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

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 "<u>Debtors</u>") hereby provide notice (this "<u>Notice</u>") 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.²

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 "<u>Schedules</u>") and Statements of Financial Affairs (the "<u>Statements</u>") [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

² 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

Andrew L. Magaziner (No. 5426) Shella Borovinskaya (No. 6758) Carol E. Thompson (No. 6936)

Rodney Square

1000 North King Street

Wilmington, Delaware 19801 Telephone: (302) 571-6600 Facsimile: (302) 571-1253

Email: amagaziner@ycst.com

sborovinskaya@ycst.com cthompson@ycst.com

and

WINSTON & STRAWN LLP

Daniel J. McGuire (admitted *pro hac vice*) Gregory M. Gartland (admitted *pro hac vice*) 35 W. Wacker Drive

Chicago, IL 60601

Telephone: (312) 558-5600 Facsimile: (312) 558-5700

Email: dmcguire@winston.com Email: ggartland@winston.com

and

Carrie V. Hardman (admitted pro hac vice)

200 Park Avenue

New York, New York 10166 Telephone: (212) 294-6700 Facsimile: (212) 294-4700

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.²

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"), 3 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. 4 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

³ 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.

[Remainder of page left intentionally blank]

EXHIBIT A

Amended Schedules

IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

In re:

SC HEALTHCARE HOLDING, LLC, et al.,

Debtors. 1

Chapter 11

Case No. 24-10443 (TMH)

(Jointly Administered)

AMENDED SCHEDULES OF ASSETS AND LIABILITIES FOR SULLIVAN HCO, LLC (CASE NO. 24-10475)

Amended Herein:

• Schedule A/B: Assets Real and Personal Property Part 11: All other assets

• Schedule G: Executory Contracts and Unexpired Leases

• Summary of Assets and Liabilities for Non-Individuals

claims and noticing agent at www.kccllc.net/Petersen.

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'

Fill in this information to identify the case:

Debtor Name: In re : Sullivan HCO, LLC

United States Bankruptcy Court for the: District of Delaware

Case number (if known): 24-10475 (TMH)

☑ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

| 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 | | 4,288,876.47 |
| 1c. Total of all property: | | |
| Copy line 92 from Schedule A/B | \$ _ | 4,288,876.47 |
| Part 2: Summary of Liabilities | | |
| Part 2: Summary of Liabilities | | |
| Part 2: Summary of Liabilities 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D | \$ _ | 3,960,670.42 |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) | \$ _ | 3,960,670.42 |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D | \$_ | 3,960,670.42 |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D | | 3,960,670.42 |
| 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 | | |
| 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 | | |
| 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 | | 0.00 |

Fill in this information to identify the case:

Debtor Name: In re: Sullivan HCO, LLC

United States Bankruptcy Court for the: District of Delaware

Case number (if known): 24-10475 (TMH)

☑ Check if this is an amended filing

Official Form 206A/B

Part 1: Cash and cash equivalents

Schedule A/B: Assets - Real and Personal Property

12/15

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

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

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

| 1. D o | pes the debtor have any cash or cash equiv | valents? | | | |
|---------------|---|-------------------------|---------------------------------|--------------|-----------------------|
| | No. Go to Part 2. | | | | |
| \checkmark | Yes. Fill in the information below. | | | | |
| Al | ll cash or cash equivalents owned or co | ntrolled by the debto | r | Current valu | e of debtor's interes |
| 2. C | ash on hand | | | | |
| | 2.1 None | | | \$ | |
| 3. C I | necking, savings, money market, or financi | al brokerage accounts | s (Identify all) | | |
| Na | ame of institution (bank or brokerage firm) | Type of account | Last 4 digits of account number | | |
| | 3.1 PNC Bank | Commercial | 2538 | \$ | 0.00 |
| | 3.2 PNC Bank | Government | 3733 | \$ | 0.00 |
| | 3.3 PNC Bank | Operating | 3418 | \$ | 0.00 |
| 4. O t | ther cash equivalents (Identify all) | | | | |
| | 4.1 Non-Critical Repair Reserve | | | \$ | 80,103.51 |
| | 4.2 Property Insurance Escrow | | | \$ | 42,263.77 |
| | 4.3 Real Estate Tax Escrow | | | \$ | 20,143.18 |
| 5. To | tal of Part 1 | | | | |
| | d lines 2 through 4 (including amounts on a | inv additional sheets). | Copy the total to line 80. | \$ | 142,510.46 |
| | | | | | |

Description, including name of holder of prepayment

8.1 Prepaid Insurance

8.2 Prepaid Management Fees

\$ 470,297.65

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

9. Total of Part 2.

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

Case 24-10443-TMH Doc 1433 Filed 04/22/25 Page 18 of 54 Sullivan HCO, LLC Case number (if known): Debtor: Name Accounts receivable Part 3: 10. Does the debtor have any accounts receivable? $\ \square$ No. Go to Part 4. $\ensuremath{\,\,^{\square}}$ Yes. Fill in the information below. Current value of debtor's 11. Accounts receivable Description face amount doubtful or uncollectible accounts Accounts 11a. 90 days old or less: 3,504,743.34 - \$ 3,504,743.34 Receivables Note: See Global Notes Accounts 11b. Over 90 days old: Receivables - \$ Note: See Global Notes 12. Total of Part 3.

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

3,504,743.34

\$

Case 24-10443-TMH Doc 1433 Filed 04/22/25 Page 19 of 54

 Debtor:
 Sullivan HCO, LLC
 Case number (if known):
 24-10475

 Name
 Analysis
 Analysis
 Analysis

| Par | t 4: Investments | | | | |
|-----|--|--------------------------|---|-----------------------------------|----|
| 13. | Does the debtor own any investments? | | | | |
| | ☑ No. Go to Part 5. | | | | |
| | $\ \square$ Yes. Fill in the information below. | | | | |
| | | | Valuation method used for current value | Current value of debtor's interes | it |
| 14. | Mutual funds or publicly traded stocks not included in Part 1 | | | | |
| | Name of fund or stock: | | | | |
| | | | | \$ | |
| | | | | | |
| 15. | Non-publicly traded stock and interests in incorporated and un including any interest in an LLC, partnership, or joint venture | incorporated businesses, | | | |
| | Name of entity: | % of ownership: | | | |
| | | | | \$ | |
| | | | | | |
| 16. | Government bonds, corporate bonds, and other negotiable and instruments not included in Part 1 | d non-negotiable | | | |
| | Describe: | | | | |
| | | | | \$ | |
| 47 | Total of Book 4 | | ۲ | | |
| 17. | Total of Part 4. Add lines 14 through 16. Copy the total to line 83. | | | \$ 0.00 | Λ |
| | Add miles 1.1 amough 10. Copy the total to mile co. | | | Ψ | _ |

Case 24-10443-TMH Doc 1433 Filed 04/22/25 Page 20 of 54

Debtor: Sullivan HCO, LLC Case number (if known): 24-10475

| N | la | m |
|---|----|---|

| art 5: Inventory, excluding agriculture assets | art 5: | Inventory, | excluding | agriculture | assets |
|--|--------|------------|-----------|-------------|--------|
|--|--------|------------|-----------|-------------|--------|

| No. Go to Part 6. Yes. Fill in the information below. General description Date of the last physical inventory interest (Where available) Net book value of debtor's interest (Where available) Valuation method used for current value of debtor interest (Where available) S 20. Work in progress S 21. Finished goods, including goods held for resale S 22. Other inventory or supplies S 23. Total of Part 5. Add lines 19 through 22. Copy the total to line 84. | or's |
|--|------|
| General description Date of the last physical inventory interest (Where available) Paw materials Waluation method used for current value of debtor's interest (Where available) Substitute of the last physical inventory interest (Where available) Substitute of debtor's interest (Where available) | or's |
| General description Date of the last physical inventory interest (Where available) 19. Raw materials 20. Work in progress \$ 21. Finished goods, including goods held for resale 22. Other inventory or supplies \$ 23. Total of Part 5. | or's |
| \$ \$ \$ \$ 20. Work in progress \$ \$ \$ \$ \$ \$ 21. Finished goods, including goods held for resale \$ \$ \$ \$ \$ \$ 22. Other inventory or supplies \$ \$ \$ \$ \$ \$ \$ 23. Total of Part 5. | |
| 20. Work in progress \$ \$ \$ 21. Finished goods, including goods held for resale \$ \$ \$ 22. Other inventory or supplies \$ \$ \$ 23. Total of Part 5. | |
| 20. Work in progress \$ \$ \$ 21. Finished goods, including goods held for resale \$ \$ \$ 22. Other inventory or supplies \$ \$ \$ 23. Total of Part 5. | |
| \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | |
| 21. Finished goods, including goods held for resale \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | |
| \$ \$ \$ 22. Other inventory or supplies \$ \$ \$ 23. Total of Part 5. | |
| \$ \$ \$ 22. Other inventory or supplies \$ \$ \$ 23. Total of Part 5. | |
| 22. Other inventory or supplies \$\$\$\$\$\$ | |
| \$ \$ \$ \$ \$ 23. Total of Part 5. | |
| 23. Total of Part 5. | |
| | |
| | |
| Add lines 19 tillough 22. Copy the total to line 64. | 0.00 |
| <u></u> | 0.00 |
| 24. Is any of the property listed in Part 5 perishable? | |
| □ No | |
| □ Yes | |
| | |
| 25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed? | |
| □ No | |
| ☐ Yes. Description Book value\$ Valuation method Current value \$ | |
| | |
| 26. Has any of the property listed in Part 5 been appraised by a professional within the last year? | |
| □ No □ Yes | |

Case 24-10443-TMH Doc 1433 Filed 04/22/25 Page 21 of 54

Debtor: Sullivan HCO, LLC Case number (it known): 24-10475

Name

| 6. | Farming and fishing related : | assets (other than title) | h motor vehicles and land) |
|----|-------------------------------|---------------------------|----------------------------|

| 27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)? | | | | | |
|--|--|---|---|------------------------------------|--|
| | ✓ No. Go to Part 7.✓ Yes. Fill in the information below. | | | | |
| | General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest | |
| 28. | Crops—either planted or harvested | | | | |
| | | \$ | | \$ | |
| 29. | Farm animals Examples: Livestock, poultry, farm-raised fish | \$ | | \$ | |
| 30. | Farm machinery and equipment (Other than titled motor vehicles) | \$ | | \$\$ | |
| 31. | Farm and fishing supplies, chemicals, and feed | \$ | | \$ | |
| 32. | Other farming and fishing-related property not already listed in | | | \$ | |
| 33. | Total of Part 6. Add lines 28 through 32. Copy the total to line 85. | | | \$0.00 | |
| 34. | Is the debtor a member of an agricultural cooperative? | | | | |
| | Yes. Is any of the debtor's property stored at the cooperative?NoYes | | | | |
| 35. | Has any of the property listed in Part 6 been purchased within 2 | 20 days before the bankruptcy | was filed? | | |
| | □ No | | | | |
| | ☐ Yes. Description Book value \$ | Valuation method | Curr | rent value \$ | |
| 36. | Is a depreciation schedule available for any of the property liste □ No □ Yes | ed in Part 6? | | | |
| 37. | Has any of the property listed in Part 6 been appraised by a prof | fessional within the last year? | | | |
| | □ No | | | | |
| | □ Yes | | | | |

Case 24-10443-TMH Doc 1433 Filed 04/22/25 Page 22 of 54

Case number (if known):

| peptor: | | |
|---------|--|--|
| | | |

Name

| Par | rt 7: Office furniture, fixtures, and equipment; and collectibles |
|-----|--|
| 38. | Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles? |

| | □ No. Go to Part 8. | | | |
|-----|--|---|---|------------------------------------|
| | ☑ Yes. Fill in the information below. | | | |
| | General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
| 39. | Office furniture | | | |
| | 39.1 Total FFE from Balance Sheet | \$ 40,959.51 | Net Book Value | \$\$ |
| 40. | Office fixtures | | | |
| | 40.1 See Schedule A/B 39 | \$ | | \$ |
| 41. | Office equipment, including all computer equipment and communication systems equipment and software | | | |
| | 41.1 See Schedule A/B 39 | \$ | | _ \$ |
| 42. | Collectibles <i>Examples:</i> Antiques and figurines; paintings,prints books, pictures, or other art objects; china and crystal; stamp, card collections; other collections, memorabilia, or collectibles | | | |
| | 42.1 None | \$ | - | \$ |
| 43. | Total of Part 7. Add lines 39 through 42. Copy the total to line 86. | | | \$40,959.51_ |
| 11 | Is a depreciation schedule available for any of the property | , listed in Part 72 | | |
| 44. | ✓ No | I II SIGU III FAIL / ! | | |
| | □ Yes | | | |
| 45. | Has any of the property listed in Part 7 been appraised by | a professional within the last y | year? | |
| | ☑ No | | | |

□ Yes

Case 24-10443-TMH Doc 1433 Filed 04/22/25 Page 23 of 54

 Debtor:
 Sullivan HCO, LLC
 Case number (if known):
 24-10475

 Name
 Anne
 24-10475

| CILL | Machinery, equipment, and venicles | | | |
|------------|---|-------------------------------------|-----------------------|------------------------------------|
| 46. | Does the debtor own or lease any machinery, equipment, o | or vehicles? | | |
| | □ No. Go to Part 9. | | | |
| | ✓ Yes. Fill in the information below. | | | |
| | General description | Net book value of debtor's interest | Valuation method used | Current value of debtor's interest |
| | Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number) | (Where available) | for current value | |
| 47. | $\label{eq:automobiles} \textbf{Automobiles}, \textbf{vans}, \textbf{trucks}, \textbf{motorcycles}, \textbf{trailers}, \textbf{and titled}$ | farm vehicles | | |
| | 47.1 None | \$ | | \$ |
| | | | | |
| 48. | Watercraft, trailers, motors, and related accessories Examp floating homes, personal watercraft, and fishing vessels | eles: Boats, trailers, motors, | | |
| | 48.1 None | \$ | | \$ |
| | | | | |
| 49. | Aircraft and accessories | | | |
| | 49.1 None | \$ | ; | \$ |
| | | | | |
| 50. | Other machinery, fixtures, and equipment (excluding farm | machinery and equipment) | | |
| | 50.1 See Schedule A/B 39 | \$ | | \$ |
| | | | | |
| - 4 | Total of Part 0 | | | |
| 51. | Total of Part 8. | | | 0.00 |
| | Add lines 47 through 50. Copy the total to line 87. | | , | 0.00 |
| 52 | Is a depreciation schedule available for any of the property | listed in Bart 92 | | |
| IJZ. | No No | HOLEU III FAIL O! | | |
| | ☑ NO ☐ Yes | | | |
| | _ | | | |
| 53. | Has any of the property listed in Part 8 been appraised by | a professional within the last y | year? | |

☑ No □ Yes

Case 24-10443-TMH Doc 1433 Filed 04/22/25 Page 24 of 54 Sullivan HCO, LLC Case number (if known): Debtor: Name Part 9: **Real property** Does the debtor own or lease any real property? ☑ No. Go to Part 10. $\hfill \hfill \hfill$ 55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest **Description and location of property** Net book value of Nature and extent of Valuation method Include street address or other description such as debtor's interest Current value of Assessor Parcel Number (APN), and type of property (for debtor's interest in used for current debtor's interest value property example, acreage, factory, warehouse, apartment or office (Where available) building), if available. 55.1 56. Total of Part 9. Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88. 0.00 \$ 57. Is a depreciation schedule available for any of the property listed in Part 9? □ No □ Yes 58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

□ Yes

Case 24-10443-TMH Doc 1433 Filed 04/22/25 Page 25 of 54

Debtor: Sullivan HCO, LLC

Name

Case number (if known):

| Part 10: | Intangibles and intellectual property | |
|----------|---------------------------------------|--|

| 59. | No. Go to Part 11. ✓ Yes. Fill in the information below. | property? | | |
|-----|---|---|---|------------------------------------|
| | General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
| 60. | Patents, copyrights, trademarks, and trade secrets | | | |
| | 60.1 None | \$ | | \$ |
| 61. | Internet domain names and websites | | | |
| | 61.1 None | \$ | | \$ |
| 62. | Licenses, franchises, and royalties State of Illinois Department of Public Health License, 62.1 Permit, Certification, Registration | \$ Undetermined | | \$ Undetermined |
| 63. | Customer lists, mailing lists, or other compilations | | | |
| | 63.1 Customer / patient list | \$ 0.00 | | \$ Undetermined |
| 64. | Other intangibles, or intellectual property 64.1 None | \$ | | \$ |
| 65. | Goodwill | | | |
| | 65.1 None | \$ | | \$ |
| 00 | Total of Day 40 | | | |
| 66. | Total of Part 10. Add lines 60 through 65. Copy the total to line 89. | | | \$ |
| 67. | Do your lists or records include personally identifiable information ☐ No ☑ Yes | ion of customers (as defined in | 11 U.S.C. §§ 101(41A) an | d 107)? |
| 68. | Is there an amortization or other similar schedule available for a | my of the property listed in Par | t 10? | |
| | ☑ No | | | |
| | □ Yes | | | |
| 69. | Has any of the property listed in Part 10 been appraised by a pro | ofessional within the last year? | | |
| | ☑ No □ Yes | | | |
| | L 163 | | | |

Case 24-10443-TMH Doc 1433 Filed 04/22/25 Page 26 of 54

Debtor: Sullivan HCO, LLC Case number (if known): 24-10475

Name

| Part 11: | AII | other | assets |
|----------|-----|-------|--------|

| | | t or own any other assets that ha rests in executory contracts and ur | | | | form. | | | | |
|-------------|------------------|---|----------------------|--------|-----------------|----------------------|-----|----------|------------|-----------------|
| | □ No. Go to | Part 12. | | | | | | | | |
| | ✓ Yes. Fill in | the information below. | | | | | | | | |
| | | | | | | | | | Current va | lue of debtor's |
| | | | | | | | | | interest | ide of debtor 3 |
| | | | | | | | | | | |
| 71. | Notes receiva | | | | | | | | | |
| | | clude name of obligor) | Total face amount | | | ollectible accounts | | | | |
| | 71.1 <u>E</u> | Employee Advances / Loans | _ \$ | 912.00 | \$ | Undetermined | _ = | → | \$ | 912.00 |
| | Description (inc | clude name of obligor) | Total face amount | | doubtful or unc | collectible accounts | | | | |
| | 71.2 <u>N</u> | lone | \$ | | \$ | | _ = | → | \$ | |
| 2. | Tax refunds a | and unused net operating losses | (NOLs) | | | | | | | |
| | Description (for | r example, federal, state, local) | | _ | | | | | | |
| | 72.1 N | lone | | | Tax year | | | | \$ | |
| | | | | | | | | | | |
| 3. | | nsurance policies or annuities | | | | | | | • | |
| | 73.1 <u>N</u> | None | | | | - | | | \$ | |
| ' 4. | Causes of act | tion against third parties (wheth | er or not a lawsuit | | | | | | | |
| | | See Global Notes | | | | | | | \$ | |
| | N | lature of claim | | | | | | | | |
| | А | mount requested | | | | | | | | |
| | | · | | | | - | | | | |
| 75. | | gent and unliquidated claims or including counterclaims of the | | | | | | | | |
| | 75.1 N | lone | | | | | | | \$ | |
| | N | lature of claim | | | | | | | | |
| | А | amount requested | \$ | | | _ | | | | |
| | | | | | | _ | | | | |
| 6. | | able or future interests in proper | ty | | | | | | | |
| | 76.1 No | one | | | | - | | | \$ | |
| 7. | Other property | y of any kind not already listed of embership | Examples: Season tic | kets, | | | | | | |
| | 77.1 No | ' one | | | | | | | \$ | |
| | | | | | | _ | | | \$ | 3,000.00 |
| | 77.2 Int | ter Company Loan - Charleston HC | | | | | | | | |
| | | ter Company Loan - Charleston HC Amended herein: added | , , , | | | _ | | | | |
| | | · · | , === | | | _ | | | | |
| | Total of Part | Amended herein: added | | | | _ | | | \$ | 3,912.00 |

Case 24-10443-TMH Doc 1433 Filed 04/22/25 Page 27 of 54

Debtor: Sullivan HCO, LLC Case number (if known): 24-10475

Name

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

✓ No

□ Yes

Case 24-10443-TMH Doc 1433 Filed 04/22/25 Page 28 of 54

Debtor: Sullivan HCO, LLC

Name

Case number (if known):

24-10475

Part 12: Summary

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

| | Type of property | ent value of onal property | | Current value of real property | |
|-----|--|-----------------------------------|---------------|--------------------------------|---|
| 80. | Cash, cash equivalents, and financial assets. Copy line 5, Part 1. | \$ 142,510.46 | | | |
| 81. | Deposits and prepayments. Copy line 9, Part 2. | \$ 596,751.16 | | | |
| 82. | Accounts receivable. Copy line 12, Part 3. | \$ 3,504,743.34 | | | |
| 83. | Investments. Copy line 17, Part 4. | \$ 0.00 | | | |
| 84. | Inventory. Copy line 23, Part 5. | \$ 0.00 | | | |
| 85. | Farming and fishing-related assets. Copy line 33, Part 6. | \$ 0.00 | | | |
| 86. | Office furniture, fixtures, and equipment; and collectibles. | \$ 40,959.51 | | | |
| | Copy line 43, Part 7. | | | | |
| 87. | Machinery, equipment, and vehicles. Copy line 51, Part 8. | \$ 0.00 | - | | |
| 88. | Real property. Copy line 56, Part 9 | | | \$0.00 | |
| 89. | Intangibles and intellectual property. Copy line 66, Part 10. | \$ 0.00 | | | |
| 90. | All other assets. Copy line 78, Part 11. | \$ 3,912.00 | | | |
| 91. | Total. Add lines 80 through 90 for each column91a. | \$ 4,288,876.47 | + 91b. | \$ 0.00 | |
| 92. | Total of all property on Schedule A/B. Lines 91a + 91b = 92 | | | | , |

Fill in this information to identify the case: Debtor Name: In re: Sullivan HCO, LLC United States Bankruptcy Court for the: District of Delaware

Case number (if known): 24-10475 (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 whom the debtor had lease | mailing address for all s an executory contra | other parties with ct or unexpired |
|----|--|--|---|--|---------------------------------------|
| | State what the contract or | Facility A suppose and | Aetna Better Health | | |
| | of the debtor's interest | Facility Agreement | Name | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | State the term remaining | | Address | | |
| | | | | | |
| | List the contract number of | | | | |
| | any government contract | | | | |
| | | | Cleveland | ОН | 44181 |
| | | | City | State | ZIP Code |
| | | | Country | | |
| | Amended herein: added | | | | |
| | State what the contract or | Facility Services Agreement. Product Participation | | | |
| | 2.2 lease is for and the nature of the debtor's interest | and Signature Sheet | | ennsylvania Corporation | |
| | of the deptor's interest | | Name | | |
| | | | Notice Name | | |
| | | | 550 Maryville Centre D | Prive, Suite 300 | |
| | State the term remaining | | Address | | |
| | | | | | |
| | List the contract number of | | | | |
| | any government contract | | | | |
| | | | | | |
| | | | Aetna Better Health Name Notice Name PO Box 818031, F661 Address Cleveland City Country Aetna Health Inc., a Pennsylv Name Notice Name 550 Maryville Centre Drive, S | <u>MO</u> | 63141 |
| | | | City | State | ZIP Code |
| | | | Country | | |
| | | | Journay | | |

| Debtor: Sullivan HCO, LLC | e 24-10443-1MH DOC 1433 | FIIEU U4/22/25 Page Case number (#) | 2 30 01 54 known): 24-10475 | |
|--|----------------------------------|--|--------------------------------|-----------------------|
| Name | | | | |
| 2.3 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 | f | | | |
| any government contract | | | | |
| any government contract | | | | |
| | | St. Louis | MO | 63141-636 |
| | | City | State | ZIP Code |
| | | Country | | |
| | | Court, | | |
| Amended herein: added | | | | |
| 2.4 State what the contract or lease is for and the nature | | DiaTash V asy las | | |
| of the debtor's interest | Service Agreement | BioTech X-ray, Inc Name | | |
| of the deptor 3 interest | | Attn Tamara Schwart | z President | |
| | | Notice Name | 2,1100100111 | |
| | | 1065 Executive Park | way Ste.220 | |
| State the term remaining | | Address | | |
| | | | | |
| List the contract number of | f | | | |
| any government contract | | | | |
| | | St. Louis | MO | 63141-636 |
| | | City | State | ZIP Code |
| | | | | |
| | | Country | | |
| Amended herein: added | | | | |
| | | Plus Cross Plus Chis | ld of Illinois, a Division of | Hoolth Caro Sanja |
| 2.5 State what the contract or lease is for and the nature | Medicaid Provider Agreement | Corporation | id of fillflois, a Division of | riealtii Care Service |
| of the debtor's interest | | Name | | |
| | | Notice Name | | |
| | | 300 East Randolph S | t | |
| State the term remaining | | Address | | |
| | | | | |
| List the contract number of | f | | | |
| any government contract | | | | |
| | | Chicago | IL | 60601 |
| | | City | State | ZIP Code |
| | | | | |
| | | Country | | |

| otor: Sullivan HCO, LLC | | Case number (if) | known): 24-10475 | |
|--|--|--------------------------------|-------------------------------|------------------|
| Name 2.6 State what the contract lease is for and the natu | or Ire Skilled Nursing Facility Agreement | Corporation | ld of Illinois, a Division of | Health Care Serv |
| of the debtor's interest | | Name | | |
| | | Notice Name | | |
| | | | • | |
| State the term remainin | ~ | 300 East Randolph S Address | ι | |
| State the term remainin | y | | | |
| List the contract number | er of | | | |
| any government contra | | | | |
| any government contra | • | | | |
| | | Chicago | IL | 60601 |
| | | City | State | ZIP Code |
| | | S.i.y | Ciaic | 2 0000 |
| | | Country | | |
| | | | | |
| Amended herein: adde | ed | | | |
| State what the contract | or | | | |
| State what the contract lease is for and the natu | re Renewal Customer Service Agreement | Call One Inc. | | |
| of the debtor's interest | | Name | | |
| | | Notice Name | | |
| | | 225 West Wacker Dri | ve 8th Floor | |
| State the term remainin | a | Address | ve our rioor | |
| State the term remainin | 9 | | | |
| List the contract number | or of | | | |
| any government contra | | | | |
| , g | | | | |
| | | Chicago | IL | 60606 |
| | | City | State | ZIP Code |
| | | , | | |
| | | Country | | |
| | | | | |
| Amended herein: adde | ed | | | |
| State what the contract | or Enteral Therapy, Urological, Ostomy and | | | |
| State what the contract lease is for and the natu | | Centrad Healthcare, I | LC | |
| of the debtor's interest | Agreement | Name Atta Michalla C. Kara | lin Cr VD of Colon 9 Mo | wleating |
| | | Notice Name | lin, Sr. VP of Sales & Ma | rketing |
| | | 184 Shuman Blvd, Su | uite 130 | |
| State the term remainin | a | Address | | |
| | | | | |
| List the contract number | er of | | | |
| any government contra | · - | | | |
| any government contra | • | | | |
| | | Naperville | IL | 60563 |
| | | City | State | ZIP Code |
| | | J., | Otato | 2.1 0000 |
| | | Country | | |
| | | • | | |
| Amended herein: adde | ed | | | |

| | Case | | | | |
|--------|--|---|---|-----------------------|----------|
| btor: | Sullivan HCO, LLC Name | | Case number (if kno | own): 24-10475 | |
| 00 | State what the contract or lease is for and the nature | | | | |
| 2.9 | lease is for and the nature of the debtor's interest | Respiratory Products and Services Agreement | Centrad Healthcare, LL Name | C | |
| | of the deptor's interest | | Attn William Korslin, Pr | asidant | |
| | | | Notice Name | esident | |
| | | | 184 Shuman Blvd, Suit | e 130 | |
| | State the term remaining | | Address | | |
| | | | | | |
| | List the contract number of | | | | |
| | any government contract | | | | |
| | | | | | |
| | | | Naperville | IL . | 60563 |
| | | | City | State | ZIP Code |
| | | | | | |
| | | | Country | | |
| | Amended herein: added | | | | |
| | • | | | | |
| | State what the contract or lease is for and the nature | Contract for Ophthalmic Services | Central Illinois Optome | tric Associates, Ltd. | |
| | of the debtor's interest | • | Name | | |
| | | | Notice Name | | |
| | | | | | |
| | State the term remaining | | 900 Springfield Road Address | | |
| | State the term remaining | | | | |
| | List the contract number of | | | | |
| | any government contract | | | | |
| | any government contract | | | | |
| | | | Taylorville | IL | 62568 |
| | | | | Ctata | ZIP Code |
| | | | City | State | ZIF Code |
| | | | City | State | ZIP Code |
| | | | Country | State | ZIF Code |
| | | | | State | ZIF Code |
| | Amended herein: added | | | State | ZIF Code |
| 2 11 ' | | | Country | State | ZIF Code |
| 2.11 | State what the contract or lease is for and the nature | Medical Director Agreement | Country Dr. F. Buckhari | State | ZIF Code |
| 2.11 ¦ | | Medical Director Agreement | Country | State | ZIF Code |
| 2.11 ¦ | State what the contract or lease is for and the nature | Medical Director Agreement | Country Dr. F. Buckhari | State | ZIF Code |
| 2.11 ¦ | State what the contract or lease is for and the nature | Medical Director Agreement | Dr. F. Buckhari Name | State | ZIF Code |
| • | State what the contract or lease is for and the nature | Medical Director Agreement | Dr. F. Buckhari Name Notice Name | State | ZIF Code |
| • | State what the contract or lease is for and the nature of the debtor's interest | Medical Director Agreement | Dr. F. Buckhari Name Notice Name 2 West Adams Street | State | ZIF Code |
| | State what the contract or lease is for and the nature of the debtor's interest | Medical Director Agreement | Dr. F. Buckhari Name Notice Name 2 West Adams Street | State | ZIF Code |
| • | State what the contract or lease is for and the nature of the debtor's interest State the term remaining | Medical Director Agreement | Dr. F. Buckhari Name Notice Name 2 West Adams Street | State | ZIF Code |
| • | 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 | Medical Director Agreement | Dr. F. Buckhari Name Notice Name 2 West Adams Street Address | | |
| • | 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 | Medical Director Agreement | Dr. F. Buckhari Name Notice Name 2 West Adams Street Address | IL | 61951 |
| • | 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 | Medical Director Agreement | Dr. F. Buckhari Name Notice Name 2 West Adams Street Address | | |

| Debtor: | | 24-10443-1MH Doc 1433 Filed (| 04/22/25 Page Case number (if knot | 33 Of 54 _{wn):} 24-10475 | |
|---------|---|---|--|--------------------------------------|--------------------|
| 2.12 | Name State what the contract or lease is for and the nature | Amendment No. 3 to Pharmacy Products and Services | Enloe Drugs, LLC | | |
| | of the debtor's interest | Agreement | Name | | |
| | | | OMNICARE OF DECAT | UR | |
| | | | Notice Name | | |
| | | | 796 N. SUNNYSIDE RO | DAD | |
| | State the term remaining | | Address | | |
| | List the contract number of | | | | |
| | any government contract | | | | |
| | | | Decatur | IL | 62522-1150 |
| | | | City | State | ZIP Code |
| | | | Country | | |
| | Amended herein: added | | | | |
| | State what the contract or lease is for and the nature | Outpatient Dialysis Services Agreement | Fresenius Medical Care, D/b/a Renal Care Grou Decatur East Home Dialysis Center | | oup of Central IL- |
| | of the debtor's interest | | Name | | |
| | | | Attn Kathy Olson, Direct Notice Name | tor of Operations | |
| | | | 302 W. Hay Street, Suit | e 207 - Buildina 302 | |
| | State the term remaining | | Address | | |
| | | | | | |
| | List the contract number of | | | | |
| | any government contract | | | | |
| | | | Decatur | IL | 62526 |
| | | | City | State | ZIP Code |
| | | | Country | | |
| | Amended herein: added | | | | |
| 2.14 | State what the contract or lease is for and the nature | Laboratory Services Agreement | Gamma Healthcare, Inc | | |
| | of the debtor's interest | _ass.ac., comes i.g.comen | Name | | |
| | | | Notice Name | | |
| | | | 1717 West Maud | | |
| | State the term remaining | | Address | | |
| | List the contract number of | | | | |
| | any government contract | | | | |
| | | | Poplar Bluff | MO | 63901 |
| | | | City | State | ZIP Code |
| | | | Country | | |
| | | | , | | |

| Sullivan HCO LLC | | | | |
|-------------------------------|--|---|---|--|
| Sullivan HCO, LLC | | Case number (if kn | own): 24-10475 | |
| Name | | | | |
| ease is for and the nature | Radiology Services Agreement | | C. | |
| of the debtor's interest | | Name | | |
| | | Matter Mana | | |
| | | | | |
| | | | | |
| State the term remaining | | Address | | |
| | | | | |
| | | | | |
| any government contract | | | | |
| | | | | |
| | | | | 63901 |
| | | City | State | ZIP Code |
| | | | | |
| | | Country | | |
| Amended herein: added | | | | |
| Amenaca nerem. added | | | | |
| State what the contract or | Purchasing Agraement | Gem Medical Supplies | LLC | |
| | Purchasing Agreement | Name | | |
| | | | | |
| | | Notice Name | | |
| | | 730 Anthony Trail | | |
| State the term remaining | | Address | | |
| | | | | |
| List the contract number of | | | | |
| any government contract | | | | |
| | | | | |
| | | Northbrook | IL | 60062 |
| | | City | State | ZIP Code |
| | | | | |
| | | Country | | |
| Amount of the matter and door | | | | |
| Amenaea nerein: aaaea | | | | |
| State what the contract or | | Have Harries III 110 | | |
| ease is for and the nature | Addendum to Contract | | | |
| or the debter of interest | | | | |
| | | Notice Name | | |
| | | 1318 North Michigan A | venue | |
| State the term remaining | | Address | | |
| • | | | | |
| List the contract number of | | | | |
| any government contract | | | | |
| · · | | | | |
| | | Marshall | IL | 62411 |
| | | | | |
| | | City | State | ZIP Code |
| | | City | State | ZIP Code |
| | 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 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 | 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 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 Addendum to Contract State the term remaining List the contract number of 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 Amended herein: added State what the 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 any government contract Amended herein: added State what the 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 Amended herein: added State what the 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 Amended herein: added State what the contract or lease is for and the nature of the debtor's interest Addendum to Contract Addendum to Contract Haven Hospice IL, LLC Name Notice Name 1318 North Michigan A Address Northorso State the term remaining List the contract number of | State what the contract or lease is for and the nature of the debtor's interest Amended herein: added State what the contract number of any government contract State the term remaining List the contract number of any government contract Amended herein: added State what the contract or ease is for and the nature of any government contract Amended herein: added State what the contract or ease is for and the nature of the debtor's interest Amended herein: added State the term remaining List the contract number of any government contract 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 Addendum to Contract Addendum to Contract Name Notice Name 1318 North Michigan Avenue Address List the contract number of 1318 North Michigan Avenue Address List the contract number of 1318 North Michigan Avenue Address |

| | Case | 24-10443-TMH Doc 1433 Filed | l 04/22/25 Page 35 | of 54 | |
|---------|---|--|--|-----------|----------|
| Debtor: | Sullivan HCO, LLC | | Case number (if known): | 24-10475 | |
| 2.18 | Name State what the contract or lease is for and the nature | Residential Hospice Care Agreement for Services to Residents of Nursing Facilities | Haven Hospice IL, LLC | | |
| Ġ | of the debtor's interest | | Name | | |
| | | | Notice Name | | |
| | | | 1318 North Michigan Avenu | ue | |
| ; | State the term remaining | | Address | | |
| | List the contract number of | | | | |
| ; | any government contract | | | | |
| | | | Marshall | IL | 62411 |
| | | | City | State | ZIP Code |
| | | | Country | | |
| | Amended herein: added | | | | |
| Z. 13 I | State what the contract or lease is for and the nature | Participating Provider Agreement | Health Alliance Medical Pla | ıns, Inc. | |
| C | of the debtor's interest | | Name | | |
| | | | Notice Name | | |
| | | | 301 South Vine St | | |
| | State the term remaining | | Address | | |
| | List the contract number of | | | | |
| | any government contract | | | | |
| | | | | | |
| | | | Urbana | IL | 31801 |
| | | | City | State | ZIP Code |
| | | | Country | | |
| | Amended herein: added | | | | |
| 2.20 | State what the contract or lease is for and the nature | Consulting Convince Agreement | Health Technologies, Inc. | | |
| , | of the debtor's interest | Consulting Services Agreement | Name | | |
| | | | Attn Carol Sapp, President Notice Name | | |
| | | | 8446 Page Avenue | | |
| ; | State the term remaining | | Address | | |
| | List the contract number of | | | | |
| ; | any government contract | | <u> </u> | | |
| | | | St. Louis | MO | 63130 |
| | | | City | State | ZIP Code |
| | | | Country | | |
| | | | | | |

| btor: Sulliva | in HCO, LLC | | Case number (if | known): 24-10475 | | |
|---------------|---|---|------------------------|---|----------|--|
| Name | | | | | | |
| 2.21 State wi | hat the contract or for and the nature ebtor's interest | Participating Provider Agreement | HealthLink, Inc., an I | Ilinois Corporation | | |
| or the d | ebtor's interest | | INAITIE | | | |
| | | | Notice Name | | | |
| | | | 1831 Chestnut St | | | |
| State th | e term remaining | | Address | | | |
| List the | contract number of | | | | | |
| any gov | vernment contract | | | | | |
| | | | St. Louis | МО | 63103 | |
| | | | City | State | ZIP Code | |
| | | | Country | | | |
| Amen | ded herein: added | | | | | |
| State wi | hat the contract or for and the nature | Residential Hospice Care Agreement for Services to Residents of Nursing Facilities | Hospice of Illinois db | Hospice of Illinois dba Harbor Light Hospice | | |
| | ebtor's interest | residents of regarding redunites | Name | | | |
| | | | N.C. N | | | |
| | | | Notice Name | | | |
| | | | | 1N131 Country Farm Road | | |
| State th | e term remaining | | Address | | | |
| List the | contract number of | | | | | |
| | vernment contract | | | | | |
| , , | | | | | | |
| | | | Winfield | IL . | 60190 | |
| | | | City | State | ZIP Code | |
| | | | Country | | | |
| Amen | ded herein: added | | | | | |
| State wi | hat the contract or for and the nature | Residential Hospice Care Agreement for Services to Residents of Nursing Facilities | Hospice of Illinois LL | Hospice of Illinois LLC, dba Harbor Light Hospice | | |
| of the d | ebtor's interest | residents of Marsing Facilities | Name | Name | | |
| | | | Notice Name | | | |
| | | | | 1N131 County Farm Road | | |
| State th | ne term remaining | | Address | | | |
| List the | contract number of | | | | | |
| any gov | vernment contract | | | | | |
| | | | Winfield | IL | 60190 | |
| | | | | | | |

| | Case | 24-10443-TMH Doc 1433 Filed | 04/22/25 Page | 37 of 54 | |
|---------------|--|--|------------------------|---------------------|----------|
| otor: | Sullivan HCO, LLC | | Case number (if ki | nown): 24-10475 | |
| 9 | Name State what the contract or | | | | |
| 2.24 i | State what the contract or ease is for and the nature | Participating Provider Agreement | Humana Inc. | | |
| • | of the debtor's interest | | Name | | |
| | | | Notice Name | | |
| | | | P.O. Box 1438 | | |
| | State the term remaining | | Address | | |
| | | | | | |
| 1 | List the contract number of | | | | |
| ; | any government contract | | | | |
| | | | | | |
| | | | Louisville | KY | 40201 |
| | | | City | State | ZIP Code |
| | | | | | |
| | | | Country | | |
| | Amended herein: added | | | | |
| | Amended nerein. added | | | | |
| | State what the contract or ease is for and the nature | Consider Decrease Associated for Doctor and Constant | Joerns LLC | | |
| | of the debtor's interest | Special Program Agreement for Rental and Capital | 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 | | | | |
| | , 9 | | | | |
| | | | Charlotte | NC | 28273 |
| | | | City | State | ZIP Code |
| | | | | | |
| | | | Country | | |
| | Amended herein: added | | | | |
| | Amended nerem. added | | | | |
| 26 | State what the contract or ease is for and the nature | Mamarandum of Agraament | KEPRO | | |
| (| of the debtor's interest | Memorandum of Agreement | Name | | |
| | | | | | |
| | | | Notice Name | | |
| | | | 5700 Lombardo Cente | er Drive, Suite 100 | |
| ; | State the term remaining | | Address | | |
| | List the contract number of | | | | |
| | any government contract | | | | |
| • | any government contract | | | | |
| | | | Seven Hills | ОН | 44131 |
| | | | City | State | ZIP Code |
| | | | | | |
| | | | Country | | |
| | | | | | |
| | Amended herein: added | | | | |

| tor: Sullivan HCO | , LLC | | Case number (if k | nown): 24-10475 | |
|---|--------------------------|---|-----------------------------|----------------------------|--------------|
| Name | | | _ | | |
| .27 State what the | contract or d the nature | Amended and Restated Therapy Services Agreement | Kindred Rehab Service | es, LLC | |
| of the debtor's | s interest | | Name | | |
| | | | Attn VP, Finance | | |
| | | | Notice Name | | |
| | | | Rehab Care | | |
| State the term | remaining | | Address | | |
| | | | 680 South Fourth Stre | eet | |
| List the contra | act number of | | | | |
| any governme | ent contract | | | | |
| | | | | | |
| | | | Louisville | KY | 40202 |
| | | | City | State | ZIP Code |
| | | | | | |
| | | | Country | | |
| | | | | | |
| Amended he | erein: added | | | | |
| State what the | contract or | | | | |
| 28 State what the lease is for an of the debtor's | d the nature | Addendum to Contract | Lawrence Recruiting S | Specialists, Inc. d/b/a LR | S Healthcare |
| or the deptor s | sinterest | | | | |
| | | | Attn Contracts Notice Name | | |
| | | | 1120 N 103 Plaza, Su | ito 300 | |
| State the term | romaining | | Address | 11te 300 | |
| State the term | remaining | | | | |
| l iot the control | ant number of | | | | |
| List the contra | | | _ | | |
| any governme | ent contract | | | | |
| | | | Omaha | NE | 69111 |
| | | | Omaha | | 68114 |
| | | | City | State | ZIP Code |
| | | | Country | | |
| | | | Country | | |
| Amended he | erein: added | | | | |
| | | | | | |
| 29 State what the | contract or | Staffing Services Agreement | Lawrence Recruiting S | Specialists, Inc. d/b/a LR | S Healthcare |
| of the debtor's | | Staming Services Agreement | Name | <u>'</u> | |
| | | | Attn Contracts | | |
| | | | Notice Name | | |
| | | | 1120 North 103rd Plaz | za, Suite 300 | |
| State the term | remaining | | Address | | |
| | | | | | |
| List the contra | act number of | | | | |
| any governme | ent contract | | | | |
| | | | | | |
| | | | Sullivan | IL | 61951 |
| | | | | | |
| | | | City | State | ZIP Code |
| | | | City | State | ZIP Code |

| tor: Sullivan HCO, LLC | e 24-10443-TMH Doc 1433 Filed | 04/22/25 Page 39 | | |
|--|--|----------------------------|-------------|----------|
| Name | | | | |
| .30 State what the contract or lease is for and the nature | Manager day of Agree and | Livanta, LLC | | |
| of the debtor's interest | Memorandum of Agreement | Name | | |
| | | | | |
| | | Notice Name | 240 | |
| Ctata tha tanna namainin n | | 10830 Guilford Rd, Suite 3 | 312 | |
| State the term remaining | | Address | | |
| List the contract number | of | - | | |
| any government contract | | | | |
| | | - | | |
| | | Annapolis Junction | MD | 20701 |
| | | City | State | ZIP Code |
| | | Country | | |
| | | | | |
| Amended herein: added | | | | |
| State what the contract or lease is for and the nature | Business Facilities Agreement for CATV, Mediacom Online Services and Mediacom Business Phone | MCC Illinois LLC | | |
| of the debtor's interest | Offilitie Services and inediacom business Friorie | Name | | |
| | | Attn Kimberly Polnitz AE | | |
| | | Notice Name | | |
| 01-1-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | | Mediacom Address | | |
| State the term remaining | | 611 S 4th St | | |
| List the contract number | of | | | |
| any government contract | | | | |
| | | | | |
| | | Chillicothe | FL | 61523 |
| | | City | State | ZIP Code |
| | | Country | | |
| A many doct be veine a detect | | | | |
| Amended herein: added | | | | |
| State what the contract or lease is for and the nature | Master Contract for Biohazard Waste | MCKay's Haz-Mat Truck S | Service Inc | |
| of the debtor's interest | waster Contract for Bioriazard waste | Name | | |
| | | Notice Name | | |
| | | PO Box 1444 | | |
| State the term remaining | | Address | | |
| State the term remaining | | | | |
| List the contract number | of | | | |
| any government contract | | | | |
| | | | | |
| | | Centralia | <u>IL</u> | 62801 |
| | | City | State | ZIP Code |
| | | Country | | |

| | Case | 24-10443-TMH | Doc 1433 | Filed 04/ | 22/25 Page 4 | 40 of 54 | |
|---------|--|-------------------------|-----------------------|------------|--------------------------|------------------------|----------|
| Debtor: | Sullivan HCO, LLC | | | | Case number (if kno | | |
| | Name | | | | | | |
| 2.33 | State what the contract or lease is for and the nature | Prime Vendor Product Su | innly Agreement | | McKesson Medical-Sur | gical Minnesota Supply | Inc. |
| | of the debtor's interest | Time vendor i roddet od | ipply Agreement | | Name | | |
| | | | | | | | |
| | | | | - | Notice Name | | |
| | | | | | 8121 Tenth Avenue No | rth | |
| | State the term remaining | | | - | Address | | |
| | | | | | | | |
| | List the contract number of | | | - | | | |
| | any government contract | | | | | | |
| | | | | - | | | |
| | | | | | Golden Valley | MN | 55427 |
| | | | | - | City | State | ZIP Code |
| | | | | | Oity | Otate | Zii Code |
| | | | | - | Country | | |
| | | | | | , | | |
| | Amended herein: added | | | | | | |
| | | | | | | | |
| 2.34 | State what the contract or lease is for and the nature | Amendment to Contract | | | Medical Staffing Solutio | ns, LLC | |
| | of the debtor's interest | Amendment to Contract | | | Name | · | |
| | | | | | | | |
| | | | | - | Notice Name | | |
| | | | | | 8601 N. Kentucky Ave, | Suite A | |
| | State the term remaining | | | | Address | | |
| | _ | | | | | | |
| | List the contract number of | | | - | | | |
| | any government contract | | | | | | |
| | . , 0 | | | - | | | |
| | | | | | Evansville | IN | 47725 |
| | | | | - | | | |
| | | | | | City | State | ZIP Code |
| | | | | - | Country | | |
| | | | | | Country | | |
| | Amended herein: added | | | | | | |
| | | | | | | | |
| 2.35 | State what the contract or lease is for and the nature | Amandment to Profession | aal Carviaas Agraamar | a t | Medical Staffing Solutio | ns IIC | |
| | of the debtor's interest | Amendment to Profession | iai Services Agreemer | | Name | 110, 220 | |
| | | | | | | | |
| | | | | - | Notice Name | | |
| | | | | | 8601 N. Kentucky Ave, | Suite A | |
| | State the term remaining | | | | Address | | |
| | J | | | | | | |
| | List the contract number of | | | - | | | |
| | any government contract | | | | | | |
| | any government contract | | | - | | | |
| | | | | | Evansville | IN | 47725 |
| | | | | - | | | |
| | | | | | City | State | ZIP Code |
| | | | | - | Country | | |
| | | | | | Country | | |

| or: Sullivan HCO, LLC | | Case number (if ki | nown): 24-10475 | |
|--|---|------------------------|----------------------|----------|
| Name State what the contract of | r | | | |
| 36 State what the contract o | Attachment 1 to Professional Services Agreement | Medical Staffing Solut | ions, LLC | |
| of the debtor's interest | | Name | | |
| | | Notice Name | | |
| | | | Suito A | |
| State the term remaining | | 8601 N. Kentucky Ave | s, Suite A | |
| State the term remaining | | | | |
| List the contract number | of | | | |
| any government contrac | | | | |
| any government contrac | • | | | |
| | | Evansville | IN | 47725 |
| | | City | State | ZIP Code |
| | | | | |
| | | Country | | |
| | | | | |
| Amended herein: added | | | | |
| State what the contract o | r | | | |
| 37 State what the contract o lease is for and the natur of the debtor's interest | Professional Services Agreement | Medical Staffing Solut | ions, LLC | |
| or the deptor's interest | | Attn Chief Executive C | Officer | |
| | | Notice Name | JIIIC e i | |
| | | 9700 HWY 57N, Suite | Α | |
| State the term remaining | | Address | | |
| | | | | |
| List the contract number | of | | | |
| any government contrac | | | | |
| | | | | |
| | | Evansville | IN | 47725 |
| | | City | State | ZIP Code |
| | | | | |
| | | Country | | |
| A | | | | |
| Amended herein: added | | | | |
| 38 State what the contract o | r | Meridian Health Plan | of Illinois Inc | |
| of the debtor's interest | Illinois Ancillary Provider/HCBS Agreement | Name | or minors, mc. | |
| | | | | |
| | | Notice Name | | |
| | | 333 South Wabash Av | ve, Suitte 2900 | |
| State the term remaining | | Address | | |
| | | | | |
| List the contract number | of | | | |
| any government contrac | | | | |
| | | | | |
| | | Chicago | IL | 60604 |
| | | City | State | ZIP Code |
| | | | | |
| | | | | |

| otor: Sullivan HCO, LLC | | Case number (if know | _{vn):} 24-10475 | |
|---|--|-----------------------------------|---------------------------|-------------------|
| Name | | _ | | |
| 2.39 State what the contract or lease is for and the nature | Facility Service Agreement | Midwest Post Acute Car | e, PLLC | |
| of the debtor's interest | | Name | | |
| | | Attn Legal Department Notice Name | | |
| | | MPAC Healthcare | | |
| State the term remaining | | Address | | |
| State the term remaining | | 2045 W Grand Avenue S | Sto B #2835/ | |
| List the contract number o | f | | JIC D #20004 | |
| any government contract | | | | |
| ., , , | | | | |
| | | Chicago | IL | 60612-157 |
| | | City | State | ZIP Code |
| | | • | | |
| | | Country | | |
| | | | | |
| Amended herein: added | | | | |
| State what the contract or lease is for and the nature | | A. P. 11 M. 610 | | |
| lease is for and the nature of the debtor's interest | Provider Services Agreement | Molina Healthcare of Illir Name | nois, Inc, an Illinois Co | rporation |
| or the debtor 3 interest | | | | |
| | | Notice Name | | |
| | | 2001 Butterfield Road, S | Suite 750 | |
| State the term remaining | | Address | | |
| | | | | |
| List the contract number o | f | | | |
| any government contract | | | | |
| | | - | | |
| | | Downers Grove | IL | 60515 |
| | | City | State | ZIP Code |
| | | | | |
| | | Country | | |
| Amended herein: added | | | | |
| Amended herein. added | | | | |
| State what the contract or | Association of No. O. to Discourse Occasion of Association | Omnicare | | |
| lease is for and the nature of the debtor's interest | Amendment No. 2 to Pharmacy Consultant Agreement | Name | | |
| | | Attn Legal | | |
| | | Notice Name | | |
| | | One CVS Drive Mail Coo | de 1160 | |
| State the term remaining | | Address | | |
| | | | | |
| List the contract number o | f | | | |
| | | | | |
| any government contract | | | | |
| any government contract | | | | |
| any government contract | | Woonsocket | RI | 02895 |
| any government contract | | Woonsocket City | RI State | 02895 ZIP Code |

| | Case | 24-10443-TMH Doc 1433 Filed (| 04/22/25 Page | 43 of 54 | |
|---------|---|---|-----------------------|----------|----------|
| Debtor: | | | Case number (if kno | | |
| 2.42 | Name State what the contract or lease is for and the nature | Amendment No. 5 to Pharmacy Consultant Agreement | Omnicare | | |
| | of the debtor's interest | Amendment No. 5 to Fharmacy Consultant 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 |
| | | | Country | | |
| | Amended herein: added | | | | |
| 2.43 | State what the contract or lease is for and the nature | Amendment No. 6 to Pharmacy Products and Services | Omnicare | | |
| | of the debtor's interest | 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 | | | | |
| | any government contract | | | | |
| | | | Woonsocket | RI | 02895 |
| | | | City | State | ZIP Code |
| | | | Country | | |
| | Amondod boroin, oddod | | | | |
| | Amended herein: added | | | | |
| 2.44 | State what the contract or lease is for and the nature | Amendment to Pharmacy Consultant Agreement | Omnicare | | |
| | of the debtor's interest | Amendment to Pharmacy Consultant 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 |
| | | | Country | | |

| | Case | 24-10443-TMH Doc 1433 Filed | d 04/22/25 Page | 44 of 54 | |
|--------------------|--|--|-------------------------------|-------------|-------------------|
| Debtor: | Sullivan HCO, LLC | | Case number (if kno | | |
| 2.45 | State what the contract or lease is for and the nature | Letter Amendment re: COVID-19 Vaccination Distribution Services | Omnicare | | |
| • | of the debtor's interest | | Name | | |
| | | | Attn Legal Notice Name | | |
| | | | | 1 4400 | |
| | State the term remaining | | One CVS Drive Mail Co Address | ode 1160 | |
| | • | | | | |
| | List the contract number of | | | | |
| | any government contract | | | | |
| | | | Woonsocket | RI | 02895 |
| | | | City | State | ZIP Code |
| | | | Country | | |
| | Amended herein: added | | | | |
| ^{2.46} le | State what the contract or | Diameter Consultant Assessment | Omnicare | | |
| | lease is for and the nature of the debtor's interest | Pharmacy Consultant 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 |
| | | | Country | | |
| | Amended herein: added | | | | |
| 2.47 | State what the contract or | | Omniaana | | |
| | lease is for and the nature of the debtor's interest | Pharmacy Products and Services Agreement | Omnicare Name | | |
| | o uoz.o. o | | 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 |
| | | | Woonsocket City | RI State | 02895 ZIP Code |

| ebtor: | Sullivan HCO, LLC | | Case number (if kn | own): 24-10475 | | |
|--------|---|---|--|---|------------------|--|
| | Name State what the contract or ease is for and the nature of the debtor's interest | what the contract or is for and the nature Amendment to Pharmacy Consultant Agreement | | Omnicare Pharmacy of the Midwest, LLC dba Omnicare of Kan City Name | | |
| • | of the deptor's interest | | ivanie | | | |
| | | | Notice Name | | | |
| | | | 10400 Hickman Mills D | rive, Suite 200 | | |
| ; | State the term remaining | - | Address | | | |
| ı | List the contract number of | | <u>-</u> | | | |
| ; | any government contract | | | | | |
| | | | Kansas City | МО | 64137 | |
| | | | City | State | ZIP Code | |
| | | | Country | | | |
| | Amended herein: added | | | | | |
| 2.49 | State what the contract or ease is for and the nature | Amendment to Pharmacy Products and Services Agreement | Omnicare Pharmacy of the Midwest, LLC dba Omnicare of K | | Omnicare of Kans | |
| Ċ | of the debtor's interest | - Agreement | Name | | | |
| | | | Notice Name | | | |
| s | | | 10400 Hickman Mills D | rive, Suite 200 | | |
| | State the term remaining | | Address | | | |
| ı | List the contract number of | | | | | |
| ; | any government contract | | | | | |
| | | | Kansas City | MO | 64137 | |
| | | | City | State | ZIP Code | |
| | | | Country | | | |
| | Amended herein: added | | | | | |
| 2.50 S | State what the contract or ease is for and the nature | Amendment to Pharmacy Consultant Agreement | Omnicare, Inc. | | | |
| | of the debtor's interest | · | Name | | | |
| | | | Attn General Counsel Notice Name | | | |
| | | | | | | |
| | | | 900 Omnicare Center | | | |
| ; | State the term remaining | | Address October 19 Oct | | | |
| | List the contract number of | | 201 East Fourth Street | | | |
| | any government contract | | | | | |
| • | any government contract | | | | | |
| | | | Cincinnati | ОН | 45202 | |
| | | | City | State | ZIP Code | |
| | | | Country | | | |
| | Amended herein: added | | | | | |

| or: Sullivan HCO, LLC | | Case number (if know | _{(n):} 24-10475 | |
|---|---|----------------------------------|--------------------------|----------|
| Name State what the contract o | r Amendment to Pharmacy Products and Services | | | |
| State what the contract o lease is for and the natur | Agreement Services | 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 | | |
| Amended herein: added | | | | |
| Amended nerein. added | | | | |
| 52 State what the contract o lease is for and the natur | r Pharmacy Consultant Agreement | Omnicare, Inc. | | |
| of the debtor's interest | Filalitiacy Consultant Agreement | Name | | |
| | | Attn General Counsel | | |
| | | Notice Name | | |
| | | 900 Omnicare Center | | |
| State the term remaining | | Address | | |
| List the contract would be | | 201 East Fourth Street | | |
| List the contract number | | | | |
| any government contract | | | | |
| | | Cincinnati | ОН | 45202 |
| | | City | State | ZIP Code |
| | | , | | |
| | | Country | | |
| | | | | |
| Amended herein: added | | | | |
| State what the contract o | r | O | | |
| Display the natural of the debtor's interest | Pharmacy Products and Services Agreement | Omnicare, Inc. Name | | |
| | | Attn General Counsel | | |
| | | Notice Name | | |
| | | 900 Omnicare Center | | |
| State the term remaining | | Address | | |
| | | 201 East Fourth Street | | |
| List the contract number | | | | |
| any government contract | | | | |
| | | Cination of | 011 | 45000 |
| | | Cincinnati | OH OH | 45202 |
| | | City | State | ZIP Code |
| | | | | |

| | Case | 24-10443-TMH Doc 1433 File | ed 04/22/25 Page 47 | of 54 | |
|---------|---|---------------------------------------|-------------------------------|----------|----------|
| Debtor: | Sullivan HCO, LLC | | Case number (if known): | 24-10475 | |
| | Name | | | | |
| 2.54 | State what the contract or lease is for and the nature | Addendum to Contract | OptimaLab, Inc. | | |
| • | of the debtor's interest | | Name | | |
| | | | ATT Rehan Akhter | | |
| | | | Notice Name | | |
| | | | 402 West Boughton Road | | |
| | State the term remaining | | Address | | |
| | | | | | |
| | List the contract number of | | | | |
| | any government contract | | | | |
| | | | Bolingbrook | IL | 60440 |
| | | | City | State | ZIP Code |
| | | | O.I.y | Ciaio | 2 0000 |
| | | | Country | | |
| | | | | | |
| | Amended herein: added | | | | |
| 0.55 | State what the contract or | | | | |
| 2.55 | State what the contract or lease is for and the nature of the debtor's interest | Revised Laboratory Services Agreement | OptimaLab, Inc. Name | | |
| | of the deptor's interest | | | | |
| | | | Attn Rekan Akhter Notice Name | | |
| | | | 402 West Boughton Road | | |
| | State the term remaining | | Address | | |
| | otate the term remaining | | | | |
| | List the contract number of | | | | |
| | any government contract | | | | |
| | any government contract | | | | |
| | | | Bolingbrook | IL | 60440 |
| | | | | | ZIP Code |
| | | | City | State | ZIP Code |
| | | | Country | | |
| | | | , | | |
| | Amended herein: added | | | | |
| | Ctata what the contract or | | | | |
| 2.56 | State what the contract or lease is for and the nature | Facility Agreement | Passages Hospice, LLC | | |
| | of the debtor's interest | | Name | | |
| | | | Nation Manage | | |
| | | | Notice Name | | |
| | | | 515 Warrenville Rd Address | | |
| | State the term remaining | | Address | | |
| | list the contract number of | | | | |
| | List the contract number of | | | | |
| | any government contract | | | | |
| | | | Lisle | IL | 60532 |
| | | | City | State | ZIP Code |
| | | | - • | | |
| | | | Country | | |
| | | | | | |

| | Case | 24-10443-TMH Doc 1433 File | d 04/22/25 Page | e 48 of 54 | |
|---------|--|--|--------------------------------|--------------------|------------|
| Debtor: | | | Case number (if | | |
| | Name | | | | |
| 2.57 | State what the contract or lease is for and the nature | Billing | Presto-X | | |
| | of the debtor's interest | | Name | | |
| | | | Notice Name | | |
| | | | | | |
| | Ctata tha tanna namainin n | | 4521 Leavenworth St Address | reet | |
| | State the term remaining | | Address | | |
| | List the contract number of | | | | |
| | any government contract | | | | |
| | any government contract | | | | |
| | | | Omaha | NE | 68106-1437 |
| | | | City | State | ZIP Code |
| | | | Oity | State | ZIF Code |
| | | | Country | | |
| | | | , | | |
| | Amended herein: added | | | | |
| | State what the contract or | | | | |
| 2.58 | State what the contract or lease is for and the nature | Physician Services Agreement | Provider Vohra Post- | Acute Physicians | |
| | of the debtor's interest | | Name | | |
| | | | Notice Name | | |
| | | | | una Cuita 250 | |
| | State the term remaining | | 3601 SW 160th Aven Address | ue, Suite 250 | |
| | State the term remaining | | | | |
| | List the contract number of | | | | |
| | any government contract | | | | |
| | any government contract | | | | |
| | | | Miramar | FL | 33027 |
| | | | City | State | ZIP Code |
| | | | O.ly | State | 2 0000 |
| | | | Country | | |
| | | | | | |
| | Amended herein: added | | | | |
| | State what the contract or | | | | |
| | State what the contract or lease is for and the nature | Multi-Facility Supply and Services Agreement | Pulmonary Exchange | , Ltd. aka PEL/VIP | |
| | of the deptor's interest | | Name Attn Raymond Kalins | lo. | |
| | | | Notice Name | ху | |
| | | | 9840 SW Hwy. | | |
| | State the term remaining | | Address | | |
| | | | | | |
| | List the contract number of | | | | |
| | any government contract | | | | |
| | any gerenment contract | | | | |
| | | | Oak Lawn | IL | 60453 |
| | | | City | State | ZIP Code |
| | | |) | Ciaio | 5000 |
| | | | Country | | |
| | | | | | |
| | Amended herein: added | | | | |

| otor: Sullivan F | | 24-10443-TMH Doc 1433 Filed | 04/22/25 Page Case number (# kr | 49 of 54 | |
|-----------------------------|---|--|-------------------------------------|-----------------------|----------------|
| Name | | | | | |
| State what | the contract or r and the nature | Assessed and Destated Theorem. Comittees Assessed | RehabCare Group East, LLC | | |
| of the debt | r and the nature tor's interest | Amended and Restated Therapy Services Agreement | Name | , LLO | |
| | | | Attn VP, Finance | | |
| | | | Notice Name | | |
| | | | 680 South Fourth Stre | et | |
| State the t | erm remaining | | Address | | |
| List the co | ontract number of | | | | |
| any gover | nment contract | | | | |
| | | | Louisville | KY | 40202 |
| | | | City | State | ZIP Code |
| | | | Country | | |
| Amende | d herein: added | | | | |
| State what | the contract or rand the nature | Second Amended and Restated and Reaffirmed Guaranty Agreement | RehabCare Group Eas | st, LLC | |
| | tor's interest | | Name | | |
| | | | Attn Chief Financial Of Notice Name | fficer | |
| | | | 680 South Fourth Stre | et | |
| State the t | erm remaining | | Address | | |
| List the co | ontract number of | | | | |
| any gover | nment contract | | | | |
| | | | Louisville | KY | 40202 |
| | | | City | State | ZIP Code |
| | | | Country | | |
| Amende | d herein: added | | | | |
| 62 State what | the contract or | Home Hemodialysis Coordination and Services | Danel Therenies III C | dha Chalburilla Cammu | nity Dialysis |
| lease is for of the debt | State what the contract or lease is for and the nature of the debtor's interest | Agreement | Name | dba Shelbyville Commu | Tilly Dialysis |
| 0 | | | Attn C.O.O. | | |
| | | | Notice Name | | |
| | | | 800 Roosevelt Rd., Sto | e E-320 | |
| State the t | erm remaining | | Address | | |
| List the co | ontract number of | | | | |
| | nment contract | | <u> </u> | | |
| | | | Glen Ellyn | IL | 60137 |
| | | | City | State | ZIP Code |
| | | | Country | | |

| Debtor: | | 24-10443-TMH Doc 1433 File | ed 04/22/25 Page Case number (if kn | 50 of 54 hown): 24-10475 | |
|---------|---|---|---|-----------------------------|---------------------|
| | Name | | | | |
| 2.63 | State what the contract or lease is for and the nature of the debtor's interest | Protocol and Agreement of Hospice Services | Sarah Bush Lincoln Health Center d/b/a Sarah Bush Lincoln H | | Bush Lincoln Hospic |
| | | | Attn Post Acute Care I | Director | |
| | | | Sarah Bush Lincoln Ho | ospice | |
| | State the term remaining | | Address | • | |
| | | | 1004 Health Center Dr | rive, Suite 202 | |
| | List the contract number of | | | | |
| | any government contract | | | | |
| | | | Mattoon | <u>IL</u> | 61938 |
| | | | City | State | ZIP Code |
| | | | Country | | |
| | Amended herein: added | | | | |
| 2.64 | 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 Secreta Notice Name | nry | |
| | | | 1450 E. Brooks Road | | |
| | State the term remaining | | Address | | |
| | otate the term remaining | | | | |
| | List the contract number of | | | | |
| | any government contract | | | | |
| | | | Memphis | TN | 38116 |
| | | | City | State | ZIP Code |
| | | | Country | | |
| | Amended herein: added | | | | |
| 2.65 | State what the contract or lease is for and the nature | Rebate Agreement | Smith & Nephew, Inc. | | |
| | of the debtor's interest | - Nosalo 7 ig. comen | Name | | |
| | | | Attn Company Secreta | ary | |
| | | | Notice Name | | |
| | State the term remaining | | 1450 E. Brooks Road Address | | |
| | _ | | | | |
| | List the contract number of | | | | |
| | any government contract | | | | |
| | | | Memphis | TN | 38116 |
| | | | City | State | ZIP Code |
| | | | Country | | |
| | | | Country | | |

| Name | | | | |
|---|------------------------------------|--|---------------------------------------|--------------------|
| State what the contract or lease is for and the nature | | O a cetta a ce IIII' a a l'a l I la a ce | tal Ossaissa | |
| oo lease is for and the nature of the debtor's interest | EpicCare Link Site Level Agreement | Southern Illinois Hosp Name | ital Services | |
| of the debtor 3 litterest | | Attention Rex P. Budd | Δ | |
| | | Notice Name | <u> </u> | |
| | | 1239 E. Main St. | | |
| State the term remaining | | Address | | |
| List the contract number of | | | | |
| any government contract | | | | |
| any government contract | | | | |
| | | Carbondale | IL | 62902 |
| | | City | State | ZIP Code |
| | | Country | | |
| Amended herein: added | | | | |
| State what the contract or | | | ecatur, of the Hospital Si | sters of the Third |
| State what the contract or lease is for and the nature | Hospital Transfer Agreement | Order of St. Francis Name | | |
| of the debtor's interest | | Name | | |
| | | Notice Name | | |
| | | 1800 E Lake Shore Dr | | |
| State the term remaining | | Address | • | |
| | | | | |
| List the contract number of | | - | | |
| any government contract | | | | |
| , , | | | | |
| | | Decatur | IL | 62521 |
| | | City | State | ZIP Code |
| | | Country | | |
| Amended herein: added | | | | |
| State what the contract or | | St. Mary's Hospital, De | ecatur, of the Hospital Si | sters of the Third |
| State what the contract or lease is for and the nature | Patient Transfer Agreement | Order of St. Francis | · · · · · · · · · · · · · · · · · · · | |
| of the debtor's interest | | Name | | |
| | | Attn President & CEO Notice Name | | |
| | | 1800 E. Lake Shore D | | |
| State the term remaining | | Address | I. | |
| State the term remaining | | | | |
| List the contract number of | | | | |
| any government contract | | | | |
| | | Decatur | <u>IL</u> | 62521 |
| | | City | State | ZIP Code |
| | | Country | | |
| | | | | |

Case 24-10443-TMH Doc 1433 Filed 04/22/25 Page 52 of 54

| Debtor: Sullivan HCO, LLC | | Case number (if | known): 24-10475 | |
|---|--------------------------------------|--|----------------------------|-----------------------|
| Name | | | | |
| 2.69 State what the contract of lease is for and the nature | r Patient Transfer Agreement | St. Mary's Hospital of Francis | the Hospital Sisters of th | ie Third Order of St. |
| of the debtor's interest | | Name | | |
| | | Attn President & CEC |) | |
| | | Notice Name | | |
| | | 1800 E. Lake Shore I | Orive | |
| State the term remaining | | Address | | |
| List the contract number | of | | | |
| any government contract | ··· | | | |
| | | Decatur | IL | 62521 |
| | | City | State | ZIP Code |
| | | Country | | |
| Amended herein: added | | | | |
| 2.70 State what the contract of lease is for and the nature | r e Laboratory Services Agreement | St. Mary's Hospital, D Order of St. Francis | Decatur, of the Hospital S | sters of the Third |
| of the debtor's interest | | Name | | |
| | | Notice Name | | |
| | | HSHS St. Mary's Hos | spital | |
| State the term remaining | | Address | | |
| _ | | 1800 East Lake Shor | e Drive | |
| List the contract number | of | | | |
| any government contract | | | | |
| | | Decatur | IL | 62521 |
| | | City | State | ZIP Code |
| | | Country | | |

Case 24-10443-TMH Doc 1433 Filed 04/22/25 Page 53 of 54

| Fill in this information to identify the case: | | | | |
|--|--|--|--|--|
| Debtor Name: In re : Sullivan HCO, LLC | | | | |
| United States Bankruptcy Court for the: District of Delaware | | | | |
| Case number (if known): 24-10475 (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.

| De | Declaration and signature | | | | |
|------|--|---|--|--|--|
| | | er officer, or an authorized agent of the corporersentative of the debtor in this case. | ation; a member or an authorized agent of the partnership; or another | | |
| I ha | ive examined the inform | mation in the documents checked below and I | have a reasonable belief that the information is true and correct: | | |
| | | | | | |
| П | Schedule A/B: Asset | Assets–Real and Personal Property (Official Form 206A/B) | | | |
| | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) | | | | |
| | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F) | | | | |
| | Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G) | | | | |
| | Schedule H: Codebtors (Official Form 206H) | | | | |
| | Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum) | | | | |
| | Amended Schedule | Schedule A/B: Assets-Real and Personal P Assets and Liabilities for Non-Individuals | Property, Schedule G: Executory Contracts and Unexpired Leases, Summary of | | |
| | 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 | | | | |
| | | | | | |
| | | | | | |
| l do | sclare under penalty of | perjury that the foregoing is true and correct. | | | |
| i ue | ciale under penalty of | perjury that the foregoing is true and correct. | | | |
| Exe | ecuted on | 5 | / s / David R. Campbell | | |
| | MM / DD / Y | YYYY | Signature of individual signing on behalf of debtor | | |
| | | | | | |
| | | | David R. Campbell | | |
| | | | Printed name | | |
| | | | Authorized Signatory Position or relationship to debtor | | |
| | | | Position or relationship to debtor | | |

EXHIBIT B

Amended Statements

N/A