 **State what the contract or lease is for and the nature of the debtor's interest**

Clinical Affiliation Agreement

Chamberlain University

Name

Attn Clinical Contracts Dept. Director, Clinical Shared Services

Notice Name

3005 Highland Parkway

Address

**State the term remaining****List the contract number of any government contract**

Downers Grove

IL

60515

City

State

ZIP Code

Country

*Amended herein: added*2.41 **State what the contract or lease is for and the nature of the debtor's interest**

Hospital Transfer Agreement

CHG Medical Center

Name

Notice Name

100 E. Le Fevre Rd.

Address

**State the term remaining****List the contract number of any government contract**

Sterling

IL

61081

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

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

Agreement for Pharmacy Services

Chicago Meds, LLC d/b/a UVANTA Pharmacy - Northern Illinois  
Name

Attention Julie DePalma, President/Owner

Notice Name

200 E. Howard Avenue Suite 226

**State the term remaining**

Address

**List the contract number of any government contract**

Des Plaines

IL

60018

City

State

ZIP Code

Country

*Amended herein: added*2.43 **State what the contract or lease is for and the nature of the debtor's interest**

Agreement for Pharmacy Services

Chicago Meds, LLC dba UVANTA Pharmacy - Northern Illinois  
Name

Attn Julie DePalma, President/Owner

Notice Name

200 E. Howard Avenue, Suite 226

**State the term remaining**

Address

**List the contract number of any government contract**

Des Plaines

IL

60018

City

State

ZIP Code

Country

*Amended herein: added*2.44 **State what the contract or lease is for and the nature of the debtor's interest**

Grant of Easement

Comcast of California/Colorado/Illinois/Indiana/Michigan, LP  
Name

Notice Name

1500 McConnor Parkway

**State the term remaining**

Address

**List the contract number of any government contract**

Schaumburg

IL

60173

City

State

ZIP Code

Country

*Amended herein: added*



Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

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

Services Agreement

Comcast of California/Colorado/Illinois/Indiana/Michigan, LP

Name

Attn MDU Manager

Notice Name

1500 McConnor Parkway

Address

**State the term remaining****List the contract number of any government contract**

Schaumburg

IL

60173

City

State

ZIP Code

Country

*Amended herein: added*2.46 **State what the contract or lease is for and the nature of the debtor's interest**

Service Agreement

Comcast of Illinois/Indiana/Ohio, LLC

Name

Attn MDU Manager

Notice Name

1500 McConnor Parkway #200

Address

**State the term remaining****List the contract number of any government contract**

Schaumburg

IL

60173

City

State

ZIP Code

Country

*Amended herein: added*2.47 **State what the contract or lease is for and the nature of the debtor's interest**

Services Agreement

Comcast of Illinois/Indiana/Ohio, LLC

Name

Attn MDU Manager

Notice Name

1500 McConnor Parkway #200

Address

**State the term remaining****List the contract number of any government contract**

Schaumburg

IL

60173

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

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

Nursing Facility Hospice Services Agreement

Community Hospice of America, d/b/a Hospice Compassus NWIL  
Name

Attention Margaret Carlson

Notice Name

Hospice Compassus NWIL

**State the term remaining**

Address

755 N. Henderson St.

**List the contract number of any government contract**

Galesburg

IL

61401

City

State

ZIP Code

Country

*Amended herein: added*2.49 **State what the contract or lease is for and the nature of the debtor's interest**

Addendum to Contract

Community Hospices of America, LLC d/b/a Compassus - NWIL

Name

Attn Executive Director

Notice Name

755 N Henderson

**State the term remaining**

Address

**List the contract number of any government contract**

Galesburg

IL

61401

City

State

ZIP Code

Country

*Amended herein: added*2.50 **State what the contract or lease is for and the nature of the debtor's interest**

Addendum to Nursing Facility Hospice, General Inpatient and Respite Care Services Agreement

Community Hospices of America, LLC d/b/a Compassus - NWIL

Name

Attn Executive Director

Notice Name

Hospice Compassus

**State the term remaining**

Address

755 N Henderson St

**List the contract number of any government contract**

Galesburg

IL

61401

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

2.51 **State what the contract or lease is for and the nature of the debtor's interest**

Nursing Facility Hospice, General Inpatient and Respite Care Services Agreement

Community Hospices of America, LLC d/b/a Compassus - NWIL  
Name

Attn Executive Director

Notice Name

Compassus-NWIL

**State the term remaining**

Address

755 N Henderson

**List the contract number of any government contract**

Galesburg

IL

61401

City

State

ZIP Code

Country

*Amended herein: added*2.52 **State what the contract or lease is for and the nature of the debtor's interest**

Clinical Service and Therapeutic Rehabilitation Equipment Operating Lease Agreement

Cornerstone Rehab &amp; HC

Name

Notice Name

5533 North Galena Road

**State the term remaining**

Address

**List the contract number of any government contract**

Peoria Heights

IL

61614

City

State

ZIP Code

Country

*Amended herein: added*2.53 **State what the contract or lease is for and the nature of the debtor's interest**

Medical Director Agreement

Dr. Michael Ahearn

Name

Notice Name

519 Elliott Street

**State the term remaining**

Address

Suite 1

**List the contract number of any government contract**

Kewanee

IL

61443

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

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

Linkage Agreement

Egyptian Health Department

Name

Notice Name

1412 US 45 North

Address

State the term remaining

List the contract number of any government contract

Eldorado

IL

62930

City

State

ZIP Code

Country

Amended herein: added

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

Amendment No. 3 to Pharmacy Products and Services Agreement

Enloe Drugs, LLC

Name

OMNICARE OF DECATUR

Notice Name

796 N. SUNNYSIDE ROAD

Address

State the term remaining

List the contract number of any government contract

Decatur

IL

62522-1156

City

State

ZIP Code

Country

Amended herein: added

2.56 **State what the contract or lease is for and the nature of the debtor's interest**

Amendment No. 3 to Pharmacy Consultant Agreement dated January 1, 2014

Enloe Drugs, LLC d/b/a Omnicare of the Quad Cities

Name

Notice Name

2660 East 53rd St., Suite 1

Address

State the term remaining

List the contract number of any government contract

Davenport

IA

52807

City

State

ZIP Code

Country

Amended herein: added

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

2.57 **State what the contract or lease is for and the nature of the debtor's interest**Amendment No. 3 to Pharmacy Consultant AgreementEnloe Drugs, LLC dba Omnicare of the Quad Cities

Name

Notice Name

2660 East 53rd St., Suite 1

Address

**State the term remaining****List the contract number of any government contract**DavenportIA52807

City

State

ZIP Code

Country

*Amended herein: added*2.58 **State what the contract or lease is for and the nature of the debtor's interest**Amendment No. 4 to Pharmacy Products and Services AgreementEnloe Drugs, LLC dba Omnicare of the Quad Cities

Name

Notice Name

2660 East 53rd St., Suite 1

Address

**State the term remaining****List the contract number of any government contract**DavenportIA52807

City

State

ZIP Code

Country

*Amended herein: added*2.59 **State what the contract or lease is for and the nature of the debtor's interest**Service AgreementERS, Inc. Staffing & Healthcare Services

Name

Notice Name

2201 W. Townline Rd

Address

**State the term remaining****List the contract number of any government contract**PeoriaIL61615

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

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

Addendum to Contract

Favorite Healthcare Staffing, Inc.

Name

Notice Name

7255 W. 98th Terrace - Bldg.5, Suite 150

Address

**State the term remaining****List the contract number of any government contract**

Overland Park

KS

66212-2215

City

State

ZIP Code

Country

*Amended herein: added*2.61 **State what the contract or lease is for and the nature of the debtor's interest**

Amendment to Supplemental Staffing Agreement

Favorite Healthcare Staffing, Inc.

Name

Notice Name

7255 W. 98th Terrace - Bldg.5, Suite 150

Address

**State the term remaining****List the contract number of any government contract**

Overland Park

KS

66212-2215

City

State

ZIP Code

Country

*Amended herein: added*2.62 **State what the contract or lease is for and the nature of the debtor's interest**

SNF Outpatient Dialysis Services Agreement

FMC Saline County

Name

Attention Director of Operations

Notice Name

275 Small Street

Address

**State the term remaining****List the contract number of any government contract**

Harrisburg

IL

62946

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

2.63 **State what the contract or lease is for and the nature of the debtor's interest**

Outpatient Dialysis Services Agreement

Fresenius Medical Care, d/b/a Renal Care Group of Central IL - East Peoria Dialysis

Name

Attn Kathy Olson DO

Notice Name

3300 N. Main Street

Address

**State the term remaining****List the contract number of any government contract**

East Peoria

IL

61611

City

State

ZIP Code

Country

*Amended herein: added*2.64 **State what the contract or lease is for and the nature of the debtor's interest**

Customer Staffing Agreement

Gale Healthcare Solutions, LLC

Name

Attn Chief Administrative Officer

Notice Name

Gale Healthcare Solutions

Address

**State the term remaining****List the contract number of any government contract**

3101 W Dr. Martin Luther King Jr. Blvd, Suite 200

Tampa

FL

33635

City

State

ZIP Code

Country

*Amended herein: added*2.65 **State what the contract or lease is for and the nature of the debtor's interest**

Laboratory Services Agreement

Gamma Healthcare, Inc.

Name

Notice Name

1717 West Maud

Address

**State the term remaining****List the contract number of any government contract**

Poplar Bluff

MO

63901

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

2.66 **State what the contract or lease is for and the nature of the debtor's interest**Radiology Services AgreementGamma HealthCare, Inc.

Name

Notice Name

1717 West Maud St.

Address

**State the term remaining****List the contract number of any government contract**Poplar BluffMO63901

City

State

ZIP Code

Country

*Amended herein: added*2.67 **State what the contract or lease is for and the nature of the debtor's interest**Lease and Service Agreement and Credit ApplicationGateway ProClean Inc.

Name

Notice Name

2081 Exchange Drive

Address

**State the term remaining****List the contract number of any government contract**St. CharlesMO63303

City

State

ZIP Code

Country

*Amended herein: added*2.68 **State what the contract or lease is for and the nature of the debtor's interest**Lease and Service AgreementGateway ProClean, Inc.

Name

Notice Name

2081 Exchange Drive

Address

**State the term remaining****List the contract number of any government contract**St. CharlesMO63303

City

State

ZIP Code

Country

*Amended herein: added*



Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

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

Purchasing Agreement

Gem Medical Supplies, LLC

Name

Notice Name

730 Anthony Trail

Address

State the term remaining

List the contract number of any government contract

Northbrook

IL

60062

City

State

ZIP Code

Country

Amended herein: added

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

Laboratory Services Agreement

Genesis Medical Center, Aledo

Name

Attn Administrator

Notice Name

409 N.W. Ninth Ave.

Address

State the term remaining

List the contract number of any government contract

Aledo

IL

61231

City

State

ZIP Code

Country

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

Hospital Transfer Agreement

Harrisburg Medical Center

Name

Notice Name

100 Dr. Warren Tuttle Drive

Address

State the term remaining

List the contract number of any government contract

PO Box 428

Harrisburg

IL

62946

City

State

ZIP Code

Country

Amended herein: added

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

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

Laboratory Testing Services Agreement

Harrisburg Medical Center

Name

Attn Business Office

Notice Name

PO Box 428

State the term remaining

Address

List the contract number of any government contract

Harrisburg

IL

62946

City

State

ZIP Code

Country

Amended herein: added

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

Participating Provider Agreement

Health Alliance Medical Plans, Inc.

Name

Notice Name

301 South Vine St

State the term remaining

Address

List the contract number of any government contract

Urbana

IL

31801

City

State

ZIP Code

Country

Amended herein: added

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

Consulting Services Agreement

Health Technologies, Inc.

Name

Attn Carol Sapp, President

Notice Name

8446 Page Avenue

State the term remaining

Address

List the contract number of any government contract

St. Louis

MO

63130

City

State

ZIP Code

Country

Amended herein: added

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

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

Participating Provider Agreement

HealthLink, Inc., an Illinois Corporation

Name

Notice Name

1831 Chestnut St

Address

**State the term remaining****List the contract number of any government contract**

St. Louis

MO

63103

City

State

ZIP Code

Country

*Amended herein: added*2.76 **State what the contract or lease is for and the nature of the debtor's interest**

Nursing Facility Agreement

Heartland Hospice

Name

Attn Administrator

Notice Name

333 Salem Place Suite 150

Address

**State the term remaining****List the contract number of any government contract**

Fairview Heights

IL

62208

City

State

ZIP Code

Country

*Amended herein: added*2.77 **State what the contract or lease is for and the nature of the debtor's interest**

Contract Addendum

Helping Hands Home Healthcare and Staffing Agency

Name

Notice Name

111 W Washington St Suite 310

Address

**State the term remaining****List the contract number of any government contract**

East Peoria

IL

61611

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

2.78 **State what the contract or lease is for and the nature of the debtor's interest**Addendum to ContractHelping Hands Home Healthcare and Staffing Agency, LLC

Name

Attn Kimberly Hixon

Notice Name

111 W. Washington Street, Suite 310

Address

**State the term remaining****List the contract number of any government contract**East PeoriaIL61611

City

State

ZIP Code

Country*Amended herein: added*2.79 **State what the contract or lease is for and the nature of the debtor's interest**Amendment to ContractHelping Hands Home Healthcare and Staffing Agency, LLC

Name

Attn Kimberly Hixon

Notice Name

111 W. Washington Street, Suite 310

Address

**State the term remaining****List the contract number of any government contract**East PeoriaIL61611

City

State

ZIP Code

Country*Amended herein: added*2.80 **State what the contract or lease is for and the nature of the debtor's interest**Temporary Staffing AgreementHelping Hands Home Healthcare and Staffing Agency, LLC

Name

Attn Karen Sedgwick

Notice Name

111 W. Washington Street, Suite 310

Address

**State the term remaining****List the contract number of any government contract**East PeoriaIL61611

City

State

ZIP Code

Country*Amended herein: added*

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

2.81 **State what the contract or lease is for and the nature of the debtor's interest**

Contract Addendum

Helping Hands Staffing Services

Name

Notice Name

9559 Center Ave Suite G

Address

**State the term remaining****List the contract number of any government contract**

Rancho Cucamonga

CA

91730

City

State

ZIP Code

Country

*Amended herein: added*2.82 **State what the contract or lease is for and the nature of the debtor's interest**Work Opportunity/Welfare to Work Tax Credit  
Program Service Agreement

HK Payroll Services, Inc.

Name

Notice Name

2345 J.F.K. Road

Address

**State the term remaining****List the contract number of any government contract**

PO Box 3310

Dubuque

IA

52004-3310

City

State

ZIP Code

Country

*Amended herein: added*2.83 **State what the contract or lease is for and the nature of the debtor's interest**

Hospital Transfer Agreement

Hopedale Medical Complex

Name

Notice Name

107 Tremont Street

Address

**State the term remaining****List the contract number of any government contract**

Hopedale

IL

61747

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

2.84 **State what the contract or lease is for and the nature of the debtor's interest**

Addendum to Contract

Horizons Healthcare Agency

Name

Notice Name

3100 Knoxville Ave Suite 216

Address

State the term remaining

List the contract number of any government contract

Peoria

IL

61603

City

State

ZIP Code

Country

Amended herein: added

2.85 **State what the contract or lease is for and the nature of the debtor's interest**

Facility and Agency Contract for Per Diem

Horizons Healthcare Agency

Name

Notice Name

3100 Knoxville Ave Suite 216

Address

State the term remaining

List the contract number of any government contract

Peoria

IL

61603

City

State

ZIP Code

Country

Amended herein: added

2.86 **State what the contract or lease is for and the nature of the debtor's interest**

Residential Hospice Agreement for Services to Residents of Nursing Facilities

Hospice of Illinois LLC, dba Harbor Light Hospice

Name

Harbor Light Hospice

Notice Name

1N131 County Farm Road

Address

State the term remaining

List the contract number of any government contract

Winfield

IL

60190

City

State

ZIP Code

Country

Amended herein: added

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

2.87 **State what the contract or lease is for and the nature of the debtor's interest**

Residential Hospice Care Agreement for Services to Residents of Nursing Facilities

Hospice of Illinois LLC, dba Harbor Light Hospice  
Name

Notice Name

1N131 County Farm Road

Address

**State the term remaining****List the contract number of any government contract**

Winfield

IL

60190

City

State

ZIP Code

Country

*Amended herein: added*2.88 **State what the contract or lease is for and the nature of the debtor's interest**

Addendum to Agreement

Hospice of Southern Illinois, Inc  
Name

Notice Name

305 South Illinois Street

Address

**State the term remaining****List the contract number of any government contract**

Belleville

IL

62220-2159

City

State

ZIP Code

Country

*Amended herein: added*2.89 **State what the contract or lease is for and the nature of the debtor's interest**

Long Term Care Facility Agreement

Hospice of Southern Illinois, Inc  
Name

Attn Amy L. Richter, FHFMA, CPA, CGMA, MBA

Notice Name

305 South Illinois Street

Address

**State the term remaining****List the contract number of any government contract**

Belleville

IL

62220-2159

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

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

Addendum to Agreement

Hospice of Southern Illinois, Inc.

Name

Notice Name

305 South Illinois Street

Address

**State the term remaining****List the contract number of any government contract**

Belleville

IL

62220-2159

City

State

ZIP Code

Country

*Amended herein: added*2.91 **State what the contract or lease is for and the nature of the debtor's interest**

Nursing Facility Agreement

Hospice of Southern Illinois, Inc.

Name

Attention Rebecca J. Wisdom, L.C.S.W.

Notice Name

305 South Illinois Street

Address

**State the term remaining****List the contract number of any government contract**

Belleville

IL

62220-2159

City

State

ZIP Code

Country

*Amended herein: added*2.92 **State what the contract or lease is for and the nature of the debtor's interest**

Participating Provider Agreement

Humana Inc.

Name

Notice Name

P.O. Box 1438

Address

**State the term remaining****List the contract number of any government contract**

Louisville

KY

40201

City

State

ZIP Code

Country

*Amended herein: added*



Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

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

Cooperation Agency Agreement

Illinois Central College

Name

Notice Name

1 College Drive

State the term remaining

Address

List the contract number of any government contract

East Peoria

IL

61635

City

State

ZIP Code

Country

Amended herein: added

2.94 **State what the contract or lease is for and the nature of the debtor's interest**

State of Illinois User Agreement

Illinois State Police Bureau of Identification

Name

Notice Name

Fiscal Unit 260 North Chicago Street

State the term remaining

Address

List the contract number of any government contract

Chicago

IL

60432-4072

City

State

ZIP Code

Country

Amended herein: added

2.95 **State what the contract or lease is for and the nature of the debtor's interest**

Special Program Agreement for Rental and Capital

Joerns LLC

Name

Attn Chief Strategy Officer

Notice Name

2430 Whitehall Park Drive, Suite 100

State the term remaining

Address

List the contract number of any government contract

Charlotte

NC

28273

City

State

ZIP Code

Country

Amended herein: added

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

2.96 **State what the contract or lease is for and the nature of the debtor's interest**

Memorandum of Agreement

KEPRO

Name

Notice Name

5700 Lombardo Center Drive, Suite 100

Address

**State the term remaining****List the contract number of any government contract**

Seven Hills

OH

44131

City

State

ZIP Code

Country

*Amended herein: added*2.97 **State what the contract or lease is for and the nature of the debtor's interest**

Hospital Transfer Agreement

Kindred Hospital

Name

Notice Name

500 West Romero B. Garrett Avenue

Address

**State the term remaining****List the contract number of any government contract**

Peoria

IL

61605

City

State

ZIP Code

Country

*Amended herein: added*2.98 **State what the contract or lease is for and the nature of the debtor's interest**

Amended and Restated Therapy Services Agreement

Kindred Rehab Services, LLC

Name

Attn VP, Finance

Notice Name

Rehab Care

Address

680 South Fourth Street

**State the term remaining****List the contract number of any government contract**

Louisville

KY

40202

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

2.99 **State what the contract or lease is for and the nature of the debtor's interest**

Maintenance Contract Rider

KONE Inc.

Name

Notice Name

6106 W Plank Road

Address

**State the term remaining****List the contract number of any government contract**

Peoria

IL

61604

City

State

ZIP Code

Country

*Amended herein: added*2.100 **State what the contract or lease is for and the nature of the debtor's interest**

Hospital Transfer Agreement

KSB Hospital

Name

Notice Name

403 E First St.

Address

**State the term remaining****List the contract number of any government contract**

Dixon

IL

61021

City

State

ZIP Code

Country

*Amended herein: added*2.101 **State what the contract or lease is for and the nature of the debtor's interest**

Management Agreement

LaHarpe Hospital Association

Name

Attn Carl Lee, President

Notice Name

PO Box 346

Address

**State the term remaining****List the contract number of any government contract**

La Harpe

IL

61450

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

2.102 **State what the contract or lease is for and the nature of the debtor's interest**

Nursing Facility Services Agreement

Lee County Health Department

Name

Julie Schilling, Administrator

Notice Name

2218 Avenue H

**State the term remaining**

Address

**List the contract number of any government contract**

Fort Madison

IA

52627

City

State

ZIP Code

Country

*Amended herein: added*2.103 **State what the contract or lease is for and the nature of the debtor's interest**

Memorandum of Agreement

Livanta, LLC

Name

Notice Name

10830 Guilford Rd, Suite 312

**State the term remaining**

Address

**List the contract number of any government contract**

Annapolis Junction

MD

20701

City

State

ZIP Code

Country

*Amended herein: added*2.104 **State what the contract or lease is for and the nature of the debtor's interest**

Business Facilities Agreement for CATV, Mediacom Online Services and Mediacom Business Phone

MCC Illinois LLC

Name

Notice Name

1000 W Sloan St

**State the term remaining**

Address

**List the contract number of any government contract**

Harrisburg

IL

62946

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

2.105 **State what the contract or lease is for and the nature of the debtor's interest**

Master Contract for Biohazard Waste

MCKay's Haz-Mat Truck Service, Inc.

Name

Notice Name

PO Box 1444

Address

State the term remaining

List the contract number of any government contract

Centralia

IL

62801

City

State

ZIP Code

Country

Amended herein: added

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

Prime Vendor Product Supply Agreement

McKesson Medical-Surgical Minnesota Supply Inc.

Name

Notice Name

8121 Tenth Avenue North

Address

State the term remaining

List the contract number of any government contract

Golden Valley

MN

55427

City

State

ZIP Code

Country

Amended herein: added

2.107 **State what the contract or lease is for and the nature of the debtor's interest**

Addendum to Contract

Medical Solutions, LLC

Name

Medical Solutions, LLC

Notice Name

PO Box 850737

Address

State the term remaining

List the contract number of any government contract

Minneapolis

MN

55485

City

State

ZIP Code

Country

Amended herein: added

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

2.108 **State what the contract or lease is for and the nature of the debtor's interest**

Amendment to Contract

Medical Staffing Solutions, LLC

Name

Notice Name

8601 N. Kentucky Ave, Suite A

Address

State the term remaining

List the contract number of any government contract

Evansville

IN

47725

City

State

ZIP Code

Country

Amended herein: added

2.109 **State what the contract or lease is for and the nature of the debtor's interest**

Amendment to Professional Services Agreement

Medical Staffing Solutions, LLC

Name

Notice Name

8601 N. Kentucky Ave, Suite A

Address

State the term remaining

List the contract number of any government contract

Evansville

IN

47725

City

State

ZIP Code

Country

Amended herein: added

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

Attachment 1 to Professional Services Agreement

Medical Staffing Solutions, LLC

Name

Notice Name

8601 N. Kentucky Ave, Suite A

Address

State the term remaining

List the contract number of any government contract

Evansville

IN

47725

City

State

ZIP Code

Country

Amended herein: added

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

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

Professional Services Agreement

Medical Staffing Solutions, LLC

Name

Attn Chief Executive Officer

Notice Name

9700 HWY 57N, Suite A

**State the term remaining**

Address

**List the contract number of any government contract**

Evansville

IN

47725

City

State

ZIP Code

Country

*Amended herein: added*2.112 **State what the contract or lease is for and the nature of the debtor's interest**

Long Term Care Consultant Agreement

MEDLAB

Name

Teresa Joines

Notice Name

10114 Woodfield Lane

**State the term remaining**

Address

**List the contract number of any government contract**

St. Louis

MO

63132

City

State

ZIP Code

Country

*Amended herein: added*2.113 **State what the contract or lease is for and the nature of the debtor's interest**

Hospital Transfer Agreement

Memorial Hospital

Name

Notice Name

402 South Adams

**State the term remaining**

Address

**List the contract number of any government contract**

Carthage

IL

62321

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

2.114 **State what the contract or lease is for and the nature of the debtor's interest**

Illinois Ancillary Provider/HCBS Agreement

Meridian Health Plan of Illinois, Inc.

Name

Notice Name

333 South Wabash Ave, Suite 2900

Address

State the term remaining

List the contract number of any government contract

Chicago

IL

60604

City

State

ZIP Code

Country

Amended herein: added

2.115 **State what the contract or lease is for and the nature of the debtor's interest**

Hospital Transfer Agreement

Methodist Medical Center

Name

Notice Name

221 NE Glen Oak Avenue

Address

State the term remaining

List the contract number of any government contract

Peoria

IL

61636

City

State

ZIP Code

Country

Amended herein: added

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

Agreement re: Podiatry Services

Michael D. Williams, DPM

Name

Notice Name

810 Foxworth Blvd. #111

Address

State the term remaining

List the contract number of any government contract

Lombard

IL

60148

City

State

ZIP Code

Country

Amended herein: added



Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

2.117 **State what the contract or lease is for and the nature of the debtor's interest**

Diagnostic Radiology and EKG Services Contract

Mobile Diagnostic Services Inc.

Name

Notice Name

1719 W Woodside Drive

Address

State the term remaining

List the contract number of any government contract

Dunlap

IL

61525

City

State

ZIP Code

Country

Amended herein: added

2.118 **State what the contract or lease is for and the nature of the debtor's interest**

Provider Services Agreement

Molina Healthcare of Illinois, Inc, an Illinois Corporation

Name

Notice Name

2001 Butterfield Road, Suite 750

Address

State the term remaining

List the contract number of any government contract

Downers Grove

IL

60515

City

State

ZIP Code

Country

Amended herein: added

2.119 **State what the contract or lease is for and the nature of the debtor's interest**

Addendum to Contract

Nextaff Group, LLC

Name

Notice Name

11101 Switzer Road, Suite 110

Address

State the term remaining

List the contract number of any government contract

Overland Park

KS

66210

City

State

ZIP Code

Country

Amended herein: added

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

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

Staffing Service Agreement

Nextaff Group, LLC

Name

Notice Name

11101 Switzer Rd, Suite 110

Address

State the term remaining

List the contract number of any government contract

Overland Park

KS

66210

City

State

ZIP Code

Country

Amended herein: added

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

Contract Confirmation Sheet

Nurses PRN

Name

Corporate Office

Notice Name

1101 E. South River St.

Address

State the term remaining

List the contract number of any government contract

Appleton

WI

54915

City

State

ZIP Code

Country

Amended herein: added

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

Addendum to Contract

Nurses PRN Health Services d/b/a Nurses PRN

Name

Notice Name

1101 E. South River St.

Address

State the term remaining

List the contract number of any government contract

Appleton

WI

54915

City

State

ZIP Code

Country

Amended herein: added

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

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

Addendum to Contract

Oasis Medical Services

Name

Attn Chief Operating Officer

Notice Name

761 Main Street NW Suite A

Address

**State the term remaining****List the contract number of any government contract**

Bourbonnais

IL

60914

City

State

ZIP Code

Country

*Amended herein: added*2.124 **State what the contract or lease is for and the nature of the debtor's interest**

Amendment to Contract

Oasis Medical Services

Name

Notice Name

PO Box 823473

Address

**State the term remaining****List the contract number of any government contract**

Philadelphia

PA

19182-3473

City

State

ZIP Code

Country

*Amended herein: added*2.125 **State what the contract or lease is for and the nature of the debtor's interest**

Service Agreement

Oasis Medical Services

Name

Notice Name

5533 North Galena Road

Address

**State the term remaining****List the contract number of any government contract**

Peoria Heights

IL

61616

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

2.126 **State what the contract or lease is for and the nature of the debtor's interest**Amendment No. 2 to Pharmacy Consultant AgreementOmnicare

Name

Attn Legal

Notice Name

One CVS Drive Mail Code 1160

Address

**State the term remaining****List the contract number of any government contract**WoonsocketRI02895

City

State

ZIP Code

Country*Amended herein: added*2.127 **State what the contract or lease is for and the nature of the debtor's interest**Amendment No. 5 to Pharmacy Consultant AgreementOmnicare

Name

Attn Legal

Notice Name

One CVS Drive Mail Code 1160

Address

**State the term remaining****List the contract number of any government contract**WoonsocketRI02895

City

State

ZIP Code

Country*Amended herein: added*2.128 **State what the contract or lease is for and the nature of the debtor's interest**Amendment No. 6 to Pharmacy Products and Services AgreementOmnicare

Name

Attn Legal

Notice Name

One CVS Drive Mail Code 1160

Address

**State the term remaining****List the contract number of any government contract**WoonsocketRI02895

City

State

ZIP Code

Country*Amended herein: added*

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

2.129 **State what the contract or lease is for and the nature of the debtor's interest**

Amendment to Pharmacy Consultant Agreement

Omnicare

Name

Attn Legal

Notice Name

One CVS Drive Mail Code 1160

State the term remaining

Address

List the contract number of any government contract

Woonsocket

RI

02895

City

State

ZIP Code

Country

Amended herein: added

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

Letter Amendment re: COVID-19 Vaccination Distribution Services

Omnicare

Name

Attn Legal

Notice Name

One CVS Drive Mail Code 1160

State the term remaining

Address

List the contract number of any government contract

Woonsocket

RI

02895

City

State

ZIP Code

Country

Amended herein: added

2.131 **State what the contract or lease is for and the nature of the debtor's interest**

Pharmacy Consultant Agreement

Omnicare

Name

Attn Legal

Notice Name

One CVS Drive Mail Code 1160

State the term remaining

Address

List the contract number of any government contract

Woonsocket

RI

02895

City

State

ZIP Code

Country

Amended herein: added

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

2.132 **State what the contract or lease is for and the nature of the debtor's interest**Pharmacy Products and Services AgreementOmnicare

Name

Attn Legal

Notice Name

One CVS Drive Mail Code 1160

Address

**State the term remaining****List the contract number of any government contract**WoonsocketRI02895

City

State

ZIP Code

Country*Amended herein: added*2.133 **State what the contract or lease is for and the nature of the debtor's interest**Amendment to Pharmacy Consultant AgreementOmnicare Pharmacy of the Midwest, LLC dba Omnicare of Kansas City

Name

Notice Name10400 Hickman Mills Drive, Suite 200

Address

**State the term remaining****List the contract number of any government contract**Kansas CityMO64137

City

State

ZIP Code

Country*Amended herein: added*2.134 **State what the contract or lease is for and the nature of the debtor's interest**Amendment to Pharmacy Products and Services AgreementOmnicare Pharmacy of the Midwest, LLC dba Omnicare of Kansas City

Name

Notice Name10400 Hickman Mills Drive, Suite 200

Address

**State the term remaining****List the contract number of any government contract**Kansas CityMO64137

City

State

ZIP Code

Country*Amended herein: added*

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

2.135 **State what the contract or lease is for and the nature of the debtor's interest**

Amendment to Pharmacy Consultant Agreement

Omnicare, Inc.

Name

Attn General Counsel

Notice Name

900 Omnicare Center

State the term remaining

Address

201 East Fourth Street

List the contract number of any government contract

Cincinnati

OH

45202

City

State

ZIP Code

Country

Amended herein: added

2.136 **State what the contract or lease is for and the nature of the debtor's interest**

Amendment to Pharmacy Products and Services Agreement

Omnicare, Inc.

Name

Attn General Counsel

Notice Name

900 Omnicare Center

State the term remaining

Address

201 East Fourth Street

List the contract number of any government contract

Cincinnati

OH

45202

City

State

ZIP Code

Country

Amended herein: added

2.137 **State what the contract or lease is for and the nature of the debtor's interest**

Pharmacy Consultant Agreement

Omnicare, Inc.

Name

Attn General Counsel

Notice Name

900 Omnicare Center

State the term remaining

Address

201 East Fourth Street

List the contract number of any government contract

Cincinnati

OH

45202

City

State

ZIP Code

Country

Amended herein: added

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

2.138 **State what the contract or lease is for and the nature of the debtor's interest**

Pharmacy Products and Services Agreement

Omnicare, Inc.

Name

Attn General Counsel

Notice Name

900 Omnicare Center

Address

201 East Fourth Street

**State the term remaining****List the contract number of any government contract**

Cincinnati

OH

45202

City

State

ZIP Code

Country

*Amended herein: added*2.139 **State what the contract or lease is for and the nature of the debtor's interest**

Addendum to Contract Between Staffing Agency and Nursing Facility

OneStaff Medical, LLC

Name

Notice Name

10802 Farnam Dr., Suite 101

Address

**State the term remaining****List the contract number of any government contract**

Omaha

NE

68154

City

State

ZIP Code

Country

*Amended herein: added*2.140 **State what the contract or lease is for and the nature of the debtor's interest**

Staffing Service Agreement

OneStaff Medical, LLC

Name

Notice Name

10802 Farnam Drive, Suite 101

Address

**State the term remaining****List the contract number of any government contract**

Omaha

NE

68154

City

State

ZIP Code

Country

*Amended herein: added*



Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

2.141 **State what the contract or lease is for and the nature of the debtor's interest**

Agreement for the Provision of Hospice Services

OSF Healthcare System d.b.a. OSF Hospice

Name

Donna Medina, VP

Notice Name

OSF Hospice d/b/a OSF Hospice, a Division of OSF Home Care

**State the term remaining**

Address

2265 W. Altorfer Dr.

**List the contract number of any government contract**

Peoria

IL

61615

City

State

ZIP Code

Country

*Amended herein: added*2.142 **State what the contract or lease is for and the nature of the debtor's interest**

Agreement for the Provision of Hospice Services

OSF HealthCare System d.b.a. OSF Hospice, a Division of OSF Home Care

Name

Director OSF Hospice

Notice Name

2265 W. Altorfer Dr.

**State the term remaining**

Address

**List the contract number of any government contract**

Peoria

IL

61615

City

State

ZIP Code

Country

*Amended herein: added*2.143 **State what the contract or lease is for and the nature of the debtor's interest**

Agreement for the Provision of Hospice Services

OSF HealthCare System d/b/a OSF Hospice

Name

Attn. James M. Moore, CEO

Notice Name

2265 W Altorfer Dr.

**State the term remaining**

Address

A Division of OSF Home Care

**List the contract number of any government contract**

Peoria

IL

61615

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

2.144 **State what the contract or lease is for and the nature of the debtor's interest**

Hospital Transfer Agreement

OSF St. Francis Medical Center

Name

Notice Name

530 NE Glen Oak Avenue

Address

State the term remaining

List the contract number of any government contract

Peoria

IL

61637

City

State

ZIP Code

Country

Amended herein: added

2.145 **State what the contract or lease is for and the nature of the debtor's interest**

Facility Agreement

Passages Hospice, LLC

Name

Notice Name

515 Warrenville Road

Address

State the term remaining

List the contract number of any government contract

Lisle

IL

60532

City

State

ZIP Code

Country

Amended herein: added

2.146 **State what the contract or lease is for and the nature of the debtor's interest**

Addendum to Contract

Preferred Podiatry Group, P.C.

Name

Attn President/COO

Notice Name

168 N. Clinton St., 3rd Floor

Address

State the term remaining

List the contract number of any government contract

Chicago

IL

60661

City

State

ZIP Code

Country

Amended herein: added

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

2.147 **State what the contract or lease is for and the nature of the debtor's interest**

Facility Service Agreement

Preferred Podiatry Group, P.C.

Name

Notice Name

PO Box 772293

Address

State the term remaining

List the contract number of any government contract

Detroit

MI

48277-2293

City

State

ZIP Code

Country

Amended herein: added

2.148 **State what the contract or lease is for and the nature of the debtor's interest**

Billing

Presto-X

Name

Notice Name

4521 Leavenworth Street

Address

State the term remaining

List the contract number of any government contract

Omaha

NE

68106-1437

City

State

ZIP Code

Country

Amended herein: added

2.149 **State what the contract or lease is for and the nature of the debtor's interest**

Pest Management Service Agreement

Presto-X

Name

Notice Name

8 Henson Place Unit #6

Address

State the term remaining

List the contract number of any government contract

Champaign

IL

61820

City

State

ZIP Code

Country

Amended herein: added

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

2.150 **State what the contract or lease is for and the nature of the debtor's interest**Master Staffing AgreementPRN Health Services, Inc. (d/b/a Nurses PRN)

Name

Pete Hietpas, President

Notice Name

1101 E. South River St.**State the term remaining**

Address

**List the contract number of any government contract**AppletonWI54915

City

State

ZIP Code

Country

*Amended herein: added*2.151 **State what the contract or lease is for and the nature of the debtor's interest**Amendment to Contract and all Addendums dated December 12, 2019PRN Health Services, Inc. d/b/a Nurses PRN

Name

Attn Scott Barribeau, Sales Manager

Notice Name

1101 E. South River St.**State the term remaining**

Address

**List the contract number of any government contract**AppletonWI54915

City

State

ZIP Code

Country

*Amended herein: added*2.152 **State what the contract or lease is for and the nature of the debtor's interest**Hospital Transfer AgreementProctor Hospital

Name

Notice Name

5409 North Knoxville Avenue**State the term remaining**

Address

**List the contract number of any government contract**PeoriaIL61614

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

2.153 **State what the contract or lease is for and the nature of the debtor's interest**

Contract Ophthalmic Services

Professional Eyecare Center

Name

Notice Name

820 E Jackson Street

Address

State the term remaining

List the contract number of any government contract

Macomb

IL

61455

City

State

ZIP Code

Country

Amended herein: added

2.154 **State what the contract or lease is for and the nature of the debtor's interest**

Physician Services Agreement

Provider Vohra Post-Acute Physicians

Name

Notice Name

3601 SW 160th Avenue, Suite 250

Address

State the term remaining

List the contract number of any government contract

Miramar

FL

33027

City

State

ZIP Code

Country

Amended herein: added

2.155 **State what the contract or lease is for and the nature of the debtor's interest**

Multi-Facility Supply and Services Agreement

Pulmonary Exchange, Ltd. aka PEL/VIP

Name

Attn Raymond Kalinsky

Notice Name

9840 SW Hwy.

Address

State the term remaining

List the contract number of any government contract

Oak Lawn

IL

60453

City

State

ZIP Code

Country

Amended herein: added

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

2.156 **State what the contract or lease is for and the nature of the debtor's interest**

Service Agreement

RecoverCare, LLC

Name

Attn General Counsel

Notice Name

1920 Stanley Gault Pkwy, Suite 100

Address

State the term remaining

List the contract number of any government contract

Louisville

KY

40223

City

State

ZIP Code

Country

2.157 **State what the contract or lease is for and the nature of the debtor's interest**

Rental Agreement

RecoverCare, LLC

Name

Attn General Counsel

Notice Name

1920 Stanley Gault Pkwy Suite 100

Address

State the term remaining

List the contract number of any government contract

Louisville

KY

40223

City

State

ZIP Code

Country

*Amended herein: added*

2.158 **State what the contract or lease is for and the nature of the debtor's interest**

Service Agreement

RecoverCare, LLC

Name

Attn General Counsel

Notice Name

1920 Stanley Gault Pkwy Suite 100

Address

State the term remaining

List the contract number of any government contract

Louisville

KY

40223

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

2.159 **State what the contract or lease is for and the nature of the debtor's interest**

Service Rental Agreement

RecoverCare, LLC

Name

Attn General Counsel

Notice Name

1920 Stanley Gault Pkwy, Suite 100

Address

State the term remaining

List the contract number of any government contract

Louisville

KY

40223

City

State

ZIP Code

Country

Amended herein: added

2.160 **State what the contract or lease is for and the nature of the debtor's interest**

Therapy Services Agreement

RehabCare

Name

President, RehabCare

Notice Name

680 South Fourth Street

Address

State the term remaining

List the contract number of any government contract

Louisville

KY

40202

City

State

ZIP Code

Country

Amended herein: added

2.161 **State what the contract or lease is for and the nature of the debtor's interest**

Therapy Services Agreement

RehabCare Group East, Inc.

Name

President, RehabCare

Notice Name

680 South Fourth Street

Address

State the term remaining

List the contract number of any government contract

Louisville

KY

40202

City

State

ZIP Code

Country

Amended herein: added

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

2.162 **State what the contract or lease is for and the nature of the debtor's interest**Modification to the Therapy Services AgreementRehabCare Group East, Inc. d/b/a RehabCare

Name

President, RehabCare

Notice Name

680 South Fourth Street

Address

**State the term remaining****List the contract number of any government contract**LouisvilleKY40202

City

State

ZIP Code

Country*Amended herein: added*2.163 **State what the contract or lease is for and the nature of the debtor's interest**Therapy Services AgreementRehabCare Group East, Inc. d/b/a RehabCare

Name

President, RehabCare

Notice Name

680 South Fourth Street

Address

**State the term remaining****List the contract number of any government contract**LouisvilleKY40202

City

State

ZIP Code

Country*Amended herein: added*2.164 **State what the contract or lease is for and the nature of the debtor's interest**Therapy Services AgreementRehabCare Group East, Inc. dba RehabCare

Name

President, RehabCare

Notice Name

680 South Fourth Street

Address

**State the term remaining****List the contract number of any government contract**LouisvilleKY40202

City

State

ZIP Code

Country



Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

2.165 **State what the contract or lease is for and the nature of the debtor's interest**

Therapy Services Agreement

RehabCare Group East, Inc., d/b/a RehabCare

Name

President, RehabCare

Notice Name

680 South Fourth Street

Address

State the term remaining

List the contract number of any government contract

Louisville

KY

40202

City

State

ZIP Code

Country

Amended herein: added

2.166 **State what the contract or lease is for and the nature of the debtor's interest**

Amended and Restated Therapy Services Agreement

RehabCare Group East, LLC

Name

Attn VP, Finance

Notice Name

680 South Fourth Street

Address

State the term remaining

List the contract number of any government contract

Louisville

KY

40202

City

State

ZIP Code

Country

Amended herein: added

2.167 **State what the contract or lease is for and the nature of the debtor's interest**

Second Amended and Restated and Reaffirmed Guaranty Agreement

RehabCare Group East, LLC

Name

Attn Chief Financial Officer

Notice Name

680 South Fourth Street

Address

State the term remaining

List the contract number of any government contract

Louisville

KY

40202

City

State

ZIP Code

Country

Amended herein: added

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

2.168 **State what the contract or lease is for and the nature of the debtor's interest**

Addendum to Contract

Residential Hospice of Southern Illinois

Name

Notice Name

4215 State Route 159

Address

**State the term remaining****List the contract number of any government contract***Amended herein: added*2.169 **State what the contract or lease is for and the nature of the debtor's interest**

Nursing Facility Services Agreement

Residential Hospice of Southern Illinois

Name

Attention Administrator

Notice Name

4215 State Route 159

Address

**State the term remaining****List the contract number of any government contract***Amended herein: added*2.170 **State what the contract or lease is for and the nature of the debtor's interest**

Agreement for Infection Prevention Services

RHD Consulting, LLC

Name

Attn Robin Henry, ICN, RN BSN

Notice Name

102 W. Almond Dr

Address

**State the term remaining****List the contract number of any government contract***Amended herein: added*

Washington

City

IL

State

61571

ZIP Code

Country

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

2.171 **State what the contract or lease is for and the nature of the debtor's interest**

Protocol and Agreement of Hospice Services

Sarah Bush Lincoln Health Center d/b/a Sarah Bush Lincoln Hospice  
Name

Attn Post Acute Care Director

Notice Name

Sarah Bush Lincoln Hospice

Address

1004 Health Center Drive, Suite 202

**State the term remaining****List the contract number of any government contract**

Mattoon

IL

61938

City

State

ZIP Code

Country

*Amended herein: added*2.172 **State what the contract or lease is for and the nature of the debtor's interest**

Cooperative Agreement

Sauk Valley Community College

Name

Notice Name

173 IL Route 2

Address

**State the term remaining****List the contract number of any government contract**

Dixon

IL

61021

City

State

ZIP Code

Country

*Amended herein: added*2.173 **State what the contract or lease is for and the nature of the debtor's interest**

Evacuation Agreement

Science Ridge Mennonite Church

Name

Notice Name

1702 E. 37th Street

Address

**State the term remaining****List the contract number of any government contract**

Sterling

IL

61081

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

2.174 **State what the contract or lease is for and the nature of the debtor's interest**

Addendum to Contract

Secure Healthcare Staffing, LLC

Name

Notice Name

Round Table Financial Inc

Address

2549 Eastbluff Drive Suite 490

State the term remaining

List the contract number of any government contract

Newport Beach

CA

92660

City

State

ZIP Code

Country

Amended herein: added

2.175 **State what the contract or lease is for and the nature of the debtor's interest**

Health Care General Staffing Agreement

Secure Healthcare Staffing, LLC

Name

Notice Name

1 East Erie St. Suite 525

Address

State the term remaining

List the contract number of any government contract

Chicago

IL

60611

City

State

ZIP Code

Country

Amended herein: added

2.176 **State what the contract or lease is for and the nature of the debtor's interest**

Space and Service Agreement (Clinical Therapy Space)

Select Rehabilitation, LLC

Name

Attn Michael Capstick, President

Notice Name

2600 Compass Road

Address

State the term remaining

List the contract number of any government contract

Glenview

IL

60026

City

State

ZIP Code

Country

Amended herein: added

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

2.177 **State what the contract or lease is for and the nature of the debtor's interest**

Agreement for Pharmacy Services

Senior Med Services, Inc., d/b/a Health One Pharmacy of Southern Illinois

Name

Notice Name

7846 Aviation Drive

Address

State the term remaining

List the contract number of any government contract

Marion

IL

62959

City

State

ZIP Code

Country

Amended herein: added

2.178 **State what the contract or lease is for and the nature of the debtor's interest**

Cooperative Agreement

Shawnee Alliance

Name

Notice Name

6355 Brandhorst Drive

Address

State the term remaining

List the contract number of any government contract

Carterville

IL

62918-9802

City

State

ZIP Code

Country

Amended herein: added

2.179 **State what the contract or lease is for and the nature of the debtor's interest**

Agreement for Staffing Services re: Addendum

ShiftKey, LLC

Name

Notice Name

2816 Thomas Ave # 5

Address

State the term remaining

List the contract number of any government contract

Dallas

TX

75204

City

State

ZIP Code

Country

Amended herein: added

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

2.180 **State what the contract or lease is for and the nature of the debtor's interest**Amendment to ContractShiftKey, LLC

Name

Attn Keith Wicker

Notice Name

2816 Thomas Ave #5

Address

**State the term remaining****List the contract number of any government contract**DallasTX75204

City

State

ZIP Code

Country*Amended herein: added*2.181 **State what the contract or lease is for and the nature of the debtor's interest**Amendment to Pharmaceutical Product Rebate AgreementSmith & Nephew, Inc.

Name

Attn Company Secretary

Notice Name

1450 E. Brooks Road

Address

**State the term remaining****List the contract number of any government contract**MemphisTN38116

City

State

ZIP Code

Country*Amended herein: added*2.182 **State what the contract or lease is for and the nature of the debtor's interest**Rebate AgreementSmith & Nephew, Inc.

Name

Attn Company Secretary

Notice Name

1450 E. Brooks Road

Address

**State the term remaining****List the contract number of any government contract**MemphisTN38116

City

State

ZIP Code

Country*Amended herein: added*

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

2.183 **State what the contract or lease is for and the nature of the debtor's interest**EpicCare Link Site Level AgreementSouthern Illinois Hospital Services

Name

Attention Rex P. Budde

Notice Name

1239 E. Main St.

Address

**State the term remaining****List the contract number of any government contract**CarbondaleIL62902

City

State

ZIP Code

Country*Amended herein: added*2.184 **State what the contract or lease is for and the nature of the debtor's interest**Agreement for Medical DirectorSouthern Illinois Hospital Services, NFP

Name

Notice Name

1239 East Main Street

Address

P.O. Box 3988**State the term remaining****List the contract number of any government contract**CarbondaleIL62902-3988

City

State

ZIP Code

Country*Amended herein: added*2.185 **State what the contract or lease is for and the nature of the debtor's interest**Agreement for Medical DirectorSouthern Illinois Medical Services, NFP

Name

Sara Malone, MD Vice President of Ambulatory & Physician Services

Notice Name

1239 East Main Street

Address

P.O. Box 3988**State the term remaining****List the contract number of any government contract**CarbondaleIL62902-3988

City

State

ZIP Code

Country*Amended herein: added*

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

2.186 **State what the contract or lease is for and the nature of the debtor's interest**

Patient Transfer Agreement

St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis

Name

Attn President &amp; CEO

Notice Name

St. Elizabeth's Hospital

Address

211 S. Third Street

**State the term remaining**

**List the contract number of any government contract**

Belleville

IL

62220

City

State

ZIP Code

Country

Amended herein: added

2.187 **State what the contract or lease is for and the nature of the debtor's interest**

Amendment to Staffing Contract

Staff of Life

Name

Notice Name

3927 North University Street

Address

Suite D

**State the term remaining**

**List the contract number of any government contract**

Peoria

IL

61614

City

State

ZIP Code

Country

Amended herein: added

2.188 **State what the contract or lease is for and the nature of the debtor's interest**

Staffing Agreement

Staff of Life

Name

Notice Name

3927 North University Street

Address

Suite D

**State the term remaining**

**List the contract number of any government contract**

Peoria

IL

61614

City

State

ZIP Code

Country

Amended herein: added



Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

2.189 **State what the contract or lease is for and the nature of the debtor's interest**

Addendum to Contract

Staff of Life Nurse Agency

Name

Notice Name

3927 N. University

Address

**State the term remaining****List the contract number of any government contract**

Peoria

IL

61614

City

State

ZIP Code

Country

*Amended herein: added*2.190 **State what the contract or lease is for and the nature of the debtor's interest**

Equipment Rental Agreement

Swisher

Name

Notice Name

1602 Corporate Drive

Address

**State the term remaining****List the contract number of any government contract**

Warrensburg

MO

64093

City

State

ZIP Code

Country

*Amended herein: added*2.191 **State what the contract or lease is for and the nature of the debtor's interest**

Distribution Service Agreement

Swisher Hygiene Franchise Corp.

Name

Notice Name

1628 County Highway 10

Address

**State the term remaining****List the contract number of any government contract**

Minneapolis

MN

55432-2103

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

2.192 **State what the contract or lease is for and the nature of the debtor's interest**

Equipment Rental Agreement

Swisher International, Inc.

Name

Notice Name

1602 Corporate Drive

Address

State the term remaining

List the contract number of any government contract

Warrensburg

MO

64093

City

State

ZIP Code

Country

Amended herein: added

2.193 **State what the contract or lease is for and the nature of the debtor's interest**

Business Associate Agreement

TeleMedico Physicians

Name

Notice Name

550 Frontage Rd

Address

State the term remaining

List the contract number of any government contract

Northfield

IL

60093

City

State

ZIP Code

Country

2.194 **State what the contract or lease is for and the nature of the debtor's interest**

Business Associate Agreement

TeleMedico Physicians

Name

Notice Name

550 Frontage Rd

Address

State the term remaining

List the contract number of any government contract

Northfield

IL

60093

City

State

ZIP Code

Country

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

2.195 **State what the contract or lease is for and the nature of the debtor's interest**

Hospice Services Agreement

The Methodist Medical Center of Illinois  
Name

Notice Name

PO Box 26708

Address

**State the term remaining****List the contract number of any government contract**

Salt Lake City

UT

84126-0708

City

State

ZIP Code

Country

*Amended herein: added*2.196 **State what the contract or lease is for and the nature of the debtor's interest**

Agreement with Nursing Facility

Transitions Hospice, L.L.C.

Name

Attn Tim Scully, V.P.

Notice Name

12040 Raymond Court

Address

**State the term remaining****List the contract number of any government contract**

Huntley

IL

60142

City

State

ZIP Code

Country

*Amended herein: added*2.197 **State what the contract or lease is for and the nature of the debtor's interest**

Residential Hospice Agreement

Transitions Hospice, L.L.C.

Name

Attn Tim Scully, V.P.

Notice Name

8913 N Prairie Pointe Rd

Address

**State the term remaining****List the contract number of any government contract**

Peoria

IL

61615-1577

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

2.198 **State what the contract or lease is for and the nature of the debtor's interest**

Addendum to Contract

Unity Hospice of Western Illinois, LLC

Name

Attn Administrator

Notice Name

915 N. Caron Road

Address

State the term remaining

List the contract number of any government contract

Rochelle

IL

61608

City

State

ZIP Code

Country

Amended herein: added

2.199 **State what the contract or lease is for and the nature of the debtor's interest**

Addendum to Hospice Services Agreement

Unity Hospice of Western Illinois, LLC

Name

Notice Name

1201 South Seventh Street

Address

State the term remaining

List the contract number of any government contract

Rochelle

IL

61608

City

State

ZIP Code

Country

Amended herein: added

2.200 **State what the contract or lease is for and the nature of the debtor's interest**

Hospice Services Agreement

Unity Hospice of Western Illinois, LLC

Name

Attn Administrator

Notice Name

1201 South Seventh Street

Address

State the term remaining

List the contract number of any government contract

Rochelle

IL

61608

City

State

ZIP Code

Country

Amended herein: added

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

2.201 **State what the contract or lease is for and the nature of the debtor's interest**Contract for Ophthalmic ServicesVision Care Outreach

Name

Notice Name

4900 N. Glen Park Place Suite C

Address

**State the term remaining****List the contract number of any government contract**

Peoria

IL

61614

City

State

ZIP Code

Country

*Amended herein: added*2.202 **State what the contract or lease is for and the nature of the debtor's interest**Agreement for Nursing Facility ServicesVitas Healthcare Corporation of Illinois

Name

Attn General Manager

Notice Name

105 Marquette Street, Suite A

Address

**State the term remaining****List the contract number of any government contract**

LaSalle

IL

61301

City

State

ZIP Code

Country

*Amended herein: added*2.203 **State what the contract or lease is for and the nature of the debtor's interest**Agreement for Nursing Facility, Inpatient and Inpatient Respite ServicesVitas Healthcare Corporation of Illinois

Name

Attn General Manager

Notice Name

105 Marquette Street, Suite A

Address

**State the term remaining****List the contract number of any government contract**

LaSalle

IL

61301

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

2.204 **State what the contract or lease is for and the nature of the debtor's interest**

Addendum to Contract

Westways Staffing Services, Inc.

Name

Thomas L Schulman Esq

Notice Name

600 W Santa Ana Blvd Suite 955

State the term remaining

Address

List the contract number of any government contract

Santa Ana

CA

92701

City

State

ZIP Code

Country

Amended herein: added

2.205 **State what the contract or lease is for and the nature of the debtor's interest**

Agreement for Supplemental Staffing Agencies

Westways Staffing Services, Inc.

Name

Attn President/CEO

Notice Name

500 City Parkway West, Suite 130

State the term remaining

Address

List the contract number of any government contract

Orange

CA

92868

City

State

ZIP Code

Country

Amended herein: added

2.206 **State what the contract or lease is for and the nature of the debtor's interest**

Amendment to Contract

Westways Staffing Services, Inc.

Name

Thomas L Schulman Esq

Notice Name

600 W Santa Ana Blvd Suite 955

State the term remaining

Address

List the contract number of any government contract

Santa Ana

CA

92701

City

State

ZIP Code

Country

Amended herein: added

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

2.207 **State what the contract or lease is for and the nature of the debtor's interest**

Work Opportunity/Welfare to Work Tax Credit  
Program Services Agreement

Your Workforce Solution

Name

Notice Name

2345 JFK Road

Address

P.O. Box 3310

**State the term remaining****List the contract number of any government contract**

Dubuque

IA

52004

City

State

ZIP Code

Country

*Amended herein: added*

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

Debtor Name: In re : Midwest Health Operations, LLC

United States Bankruptcy Court for the: District of Delaware

Case number (if known): 24-10452 (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* Schedule A/B: Assets-Real and Personal Property, Schedule E/F: Creditors Who Have Unsecured Claims, Schedule G: Executory Contracts and Unexpired Leases, Summary of Assets and Liabilities for Non-Individuals
- ☐ *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 04/22/2025

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 re: Midwest Health Operations, LLC****Case No. 24-10452**

AMENDED Schedule A/B 77

Other property of any kind not already listed

Other property of any kind not already listed	Current value of debtor's interest	Amendment
Inter Company Loan - Mark Petersen	\$9,265,234.96	Amended herein - added
Inter Company Loan - Petersen Companies LLC	\$937,000.00	Amended herein - added
Inter Company Loan - Petersen Health Operations, LLC	\$730,000.00	Amended herein - added
Inter Company Loan - Petersen Healthcare VII, LLC	\$1,754,272.76	Amended herein - added
Inter Company Loan - Petersen Hotels, LLC	\$200,000.00	Amended herein - added
Inter Company Loan - Plaza West Development, LLC	\$50,000.00	Amended herein - added
Inter Company Loan - Twenty Four Corp, LLC	\$47,000.00	Amended herein - added
<b>TOTAL:</b>	<b>\$12,983,507.72</b>	

**EXHIBIT B**

**Amended Statements**

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

In re:

SC HEALTHCARE HOLDING, LLC, *et al.*,  
Debtors.<sup>1</sup>

Chapter 11

Case No. 24-10443 (TMH)

(Jointly Administered)

**AMENDED STATEMENT OF FINANCIAL AFFAIRS FOR  
MIDWEST HEALTH OPERATIONS, LLC (CASE NO. 24-10452)**

Amended Herein:

- SOFA Question 4 - Payments/transfers to insiders within 1 year

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<sup>1</sup> The last four digits of SC Healthcare Holding, LLC's tax identification number are 2584. The mailing address for SC Healthcare Holding, LLC is c/o Petersen Health Care Management, LLC 830 West Trailcreek Dr., Peoria, IL 61614. Due to the large number of debtors in these Chapter 11 Cases, 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](http://www.kccllc.net/Petersen).

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

Debtor Name: In re : Midwest Health Operations, LLC

United States Bankruptcy Court for the: District Of Delaware

Case number (if known): 24-10452 (TMH)

☒ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy** 04/22

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

**Part 1:** Income**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	Gross revenue (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From 1/1/2024 to Filing date MM / DD / YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other	\$ 1,538,941.91
For prior year:	From 1/1/2023 to 12/31/2023 MM / DD / YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other	\$ 8,790,103.36
For the year before that:	From 1/1/2022 to 12/31/2022 MM / DD / YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other	\$ 8,210,932.62

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

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 revenue from each source (before deductions and exclusions)
<b>From the beginning of the fiscal year to filing date:</b>	From	1/1/2024	to	Filing date	Interest
		MM / DD / YYYY			\$ 419.59
<b>For prior year:</b>	From	1/1/2023	to	12/31/2023	Interest
		MM / DD / YYYY		MM / DD / YYYY	\$ 2,066.11
<b>For the year before that:</b>	From	1/1/2022	to	12/31/2022	Interest
		MM / DD / YYYY		MM / DD / YYYY	\$ 14,318.52

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

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.)

☐ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer Check all that apply
3.1 See SOFA 3 Attachment Creditor's Name		\$	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other
Street			
City	State	ZIP Code	
Country			

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

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

☐ None

Insider's Name and Address	Dates	Total amount or value	Reason for payment or transfer
4.1 See Amended SOFA 4 Attachment Insider's Name		\$	
Street			
City	State	ZIP Code	
Country			
Relationship to Debtor			

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

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

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

☒ None

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 Name and Address	Description of the action creditor took	Date action was taken	Amount
6.1 Bed Tax Creditor's Name	Offset with Medicaid		\$ 500,318.61
Street			
	Last 4 digits of account number: XXXX-		
City State ZIP Code			
Country			

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

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

☐ None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1 See SOFA 7 Attachment		Name	<input type="checkbox"/> Pending
		Street	<input type="checkbox"/> On appeal
			<input type="checkbox"/> Concluded
Case number		City State ZIP Code	
		Country	

**8. Assignments and receivership**

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

☒ None

Custodian's name and address	Description of the Property	Value
8.1 Custodian's name		\$
Street	Case title	Court name and address
		Name
City State ZIP Code	Case number	Street
Country	Date of order or assignment	City State ZIP Code
		Country



Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

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

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

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1 Creditor's Name  Street  City State ZIP Code  Country			\$
Recipient's relationship to debtor			

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

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 Property).	Date of loss	Value of property lost
10.1 A ransomware cyber attack which occurred in October 2023, ultimately led to the loss of large quantities of data and significant consulting fees	None	10/2023	\$ Undetermined

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

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

☒ None

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1				\$
	<b>Address</b>			
	Street			
	City	State	ZIP Code	
	Country			
	<b>Email or website address</b>			
	<b>Who made the payment, if not debtor?</b>			

**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				\$
	<b>Trustee</b>			

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

**13. Transfers not already listed on this statement**

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

☒ None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1			\$
<b>Address</b>			
Street			
City	State	ZIP Code	
Country			
<b>Relationship to Debtor</b>			

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

**Part 7: Previous Locations****14. Previous addresses**

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

☒ Does not apply

Address		Dates of occupancy	
14.1	Street	From	To
	City	State	ZIP Code
	Country		

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

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.

☒ 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 Shawnee Rose Care Center Facility Name	Skilled Nursing Facility	595
1000 W. Sloan Street	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept? Check all that apply: <input type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
Harrisburg IL 62946 City State ZIP Code		
Country		
15.2 Cornerstone Rehabilitation & Health Care Center Facility Name	Skilled Nursing Facility	1,717
5533 N. Galena Rd. Street	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept? Check all that apply: <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
Peoria Heights IL 61616 City State ZIP Code	PCC Electronic	
Country		
15.3 Rock River Gardens Facility Name	Skilled Nursing Facility	1,277
3601 Sixteenth Avenue Street	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept? Check all that apply: <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
Sterling IL 61081 City State ZIP Code	PCC Electronic	
Country		

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**☐ No.☒ Yes. State the nature of the information collected and retained. Medical and Billing Information

Does the debtor have a privacy policy about that information?

☐ No☒ Yes**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**☐ No. Go to Part 10.☒ Yes. Does the debtor serve as plan administrator?☒ No. Go to Part 10.☐ Yes. Fill in below:

Name of plan	Employer identification number of the plan
17.1 _____	EIN: _____

Has the plan been terminated?

☐ No☐ Yes

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

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 institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1 Name  Street  City State ZIP Code  Country	XXXX-	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other		\$

**19. Safe deposit boxes**

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

☒ None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
19.1 Name  Street  City State ZIP Code  Country			<input type="checkbox"/> No  <input type="checkbox"/> Yes



Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

**20. Off-premises storage**

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

☐ None

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

City

State

ZIP Code

Address

Country

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

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

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

☐ None

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

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

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 address	Nature of the case	Status of case
22.1	Name		<input type="checkbox"/> Pending
	Street		<input type="checkbox"/> On appeal
			<input type="checkbox"/> Concluded
<b>Case Number</b>			
	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	Governmental unit name and address	Environmental law, if known	Date of notice
23.1	Name		
	Street		
	City State ZIP Code		
	Country		

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

**24. Has the debtor notified any governmental unit of any release of hazardous material?**☒ No☐ Yes. Provide details below.

24.1

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		
Street	Street		
City State ZIP Code	City State ZIP Code		
Country	Country		

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

**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 and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1		EIN:
Name		Dates business existed
Street		From To
City State ZIP Code		
Country		

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

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

☐ None

Name and Address	Dates of service
26a.1 Petersen Health Care Management, LLC	From To
Name	
830 West Trailcreek Dr.	
Street	
Peoria IL 61614	
City State ZIP Code	
Country	

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

☐ None

Name and Address	Dates of service
26b.1 Petersen Healthcare Management, Mark Petersen	From 12/22/2011 To Present
Name	
830 West Trailcreek Dr.	
Street	
Peoria IL 61614	
City State ZIP Code	
Country	

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

26b.2 Ginoli &amp; Company

From 2002

To Present

Name

7625 N University St.

Street

Peoria

IL

61614

City

State

ZIP Code

Country

26b.3 Clifton, Larson, Allen

From 2012

To Present

Name

301 SW Adams St.

Street

Suite 1000

Peoria

IL

61602

City

State

ZIP Code

Country

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

☐ None**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 &amp; Company

Name

7625 N University St.

Street

Peoria

IL

61614

City

State

ZIP Code

Country

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

**Name and address****If any books of account and records are unavailable, explain why**

26c.3 Petersen Healthcare Management, Mark Petersen

Name

830 West Trailcreek Dr.

Street

Peoria

IL

61614

City

State

ZIP Code

Country

**Name and address****If any books of account and records are unavailable, explain why**

26c.4 Clifton, Larson, Allen

Name

301 SW Adams St.

Street

Suite 1000

Peoria

IL

61602

City

State

ZIP Code

Country

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

☐ None
**Name and address**

Name

Street

City

State

ZIP Code

Country

Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

Name

**27. Inventories**

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

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

Name of the person who supervised the taking of the inventory	Date of Inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
		\$
<b>Name and address of the person who has possession of inventory records</b>		
27.1		
Name		
Street		
City	State	ZIP Code
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	Mark B. Petersen	830 West Trailcreek Dr. , Peoria, IL 61614	Member	1%
28.2	SABL, LLC	830 West Trailcreek Dr. , Peoria, IL 61614	Manager	99%

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

	Name	Address	Position and Nature of any interest	Period during which position or interest was held
29.1				From To



Debtor: Midwest Health Operations, LLC

Case number (if known): 24-10452

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 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 debtor			

**31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?**☐ No☒ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
31.1 Mark Petersen	EIN: xxx-xx-3791

**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:

**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 04/22/2025  
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

## In re: Midwest Health Operations, LLC

Case No. 24-10452

Attachment 3

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

Creditor's name	Address 1	Address 2	City	State	Zip	Date	Total amount or value	Reason for payment or transfer (e.g. Secured debt, Unsecured loan repayments, Suppliers or vendors, Services, or Other)
Cannan Heating and Cooling	1343 Highway 145 South		Harrisburg	IL	62946	2/7/2024	\$5,975.00	Vendor
Cannan Heating and Cooling	1343 Highway 145 South		Harrisburg	IL	62946	2/7/2024	\$5,975.00	Vendor
Estate of Wantha Mae Dehne	435 Monson Street		East Peoria	IL	61611	1/15/2024	\$3,921.06	Vendor
Estate of Wantha Mae Dehne	435 Monson Street		East Peoria	IL	61611	1/15/2024	\$3,921.06	Vendor
Harrisburg Water Department	120 Veterans Drive		Harrisburg	IL	62946	1/24/2024	\$4,998.85	Vendor
Harrisburg Water Department	120 Veterans Drive		Harrisburg	IL	62946	1/24/2024	\$4,998.85	Vendor
Harrisburg Water Department	120 Veterans Drive		Harrisburg	IL	62946	2/20/2024	\$2,972.17	Vendor
Harrisburg Water Department	120 Veterans Drive		Harrisburg	IL	62946	2/20/2024	\$2,972.17	Vendor
Health Advocates Network Inc	dba Horizons Healthcare	1875 NW Corporate Boulevard, Suite 120	Boca Raton	FL	33431	2/16/2024	\$9,729.27	Vendor
Health Advocates Network Inc	dba Horizons Healthcare	1875 NW Corporate Boulevard, Suite 120	Boca Raton	FL	33431	2/16/2024	\$9,729.27	Vendor
Illinois American Water	PO Box 6029		Carol Stream	IL	601976029	3/15/2024	\$6,775.69	Vendor
Illinois American Water	PO Box 6029		Carol Stream	IL	601976029	3/15/2024	\$6,775.69	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	1/12/2024	\$9,596.40	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	1/12/2024	\$15,817.68	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	1/12/2024	\$27,175.76	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	1/12/2024	\$52,589.84	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	2/5/2024	\$9,695.67	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	2/5/2024	\$13,951.08	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	2/5/2024	\$24,361.23	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	2/5/2024	\$48,007.98	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/7/2024	\$4,036.73	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/7/2024	\$5,130.92	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/7/2024	\$11,142.38	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/7/2024	\$20,310.03	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/18/2024	\$7,411.93	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/18/2024	\$10,346.67	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/18/2024	\$18,271.42	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/18/2024	\$36,030.02	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	OH	452630693	1/5/2024	\$4,430.16	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	OH	452630693	1/5/2024	\$6,314.15	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	OH	452630693	1/5/2024	\$11,233.93	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	OH	452630693	1/5/2024	\$21,978.24	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	OH	452630693	2/12/2024	\$3,334.01	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	OH	452630693	2/12/2024	\$5,486.89	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	OH	452630693	2/12/2024	\$10,416.13	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	OH	452630693	2/12/2024	\$19,237.03	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	OH	452630693	3/6/2024	\$3,946.14	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	OH	452630693	3/6/2024	\$4,137.30	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	OH	452630693	3/6/2024	\$11,818.52	Vendor

## In re: Midwest Health Operations, LLC

Case No. 24-10452

Attachment 3

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

Creditor's name	Address 1	Address 2	City	State	Zip	Date	Total amount or value	Reason for payment or transfer (e.g. Secured debt, Unsecured loan repayments, Suppliers or vendors, Services, or Other)
McKesson Medical-Surgical	PO Box 630693		Cincinnati	OH	452630693	3/6/2024	\$19,901.96	Vendor
Mechanical Service Inc	1144 Monmouth Boulevard		Galesburg	IL	61401	1/25/2024	\$8,343.98	Vendor
Mechanical Service Inc	1144 Monmouth Boulevard		Galesburg	IL	61401	1/25/2024	\$8,343.98	Vendor
Mechanical Service Inc	1144 Monmouth Boulevard		Galesburg	IL	61401	2/7/2024	\$46,536.00	Vendor
Mechanical Service Inc	1144 Monmouth Boulevard		Galesburg	IL	61401	2/7/2024	\$46,536.00	Vendor
Nurses PRN	1101 East South River Street		Appleton	WI	54915	1/3/2024	\$2,728.75	Vendor
Nurses PRN	1101 East South River Street		Appleton	WI	54915	1/3/2024	\$2,728.75	Vendor
Nurses PRN	1101 East South River Street		Appleton	WI	54915	1/12/2024	\$5,337.13	Vendor
Nurses PRN	1101 East South River Street		Appleton	WI	54915	1/12/2024	\$5,337.13	Vendor
Nurses PRN	1101 East South River Street		Appleton	WI	54915	1/31/2024	\$29,162.75	Vendor
Nurses PRN	1101 East South River Street		Appleton	WI	54915	1/31/2024	\$29,162.75	Vendor
Nurses PRN	1101 East South River Street		Appleton	WI	54915	2/9/2024	\$19,901.63	Vendor
Nurses PRN	1101 East South River Street		Appleton	WI	54915	2/9/2024	\$19,901.63	Vendor
Nurses PRN	1101 East South River Street		Appleton	WI	54915	2/23/2024	\$4,417.25	Vendor
Nurses PRN	1101 East South River Street		Appleton	WI	54915	2/23/2024	\$6,385.88	Vendor
Nurses PRN	1101 East South River Street		Appleton	WI	54915	2/23/2024	\$10,803.13	Vendor
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	12/27/2023	\$1,045.04	Vendor
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	12/27/2023	\$1,524.41	Vendor
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	12/27/2023	\$7,630.25	Vendor
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	12/27/2023	\$10,199.70	Vendor
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	2/21/2024	\$1,295.06	Vendor
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	2/21/2024	\$2,350.08	Vendor
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	2/21/2024	\$5,369.78	Vendor
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	2/21/2024	\$9,014.92	Vendor
Select Rehabilitation LLC	PO Box 71985		Chicago	IL	606941985	1/2/2024	\$5,781.56	Vendor
Select Rehabilitation LLC	PO Box 71985		Chicago	IL	606941985	1/2/2024	\$12,897.43	Vendor
Select Rehabilitation LLC	PO Box 71985		Chicago	IL	606941985	1/2/2024	\$18,678.99	Vendor
Select Rehabilitation LLC	PO Box 71985		Chicago	IL	606941985	1/24/2024	\$7,666.54	Vendor
Select Rehabilitation LLC	PO Box 71985		Chicago	IL	606941985	1/24/2024	\$13,441.42	Vendor
Select Rehabilitation LLC	PO Box 71985		Chicago	IL	606941985	1/24/2024	\$21,107.96	Vendor
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	1/16/2024	\$401.91	Vendor
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	1/16/2024	\$504.75	Vendor
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	1/16/2024	\$906.66	Vendor
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	1/23/2024	\$1,292.37	Vendor
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	1/23/2024	\$1,292.37	Vendor
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	2/19/2024	\$366.91	Vendor
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	2/19/2024	\$601.04	Vendor
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	2/19/2024	\$1,059.36	Vendor
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	2/19/2024	\$2,027.31	Vendor
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	3/4/2024	\$425.25	Vendor
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	3/4/2024	\$601.04	Vendor

## In re: Midwest Health Operations, LLC

Case No. 24-10452

Attachment 3

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

Creditor's name	Address 1	Address 2	City	State	Zip	Date	Total amount or value	Reason for payment or transfer (e.g. Secured debt, Unsecured loan repayments, Suppliers or vendors, Services, or Other)
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	3/4/2024	\$1,059.86	Vendor
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	3/4/2024	\$2,086.15	Vendor
Southern Illinois Medical Services	Dr Shannon Rider	PO Box 3988	Carbondale	IL	62902	1/3/2024	\$6,000.00	Vendor
Southern Illinois Medical Services	Dr Shannon Rider	PO Box 3988	Carbondale	IL	62902	1/3/2024	\$6,000.00	Vendor
Southern Illinois Medical Services	Dr Shannon Rider	PO Box 3988	Carbondale	IL	62902	1/17/2024	\$3,000.00	Vendor
Southern Illinois Medical Services	Dr Shannon Rider	PO Box 3988	Carbondale	IL	62902	1/17/2024	\$3,000.00	Vendor
Southern Illinois Medical Services	Dr Shannon Rider	PO Box 3988	Carbondale	IL	62902	2/5/2024	\$2,000.00	Vendor
Southern Illinois Medical Services	Dr Shannon Rider	PO Box 3988	Carbondale	IL	62902	2/5/2024	\$2,000.00	Vendor
Southern Illinois Medical Services	Dr Shannon Rider	PO Box 3988	Carbondale	IL	62902	2/29/2024	\$6,000.00	Vendor
Southern Illinois Medical Services	Dr Shannon Rider	PO Box 3988	Carbondale	IL	62902	2/29/2024	\$6,000.00	Vendor
Staff of Life	3927 North University Street	Suite D	Peoria	IL	61614	12/29/2023	\$17,221.88	Vendor
Staff of Life	3927 North University Street	Suite D	Peoria	IL	61614	12/29/2023	\$17,221.88	Vendor
Staff of Life	3927 North University Street	Suite D	Peoria	IL	61614	2/1/2024	\$16,706.25	Vendor
Staff of Life	3927 North University Street	Suite D	Peoria	IL	61614	2/1/2024	\$16,706.25	Vendor
Staff of Life	3927 North University Street	Suite D	Peoria	IL	61614	3/18/2024	\$55,653.13	Vendor
Staff of Life	3927 North University Street	Suite D	Peoria	IL	61614	3/18/2024	\$55,653.13	Vendor
SumnerOne	PO Box 5180		St Louis	MO	63139-0180	1/8/2024	\$553.83	Vendor
SumnerOne	PO Box 5180		St Louis	MO	63139-0180	1/8/2024	\$554.02	Vendor
SumnerOne	PO Box 5180		St Louis	MO	63139-0180	1/8/2024	\$1,371.08	Vendor
SumnerOne	PO Box 5180		St Louis	MO	63139-0180	1/8/2024	\$2,478.93	Vendor
SumnerOne	PO Box 5180		St Louis	MO	63139-0180	2/2/2024	\$546.23	Vendor
SumnerOne	PO Box 5180		St Louis	MO	63139-0180	2/2/2024	\$547.89	Vendor
SumnerOne	PO Box 5180		St Louis	MO	63139-0180	2/2/2024	\$850.90	Vendor
SumnerOne	PO Box 5180		St Louis	MO	63139-0180	2/2/2024	\$1,945.02	Vendor

## In re: Midwest Health Operations, LLC

Case No. 24-10452

AMENDED Attachment 4

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

Insider's name	Address 1	City	State	Zip	Date	Total amount or value	Reasons for payment or transfer	Relationship to debtor	Amended
**Please reference Global Notes for additional information related to Intercompany Payments/Transfers									
JLP Systems, Inc.*	145 E. Division Street	Kewanee	IL	61443	11/30/2023	\$3,000.00	Intercompany Transfer	Related Entity	
JLP Systems, Inc.*	145 E. Division Street	Kewanee	IL	61443	1/2/2024	\$5,000.00	Intercompany Transfer	Related Entity	
JLP Systems, Inc.*	145 E. Division Street	Kewanee	IL	61443	2/16/2024	\$3,000.00	Intercompany Transfer	Related Entity	
JLP Systems, Inc.*	145 E. Division Street	Kewanee	IL	61443	2/20/2024	\$2,000.00	Intercompany Transfer	Related Entity	
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL	61614	6/23/2023	\$32,827.11	Citicard Online Pymt	Owner	Amended Herein - Added
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL	61614	7/12/2023	\$13,556.86	Citicard Online Pymt	Owner	Amended Herein - Added
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL	61614	7/17/2023	\$13,650.92	Citicard Online Pymt	Owner	Amended Herein - Added
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL	61614	9/21/2023	\$17,125.11	Citicard Online Pymt	Owner	Amended Herein - Added
Petersen Companies, LLC *	1 Americlnn Way	Monmouth	IL	61462	9/13/2023	\$22,000.00	Intercompany Transfer	Related Entity	
Petersen Companies, LLC *	1 Americlnn Way	Monmouth	IL	61462	2/21/2024	\$2,000.00	Intercompany Transfer	Related Entity	
Petersen Health Care - Farmer City, LLC*	404 Brookview Drive	Farmer City	IL	61842	12/20/2023	\$1,000.00	Intercompany Transfer	Related Entity	
Petersen Health Care - Illini, LLC*	1315 Curt Dr.	Champaign	IL	61821	4/24/2023	\$30,000.00	Intercompany Transfer	Related Entity	
Petersen Health Care - Illini, LLC*	1315 Curt Dr.	Champaign	IL	61821	5/25/2023	\$40,000.00	Intercompany Transfer	Related Entity	
Petersen Health Care - Illini, LLC*	1315 Curt Dr.	Champaign	IL	61821	7/13/2023	\$25,000.00	Intercompany Transfer	Related Entity	
Petersen Health Care - Illini, LLC*	1315 Curt Dr.	Champaign	IL	61821	9/13/2023	\$23,000.00	Intercompany Transfer	Related Entity	
Petersen Health Care - Illini, LLC*	1315 Curt Dr.	Champaign	IL	61821	12/19/2023	\$10,000.00	Intercompany Transfer	Related Entity	
Petersen Health Care - Illini, LLC*	1315 Curt Dr.	Champaign	IL	61821	1/22/2024	\$15,000.00	Intercompany Transfer	Related Entity	
Petersen Health Care - Illini, LLC*	1315 Curt Dr.	Champaign	IL	61821	1/31/2024	\$10,000.00	Intercompany Transfer	Related Entity	
Petersen Health Care - Illini, LLC*	1315 Curt Dr.	Champaign	IL	61821	2/2/2024	\$15,000.00	Intercompany Transfer	Related Entity	
Petersen Health Care - Illini, LLC*	1315 Curt Dr.	Champaign	IL	61821	2/16/2024	\$15,000.00	Intercompany Transfer	Related Entity	
Petersen Health Care - Illini, LLC*	1315 Curt Dr.	Champaign	IL	61821	2/26/2024	\$25,000.00	Intercompany Transfer	Related Entity	
Petersen Health Care - Illini, LLC*	1315 Curt Dr.	Champaign	IL	61821	2/28/2024	\$20,000.00	Intercompany Transfer	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	4/13/2023	\$5,212.50	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	4/13/2023	\$5,212.50	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	4/13/2023	\$11,056.51	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	4/13/2023	\$11,056.51	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	5/11/2023	\$2,229.02	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	5/11/2023	\$2,229.02	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	5/11/2023	\$5,315.03	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	5/11/2023	\$5,315.03	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	5/11/2023	\$13,966.00	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	5/11/2023	\$13,966.00	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	6/8/2023	\$1,348.50	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	6/8/2023	\$1,348.50	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	6/8/2023	\$2,162.70	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	6/8/2023	\$2,162.70	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	6/8/2023	\$8,364.96	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	6/8/2023	\$8,364.96	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	7/13/2023	\$2,563.14	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	7/13/2023	\$2,563.14	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	7/13/2023	\$2,682.90	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	7/13/2023	\$2,682.90	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	7/13/2023	\$19,998.83	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	7/13/2023	\$19,998.83	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	8/3/2023	\$80,000.00	Intercompany Transfer	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	8/4/2023	\$50,000.00	Intercompany Transfer	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	8/10/2023	\$3,738.42	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	8/10/2023	\$3,738.42	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	8/10/2023	\$6,615.48	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	8/10/2023	\$6,615.48	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	8/10/2023	\$17,036.99	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	8/10/2023	\$17,036.99	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	9/14/2023	\$3,180.60	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	9/14/2023	\$3,180.60	V00300--Petersen Health Care Management	Related Entity	

## In re: Midwest Health Operations, LLC

Case No. 24-10452

AMENDED Attachment 4

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

Insider's name	Address 1	City	State	Zip	Date	Total amount or value	Reasons for payment or transfer	Relationship to debtor	Amended
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	9/14/2023	\$19,457.80	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	9/14/2023	\$19,457.80	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	9/14/2023	\$30,671.89	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	9/14/2023	\$30,671.89	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	9/18/2023	\$25,000.00	Intercompany Transfer	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	10/12/2023	\$9,655.21	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	10/12/2023	\$9,655.21	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	10/12/2023	\$21,745.21	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	10/12/2023	\$21,745.21	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	10/12/2023	\$33,374.54	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	10/12/2023	\$33,374.54	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	10/29/2023	\$40,000.00	Intercompany Transfer	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	10/31/2023	\$50,000.00	Intercompany Transfer	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	11/2/2023	\$20,000.00	Intercompany Transfer	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	11/3/2023	\$15,000.00	Intercompany Transfer	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	11/6/2023	\$20,000.00	Intercompany Transfer	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	11/9/2023	\$9,034.31	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	11/9/2023	\$9,034.31	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	11/9/2023	\$14,596.12	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	11/9/2023	\$14,596.12	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	11/9/2023	\$33,012.23	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	11/9/2023	\$33,012.23	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	11/20/2023	\$10,000.00	Intercompany Transfer	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	11/30/2023	\$23,000.00	Intercompany Transfer	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	12/19/2023	\$30,000.00	Intercompany Transfer	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/11/2024	\$621.00	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/11/2024	\$621.00	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/11/2024	\$3,144.84	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/11/2024	\$3,144.84	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/11/2024	\$6,137.11	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/11/2024	\$6,137.11	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/11/2024	\$10,606.62	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/11/2024	\$10,606.62	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/11/2024	\$13,450.80	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/11/2024	\$13,450.80	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/11/2024	\$22,038.58	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/11/2024	\$22,038.58	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	2/13/2024	\$20,000.00	Intercompany Transfer	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	2/13/2024	\$25,000.00	Intercompany Transfer	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	2/23/2024	\$30,000.00	Intercompany Transfer	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	2/26/2024	\$10,000.00	Intercompany Transfer	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	2/26/2024	\$10,000.00	Intercompany Transfer	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	3/14/2024	\$90,000.00	Intercompany Transfer	Related Entity	
Petersen Health Care VII, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	8/4/2023	\$50,000.00	Intercompany Transfer	Related Entity	
Petersen Health Care VII, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	12/12/2023	\$1,000.00	Intercompany Transfer	Related Entity	
Petersen Health Enterprises, LLC*	170 W. Concord Street	Sheldon	IL	60966	5/25/2023	\$5,000.00	Intercompany Transfer	Related Entity	
Petersen Health Enterprises, LLC*	170 W. Concord Street	Sheldon	IL	60966	12/22/2023	\$2,000.00	Intercompany Transfer	Related Entity	
Petersen Health Enterprises, LLC*	170 W. Concord Street	Sheldon	IL	60966	12/27/2023	\$2,000.00	Intercompany Transfer	Related Entity	
Petersen Health Enterprises, LLC*	170 W. Concord Street	Sheldon	IL	60966	2/27/2024	\$9,000.00	Intercompany Transfer	Related Entity	
Petersen Health Group, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	11/22/2023	\$1,000.00	Intercompany Transfer	Related Entity	
Petersen Health Network, LLC*	701 Shadwell Avenue	Flora	IL	62839	12/20/2023	\$6,000.00	Intercompany Transfer	Related Entity	
Petersen Health Operations, LLC *	520 E. Fabyan Parkway, Batavia, IL 60510	Batavia	IL	60510	4/12/2023	\$75,000.00	Wire To	Related Entity	
Petersen Health Operations, LLC *	520 E. Fabyan Parkway, Batavia, IL 60510	Batavia	IL	60510	9/28/2023	\$110,000.00	Intercompany Transfer	Related Entity	



## In re: Midwest Health Operations, LLC

Case No. 24-10452

AMENDED Attachment 4

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

Insider's name	Address 1	City	State	Zip	Date	Total amount or value	Reasons for payment or transfer	Relationship to debtor	Amended
Petersen Health Operations, LLC *	520 E. Fabyan Parkway, Batavia, IL 60510	Batavia	IL	60510	10/13/2023	\$190,000.00	Intercompany Transfer	Related Entity	
Petersen Health Systems, Inc.*	830 West Trailcreek Dr. Peoria	Peoria	IL	61614	4/24/2023	\$70,000.00	Intercompany Transfer	Related Entity	
Petersen Health Systems, Inc.*	830 West Trailcreek Dr. Peoria	Peoria	IL	61614	5/25/2023	\$45,000.00	Intercompany Transfer	Related Entity	
Petersen Health Systems, Inc.*	830 West Trailcreek Dr. Peoria	Peoria	IL	61614	6/20/2023	\$50,000.00	Intercompany Transfer	Related Entity	
Petersen Health Systems, Inc.*	830 West Trailcreek Dr. Peoria	Peoria	IL	61614	6/28/2023	\$20,000.00	Intercompany Transfer	Related Entity	
Petersen Health Systems, Inc.*	830 West Trailcreek Dr. Peoria	Peoria	IL	61614	10/31/2023	\$5,000.00	Intercompany Transfer	Related Entity	
Petersen Health Systems, Inc.*	830 West Trailcreek Dr. Peoria	Peoria	IL	61614	11/24/2023	\$20,000.00	Intercompany Transfer	Related Entity	
Petersen Health Systems, Inc.*	830 West Trailcreek Dr. Peoria	Peoria	IL	61614	12/18/2023	\$10,000.00	Intercompany Transfer	Related Entity	
Petersen Health Systems, Inc.*	830 West Trailcreek Dr. Peoria	Peoria	IL	61614	12/21/2023	\$10,000.00	Intercompany Transfer	Related Entity	
Petersen Health Systems, Inc.*	830 West Trailcreek Dr. Peoria	Peoria	IL	61614	12/28/2023	\$30,000.00	Intercompany Transfer	Related Entity	
Plaza West Development, LLC*	7601 N. Orange Prairie Rd	Peoria	IL	61615	4/24/2023	\$30,000.00	Intercompany Transfer	Related Entity	
Plaza West Development, LLC*	7601 N. Orange Prairie Rd	Peoria	IL	61615	5/1/2023	\$25,000.00	Intercompany Transfer	Related Entity	
SJL Health Systems, Inc.*	900 South Chestnut Street, Pana, IL 62557	Pana	IL	62557	4/24/2023	\$70,000.00	Intercompany Transfer	Related Entity	
SJL Health Systems, Inc.*	900 South Chestnut Street, Pana, IL 62557	Pana	IL	62557	6/28/2023	\$20,000.00	Intercompany Transfer	Related Entity	
SJL Health Systems, Inc.*	900 South Chestnut Street, Pana, IL 62557	Pana	IL	62557	11/30/2023	\$4,000.00	Intercompany Transfer	Related Entity	
SJL Health Systems, Inc.*	900 South Chestnut Street, Pana, IL 62557	Pana	IL	62557	2/8/2024	\$50,000.00	Intercompany Transfer	Related Entity	
Twenty Four Corp, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	11/2/2023	\$30,000.00	Intercompany Transfer	Related Entity	
Twenty Four Corp, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	11/22/2023	\$5,000.00	Intercompany Transfer	Related Entity	
Twenty Four Corp, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	2/7/2024	\$20,000.00	Intercompany Transfer	Related Entity	
Undetermined*					12/20/2023	\$2,000.00	Intercompany Transfer	Related Entity	Amended Herein - Removed
Undetermined*					4/4/2024	\$6,900.00	Intercompany Transfer	Related Entity	Amended Herein - Removed
Undetermined*					4/29/2024	\$87,100.00	Intercompany Transfer	Related Entity	Amended Herein - Removed



## In re: Midwest Health Operations, LLC

Case No. 24-10452

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)
Estate of Ralph A. Veenker Jr., deceased, v. Petersen Health Enterprises, LLC d/b/a Aledo Rehabilitation & Health Care Center; Midwest Health Operations, LLC d/b/a Aledo Rehabilitation & Health Care Center; and Petersen Health Group, LLC	2019-L-8	WD failure to provide CPR	Mercer County Circuit Court	100 SE 3rd Street	Aledo	IL	61231	Pending
Judith Bill, Plaintiff v. Midwest Health Operations, LLC d/b/a Cornerstone Rehabilitation & Health Care Center	2023-LA-57	Undeterminable	10th Judicial Circuit Court of Ill	324 Main St. Ste. 215	Peoria	IL	61602	
Peggy Carter-Williams, as Special Representative of the Estate of Billy Ray Williams, deceased v. Midwest Health Operations, LLC d/b/a Cornerstone Rehabilitation & Health Care Center; and Petersen Health Care Management, LLC	2022-LA-56	Undeterminable	10th Judicial Circuit Court of Ill	324 Main St. Ste. 215	Peoria	IL	61602	
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 II, INC.; PETERSEN HEALTH CARE -ROSEVILLE, LLC; PETERSEN HEALTH CARE V, LLC; PETERSEN HEALTH CARE VII, LLC; PETERSEN HEALTH CARE, INC.; PETERSEN HEALTH ENTERPRISES, LLC; PETERSEN HEALTH NETWORK, LLC; PETERSEN HEALTH OPERATIONS III, LLC; PETERSEN HEALTH OPERATIONS, LLC; PETERSEN HEALTH QUALITY, LLC; PETERSEN MANAGEMENT COMPANY, LLC; SJL HEALTH SYSTEMS, INC.; ALEDO HCO, LLC; ARCOLA HCO, LLC; ASPEN HCO, LLC; BEMENT HCO, LLC; CASEY HCO, LLC; CHARL ESTON HCO, LLC; COLLINSVILLE HCO, LLC; CUMBERLAND HCO, LLC; DECATUR HCO, LLC; EASTVIEW HCO, LLC; EFFINGHAM HCO, LLC; HAVANA HCO, LLC; KEWANEE HCO, LLC; LEBANON HCO, LLC; MCLEANSBORO HCO, LLC; NORTH AURORA HCO, LLC; PETERSEN HEALTH BUSINESS, LLC; PETERSEN HEALTH JUNCTION, LLC; PETERSEN HEALTH RESOURCES, LLC; PETERSEN HEALTH & WELLNESS, LLC; PIPER HCO, LLC; PLEASANT VIEW HCO, LLC; PRAIRIE CITY HCO, LLC; ROBINGS HCO, LLC; ROSICLARE HCO, LLC; ROYAL HCO, LLC; SHAN GRI LA HCO, LLC; SHELBYVILLE HCO, LLC; SULLIVAN HCO, LLC; SWANSEA HCO, LLC; TARKIO HCO, LLC; TUSCOLA HCO, LLC; TWIN HCO; VANDALIA HCO, LLC; WATSEKA HCO, LLC; AND WESTSIDE HCO, LLC, DEFENDANTS	2024-LA-0000030	Undeterminable	10th Judicial Circuit Court of Ill	324 Main St. Ste. 215	Peoria	IL	61602	Pending
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 II, INC.; PETERSEN HEALTH CARE -ROSEVILLE, LLC; PETERSEN HEALTH CARE V, LLC; PETERSEN HEALTH CARE VII, LLC; PETERSEN HEALTH CARE, INC.; PETERSEN HEALTH ENTERPRISES, LLC; PETERSEN HEALTH NETWORK, LLC; PETERSEN HEALTH OPERATIONS III, LLC; PETERSEN HEALTH OPERATIONS, LLC; PETERSEN HEALTH QUALITY, LLC; PETERSEN MANAGEMENT COMPANY, LLC; SJL HEALTH SYSTEMS, INC.; ALEDO HCO, LLC; ARCOLA HCO, LLC; ASPEN HCO, LLC; BEMENT HCO, LLC; CASEY HCO, LLC; CHARL ESTON HCO, LLC; COLLINSVILLE HCO, LLC; CUMBERLAND HCO, LLC; DECATUR HCO, LLC; EASTVIEW HCO, LLC; EFFINGHAM HCO, LLC; HAVANA HCO, LLC; KEWANEE HCO, LLC; LEBANON HCO, LLC; MCLEANSBORO HCO, LLC; NORTH AURORA HCO, LLC; PETERSEN HEALTH BUSINESS, LLC; PETERSEN HEALTH JUNCTION, LLC; PETERSEN HEALTH RESOURCES, LLC; PETERSEN HEALTH & WELLNESS, LLC; PIPER HCO, LLC; PLEASANT VIEW HCO, LLC; PRAIRIE CITY HCO, LLC; ROBINGS HCO, LLC; ROSICLARE HCO, LLC; ROYAL HCO, LLC; SHAN GRI LA HCO, LLC; SHELBYVILLE HCO, LLC; SULLIVAN HCO, LLC; SWANSEA HCO, LLC; TARKIO HCO, LLC; TUSCOLA HCO, LLC; TWIN HCO; VANDALIA HCO, LLC; WATSEKA HCO, LLC; AND WESTSIDE HCO, LLC, DEFENDANTS	2024-LA-0000030	Undeterminable	10th Judicial Circuit Court of Ill	324 Main St. Ste. 215	Peoria	IL	61602	Pending