### 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 LIABILITES 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

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



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.

time of filing of the Statements (the "<u>Amended Statements</u>"). 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 "<u>Affected Party</u>") 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 <u>5:00 p.m.</u> (<u>Prevailing Central Time</u>) on <u>May 23, 2025</u> (the "<u>Amended Schedules Bar Date</u>").

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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Email: chardman@winston.com

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.1

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

#### INTRODUCTION

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

The debtors and debtors in possession (collectively, the "<u>Debtors</u>" or the "<u>Company</u>") in the above-captioned chapter 11 cases (these "<u>Chapter 11 Cases</u>") filed their *Schedules of Assets and Liabilities* (the "<u>Schedules</u>") and *Statements of Financial Affairs* (the "<u>Statements</u>" and, together with the Schedules, the "<u>Schedules and Statements</u>") pursuant to section 521 of the Bankruptcy Code (as defined below), Rule 1007 of the Federal Rules of Bankruptcy Procedure, and Rule 1007-1 of the Local Rules of Bankruptcy Practice and Procedure of the United States Bankruptcy Court for the District of Delaware on May 31, 2024. *See* Docket Nos. 380–505.

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

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

As discussed in global notes attached to each of the originally filed Schedules and Statements (the "Global Notes"), 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

Capitalized terms used herein but not otherwise defined shall have the meaning ascribed to them in the Global Notes.

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, 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

<u>Item 11</u>: 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.

<u>Item 55</u>: 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

<u>Part 2</u>: 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.

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## EXHIBIT A

## **Amended Schedules**

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

In re:

SC HEALTHCARE HOLDING, LLC, et al.,

Debtors. 1

Chapter 11

Case No. 24-10443 (TMH)

(Jointly Administered)

## AMENDED SCHEDULES OF ASSETS AND LIABILITIES FOR NORTH AURORA HCO, LLC (CASE NO. 24-10460)

#### **Amended Herein:**

• Schedule E/F: Creditors Who Have Unsecured

• Schedule G: Executory Contracts and Unexpired Leases

• Summary of Assets and Liabilities for Non-Individuals

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' claims and noticing agent at www.kcellc.net/Petersen.

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

Debtor Name: In re: North Aurora HCO, LLC

United States Bankruptcy Court for the: District of Delaware

Case number (if known): 24-10460 (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	\$	3,984,912.44
1c. Total of all property:		
Copy line 92 from Schedule A/B	\$	3,984,912.44
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	\$	4,034,776.78
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	\$	279,400.00
3b. Total amount of claims of nonpriority amount of unsecured claims:		
Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F	+\$	1,595,452.13
4. Total liabilities		
Lines 2 + 3a + 3b	\$	5,909,628.91

Fill in this information to identify the case:
Debtor Name: In re : North Aurora HCO, LLC
United States Bankruptcy Court for the: District of Delaware
Case number (if known): 24-10460 (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.

- 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 clai	m	Priority a	mount
Priority credi		As of the petition filing date, the claim is: Check all that apply.	\$	250,000.00	\$	250,000.00	
Creditor Name			_ ☐ Contingent				
			☐ Unliquidated				
Creditor's Notice n	ame		□ Disputed				
535 West Jeffe	rson Street						
Address			Basis for the claim:				
			Taxes				
				_			
Springfield	IL	62761	_				
City	State	ZIP Code	-				
Country			_				
Date or dates	s debt was inc	urred					
Various			_				
Last 4 digits number	of account			Is the o	claim subject	to offset?	
Specify Code	subsection o	of PRIORITY unsecur	ed	□ Ye	S		
claim: 11 U.S	.C. § 507(a) ( <u>8</u> )						

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Name	Case				
Priority creditor's name and mailing address IDPH/CMS	As of the petition filing date, the claim is: \$ Check all that apply.		4,400.00	\$	4,400
Creditor Name					
	☐ Unliquidated				
Creditor's Notice name	☐ Disputed				
E3E West leffereen Street	□ Disputed				
535 West Jefferson Street Address	Basis for the claim:				
	Taxes				
0 : 6 ! !	_				
Springfield         IL         62761           City         State         ZIP Code	-				
Country	_				
Date or dates debt was incurred					
Various					
Last 4 digits of account	_	Is the clain	n subiect 1	to offset?	
number		☑ No			
Specify Code subsection of PRIORITY unsecur claim: 11 U.S.C. § 507(a) (8)		□ Yes			
	As of the petition filing date, the claim is: \$ Check all that apply.		25,000.00	\$	25,000
claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address	As of the petition filing date, the claim is: \$ Check all that apply.		25,000.00	\$\$	25,000
claim: 11 U.S.C. § 507(a) (8)  Priority creditor's name and mailing address IDPH/CMS	As of the petition filing date, the claim is: \$  Check all that apply.  Contingent		25,000.00	\$	25,000
claim: 11 U.S.C. § 507(a) (8)  Priority creditor's name and mailing address IDPH/CMS	As of the petition filing date, the claim is: \$ Check all that apply.  Contingent Unliquidated		25,000.00	. \$	25,000
claim: 11 U.S.C. § 507(a) (8)  Priority creditor's name and mailing address IDPH/CMS Creditor Name  Creditor's Notice name	As of the petition filing date, the claim is: \$  Check all that apply.  Contingent		25,000.00	\$	25,000
claim: 11 U.S.C. § 507(a) (8)  Priority creditor's name and mailing address IDPH/CMS Creditor Name	As of the petition filing date, the claim is: \$ Check all that apply.  Contingent Unliquidated		25,000.00	\$	25,000
Claim: 11 U.S.C. § 507(a) (8)  Priority creditor's name and mailing address IDPH/CMS Creditor Name  Creditor's Notice name  535 West Jefferson Street	As of the petition filing date, the claim is: \$ Check all that apply.  Contingent Unliquidated Disputed  Basis for the claim:		25,000.00	\$\$	25,000
Claim: 11 U.S.C. § 507(a) (8)  Priority creditor's name and mailing address IDPH/CMS Creditor Name  Creditor's Notice name  535 West Jefferson Street	As of the petition filing date, the claim is: \$  Check all that apply.  Contingent Unliquidated Disputed		25,000.00	\$	25,000
Claim: 11 U.S.C. § 507(a) (8)  Priority creditor's name and mailing address IDPH/CMS Creditor Name  Creditor's Notice name  535 West Jefferson Street  Address	As of the petition filing date, the claim is: \$ Check all that apply.  Contingent Unliquidated Disputed  Basis for the claim:		25,000.00	\$	25,000
Claim: 11 U.S.C. § 507(a) (8)  Priority creditor's name and mailing address IDPH/CMS Creditor Name  Creditor's Notice name  535 West Jefferson Street	As of the petition filing date, the claim is: \$ Check all that apply.  Contingent Unliquidated Disputed  Basis for the claim:		25,000.00	\$	25,000
Claim: 11 U.S.C. § 507(a) (8)  Priority creditor's name and mailing address IDPH/CMS Creditor Name  Creditor's Notice name  535 West Jefferson Street Address  Springfield  IL 62761	As of the petition filing date, the claim is: \$ Check all that apply.  Contingent Unliquidated Disputed  Basis for the claim:		25,000.00	.\$	25,000
Claim: 11 U.S.C. § 507(a) (8)  Priority creditor's name and mailing address IDPH/CMS Creditor Name  Creditor's Notice name  535 West Jefferson Street Address  Springfield  IL 62761	As of the petition filing date, the claim is: \$ Check all that apply.  Contingent Unliquidated Disputed  Basis for the claim:		25,000.00	\$	25,000
Creditor's Notice name  Creditor's Notice name  Springfield  City  State  State	As of the petition filing date, the claim is: \$ Check all that apply.  Contingent Unliquidated Disputed  Basis for the claim:		25,000.00	\$	25,000
Claim: 11 U.S.C. § 507(a) (8)           Priority creditor's name and mailing address           IDPH/CMS           Creditor Name           Creditor's Notice name           535 West Jefferson Street           Address           Springfield         IL         62761           City         State         ZIP Code	As of the petition filing date, the claim is: \$ Check all that apply.  Contingent Unliquidated Disputed  Basis for the claim:		25,000.00	\$	25,000
Creditor's Notice name  Creditor's Notice name  535 West Jefferson Street  Address  Springfield City  Country  Date or dates debt was incurred	As of the petition filing date, the claim is: \$ Check all that apply.  Contingent Unliquidated Disputed  Basis for the claim:				25,000

#### Part 2:

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

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

				Amount of claim	
	editor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	563.28
A T & T Creditor Name			Check all that apply.		
			☐ Contingent		
Creditor's Notice nam			☐ Unliquidated		
Creditor's Notice han	ne		☐ Disputed		
PO Box 5080			Basis for the claim:		
Address			Trade Payable	-	
Carol Stream	<u>IL</u>	60197-5080			
City	State	ZIP Code			
Country			Is the claim subject to offset?		
Date or dates of Various	debt was incurr	ed	✓ No		
Last 4 digits of	f account		□ Yes		
Nonpriority cre Charles Cooper Creditor Name	editor's name a	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent	\$	2,150.0
			•		
Creditor's Notice nan	ne		<u> </u>		
=			☐ Disputed  Basis for the claim:		
Address on File Address			Trade Payable		
				-	
City	State	ZIP Code			
- 7		<del>-</del>			
Country			<del></del>		
Date or dates of	debt was incurr	ed	Is the claim subject to offset?		
Various			☑ No ————————————————————————————————————		
Last 4 digits of	f account		□ Yes		
number					

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or: North Aurora H	HCO, LLC		Case number (if known).	vn): 24-10460	
Name					
	editor's name a	and mailing address	As of the petition filing date, the claim is:	\$	119.8
Comcast Cable			Check all that apply.		
Creditor Name			☐ Contingent		
			□ Unliquidated		
Creditor's Notice nar	ne		☐ Disputed		
PO Box 70219			Basis for the claim:		
Address			Trade Payable	_	
Philadelphia	PA	19176-0219			
City	State	ZIP Code			
Country					
Date or dates	debt was incurr	red	Is the claim subject to offset?		
Various			☑ No		
Last 4 digits of	f account		☐ Yes		
ComEd	editor's name a	and mailing address	As of the petition filing date, the claim is:  Check all that apply.	\$	13,941.9
Creditor Name			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice nar	ne		□ Disputed		
PO Box 6112			Basis for the claim:		
Address			Trade Payable	_	
Carol Stream	<u>IL</u>	60197-6112			
City	State	ZIP Code			
Country					
	debt was incurr	red	Is the claim subject to offset?		
Various			☑ No		
Last 4 digits of	f account		□ Yes		
number					

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Name					
Nonpriority cre Constellation Nev		nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	1,561.0
Creditor Name			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice nar	me		□ Disputed		
Gas Division LLC			Basis for the claim:		
Address	,		Trade Payable		
PO Box 5473				_	
Carol Stream	IL	60197-5473			
City	State	ZIP Code	<del></del>		
Country					
Date or dates	debt was incurr	red	Is the claim subject to offset?		
Various			☑ No		
Various  Last 4 digits o  number	f account		☑ No □ Yes		
Last 4 digits o		nd mailing address		\$	3,561.
Last 4 digits on number  Nonpriority cre		nd mailing address	☐ Yes  As of the petition filing date, the claim is:	\$	3,561.4
Last 4 digits of number  Nonpriority cropatamax  Creditor Name  dba Sumner One	editor's name a	nd mailing address	☐ Yes  As of the petition filing date, the claim is:  Check all that apply.	\$	3,561.4
Last 4 digits of number  Nonpriority cropatamax  Creditor Name	editor's name a	nd mailing address	□ Yes  As of the petition filing date, the claim is:  Check all that apply.  □ Contingent	\$	3,561.4
Last 4 digits of number  Nonpriority cropatamax  Creditor Name  dba Sumner One	editor's name a	nd mailing address	□ Yes  As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated	\$	3,561.4
Last 4 digits of number  Nonpriority creditor Name  dba Sumner One Creditor's Notice nar	editor's name a	nd mailing address	□ Yes  As of the petition filing date, the claim is:  Check all that apply. □ Contingent □ Unliquidated □ Disputed	\$	3,561.4
Last 4 digits of number  Nonpriority creditor Name  dba Sumner One Creditor's Notice nar	editor's name a	nd mailing address	□ Yes  As of the petition filing date, the claim is:  Check all that apply. □ Contingent □ Unliquidated □ Disputed  Basis for the claim:	\$	3,561.4
Last 4 digits of number  Nonpriority creditor Name  dba Sumner One Creditor's Notice nar	editor's name a	and mailing address	□ Yes  As of the petition filing date, the claim is:  Check all that apply. □ Contingent □ Unliquidated □ Disputed  Basis for the claim:	\$	3,561.4
Last 4 digits of number  Nonpriority cropatamax Creditor Name  dba Sumner One Creditor's Notice nar  PO Box 5180  Address	editor's name a		□ Yes  As of the petition filing date, the claim is:  Check all that apply. □ Contingent □ Unliquidated □ Disputed  Basis for the claim:	\$	3,561.4
Last 4 digits of number  Nonpriority creditor Name  Creditor Name  dba Sumner One  Creditor's Notice nare  PO Box 5180  Address  St Louis	editor's name a	63139-0180	As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed  Basis for the claim:  Trade Payable	\$	3,561.4
Last 4 digits of number  Nonpriority creditor Name  Creditor Name  dba Sumner One  Creditor's Notice nare  PO Box 5180  Address  St Louis  City  Country	editor's name a	63139-0180 ZIP Code	As of the petition filing date, the claim is:  Check all that apply.  Contingent Disputed Basis for the claim:  Trade Payable  Is the claim subject to offset?	\$	3,561.
Last 4 digits of number  Nonpriority creditor Name  Creditor Name  dba Sumner One  Creditor's Notice nare  PO Box 5180  Address  St Louis  City  Country	editor's name a	63139-0180 ZIP Code	As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed  Basis for the claim:  Trade Payable	\$	3,561.

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Name			Case number (if known):	24-10460	
	itor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	9,000.0
Dr. R. S. Nandra Creditor Name			Check all that apply.		
Oreditor Name			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice name			☐ Disputed		
Address on File			Basis for the claim:		
Address			Trade Payable		
				-	
O'th	State	7ID Code			
City	State	ZIP Code			
Country  Date or dates de	ht was incurr	ad	Is the claim subject to offset?		
Various	Dt Was moun	ou .	☑ No		
Last 4 digits of a	ecount		 □ Yes		
Nonpriority cred		nd mailing address	As of the petition filing date, the claim is:	\$	251.4
L reditor Name	- Claiming	<b>.</b>	Check all that apply.		
Creditor Name	Claiming	• • •	Check all that apply.  ☐ Contingent		
Creditor's Notice name			☐ Contingent		
Creditor's Notice name			□ Contingent □ Unliquidated		
		<b>9</b>	☐ Contingent ☐ Unliquidated ☐ Disputed		
Creditor's Notice name			☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim:	_	
Creditor's Notice name		66225	☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim:	_	
Creditor's Notice name PO Box 26225 Address			☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim:	-	
Creditor's Notice name PO Box 26225 Address  Overland Park	KS	66225	☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: Trade Payable	_	
PO Box 26225 Address  Overland Park City	KS State	66225 ZIP Code	□ Contingent □ Unliquidated □ Disputed  Basis for the claim:  Trade Payable  Is the claim subject to offset?	_	
Creditor's Notice name PO Box 26225 Address  Overland Park City  Country	KS State	66225 ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: Trade Payable	_	

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or: North Auror	a HCO, LLC	Case number (if known):	wn): 24-10460		
Name					
Nonpriority (	creditor's name a	and mailing address	As of the petition filing date, the claim is:	\$	2,016.7
Fox Metro			Check all that apply.		
Creditor Name			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice	name		□ Disputed		
Water Reclam	ation District				
Address	ation District		Basis for the claim:  Trade Payable		
PO Box 160				_	
Aurora	IL	60507			
Aurora City	State	ZIP Code			
S.i.y					
Country  Date or date	s debt was incuri	red	Is the claim subject to offset?		
Various	s dest was moun	····	☑ No		
Last 4 digits	of account		 □ Yes		
number					
Nonpriority	creditor's name a	and mailing address	As of the petition filing date, the claim is:	\$	7,541.0
Gale Healthca		-	Check all that apply.		
Creditor Name			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice	name		□ Disputed		
C/O Real Time	Services		Basis for the claim:		
Address			Trade Payable		
PO Box 4729				_	
Winter Park	FL	32793-4729			
City	State	ZIP Code			
Country					
Date or date	s debt was incuri	red	Is the claim subject to offset?		
Various			☑ No		
Last 4 digits	of account		 □ Yes		
number					

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-	ity creditor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	860.57
Creditor Nam			☐ Contingent		
			☐ Unliquidated		
Creditor's Not	tice name		<u> </u>		
			☐ Disputed		
730 Anthor	ıy Trail		Basis for the claim:		
			Trade Payable	-	
Northbrook	s IL	60062			
City	State	ZIP Code			
Country					
	ates debt was incurr	·ed	Is the claim subject to offset?		
Various			☑ No		
Last 4 dig	gits of account		☐ Yes		
12 <b>Nonpriori</b> Illinois State		nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	1,660.00
3.00.0			Contingent		
3.00			☐ Contingent		
Creditor's Not			Unliquidated		
Creditor's Not	tice name		Unliquidated  Disputed		
Creditor's Not			☐ Unliquidated☐ Disputed☐ Basis for the claim:		
Creditor's Not  Bureau of I	tice name		Unliquidated  Disputed	-	
Creditor's Not Bureau of I Address 206 North 0	itice name Investigation Chicago Street	60432-4072	☐ Unliquidated☐ Disputed☐ Basis for the claim:	-	
Creditor's Not  Bureau of I	tice name	60432-4072 ZIP Code	☐ Unliquidated☐ Disputed☐ Basis for the claim:	-	
Creditor's Not Bureau of I Address 206 North 0 Joliet	itice name Investigation Chicago Street	<del></del> -	☐ Unliquidated☐ Disputed☐ Basis for the claim:	_	
Creditor's Not Bureau of I Address 206 North 0 Joliet City Country	itice name Investigation Chicago Street	ZIP Code	☐ Unliquidated☐ Disputed☐ Basis for the claim:	_	
Creditor's Not Bureau of I Address 206 North 0 Joliet City Country	Investigation Chicago Street  IL State	ZIP Code	☐ Unliquidated ☐ Disputed Basis for the claim: Trade Payable	_	

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or: North Aurora	a HCO, LLC		Case number (if known):	24-10460	
Name					_
Nonpriority o	reditor's name a	nd mailing address	As of the petition filing date, the claim is: \$	S Undeterm	nine
Law Office of Jo	effrey Krumpe		Check all that apply.		
Creditor Name			☐ Contingent		
			Unliquidated		
Creditor's Notice n	ame		 ☑ Disputed		
110 SW Jeffere	eson		Basis for the claim:		
Address	70011		 Litigation		
Suite 410					
Peoria	IL	61602			
City	State	ZIP Code			
Country					
Date or dates	s debt was incurr	ed	Is the claim subject to offset?		
2/6/2024			☑ No		
Last 4 digits	of account		☐ Yes		
	creditor's name a	nd mailing address	As of the petition filing date, the claim is: \$  Check all that apply.	3.	50.0
			ŭ		
Creditor's Notice n	ame		Unliquidated		
			☐ Disputed		
4 N953 Old La Address	Fox Road		Basis for the claim:		
Unit B			Trade Payable		
St Charles	<u>IL</u>	60175			
City	State	ZIP Code			
Country			le the plains publicative affects		
	s debt was incurr	red	Is the claim subject to offset?		
Various			✓ No		
Last 4 digits	of account		□ Yes		

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5 Nonpriority o	reditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	286,896.1
Martin Bros Creditor Name			Check all that apply.		
Creditor Name			☐ Contingent		
			Unliquidated		
Creditor's Notice n	name		☐ Disputed		
406 Viking Roa	ad		Basis for the claim:		
Address			Trade Payable	_	
Cedar Falls	<u>IA</u>	50613			
City	State	ZIP Code			
Country			In the elektroped bed to effect 0		
	s debt was incurr	red	Is the claim subject to offset? ☑ No		
Various  Last 4 digits					
number					
		and mailing address	As of the petition filing date, the claim is:  Check all that apply.	\$	36,151.0
6 Nonpriority o		and mailing address		\$	36,151.0
6 <b>Nonpriority o</b> Mc Kesson Me		and mailing address	Check all that apply.  □ Contingent	\$	36,151.0
6 <b>Nonpriority o</b> Mc Kesson Me	dical- Surgical	and mailing address	Check all that apply.  □ Contingent □ Unliquidated	\$	36,151.0
6 Nonpriority of Mc Kesson Me Creditor Name	dical- Surgical	and mailing address	Check all that apply.  Contingent Unliquidated Disputed	\$	36,151.08
6 <b>Nonpriority o</b> Mc Kesson Me Creditor Name	dical- Surgical	and mailing address	Check all that apply.  □ Contingent □ Unliquidated	\$	36,151.05
6 Nonpriority of Mc Kesson Me Creditor Name  Creditor's Notice of PO Box 630693	dical- Surgical	and mailing address	Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	36,151.08
Mc Kesson Me Creditor Name  Creditor's Notice n	dical- Surgical	and mailing address  45263-0693	Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	36,151.0
Mc Kesson Me Creditor Name  Creditor's Notice n  PO Box 630693  Address	dical- Surgical		Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	36,151.0.
6 Nonpriority of Mc Kesson Medicarditor Name  Creditor Name  Creditor's Notice of PO Box 630693 Address  Cincinnati	name  OH	45263-0693	Check all that apply.  Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	36,151.0
6 Nonpriority of Mc Kesson Medical Creditor Name  Creditor's Notice of PO Box 630693 Address  Cincinnati City  Country	name  OH	45263-0693 ZIP Code	Check all that apply.  Contingent Unliquidated Disputed Basis for the claim: Trade Payable  Is the claim subject to offset?	\$	36,151.0
6 Nonpriority of Mc Kesson Medical Creditor Name  Creditor's Notice of PO Box 630693 Address  Cincinnati City  Country	odical- Surgical  OH State  State	45263-0693 ZIP Code	Check all that apply.  Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	36,151.0

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- NI					
	reditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	186.12
Nicor Gas Creditor Name			Check all that apply.		
oroanor riamo			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice na	ame		☐ Disputed		
PO Box 5407			Basis for the claim:		
Address			Trade Payable	-	
- 10:		00407.5407			
Carol Stream City	IL	60197-5407 ZIP Code			
Country  Date or dates	debt was incurr	red	Is the claim subject to offset?		
Various			☑ No		
Last 4 digits	of account		□ Yes		
number					
	reditor's name a	and mailing address	As of the petition filing date, the claim is:  Check all that apply.	\$	30,685.7
8 <b>Nonpriority c</b> Omnicare	reditor's name a	and mailing address	Check all that apply.  □ Contingent	\$	30,685.75
8 <b>Nonpriority c</b> Omnicare		and mailing address	Check all that apply.  □ Contingent □ Unliquidated	\$	30,685.7
8 Nonpriority c Omnicare Creditor Name  Creditor's Notice no	ame	and mailing address	Check all that apply.  Contingent  Unliquidated  Disputed	\$	30,685.75
8 Nonpriority c Omnicare Creditor Name  Creditor's Notice no	ame	nd mailing address	Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	30,685.7
8 Nonpriority c Omnicare Creditor Name  Creditor's Notice no	ame	and mailing address	Check all that apply.  Contingent  Unliquidated  Disputed	\$	30,685.75
8 Nonpriority c Omnicare Creditor Name  Creditor's Notice in Department781 Address	ame	and mailing address	Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	30,685.75
8 Nonpriority c Omnicare Creditor Name  Creditor's Notice in Department781 Address	ame	and mailing address	Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	30,685.78
8 Nonpriority c Omnicare Creditor Name  Creditor's Notice none Department781 Address PO Box 78000	ame 668		Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	30,685.7
8 Nonpriority c Omnicare Creditor Name  Creditor's Notice n Department781 Address PO Box 78000  Detroit	ame 668	48278-1668	Check all that apply.  Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	30,685.7
8 Nonpriority c Omnicare Creditor Name  Creditor's Notice in Department781 Address PO Box 78000  Detroit City  Country	ame 668	48278-1668 ZIP Code	Check all that apply.  Contingent Unliquidated Disputed Basis for the claim: Trade Payable  Is the claim subject to offset?	\$	30,685.7
8 Nonpriority c Omnicare Creditor Name  Creditor's Notice in Department781 Address PO Box 78000  Detroit City  Country	ame 668  MI State	48278-1668 ZIP Code	Check all that apply.  Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	30,685.7

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-		and mailing address	As of the petition filing date, the claim is:	\$	390.00
Creditor Name	nagement Services		Check all that apply.		
			☐ Contingent		
Creditor's Notice r	name		Unliquidated		
Creditor o recitor r	amo		☐ Disputed		
Department LA	24800		Basis for the claim:		
Address			Trade Payable	_	
Pasadina	CA	91185-0001			
City	State	ZIP Code			
Country					
Date or dates	s debt was incurr	red	Is the claim subject to offset?		
Various			☑ No		
Last 4 digits	of account		□ Yes		
number					
	creditor's name a	and mailing address	As of the petition filing date, the claim is:  Check all that apply.	\$	16,231.0 <sup>-</sup>
0 <b>Nonpriority o</b>	creditor's name a	and mailing address	Check all that apply.  □ Contingent	\$	16,231.0 <sup>-</sup>
0 <b>Nonpriority o</b> PEL/VIP		and mailing address	Check all that apply.  ☐ Contingent ☐ Unliquidated	\$	16,231.0
0 Nonpriority of PEL/VIP Creditor Name Creditor's Notice of	name	and mailing address	Check all that apply.  Contingent  Unliquidated  Disputed	\$	16,231.0 <sup>-</sup>
O Nonpriority of PEL/VIP Creditor Name  Creditor's Notice of 9840 Southwes	name	and mailing address	Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	16,231.01
0 Nonpriority of PEL/VIP Creditor Name Creditor's Notice of	name	and mailing address	Check all that apply.  Contingent  Unliquidated  Disputed	\$	16,231.0 <sup>-</sup>
PEL/VIP Creditor Name  Creditor's Notice r  9840 Southwes  Address	name st Highway		Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	16,231.0 <sup>-</sup>
O Nonpriority of PEL/VIP Creditor Name  Creditor's Notice of 9840 Southwes	name	and mailing address  60453  ZIP Code	Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	16,231.0 <sup>-</sup>
PEL/VIP Creditor Name  Creditor's Notice of 9840 Southwes Address  Oak Lawn	name st Highway	60453	Check all that apply.  Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	16,231.0
PEL/VIP Creditor Name  Creditor's Notice of 9840 Southwes Address  Oak Lawn City  Country	name st Highway	60453 ZIP Code	Check all that apply.  Contingent Unliquidated Basis for the claim: Trade Payable  Is the claim subject to offset?	\$	16,231.0
PEL/VIP Creditor Name  Creditor's Notice of 9840 Southwes Address  Oak Lawn City  Country	name  st Highway  IL  State  s debt was incurr	60453 ZIP Code	Check all that apply.  Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	16,231.0

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Nonpriority cre	ditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	1,155,410.2
Petersen Health C	Operations, LLC		Check all that apply.		
Creditor Name			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice name	ne		□ Disputed		
830 W Trailcreek	30 W Trailcreek Dr		Basis for the claim:		
Address			Inter Company Loan		
				_	
Peoria	IL	61614			
City	State	ZIP Code			
Country			<u></u>		
Date or dates d	lebt was incurr	ed	Is the claim subject to offset?		
As of 3/31/2024			☑ No		
As of 3/31/2024  Last 4 digits of number  Amended herein			☐ Yes		
Last 4 digits of number  Amended hereice  Nonpriority cre	in: added editor's name a	nd mailing address	☐ Yes  As of the petition filing date, the claim is:	\$	10,753.
Last 4 digits of number  Amended herein	in: added editor's name a	nd mailing address	☐ Yes  As of the petition filing date, the claim is:  Check all that apply.	\$	10,753.
Last 4 digits of number  Amended hereicher Nonpriority cree	in: added editor's name a	nd mailing address	□ Yes  As of the petition filing date, the claim is:  Check all that apply.  □ Contingent	\$	10,753.
Last 4 digits of number  Amended hereic  Nonpriority cre Point Click Care T	in: added editor's name a Fechnologies Inc	nd mailing address	□ Yes  As of the petition filing date, the claim is:  Check all that apply.  □ Contingent □ Unliquidated	\$	10,753.1
Last 4 digits of number  Amended herein  Nonpriority cre Point Click Care T Creditor Name  Creditor's Notice name	in: added editor's name a Fechnologies Inc	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed	\$	10,753.1
Last 4 digits of number  Amended herein  Nonpriority cree Point Click Care T Creditor Name	in: added editor's name a Fechnologies Inc	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	10,753.1
Last 4 digits of number  Amended herein  Nonpriority cre Point Click Care T Creditor Name  Creditor's Notice nam  PO Box 674802	in: added editor's name a Fechnologies Inc	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed	\$	10,753.1
Last 4 digits of number  Amended herein  Nonpriority cree Point Click Care To Creditor Name  Creditor's Notice name  PO Box 674802  Address	in: added  ditor's name a  echnologies Inc		As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	10,753.
Last 4 digits of number  Amended herein  Nonpriority cre Point Click Care T Creditor Name  Creditor's Notice nam  PO Box 674802	in: added editor's name a Fechnologies Inc	nd mailing address  48267-4802 ZIP Code	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	10,753.1
Last 4 digits of number  Amended hereican Nonpriority cree Point Click Care To Creditor Name  Creditor's Notice name PO Box 674802 Address	in: added  ditor's name a  echnologies Inc	48267-4802	As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed  Basis for the claim:  Trade Payable	\$	10,753.
Last 4 digits of number  Amended herein  Nonpriority cree Point Click Care To Creditor Name  Creditor's Notice name  PO Box 674802  Address  Detroit  City	in: added  ditor's name a Fechnologies Inc	48267-4802 ZIP Code	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	10,753.1

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tor: North Aurora HCO, LLC		Case number (if known):	24-10460	
Name				
3 Nonpriority creditor's name an Presto- X	d mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	1,768.00
Creditor Name		□ Contingent		
		☐ Unliquidated		
Creditor's Notice name				
		☐ Disputed		
PO Box 14095 Address		Basis for the claim:		
		Trade Payable	-	
Reading PA	19612			
Reading PA City State	ZIP Code			
Country				
Date or dates debt was incurre	ed	Is the claim subject to offset?		
Various				
Last 4 digits of account		□ Yes		
number				
4 Nonpriority creditor's name ar	d mailing address	As of the petition filing date, the claim is:	\$	375.00
Professional Water Systems Inc Creditor Name		Check all that apply.		
		☐ Contingent		
One ditta de Maties a serve		☐ Unliquidated		
Creditor's Notice name		☐ Disputed		
PO Box 714		Basis for the claim:		
Address		Trade Payable	-	
Batavia IL	60510			
City State	ZIP Code			
Country  Date or dates debt was incurred	ad.	Is the claim subject to offset?		
Various	u	✓ No		
Last 4 digits of account		□ Yes		
number				

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or: North Auror	a HCO, LLC		Case number (if known):	24-10460		
Name						
5 Nonpriority	creditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	760.2	
Shadow Fax P	rojects		Check all that apply.			
Creditor Name			☐ Contingent ☐ Unliquidated ☐ Disputed			
Creditor's Notice	name					
PO Box 347			Basis for the claim:			
Address			Trade Payable			
				_		
Sullivan	<u>IL</u>	61951				
City	State	ZIP Code				
Country						
	s debt was incurr	ed	Is the claim subject to offset?			
Various			☑ No			
Last 4 digits	of account		□ Yes			
number  6 Nonpriority of Shadow Fax P		nd mailing address	As of the petition filing date, the claim is:  Check all that apply.	\$	249.0	
Creditor Name			□ Contingent			
			☐ Unliquidated			
Creditor's Notice	name		☐ Disputed			
Medical Waste	A Account		Basis for the claim:			
Address	Account		Trade Payable			
PO Box 5473			Trade Layable	_		
Sullivan	<u>IL</u>	61951				
City	State	ZIP Code				
Country						
	s debt was incurr	ed	Is the claim subject to offset?			
Various			☑ No			
Last 4 digits	of account		□ Yes			
number	number					

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or: North Aurora	a HCO, LLC		Case number (if known):	24-10460	
Name					
Nonpriority creditor's name and mailing address			As of the petition filing date, the claim is:	\$	9,779.1
The Home Dep	oot Pro		Check all that apply.		
Creditor Name			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice r	name		□ Disputed		
13924 Collection	13924 Collection Center Drive Address		Basis for the claim:		
Address			Trade Payable		
				-	
Chicago	IL	60693-0126			
City	State	ZIP Code			
Country					
Date or dates	s debt was incurr	ed	Is the claim subject to offset?		
Various			☑ No		
Last 4 digits	of account		□ Yes		
number  Nonpriority o	creditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	1,800.0
Total Care Solu	utions		Check all that apply.		
Creditor Name			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice r	name		 □ Disputed		
39465 West14	Mile Road		Basis for the claim:		
Address			Trade Payable	-	
Novi	MI	48377-1600			
City	State	ZIP Code			
Country			le the claim cubicet to offeet?		
Date or dates debt was incurred			Is the claim subject to offset?  ☑ No		
Various	of account				
Last 4 digits of account			☐ Yes		

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or: North Aurora	a HCO, LLC		Case number (if known):	24-10460
Name				
Nonpriority o	reditor's name a	ind mailing address	As of the petition filing date, the claim is: \$	440.00
Youngrens Inc			Check all that apply.	
Creditor Name			☐ Contingent	
			☐ Unliquidated	
Creditor's Notice n	name		□ Disputed	
736 New Have	n Avenue		Basis for the claim:	
Address			Trade Payable	
Aurora	IL	60506-2819		
City	State	ZIP Code		
Country				
Date or dates	s debt was incuri	red	Is the claim subject to offset?	
Various			☑ No	
Last 4 digits	of account		□ Yes	

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

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

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

## 

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

1,874,852.13

## Fill in this information to identify the case:

Debtor Name: In re: North Aurora HCO, LLC

United States Bankruptcy Court for the: District of Delaware

Case number (if known): 24-10460 (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	eases	State the name and m whom the debtor has lease	nailing address for all an executory contra	l other parties with ct or unexpired
	2.1 State what the contract or lease is for and the nature of the debtor's interest	Addendum to Contract between Staffing Agency	Action Homecare and S	staffing, LLC d/b/a Oasi	s Medical Services
	State the term remaining		Notice Name 761 Main St. NW, Suite Address	A	
	List the contract number of any government contract				
			Bourbonnais	IL	60914
			City	State	ZIP Code
			Country		
	Amended herein: added				
	2.2 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 Effective February 4, 2023	Action Homecare and S	staffing, LLC d/b/a Oasi	s Medical Services
			Attn Administration		
			Notice Name		
			761 Main St. NW, Suite	A	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Bourbonnais	<u>IL</u>	60914
			City	State	ZIP Code
			Country		

Amended herein: added

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Debtor:	North Aurora HCO, LLC		Case number (if knot	wn): 24-10460	
2.3	Name State what the contract or lease is for and the nature	Ctoffing Agraement	Action Homecare and S	staffing TLC d/b/a Oasi	s Medical Services
,	of the debtor's interest	Staffing Agreement	Name	g, <u></u>	aa <b>-</b>
			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		
			Country		
	Amended herein: added				
2.4	State what the contract or lease is for and the nature	Term Staffing Agreement	Action Homecare and S	staffing, LLC d/b/a Oasi	s Medical Services
	of the debtor's interest	Term Stanning Agreement	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				
2.5	State what the contract or lease is for and the nature	Host Facility Agreement	Adapt of Illinois, Inc.		
	of the debtor's interest		Name		
			Attn Cindy Janicak		
			Notice Name		
			105 W. Madison St, Sui	te 800	
	State the term remaining		Address		
	List the contract number of				
;	any government contract				
			Chicago	IL	60602
			City	State	ZIP Code
			Courter		
			Country		

Amended herein: added

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Debtor:	North Aurora HCO, LLC		Case number (if k	nown): 24-10460	
	Name				
2.6	State what the contract or lease is for and the nature	W 10 0 : 4 ·	Advanced Tissue		
	of the debtor's interest	Wound Care Service Agreement	Name		
			Notice Name		
				ii ro	
			7003 Valley Ranch Dr		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Little Rock	AR	72223
			City	State	ZIP Code
			City	State	ZIP Code
			Country		
			Country		
	Amended herein: added				
	Amended herein, added				
0.7	State what the contract or				
	State what the contract or lease is for and the nature	Facility Agreement	Aetna Better Health		
'	of the debtor's interest		Name		
			Nation Name		
			Notice Name		
			PO Box 818031, F661		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
	7.0				
			Cleveland	ОН	44181
			City	State	ZIP Code
			Country		
	Amended herein: added				
	State what the contract or				
2.8	State what the contract or lease is for and the nature	Addendum to Contract	All American Healthca	re Services, Inc.	
1	of the debtor's interest		Name		
			Notice Name		
			494 Broad St, 4th Floo	or	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
	any government contract				
					0=:
			Newark	NJ	07102
			City	State	ZIP Code
			Country		

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	Name				
2.9	State what the contract or lease is for and the nature	HEALTHCARE STAFFING AMENDMENT	All American HealthCa	are Services, Inc.	
	of the debtor's interest		Name		
			Notice Name		
				_	
	Otata tha tanna namalalan		494 Broad St, 4th Floo Address	or 	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Newark	NJ	07102
			City	State	ZIP Code
			Country		
			Country		
	Amended herein: added				
	State what the contract or				
.10	State what the contract or lease is for and the nature	Amendment to Nursing Facility Laboratory Agreement		American Health Associ	iates
	of the debtor's interest		Name		
			Notice Name		
			102 East Main Street		
	State the term remaining		Address		
	· ·		<del></del>		
	List the contract number of				
	any government contract				
			Galesburg	IL	61401
			City	State	ZIP Code
			Country		
			Country		
	Amended herein: added				
	State what the contract or				
.11	State what the contract or lease is for and the nature	Facility Agreement for Audiological Services	Americans for Better H	learing Foundation	
	of the debtor's interest		Name		
			Notice Name		
			7630 S. County Line R	Road	
	State the term remaining		Address	<del>-</del>	
	<b>.</b>				
	List the contract number of				
	any government contract				
			Burr Ridge	IL	60527
			City	State	ZIP Code
			Country		
			Country		
	Amended herein: added				

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Debtor:	North Aurora HCO, LLC		Case number (i		
	Name				
2.12	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 Name		
			Attn Robert A. Clem Notice Name	ente, Chief Executive Offic	er
			Behavioral Care Sol	utions	
	State the term remaining		Address		
	•		39465 W. 14 Mile Ro	d.	
	List the contract number of				
	any government contract				
			Novi	MI	48377
			City	State	ZIP Code
			Country		
	Amended herein: added				
	State what the contract or	Amendment to Clinical Services Agreement Dated as	Bio-Behavioral Care	Solutions, LLC dba Behav	ioral Care Solutions
	lease is for and the nature of the debtor's interest	of June 23, 2022	Name	Columnio, ELO ada Boliav	Total Caro Colations
			Attn Robert A. Clem	ente, Chief Executive Offic	er
			Notice Name		
			Behavioral Care Sol	utions	
	State the term remaining		Address		
			39465 W. 14 Mile Re	d.	
	List the contract number of				
;	any government contract				
			Novi	MI	48377
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.14	State what the contract or lease is for and the nature	Clinical Services Agreement	Bio-Behavioral Care	Solutions, LLC dba Behav	ioral Care Solutions
	of the debtor's interest	Official Dervices Agreement	Name		
			Attn Robert A. Clem	ente, Chief Executive Offic	er
			Behavioral Care Sol	utions	
	State the term remaining		Address	4.0	
			39465 W. 14 Mile Re	d.	
	List the contract number of				
;	any government contract				
			Novi	MI	48377
			City	State	ZIP Code

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Debtor:	North Aurora HCO, LLC		Case number (if )		
	Name				
2.15	State what the contract or lease is for and the nature	Mobile Imaging Service Agreement	BioTech X-ray, Inc		
	of the debtor's interest		Name		
			Attn Tamara Schwart	z, President	
			Notice Name		
			1065 Executive Parky	way 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				
	runonaca norom. aaaca				
2.16	State what the contract or lease is for and the nature	Consider Agreement	BioTech X-ray, Inc		
	of the debtor's interest	Service Agreement	Name		
			Attn Tamara Schwart	z, President	
			Notice Name		
			1065 Executive Parky	way 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				
2.17	State what the contract or		Die Teels Weese Jac		
	lease is for and the nature of the debtor's interest	Mobile Imaging Services Agreement	BioTech X-ray, Inc. Name		
	or the debtor 3 interest		Attn Tamara Schwart	7 President	
			Notice Name	z, i resident	
			1065 Executive Parky	way, Ste.220	
	State the term remaining		Address		
	J				
	List the contract number of				
	any government contract				
			St. Louis	MO	63141-6367
			City	State	ZIP Code
			<del>-</del> ··- <i>y</i>		0000
			Country		
			-		

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Debtor:	North Aurora HCO, LLC		Case number (if kno		
2.18	Name State what the contract or lease is for and the nature	Medicaid Provider Agreement	Blue Cross Blue Shield Corporation	of Illinois, a Division of	Health Care Service
	of the debtor's interest	-	Name		
			Notice Name		
			300 East Randolph St		
	State the term remaining		Address		
	-	-			
	List the contract number of				
	any government contract				
			Chicago	IL	60601
			City	State	ZIP Code
			Country		
	Amended herein: added				
0.40	State what the contract or				
	State what the contract or lease is for and the nature of the debtor's interest	Renewal Customer Service Agreement	Call One Inc.		
	or the debtor 3 interest				
			Notice Name		
			225 West Wacker Drive	8th Floor	
	State the term remaining		Address		
	List the contract number of				
	List the contract number of any government contract				
	any government contract		-		
			Chicago	IL	60606
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.20	State what the contract or lease is for and the nature	Enteral Therapy, Urological, Ostomy and Tracheotomy Supplies and Wound Care Products	Centrad Healthcare, LL	С	
	of the debtor's interest	Agreement	Name	<del></del>	
			Attn Michelle C. Korslin	, Sr. VP of Sales & Mai	keting
			Notice Name		
	State the term remaining		184 Shuman Blvd, Suite Address	e 130	
	State the term remaining	-			
	List the contract number of				
	any government contract				
			Naperville	IL	60563
			City	State	ZIP Code
			Country		
			•		

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North Aurora HCO, LLC				
State what the contract or lease is for and the nature of the debtor's interest	Charles and Charlie Janitorial and Landscaping Contract	Charles and Charlie Jan	itorial and Landscaping	g
		Brigette Dortch  Notice Name		
		811 Gunderson		
State the term remaining		Address		
List the contract number of				
any government contract				
		Oak Park	<u>IL</u>	60304
		City	State	ZIP Code
		Country		
Amended herein: added				
State what the contract or lease is for and the nature	Business Class Service Order Agreement		nications Management	, LLC
of the debtor's interest				
		Notice Name		
		One Comcast Center		
State the term remaining		Address		
List the contract number of				
any government contract				
		Philadelphia	PA	19103
		City	State	ZIP Code
		Country		
Amended herein: added				
State what the contract or lease is for and the nature	Services Agreement	Comcast of Illinois XIII, I	L.P.	
of the debtor's interest		Name		
		Attn MDU Manager Notice Name		
		1500 McConnor Parkwa	у	
State the term remaining		Address		
List the contract number of				
any government contract				
		Schaumburg	IL	60173
		City	State	ZIP Code
		Country		
	North Aurora HCO, LLC Name State what the contract or lease is for and the nature of the debtor's interest  State the term remaining List the contract number of any government contract  Amended herein: added  State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract number of any government contract  Amended herein: added  State what the contract or lease is for and the nature of the debtor's interest  State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract number of the debtor's interest	North Aurora HCO, LLC Name State what the contract or lease is for and the nature of the debtor's interest  Charles and Charlie Janitorial and Landscaping Contract  State the term remaining  List the contract number of any government contract or lease is for and the nature of the debtor's interest  Amended herein: added  State what the contract or lease is for and the nature of the debtor's interest  State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract number of	North Aurora HCO, LLC Name State what the contract or ease is for and the nature of the debtor's interest  State the term remaining  Amended herein: added state what the contract or ease is for and the nature of the debtor's interest  Amended herein: added state what the contract or ease is for and the nature of the debtor's interest  Amended herein: added state what the contract or ease is for and the nature of the debtor's interest  Amended herein: added state what the contract or ease is for and the nature of the debtor's interest  Amended herein: added state what the contract or ease is for and the nature of the debtor's interest  Amended herein: added state what the contract or ease is for and the nature of the debtor's interest  Amended herein: added state what the contract or ease is for and the nature of the debtor's interest  Amended herein: added state what the contract or ease is for and the nature of the debtor's interest  Amended herein: added state what the contract or ease is for and the nature of the debtor's interest  State the term remaining  List the contract number of any government contract  Services Agreement  Comcast of Illinois XIII, Name Att MDU Manager Notice Name Address  State the term remaining  List the contract number of any government contract  State what the contract or ease is for and the nature of the debtor's interest  State the term remaining  List the contract number of any government contract  Schaumburg City	North Aurora HCO, LLC Name State what the contract or case is for and the nature of the debtor's interest  Amended herein: added State what the contract number of any government contract  Amended herein: added State what the contract number of any government contract  Amended herein: added State what the contract number of any government contract  Amended herein: added State what the contract or case is for and the nature of the debtor's interest  Amended herein: added State what the contract number of any government contract  Amended herein: added State what the contract number of any government contract  Amended herein: added State what the contract number of any government contract  Amended herein: added State the term remaining  List the contract number of any government contract  Amended herein: added State what the contract number of any government contract  Amended herein: added State what the contract or case is for and the nature of the debtor's interest  Amended herein: added State what the contract or case is for and the nature of the debtor's interest  Amended herein: added State what the contract or case is for and the nature of the debtor's interest  Amended herein: added State what the contract or case is for and the nature of the debtor's interest  Amended herein: added State what the contract or case is for and the nature of the debtor's interest  Amended herein: added State what the contract or contract or case is for and the nature of the debtor's interest  Amended herein: added State what the contract or cont

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ebtor:	North Aurora HCO, LLC		Case number (if know	vn): 24-10460	
c	Name				
2.24 k	state what the contract or ease is for and the nature	Psychological Services Agreement	Deer Oaks Mid-West, L.	L.C.	
0	f the debtor's interest		Name		
			Notice Name		
				)	
	No. 4 . 4 . 4		7272 Wurzbach Road, S Address	buite 601	
•	State the term remaining		Addless		
	ist the contract number of				
	any government contract				
•	iny government contract				
			San Antonio	TX	78240
			City	State	ZIP Code
			City	State	ZIF Code
			Country		
	Amended herein: added				
9	state what the contract or				
2.25 le	ease is for and the nature	Addendum to Contract	Deer Oaks Mid-West, LL	_C	
0	f the debtor's interest		Name	Ouglity Assurance 9	UIDAA Compliance
			Attn Dr. Deborah Theis - Officer	Quality Assurance &	HIPAA Compliance
			Notice Name		
			Deer Oaks - The Behavi	oral Health Solution	
5	State the term remaining		Address		
			7272 Wurzbach Road, #	601	
L	ist the contract number of				
a	ny government contract				
			San Antonio	TX	78240
			City	State	ZIP Code
			Country		
	Amended herein: added				
	, in on a da not on in a da da				
2.26	State what the contract or ease is for and the nature	Medical Director Agreement	Dr. Ravinderpal Nandra		
0	f the debtor's interest	Medicar Birodel 7 grooment	Name		
			Notice Name		
			1041 Station Drive		
5	State the term remaining		Address		
			#B7		
	ist the contract number of				
a	any government contract				
			_	_	_
			Oswego	IL	60543
			City	State	ZIP Code
			Country		

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Debtor:			Case number (if known):	24-10460	
2.27	Name State what the contract or lease is for and the nature	Contract Between Facility and Energize Group Inc, its Successors and/or Assigns	Energize Group Inc., its Su	uccessors and/or Ass	signs
	of the debtor's interest		Name		
			Notice Name		
			4950 W Madison, Unit 139	1	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Skokie	IL	60076
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.28	State what the contract or lease is for and the nature	Amendment No. 3 to Pharmacy Products and Services Agreement	Enloe Drugs, LLC		
	of the debtor's interest	ngrooms.	Name		
			OMNICARE OF DECATUR	२	
			796 N. SUNNYSIDE ROAL	)	
	State the term remaining		Address		
	List the contract number of				
	List the contract number of any government contract				
	any government contract				
			Decatur	IL	62522-1156
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.29	State what the contract or lease is for and the nature	Amendment to Contract Between Staffing Agency and	Favorite Healthcare Staffin	ia Inc	
	of the debtor's interest	Nursing Facility	Name Name	ig, iiio.	
			Notice Name		
			7255 W. 98th Terrace - Bld	dg.5, Suite 150	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Overland Park	KS	66212-2215
			City	State	ZIP Code
			Country		

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Debtor:			Case number (if knot		
2.30	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.		
			Notice Name		
			7255 W. 98th Terrace -	Plda E Suito 150	
	State the term remaining		Address	Blug.5, Suite 150	
	List the contract number of				
	any government contract				
			Overland Park	KS	66212-2215
			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	Memorandum of Understanding	Favorite Healthcare Sta	ffing, Inc.	
			W.C. N		
			Notice Name	Dida E Cuita 450	
s	State the term remaining		7255 W. 98th Terrace -	Bidg.5, Suite 150	
	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				
2.32	State what the contract or lease is for and the nature	Customer Staffing Agreement	Gale Healthcare Solutio	ns, LLC	
	of the debtor's interest		Attn Chief Administrative Notice Name	e Officer	
			Gale Healthcare Solutio	ns	
	State the term remaining		Address		
			3101 W Dr. Martin Luthe	er King Jr. Blvd, Suite 2	200
	List the contract number of				
	any government contract				
			Tampa	FL	33635
			City	State	ZIP Code
			Country		

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Debtor:	North Aurora HCO, LLC		Case number (if known):	24-10460	
	Name Ctata what the appropriate				
2.33	State what the contract or lease is for and the nature	Laboratory Services Agreement	Gamma Healthcare, Inc.		
	of the debtor's interest		Name		
			- N. C. W.		
			Notice Name		
			1717 West Maud		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			D 1 D1 "		2224
			Poplar Bluff	MO	63901
			City	State	ZIP Code
			Country		
			Country		
	Amended herein: added				
2.34	State what the contract or lease is for and the nature	Radiology Services Agreement	Gamma HealthCare, Inc.		
	of the debtor's interest	readility Solvious rigidomoni	Name		
			Notice Name		
			1717 West Maud St.		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Poplar Bluff	MO	63901
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.35	State what the contract or lease is for and the nature	Lease and Service Agreement	Gateway ProClean, Inc.		
	of the debtor's interest	Lease and Service Agreement	Name		
			Notice Name		
			2081 Exchange Drive		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			St. Charles	MO	63303
			City	State	ZIP Code
			Country		

	Case	24-10443-TMH Doc 1426 Fil	led 04/22/25 Page 4	7 of 73	
Debtor:	North Aurora HCO, LLC		Case number (if known		
	Name				
2.36	State what the contract or lease is for and the nature	Daniel and a second	Gem Medical Supplies, L	I.C.	
	of the debtor's interest	Purchasing Agreement	Name		
			Notice Name		
			730 Anthony Trail		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
	any government contract				
			Northbrook		60063
			Northbrook	<u> L</u>	60062
			City	State	ZIP Code
			Country		
	Amended herein: added				
	Amended herein. added				
2.37	State what the contract or				
	lease is for and the nature of the debtor's interest	Consulting Services Agreement	Health Technologies, Inc.	•	
	of the deptor's interest			m#	
			Attn Carol Sapp, Presider Notice Name	rit	
	Otata tha taum namaining		8446 Page Avenue Address		
	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				
	State what the contract or				
2.38	lease is for and the nature	Installment Withholding Note	HealthCare and Family S	ervices	
	of the debtor's interest		Name		
			Trina Grim  Notice Name		
			404 North 5th Street		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Springfield	IL	62702-5206
			City	State	ZIP Code
			Country		

Debtor:		24-10443-TMH Doc 1426 Filed	04/22/25 Page	48 Of /3	
Debioi.	Name		—— Case Hullibel (# ki		
2.39	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 Hosp	ice
			Notice Name		
			1N131 County Farm F	Road	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Winfield	IL	60190
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.40	State what the contract or lease is for and the nature	Independent Contractor Agreement	James P. Ford, RN, D	PM	
	of the debtor's interest	independent Contractor Agreement	Name	· · · ·	
			Notice Name		
			PO Box 164		
	State the term remaining		Address		
	State the term remaining				
	List the contract number of		-		
	any government contract				
			Oak Park	IL	60303-0164
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.41	State what the contract or lease is for and the nature	Special Program Agreement for Rental and Capital	Joerns LLC		
	of the debtor's interest		Name		
			Attn Chief Strategy Of	ficer	
			Notice Name		
			2430 Whitehall Park D	Orive, Suite 100	
	State the term remaining		Address		
	List the contract number of		-		
	any government contract				
			Charlotte	NC	28273
			City	State	ZIP Code
			Country		
			•		

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btor:	North Aurora HCO, LLC		Case number (if know	vn): 24-10460	
,	Name				
<sup>2.42</sup> i	State what the contract or ease is for and the nature	Memorandum of Agreement	KEPRO		
•	of the debtor's interest		Name		
			Notice Name		
			5700 Lombardo Center	Drive, Suite 100	
;	State the term remaining		Address		
	List the contract number of		-		
	any government contract				
			Seven Hills	ОН	44131
			City	State	ZIP Code
			Country		
	Amended herein: added				
	State what the contract or				
2.43	ease is for and the nature of the debtor's interest	Amended and Restated Therapy Services Agreement	Kindred Rehab Services Name	s, LLC	
•	or the debtor 3 interest		Attn VP, Finance		
			Notice Name		
			Rehab Care		
	State the term remaining		Address		
	<b>3</b>		680 South Fourth Street		
ı	List the contract number of				
;	any government contract				
			Louisville	KY	40202
			City	State	ZIP Code
			Country		
	Amended herein: added				
.44	State what the contract or ease is for and the nature		Lawrence Recruiting Sp	acialists Inc. d/h/a I R	S Healthcare
	ease is for and the nature of the debtor's interest	Addendum to Contract	Name	Colalists, Illo. a/b/a Liv	5 i icalineare
			Attn Contracts		
			Notice Name		
			1120 N 103 Plaza, Suite	300	
;	State the term remaining		Address		
ı	List the contract number of				
;	any government contract		<del></del>		
			Omaha	NE	68114
			City	State	ZIP Code
			•		

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btor:	North Aurora HCO, LLC Name		Case number (if kn	own): 24-10460	
2 45	State what the contract or lease is for and the nature		Lowronce Boorwiting S	nocialists Inc. d/b/o I D	C Hoolthoore
	lease is for and the nature of the debtor's interest	Staffing Services Agreement	Name	pecialists, Inc. d/b/a LR	3 Healthcare
			Attn Contracts		
			Notice Name		
			1120 North 103rd Plaz	a, Suite 300	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Omaha	NE	68114
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.46	State what the contract or lease is for and the nature		L DO Haraltha and		
	lease is for and the nature of the debtor's interest	Confirmation of Assignment	LRS Healthcare Name		
			Notice Name		
			1120 N 103 Plaza, Sui	te #300	
	State the term remaining		Address		
	list the contract number of				
	List the contract number of any government contract				
	any government contract				
			Omaha	NE	68114
			City	State	ZIP Code
			-		
			Country		
	Amended herein: added				
	State what the contract or	Letter Agreement re: Request for Consent to			
	State what the contract or lease is for and the nature	Contract Assignment	LRS Healthcare		
•	of the debtor's interest		Name		
			Attn Heather Sutherlan  Notice Name	d	
				Suite 200	
	State the term remaining		1120 N. 103rd Plaza, S Address	Julie 300	
	State the term remaining				
	List the contract number of				
	any government contract				
			Omaha	NE NE	68114
			City	State	ZIP Code
			Country		
			•		

otor: North Aurora HCO, LLC	Se 24-10443-1MH DOC 1426 Filed	Case number (if kno	51 01 73 <sub>wn):</sub> 24-10460	
Name		<u> </u>		
2.48 State what the contract of lease is for and the nature of the debtor's interest	re Master Contract for Biohazard Waste	MCKay's Haz-Mat Truck	k Service, Inc.	
or the deptor 3 interest		· vallo		
		Notice Name		
		PO Box 1444		
State the term remaining		Address		
List the contract numbe	r of			
any government contrac	et -			
		Centralia	IL	62801
		City	State	ZIP Code
		Country		
Amended herein: adde	d			
.49 State what the contract of lease is for and the natu of the debtor's interest	or re Prime Vendor Product Supply Agreement	McKesson Medical-Sur	gical Minnesota Supply	Inc.
		Notice Name		
State the term remaining	1	8121 Tenth Avenue No	rth	
State the term remaining				
List the contract numbe	r of			
any government contrac	et			
		Golden Valley	MN	55427
		City	State	ZIP Code
		Country		
Amended herein: adde	d			
.50 State what the contract of lease is for and the natu of the debtor's interest	Agreement between North Aurora Care and Medical Diagnostic Services Inc. dated May 20th, 2013	Medical Diagnostic Serv	vices Inc.	
of the deptor's interest		Name		
		Notice Name		
		3701 W. Jarvis Ave		
State the term remaining		Address		
List the contract numbe	r of			
any government contrac	et			
		Skokie	IL	60076
		City	State	ZIP Code
		Country		
Amended herein: adde	d			

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Debtor:			Case number (if known):	24-10460	
	Name State what the contract or				
2.51	State what the contract or lease is for and the nature	Amendment to Contract	Medical Staffing Solutions, LL	<u>C</u>	
	of the debtor's interest		Name		
			Notice Name		
			8601 N. Kentucky Ave, Suite	Δ	
	State the term remaining		Address	<u> </u>	
			<del></del>		
	List the contract number of				
	any government contract				
	, 0				
			Evansville	IN	47725
			City	State	ZIP Code
			- •		
			Country		
	Amended herein: added				
9	State what the contract or				
<sup>2.52</sup> I	State what the contract or lease is for and the nature	Amendment to Professional Services Agreement	Medical Staffing Solutions, LL  Name	<u>C</u>	
	of the debtor's interest		Name		
			Notice Name		
			8601 N. Kentucky Ave, Suite	Δ	
	State the term remaining		Address	·	
	otato ino torm romaning		<del></del>		
	List the contract number of				
	any government contract				
	<b>, g</b>				
			Evansville	IN	47725
			City	State	ZIP Code
			•		
			Country		
	Amended herein: added				
	State what the contract or				
	icase is for affu the flature	Attachment 1 to Professional Services Agreement	Medical Staffing Solutions, LL  Name	<u>C</u>	
	of the debtor's interest		Name		
			Notice Name		
			8601 N. Kentucky Ave, Suite	Δ	
	State the term remaining		Address	·	
			<del></del>		
	List the contract number of				
	any government contract				
	, , , , , , , , , , , , , , , , , , , ,				
			Evansville	IN	47725
			City	State	ZIP Code
			÷.,	<b>-</b>	211 0000
			Country		
			-		

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btor:	North Aurora HCO, LLC		Case number (if know	vn): 24-10460	
	Name State what the contract or				
<sup>2.54</sup> i	State what the contract or ease is for and the nature	Professional Services Agreement	Medical Staffing Solution Name	ns, LLC	
•	of the debtor's interest		Attn Chief Executive Off	ioor	
			Notice Name		
			9700 HWY 57N, Suite A	•	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
	any government contract				
			Evansville	IN	47725
			City	State	ZIP Code
			Country		
	Amended herein: added				
.55	State what the contract or				
I	ease is for and the nature of the debtor's interest	Illinois Ancillary Provider/HCBS Agreement	Meridian Health Plan of Name	Illinois, Inc.	
			Notice Name		
			333 South Wabash Ave,	, Suitte 2900	
:	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Chicago	IL	60604
			City	State	ZIP Code
			Country		
	Amended herein: added				
·	State what the contract or				
.50 I	ease is for and the nature	Provider Services Agreement	Molina Healthcare of Illir	nois, Inc, an Illinois Co	rporation
,	of the debtor's interest		Name		
			Notice Name		
			2001 Butterfield Road, S	Suite 750	
	State the term remaining		Address		
	List the contract number of				
,	any government contract				
			Downers Grove	IL	60515
			City	State	ZIP Code
			Country		
	Amended herein: added				
	Amenaca nereni. adaed				

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Debtor:			Case number (if kno	wn): 24-10460	
	Name State what the contract or				
2.57	State what the contract or lease is for and the nature	Hospital Transfer Agreement	North Aurora Care Cent	ter	
	of the debtor's interest		Name		
			Notice Name		
			310 Banbury Road		
	State the term remaining		Address		
	<b>.</b>				
	List the contract number of				
	any government contract				
			North Aurora	IL	60542
			City	State	ZIP Code
			Country		
	Amended herein: added				
	Amended nerein. added				
2.58	State what the contract or lease is for and the nature	Addendum to Contract between Staffing Agency and Nursing Facility	Novastaff Healthcare S	ervices. Inc.	
	of the debtor's interest	Nursing Facility	Name		
			Notice Name		
			PO Box 249		
	State the term remaining		Address		
	Listation and and a second and a				
	List the contract number of				
	any government contract				
			Coal City	IL	60416-0249
			City	State	ZIP Code
			City	Oldio	211 0000
			Country		
	Amended herein: added				
2.59	State what the contract or lease is for and the nature				
	a field a collaboration land a constant	Amendment to Contract	Novastaff Healthcare Some	ervices, Inc.	
	of the deptor's interest				
			Notice Name		
			PO Box 249		
	State the term remaining		Address		
			<del></del>		
	List the contract number of				
	any government contract				
			Coal City	<u>IL</u>	60416-0249
			City	State	ZIP Code
			Occupation		
			Country		
	Amended herein: added				

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Debtor:			Case number (if known	): 24-10460	
	Name				
2.60	State what the contract or lease is for and the nature	Staffing Agreement	Novastaff Healthcare Ser	vices, Inc.	
	of the debtor's interest		Name		
			Notice Name		
			PO Box 249		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Coal City	IL	60416-0249
			City	State	ZIP Code
			Country		
	Amended herein: added				
	State what the contract or				
2.01 <b> </b>	lease is for and the nature	Addendum to Contract	Oasis Medical Services		
	of the debtor's interest		Name		
			Nation Name		
			Notice Name		
			PO Box 823473		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Philadelphia	PA	19182-3473
			City	State	ZIP Code
			Country		
	Amended herein: added				
	State what the contract or	Addendum to Contract between Staffing Agency and			
2.62	State what the contract or lease is for and the nature	Nursing Facility Effective February 3, 2022	Oasis Medical Services		
	of the debtor's interest		Name		
			Attn Chief Operating Office Name	er	
				- ^	
	Otata tha tamu manadalan		761 Main Street NW Suite Address	e A	
	State the term remaining		Address		
	Hardina and the first				
	List the contract number of				
	any government contract				
			Bourbonnais	<u>IL</u>	60914
			City	State	ZIP Code
			Country		

		_	56 Of 73	
North Aurora HCO, LLC Name	<u> </u>	Case number (if kno	wn): 24-10460	
2.63 State what the contract lease is for and the na	t or	Oasis Medical Services		
of the debtor's interes	ture Service Agreement t	Name		
		Notice Name		
		310 Banbury Road		
State the term remaini	ing	Address		
List the contract name				
List the contract numb				
any government contr	act			
		North Aurora	IL	60542
		City	State	ZIP Code
		Country		
		,		
Amended herein: add	ded			
State what the contrac	et or Addendum to Contract Between Hospice Provider and			
State what the contract lease is for and the nation of the debtor's interest	ture Nursing Facility	Odyssey Healthcare Op	perating A, LP d/b/a Kir	ndred Hospice
of the deptor's interes	·	Attn General Counsel		
		Notice Name		
		Kindred at Home		
State the term remaini	ing	Address		
		655 Brawley School Ro	ad, Suite 200	
List the contract number	per of			
any government contr	ract			
		Mooresville	NC	28117
		City	State	ZIP Code
		Country		
Amended herein: add	dod			
Amended nerein. add	ueu			
2.65 State what the contract lease is for and the na	tt or ture Nursing Facility Hospice Services Agreement	Odyssey Healthcare Op	perating A. LP d/b/a Kir	ndred Hospice
of the debtor's interes	t	Name	<u> </u>	
		Attn General Counsel		
		Notice Name		
		c/o Kindred at Home		
State the term remaini	ing	Address		
		655 Brawley School Ro	ad, Suite 200	
List the contract number	per of			
any government contr	ract			
		Mooresville	NC	28117
		City	State	ZIP Code
		Oity	Glate	ZIF Code

North Aurora HCO, LLC Name		Case number (if kno	own): 24-10460	
State what the contract or lease is for and the nature of the debtor's interest	Amendment No. 2 to Pharmacy Consultant Agreement	Omnicare Name		
of the debtor's interest				
		Attn Legal Notice Name		
		One CVS Drive Mail Co	nde 1160	
State the term remaining		Address	546 1100	
State the term remaining		_		
List the contract number of	nf			
any government contract		_		
uny government contract				
		Woonsocket	RI	02895
		City	State	ZIP Code
		Oily	Olalo	211 0000
		Country		
Amended herein: added				
State what the contract or				
State what the contract or lease is for and the nature	Amendment No. 5 to Pharmacy Consultant Agreement	Omnicare		
of the debtor's interest		Name		
		Attn Legal Notice Name		
			- J- 4400	
0(-1-1)-(-1		One CVS Drive Mail Co	ode 1160	
State the term remaining		Address		
Ust the contrast number	,			
List the contract number of	or	_		
any government contract				
		Woonsocket	RI	02895
		City	State	ZIP Code
		Country		
		,		
Amended herein: added				
State what the contract or	Amendment No. 6 to Pharmacy Products and Services			
State what the contract or lease is for and the nature	Agreement	Omnicare		
of the debtor's interest		Name		
		Attn Legal		
		Notice Name		
		One CVS Drive Mail Co	ode 1160	
State the term remaining		Address		
Hat the control				
List the contract number of				
any government contract				
			<b>.</b>	
		Woonsocket	RI	02895
		City	State	ZIP Code
		Country		

	Ouse	24-10443-TMH Doc 1426 Filed	04/22/25 Page	58 of 73	
tor:	North Aurora HCO, LLC		Case number (if kno	own): 24-10460	
	Name				
.69	State what the contract or ease is for and the nature	Amendment to Pharmacy Consultant Agreement	Omnicare		
C	of the debtor's interest		Name		
			Attn Legal Notice Name		
				- 1- 4400	
	01-1-11-1		One CVS Drive Mail Co	ode 1160	
,	State the term remaining		Address		
	List the contract number of				
•	any government contract				
			Woonsocket	RI	02895
			City	State	ZIP Code
			Country		
			oou,		
	Amended herein: added				
	24-4	Letter Amendment re: COVID-19 Vaccination			
70 i	State what the contract or ease is for and the nature	Distribution Services	Omnicare		
C	of the debtor's interest		Name		
			Attn Legal		
			Notice Name		
			One CVS Drive Mail Co	ode 1160	
,	State the term remaining		Address		
	List the contract number of				
i	any government contract				
			Woonsocket	RI	02895
			City	State	ZIP Code
			Country		
			,		
	Amended herein: added				
	State what the contract or				
71 i	State what the contract or ease is for and the nature	Pharmacy Consultant Agreement	Omnicare		
(	of the debtor's interest		Name		
			Attn Legal Notice Name		
			One CVS Drive Mail Co	ode 1160	
•	State the term remaining		Address		
	List the contract number of				
•	any government contract				
			Moonoo-li-t	DI	00005
			Woonsocket	RI	02895
			City	State	ZIP Code
			Country		
			Country		
	Amended herein: added				

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Debtor:	North Aurora HCO, LLC		Case number (if kno		
	Name				
2.72	State what the contract or lease is for and the nature	Pharmacy Products and Services Agreement	Omnicare		
	of the debtor's interest	Filamlacy Froducts and Services Agreement	Name		
			Attn Legal		
			Notice Name		
			One CVS Drive Mail Co	ode 1160	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Woonsocket	RI	02895
			City	State	ZIP Code
			Only	Oldio	211 0000
			Country		
			,		
	Amended herein: added				
2.73	State what the contract or lease is for and the nature	Amandment to Pharmany Consultant Agraement	Omnicare Pharmacy of the Midwest, LLC dba Omnicare of Ka City		
	of the debtor's interest	Amendment to Pharmacy Consultant Agreement	Name		
			Notice Name		
			10400 Hickman Mills D	rive, Suite 200	
	State the term remaining		Address		
	List the contract number of		-		
	any government contract		<del></del>		
			Kansas City	MO	64137
			City	State	ZIP Code
			City	Ciaio	2 0000
			Country		
			·		
	Amended herein: added				
			O	Colora Medicina de LLO alle a	0
2.74	State what the contract or lease is for and the nature	Amendment to Pharmacy Products and Services Agreement	Omnicare Pharmacy of City	the Midwest, LLC dba	Omnicare of Kansas
	of the debtor's interest	Agreement	Name		
			Notice Name		
			10400 Hickman Mills D	rive, Suite 200	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Kansas City	MO	64137
			City	State	ZIP Code
			- 4		2000
			Country		
			•		
	Amended herein: added				

	Case	24-10443-TMH Doc 1426 Filed	d 04/22/25     Page 60	) of 73	
Debtor:	North Aurora HCO, LLC Name		Case number (if known)	24-10460	
2.75	State what the contract or lease is for and the nature of the debtor's interest	Amendment to Pharmacy Consultant Agreement	Omnicare, Inc.		
			Attn General Counsel		
			900 Omnicare Center		
	State the term remaining		Address		
			201 East Fourth Street		
	List the contract number of				
	any government contract				
			Cincinnati	ОН	45202
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.76	State what the contract or lease is for and the nature	Amendment to Pharmacy Products and Services Agreement	Omnicare, Inc.		
	of the debtor's interest	-ig-comon	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	ОН	45202
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.77	State what the contract or lease is for and the nature	Pharmacy Consultant Agreement	Omnicare, Inc.		
	of the debtor's interest		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	ОН	45202
			City	State	ZIP Code
			Country		

		24-10443-TMH Doc 1426 Filed		61 of 73	
ebtor:	North Aurora HCO, LLC Name		Case number (if kno	wn): 24-10460	
0.70					
2.78	State what the contract or lease is for and the nature of the debtor's interest	Pharmacy Products and Services Agreement	Omnicare, Inc.		
•	or the debtor 3 interest		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	ОН	45202
			City	State	ZIP Code
			Country		
	Amended herein: added				
	Amended Herein. added				
2.79	State what the contract or lease is for and the nature	Addendum to Contract Between Staffing Agency and Nursing Facility	OneStaff Medical, LLC		
	of the debtor's interest	ivursing r domey	Name		
			Notice Name		
			10802 Farnam Dr., Suit	e 101	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Omaha	NE	68154
					ZIP Code
			City	State	ZIP Code
			Country		
	Amended herein: added				
	State what the contract or				
	State what the contract or lease is for and the nature	Staffing Service Agreement	OneStaff Medical, LLC		
•	of the debtor's interest		Name		
			Notice Name		
			10802 Farnam Dr., Ste	101	
	State the term remaining		Address		
		-			
	List the contract number of				
	any government contract				
	- <del>-</del>				
			Omaha	NE	68154
			City	State	ZIP Code
			Country		

	Case	24-10443-TMH Doc 1426 Filed	l 04/22/25     Page 6	62 of 73	
Debtor:	North Aurora HCO, LLC		Case number (if know		
	Name				
2.81	State what the contract or lease is for and the nature of the debtor's interest	Hospice and Nursing Home Services Agreement	Peace Hospice and Palli Name	ative Care, Inc.	
			Attention Ronke O. Char	mpion, RN BSN	
			10928 South Western Av	/enue	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Chicago	IL	60643
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.82	State what the contract or lease is for and the nature	Independent Contractor Agreement	Podiatry Plus, P.C.		
	of the debtor's interest	aspaniaon contactor i grasmon	Name		
			Notice Name		
			6560 West Higgins		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Chicago	<u>IL</u>	60656
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.83	State what the contract or lease is for and the nature	Facility Opening Assessment	Preferred Podiatry Group	, P.C	
	of the debtor's interest	Facility Service Agreement	Name	5,1.0.	
			Notice Name		
			PO Box 772293		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Detroit	MI	48277-2293
			City	State	ZIP Code
			Country		

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Debtor:	North Aurora HCO, LLC		Case number (if know		
	Name				
2.84	State what the contract or lease is for and the nature	Billing	Presto-X		
	of the debtor's interest		Name		
			Notice Name		
			4521 Leavenworth Stree	t	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Omaha	NE	68106-1437
			City	State	ZIP Code
			Country		
	Amended herein: added				
	Amended nerein. added				
2.85	State what the contract or lease is for and the nature	Multi-Facility County and Comings Assessed	Pulmonary Exchange, Lt	rd aka PEL/VIP	
	of the debtor's interest	Multi-Facility Supply and Services Agreement	Name	a. and i EE vii	
			Attn Raymond Kalinsky		
			Notice Name		
			9840 SW Hwy.		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Oak Lawn	IL	60453
			City	State	ZIP Code
			Country		
	Amended herein: added				
2 86	State what the contract or		Dainhau Haaniaa and D	alliativa Cara	
2.00	lease is for and the nature of the debtor's interest	Nursing Facility Agreement	Rainbow Hospice and Pa	alliative Care	
	5. III G G G G G G G G G G G G G G G G G		Attn Malgorzata Bladek,	Director, Quality and I	Patient Safety
			Notice Name	,, ,, ,	
			1550 Bishop Court		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Mount Prospect	IL	60056
			City	State	ZIP Code
			•		
			Country		
	Amended herein: added				

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Debtor:	North Aurora HCO, LLC		Case number (if know			
2.87	State what the contract or lease is for and the nature					
2.67	lease is for and the nature of the debtor's interest	Service Agreement	RecoverCare, LLC Name			
	of the deptor's interest		Attn General Counsel			
			Notice Name			
			1920 Stanley Gault Pkw	v. Suite 100		
	State the term remaining		Address	,,, cano 100		
	List the contract number of					
	any government contract		_			
	any government contract					
			Louisville	KY	40223	
			City	State	ZIP Code	
			Country			
	Amended herein: added					
0.00	State what the contract or					
	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			
	of the deptor's interest		President, Rehab Care			
			Notice Name			
			680 South Fourth Street	t		
	State the term remaining		Address	•		
	<b></b>		_			
	List the contract number of					
	any government contract		_			
	, 3					
			Louisville	KY	40202	
			City	State	ZIP Code	
			Country			
	Amended herein: added					
	01-1					
2.89	State what the contract or lease is for and the nature	Amended and Restated Therapy Services Agreement	RehabCare Group East	RehabCare Group East, LLC		
	of the debtor's interest		Name			
			Attn VP, Finance			
			Notice Name			
			680 South Fourth Street	t		
	State the term remaining		Address			
	List the contract number of					
	any government contract					
			Louisville	KY	40202	
			City	State	ZIP Code	
			Country			

	Case	24-10443-TMH Doc 1426 File	ed 04/22/25 Page (	65 of 73	
Debtor:	North Aurora HCO, LLC Name		Case number (if kno		
2.90	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	i, LLC	
`	or the debtor 3 interest		Attn Chief Financial Offi	icer	
			Notice Name		
			680 South Fourth Stree	t	
;	State the term remaining		Address		
!	List the contract number of				
•	any government contract				
			Louisville	KY KY	40202
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.91 I	State what the contract or lease is for and the nature	Dialysis Services Agreement - Nursing Facility	Renaissance Managem	nent Company, LLC	
(	of the debtor's interest		Name		
			Notice Name		
			1300 Waterford, Lower	Level	
;	State the term remaining		Address		
1	List the contract number of				
	any government contract				
			Aurora	IL	60504
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.92	State what the contract or ease is for and the nature	Nursing Facility Services Agreement	Sanctuary Hospice		
	of the debtor's interest	Nursing Facility Dervices Agreement	Name		
			Attn Supervisor Notice Name		
			440-K Quadrangle Drive	е	
;	State the term remaining		Address		
1	List the contract number of				
;	any government contract				
			Boling Brook	IL	60440
			City	State	ZIP Code
			Country		

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Debtor:	North Aurora HCO, LLC		Case number (if I	24-10460		
2.93	State what the centract or					
2.93	lease is for and the nature of the debtor's interest	Protocol and Agreement of Hospice Services	Sarah Bush Lincoln F Name	lealth Center d/b/a Sarah	Bush Lincoln Hospice	
	or the debtor 3 interest		Attn Post Acute Care	Director		
			Notice Name	20010.		
			Sarah Bush Lincoln F	lospice		
	State the term remaining		Address			
			1004 Health Center D	rive, Suite 202		
	List the contract number of					
	any government contract					
			Mattoon	<u> L</u>	61938	
			City	State	ZIP Code	
			Country			
			,			
	Amended herein: added					
	State what the contract or	Space and Service Agreement (Clinical Therapy				
2.94	State what the contract or lease is for and the nature	Space)	Select Rehabilitation,	LLC		
	of the debtor's interest		Name	Dunnisland		
			Attn Michael Capstick Notice Name	., President		
			2600 Compass Road			
	State the term remaining		Address			
	J		<del></del>			
	List the contract number of		-			
	any government contract		<del></del>			
			Glenview	IL	60026	
			City	State	ZIP Code	
			Country			
	Amended herein: added					
2.95	State what the contract or lease is for and the nature	Amendment to Pharmaceutical Product Rebate Agreement	Smith & Nephew, Inc.			
	of the debtor's interest		Name			
			Attn Company Secret	ary		
	Ctata tha tanna namainin n		1450 E. Brooks Road			
	State the term remaining		Address			
	List the contract number of					
	any government contract					
	, go					
			Memphis	TN	38116	
			City	State	ZIP Code	
			,			
			Country			
	Amended herein: added					

	Case	24-10443-TMH Doc 1426 File	ed 04/22/25 Page 6	67 of 73	
Debtor:	North Aurora HCO, LLC		Case number (if know		
	Name				
2.96	State what the contract or lease is for and the nature	Rebate Agreement	Smith & Nephew, Inc.		
	of the debtor's interest		Name		
			Attn Company Secretary	•	
			Notice Name		
			1450 E. Brooks Road		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Memphis	TN	38116
			City	State	ZIP Code
			Occupation		
			Country		
	Amended herein: added				
2.97	State what the contract or lease is for and the nature	EpicCare Link Site Level Agreement	Southern Illinois Hospital	l Services	
	of the debtor's interest	EpicCare Link Site Level Agreement	Name		
			Attention Rex P. Budde		
			Notice Name		
			1239 E. Main St.		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Carbondale	IL	62902
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.00	State what the contract or				
2.90	lease is for and the nature	Psychiatric Services Agreement	Total Care Solutions, SC Name	;	
	of the deptor's interest				
			Notice Name		
			39465 West 14 Mile Roa	nd	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
	, go.o				
			Novi	MI	48377-1600
			City	State	ZIP Code
			J.,	5.00	2 0000
			Country		
			•		

		24-10443-TMH Doc 1426 File	ed 04/22/25 Page 68 (		
Debtor:			Case number (if known):	24-10460	
	Name State what the contract or				
2.99	State what the contract or lease is for and the nature	Residential Hospice Agreement	Transitions Hospice L.L.C		
	of the debtor's interest		Name		
			Attn Tim Scully, V.P.  Notice Name		
			12040 Raymond Court		
	State the term remaining		Address		
			<del></del>		
	List the contract number of				
	any government contract				
	, ,				
			Huntley	IL	60142
			City	State	ZIP Code
			- ,		
			Country		
	Amended herein: added				
	State what the contract or				
2.100	lease is for and the nature	Dialysis Services Agreement - Nursing Facility	Tri-Cities Dialysis, Ltd Name		
	of the debtor's interest		Name		
			Notice Name		
			306 Randall Road		
	State the term remaining		Address		
			<del></del>		
	List the contract number of		-		
	any government contract				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
			Geneva	IL	60134
			City	State	ZIP Code
			- ,		
			Country		
	Amended herein: added				
	State what the contract or				
2.101	lease is for and the nature	Agreement for Contractor Services	Uniti Med LLC		
	of the debtor's interest		Name		
			Notice Name		
			1000 North 90th St, Suite 400	า	
	State the term remaining		Address		
	otate the term remaining		<del></del>		
	List the contract number of				
	any government contract		<del></del>		
	a, go rommont contract				
			Omaha	NE	68114
			City	State	ZIP Code
			Oity	Ciaio	2.1 Ood6
			Country		
			•		

Debtor:	North Aurora HCO, LLC	24-10443-1MH Doc 1426 Filed (	04/22/25 Page Case number (##	e 69 0f 73 mown): 24-10460	
2.102	Name State what the contract or lease is for and the nature	Addendum to Contract between Staffing Agency and Nursing Facility	Uniti Med, LLC		
	of the debtor's interest		Name		
			Notice Name		
			1000 North 90th Stree	et, Suite 400	
	State the term remaining		Address	<u> </u>	
	List the contract number of				
	any government contract				
			Omaha	NE	68114
			City	State	ZIP Code
			Country		
	Amended herein: added				
	State what the contract or lease is for and the nature of the debtor's interest	Addendum to Contract between Hospice Provider and Nursing Facility	Unity Hospice of Wes	tern Illinois, LLC	
			Notice Name		
			1201 South Seventh	Street	
	State the term remaining		Address	5.11001	
	List the contract number of				
	any government contract				
			Rochelle	IL	61068
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.104	lease is for and the nature	Hospice Services Agreement	Unity Hospice of Wes	tern Illinois, LLC	
	of the debtor's interest		Name		
			Administrator  Notice Name		
			1201 South Seventh	Street Suite 101	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Rochelle	IL	61068
			City	State	ZIP Code
			Country		

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tor: North Aurora HC	O, LLC		Case number (if ki	nown): 24-10460	
Name State what the co	entract or				
105 State what the co	he nature	Education Affiliation Agreement	Verve College		
of the debtor's in	terest		Name		
			Matina Nama		
			Notice Name		
			Oak Brook Main Camp	ous	
State the term re	maining		Address		
			2625 Butterfield Road	, Suite 102E	
List the contract	number of				
any government	contract				
			Oak Brook	IL	60523
			City	State	ZIP Code
			Oity	Otate	211 0000
			Country		
Amended herei	n: added				
State what the co	ntract or	Agreement for Nursing Facility, Inpatient and			
Ub lease is for and the	he nature	Inpatient Respite Services	Vitas Healthcare Corp	oration of Illinois	
of the debtor's in	terest		Name		
			General Manager Notice Name		
			105 Marquette Street	Suite A	
State the term re	maining		Address		
List the contract	number of				
any government	contract				
			LaSalle	IL	61301
			City	State	ZIP Code
			Country		
Amended herei	n: added				
Amended neren	n. auueu				
O7 Issae is for and the	ntract or		Westways Staffing So	ruiona Ina	
U lease is for and the of the debtor's in	4 4	Addendum to Contract	Westways Staffing Se  Name	TVICES, IIIC.	
			Thomas L Schulman E	-sa	
			Notice Name	-04	
			600 W Santa Ana Blvo	d Suite 955	
State the term re	maining		Address		
	J				
List the contract	number of				
any government					
, 5					
			Santa Ana	CA	92701
			City	State	ZIP Code

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Debtor: North Aurora HCO, LLC	Case number (if knot	wn): 24-10460		
Name				
2.108 State what the contract or lease is for and the nature of the debtor's interest	SUPPLEMENTAL STAFFING Westways Staffing Serv			
	Attn President/CEO			
	Notice Name			
	500 City Parkway West,	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			

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Fill in this information to identify the case:					
Debtor Name: In re: North Aurora HCO, LLC					
United States Bankruptcy Court for the: District of Delaware					
Case number (if known): 24-10460 (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:					
		edule A/B: Assets-Real and Personal Property (Official Form 206A/B) edule 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	ummary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)			
☑	Amended	mended Schedule Schedule E/F: Creditors Who Have Unsecured Claims, Schedule G: Executory Contracts and Unexpired Leases, Summary of Assets and Liabilities for Non-Individuals			
	Chapter	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		/ s / David R. Campbell	
		MM / DD / Y	YYY	Signature of individual signing on behalf of debtor	
				David R. Campbell	
				Printed name	
				Authorized Signatory	
				Position or relationship to debtor	

## **EXHIBIT B**

## **Amended Statements**

N/A