IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

In re	Chapter 11
SC HEALTHCARE HOLDING, LLC *et al.*,	Case No. 24-10443 (TMH)
Debtors.[1]	Jointly Administered

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

PLEASE TAKE NOTICE OF THE FOLLOWING:

Pursuant to Rule 1009(a) of the Federal Rules of Bankruptcy Procedure, the above-captioned debtors and debtors in possession (collectively, the "Debtors") hereby provide notice (this "Notice") that, as set forth below, the Debtors have amended: (i) Schedule A/B, Part 11 for twenty-nine of the Debtors; (ii) Schedule A/B, Part 55 for three of the Debtors; (iii) Schedule E/F for three of the Debtors; (iv) Schedule G of seventy of the Debtors; and (v) Part 2, Question 4 of the Statements (as defined below) for twelve of the Debtors.[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 "Schedules") and Statements of Financial Affairs (the "Statements") [Docket Nos. 380–505] with the United States Bankruptcy Court for the District of Delaware (the "Court").

AMENDED SCHEDULES AND STATEMENTS

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

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

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

2410443250422000000000025

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

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

AMENDED SCHEDULES BAR DATE

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

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

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

GLOBAL NOTES

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

RESERVATION OF RIGHTS

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

Dated: April 22, 2025
Wilmington, Delaware

Respectfully submitted,

YOUNG CONAWAY STARGATT & TAYLOR, LLP

/s/ Shella Borovinskaya

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	Chapter 11
SC HEALTHCARE HOLDING, LLC *et al.*,	Case No. 24-10443 (TMH)
Debtors.[1]	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 "Petition Date"), the Debtors commenced these Chapter 11 Cases by filing voluntary petitions for relief under chapter 11 of title 11 of the United States Code, 11 U.S.C. §§ 101–1532 (the "Bankruptcy Code") with the United States Bankruptcy Court for the District of Delaware (the "Court"). These Chapter 11 Cases have been consolidated for procedural purposes only and are being administered jointly under case number 24-10443 (TMH). The Debtors, with the exception of certain inactive entities, are authorized to operate their business as debtors-in-possession pursuant to sections 1107(a) and 1108 of the Bankruptcy Code.[2]

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

---

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

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

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.

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

undertake any obligation to update, modify, revise, or re-categorize the information provided in the Amended Schedules and Statements or to notify any third party should the information be updated, modified, revised, or re-categorized, except as required by applicable law or order of the Court. Nothing contained in the Amended Schedules and Statements or these *Global Notes and Statements of Limitations, Methodology, and Disclaimers Regarding Debtors' Amended Schedules of Assets and Liabilities and Statements of Financial Affairs* (these "Amended Global Notes") shall constitute a waiver of any rights of the Debtors and their estates or an admission with respect to these Chapter 11 Cases, including, but not limited to, any issues involving objections to claims, setoff or recoupment, equitable subordination or recharacterization of debt, defenses, characterization or re-characterization of contracts, leases, and claims, assumption or rejection of contracts and leases, and/or causes of action arising under the Bankruptcy Code or any other applicable laws.

The Debtors and their agents, attorneys, and financial advisors shall not be liable for any loss or injury arising out of, or caused in whole or in part by, the acts, errors, or omissions, whether negligent or otherwise, in procuring, compiling, collecting, interpreting, reporting, communicating, or delivering the information contained herein. In no event shall the Debtors or their agents, attorneys and financial advisors be liable to any third party for any direct, indirect, incidental, consequential, or special damages (including, but not limited to, damages arising from the disallowance of a potential claim against the Debtors or damages to business reputation, lost business or lost profits), whether foreseeable or not and however caused, even if the Debtors or their agents, attorneys, and financial advisors are advised of the possibility of such damages.

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

SPECIFIC ADDITIONAL DISCLOSURES WITH RESPECT TO AMENDED SCHEDULES AND STATEMENTS

Schedule A/B

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

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

Schedule E/F

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

Schedule G

The Debtors' business is complex, and the Data Breach made the compilation and review of the Debtors' contracts difficult and time-consuming. The amendment to Schedule G reflects the Debtors' best efforts to schedule every known executory contract in the Debtors' books and records. While every effort has been made to ensure the accuracy of Schedule G, inadvertent errors or omissions may have occurred. If the Debtors uncover additional contracts that were not included herein, the Debtors reserve their right to amend and/or supplement the Schedules as necessary. The contracts, agreements, and leases listed on Schedule G may have expired or may have been modified, amended, or supplemented from time to time by various amendments, restatements, waivers, estoppel certificates, letters, and other documents, instruments, and agreements that may not be listed therein. Relationships between the Debtors and their vendors are occasionally governed by a master services agreement, under which vendors also place work and purchase orders, which may be considered executory contracts. The Debtors believe that disclosure of all of these purchase and work orders would be impracticable and unduly burdensome. Likewise, in some cases, the same supplier or provider may appear multiple times in Schedule G.

Unless otherwise specified on Schedule G, each executory contract or unexpired lease listed thereon shall include all final exhibits, schedules, riders, modifications, declarations, amendments, supplements, attachments, restatements, or other agreements made directly or indirectly by any executed agreement, instrument, or other document that in any manner affects such executory contract or unexpired lease, without respect to whether such agreement, instrument, or other document is listed thereon.

The Debtors and their estates hereby reserve all of their rights, claims, and causes of action to (i) dispute the validity, status, or enforceability of any contracts, agreements, or leases set forth in Schedule G, (ii) dispute or challenge the characterization of the structure of any transaction, document, or instrument related to a creditor's claim, including, but not limited to, the agreements listed on Schedule G; and (iii) amend or supplement such Schedule as necessary.

Statement of Financial Affairs

Question 4: Mark Petersen, as the owner and Chief Executive Officer of the Debtors and their affiliates since 2002, has overseen the expansion of the Debtors' enterprise over the last twenty plus years. For a large portion of that time, and for at least the past ten years, Mr. Petersen has not taken a salary for his role as Chief Executive Officer. In lieu of a salary, Mr. Petersen occasionally paid certain of his personal expenses out of the Debtors' accounts. Such payments were, at all times, accurately recorded as dividends and have been listed in Question 4. In certain instances, Mr. Petersen acted as an intermediary between certain Debtors wherein he would receive a

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

[*Remainder of page left intentionally blank*]

EXHIBIT A

Amended Schedules

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

In re: SC HEALTHCARE HOLDING, LLC, *et al.*, Debtors. [1]	Chapter 11 Case No. 24-10443 (TMH) (Jointly Administered)

AMENDED SCHEDULES OF ASSETS AND LIABILITIES FOR PETERSEN HEALTH & WELLNESS, LLC (CASE NO. 24-10490)

Amended Herein:

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

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

Fill in this information to identify the case:

Debtor Name: In re : Petersen Health & Wellness, LLC

United States Bankruptcy Court for the: District of Delaware

Case number (if known): 24-10490 (TMH)

☑ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals 12/15

Part 1: Summary of Assets

1. ***Schedule A/B: Assets–Real and Personal Property*** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B* ..... $ 0.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B* ..... $ 3,850,905.86

1c. **Total of all property:**

Copy line 92 from *Schedule A/B* ..... $ 3,850,905.86

Part 2: Summary of Liabilities

2. ***Schedule D: Creditors Who Have Claims Secured by Property*** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*,from line 3 of *Schedule D* ..... $ 3,933,640.78

3. ***Schedule E/F: Creditors Who Have Unsecured Claims*** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F* ..... $ 365,826.82

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F* ..... + $ 1,661,413.62

4. **Total liabilities**

Lines 2 + 3a + 3b ..... $ 5,960,881.22

Fill in this information to identify the case:

Debtor Name: In re : Petersen Health & Wellness, LLC

United States Bankruptcy Court for the: District of Delaware

Case number (if known): 24-10490 (TMH)

☑ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

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

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

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

Part 1: Cash and cash equivalents

1. **Does the debtor have any cash or cash equivalents?**

☐ No. Go to Part 2.

☑ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor	Current value of debtor's interest
2. **Cash on hand**	
2.1 None	$

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

	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number		Current value of debtor's interest
3.1	CIBC	Commercial	1800	$	0.00
3.2	CIBC	Operating	9126	$	8,647.79
3.3	PNC Bank	Commercial	3338	$	0.00
3.4	PNC Bank	Government	2458	$	0.00
3.5	PNC Bank	Operating	4218	$	0.00
3.6	CIBC	Government	1818	$	0.00

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

4.1	None	$	

5. **Total of Part 1**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80. $ 8,647.79

Debtor: Petersen Health & Wellness, LLC Case number *(if known)*: 24-10490

Name

Part 2: Deposits and prepayments

6. **Does the debtor have any deposits or prepayments?**

☐ No. Go to Part 3.

☑ Yes. Fill in the information below.

		Current value of debtor's interest
7. **Deposits, including security deposits and utility deposits**		
Description, including name of holder of deposit		
7.1 None		$
8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**		
Description, including name of holder of prepayment		
8.1 Prepaid Insurance		$ 187,062.02
8.2 Vendor Security Deposit Receivable		$ 39,724.60
9. **Total of Part 2.**		
Add lines 7 through 8. Copy the total to line 81.		$ 226,786.62

Debtor: Petersen Health & Wellness, LLC Case number *(if known)*: 24-10490

Name

Part 3: Accounts receivable

10. **Does the debtor have any accounts receivable?**

☐ No. Go to Part 4.

☑ Yes. Fill in the information below.

		Description	face amount		doubtful or uncollectible accounts		**Current value of debtor's interest**
11. **Accounts receivable**							
11a.	90 days old or less:	Accounts Receivables	$ 2,878,720.01	- $		=..... ➔	$ 2,878,720.01
		Note: See Global Notes					
11b.	Over 90 days old:	Accounts Receivables	$	- $		=..... ➔	$
		Note: See Global Notes					

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82. $ 2,878,720.01

Debtor: Petersen Health & Wellness, LLC Case number *(if known)*: 24-10490

Name

Part 4: Investments

13. **Does the debtor own any investments?**

☑ No. Go to Part 5.

☐ Yes. Fill in the information below.

	Valuation method used for current value	Current value of debtor's interest

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

Name of fund or stock:

_____ _____ $ _____

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

Name of entity: % of ownership:

_____ _____ _____ $ _____

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

Describe:

_____ _____ $ _____

17. **Total of Part 4.**

Add lines 14 through 16. Copy the total to line 83. $ 0.00

Debtor: Petersen Health & Wellness, LLC Case number *(if known)*: 24-10490

Name

Part 5: Inventory, excluding agriculture assets

18. **Does the debtor own any inventory (excluding agriculture assets)?**

☑ No. Go to Part 6.

☐ Yes. Fill in the information below.

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

23. **Total of Part 5.**
Add lines 19 through 22. Copy the total to line 84. $ 0.00

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

☐ No

☐ Yes

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

☐ No

☐ Yes. Description_____ Book value $ _____ Valuation method _____ Current value $ _____

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

☐ No

☐ Yes

Debtor: Petersen Health & Wellness, LLC
Name

Case number *(if known)*: 24-10490

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

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

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

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. **Crops—either planted or harvested**	$		$
29. **Farm animals** *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 Part 6**	$		$

33. **Total of Part 6.**
Add lines 28 through 32. Copy the total to line 85. $ 0.00

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

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

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

- ☐ No
- ☐ Yes. Description_____ Book value $ _____ Valuation method_____ Current value $ _____

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

- ☐ No
- ☐ Yes

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

- ☐ No
- ☐ Yes

Debtor: Petersen Health & Wellness, LLC Case number *(if known)*: 24-10490

Name

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

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

☐ No. Go to Part 8.

☑ Yes. Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	**Office furniture**			
39.1	Total FFE from Balance Sheet	$ 29,190.19	Net Book Value	$ 29,190.19
40.	**Office fixtures**			
40.1	See Schedule A/B 39	$		$
41.	**Office equipment, including all computer equipment and communication systems equipment and software**			
41.1	See Schedule A/B 39	$		$
42.	**Collectibles** *Examples:* Antiques and figurines; paintings,prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1	None	$		$

43. **Total of Part 7.**
Add lines 39 through 42. Copy the total to line 86. $ 29,190.19

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

☑ No

☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

☑ No

☐ Yes

Debtor: Petersen Health & Wellness, LLC Case number *(if known)*: 24-10490

Name

Part 8: Machinery, equipment, and vehicles

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

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

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	**Net book value of debtor's interest** (Where available)	**Valuation method used for current value**	**Current value of debtor's interest**
47.	**Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**			
47.1	2012 Ford E-250 Extended-DL86759 VIN: 1FTNS2EW1CDA86683	$ Undetermined		$ Undetermined
48.	**Watercraft, trailers, motors, and related accessories** Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
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	$		$

51. **Total of Part 8.**
Add lines 47 through 50. Copy the total to line 87. $ 0.00

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

- ☑ No
- ☐ Yes

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

- ☑ No
- ☐ Yes

Debtor: Petersen Health & Wellness, LLC Case number *(if known)*: 24-10490

Name

Part 9: Real property

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

☑ No. Go to Part 10.

☐ Yes. Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	**Nature and extent of debtor's interest in property**	**Net book value of debtor's interest** (Where available)	**Valuation method used for current value**	**Current value of debtor's interest**
55.1		$		$

56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88. $ 0.00

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

☐ No

☐ Yes

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

☐ No

☐ Yes

Debtor: Petersen Health & Wellness, LLC (Name) Case number *(if known)*: 24-10490

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

☐ No. Go to Part 11.

☑ Yes. Fill in the information below.

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

66. **Total of Part 10.**
Add lines 60 through 65. Copy the total to line 89. $ 0.00

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107)**?**

☐ No

☑ Yes

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

☑ No

☐ Yes

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

☑ No

☐ Yes

Debtor: Petersen Health & Wellness, LLC (Name) Case number *(if known)*: 24-10490

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**
Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.

☑ Yes. Fill in the information below.

							Current value of debtor's interest
71. **Notes receivable**							
	Description (include name of obligor)	Total face amount		doubtful or uncollectible accounts			
71.1	Employee Advances / Loans	$ 2,561.25	- $	Undetermined	=..... →	$	2,561.25
	Description (include name of obligor)	Total face amount		doubtful or uncollectible accounts			
71.2	None	$	- $		=..... →	$	

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

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

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

73.1	None	$	

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

74.1	See Global Notes	$	
	Nature of claim		
	Amount requested	$	

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

75.1	None	$	
	Nature of claim		
	Amount requested	$	

76. **Trusts, equitable or future interests in property**

76.1	None	$	

77. **Other property of any kind not already listed** *Examples*: Season tickets, country club membership

77.1	See AMENDED A/B 77 Attachment	$	705,000.00

78. **Total of Part 11.**
Add lines 71 through 77. Copy the total to line 90. $ 707,561.25

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

☑ No

☐ Yes

Debtor: Petersen Health & Wellness, LLC
Name

Case number *(if known)*: 24-10490

Part 12: Summary

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

	Type of property	Current value of personal property	Current value of real property
80.	**Cash, cash equivalents, and financial assets.** *Copy line 5, Part 1.*	$ 8,647.79	
81.	**Deposits and prepayments.** *Copy line 9, Part 2.*	$ 226,786.62	
82.	**Accounts receivable.** *Copy line 12, Part 3.*	$ 2,878,720.01	
83.	**Investments.** *Copy line 17, Part 4.*	$ 0.00	
84.	**Inventory.** *Copy line 23, Part 5.*	$ 0.00	
85.	**Farming and fishing-related assets.** *Copy line 33, Part 6.*	$ 0.00	
86.	**Office furniture, fixtures, and equipment; and collectibles.** *Copy line 43, Part 7.*	$ 29,190.19	
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.*	$ 707,561.25	
91.	**Total.** Add lines 80 through 90 for each column.....91a.	$ 3,850,905.86	+ 91b. $ 0.00
92.	**Total of all property on Schedule A/B.** Lines 91a + 91b = 92.		$ 3,850,905.86

Fill in this information to identify the case:

Debtor Name: In re : Petersen Health & Wellness, LLC

United States Bankruptcy Court for the: District of Delaware

Case number (if known): 24-10490 (TMH)

☑ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

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

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. **Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).**

☐ No. Go to Part 2.

☑ Yes. Go to Line 2.

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

	Total claim	Priority amount
2.1 **Priority creditor's name and mailing address**	**As of the petition filing date, the claim is:**	$ 365,826.82	$ 365,826.82

Internal Revenue Service
Creditor Name

Creditor's Notice name

569 West Monroe Street, Suite 1100
Address

Chicago | IL | 60675
City | State | ZIP Code

Country

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim:

Taxes

Date or dates debt was incurred

Various

Last 4 digits of account number

Is the claim subject to offset?

☑ No

☐ Yes

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

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

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

Amount of claim

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

Law Office of Jeffrey Krumpe
Creditor Name

Creditor's Notice name

110 SW Jeffereson
Address

Suite 410

Peoria | IL | 61602
City | State | ZIP Code

Country

Date or dates debt was incurred

2/6/2024

Last 4 digits of account number

As of the petition filing date, the claim is: $ Undetermined
Check all that apply.

☐ Contingent
☑ Unliquidated
☑ Disputed

Basis for the claim:

Litigation

Is the claim subject to offset?

☑ No
☐ Yes

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

Petersen Health Junction, LLC
Creditor Name

Creditor's Notice name

129 South 1st Avenue
Address

Canton | IL | 61520
City | State | ZIP Code

Country

Date or dates debt was incurred

As of 3/31/2024

Last 4 digits of account number

As of the petition filing date, the claim is: $ 74,000.00
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Inter Company Loan

Is the claim subject to offset?

☑ No
☐ Yes

Amended herein: added

Debtor: Petersen Health & Wellness, LLC (Name) Case number *(if known)*: 24-10490

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

Petersen Health Operations, LLC
Creditor Name

Creditor's Notice name

830 W Trailcreek Dr.
Address

Peoria | IL | 61614
City | State | ZIP Code

Country

Date or dates debt was incurred
As of 3/31/2024

Last 4 digits of account number

As of the petition filing date, the claim is: $ 1,587,413.62
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:
Inter Company Loan

Is the claim subject to offset?
☑ No
☐ Yes

Amended herein: added

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

Sorling
Creditor Name

Creditor's Notice name

1 N Old State Capitol Plaza
Address

Suite 200

Springfield | IL | 62701
City | State | ZIP Code

Country

Date or dates debt was incurred
Various

Last 4 digits of account number

As of the petition filing date, the claim is: $ Undetermined
Check all that apply.
☐ Contingent
☑ Unliquidated
☑ Disputed

Basis for the claim:
Litigation

Is the claim subject to offset?
☑ No
☐ Yes

Part 3: List Others to Be Notified About Unsecured Claims

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

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

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

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

			Total of claim amounts
5a.	**Total claims from Part 1**	5a.	$ 365,826.82
5b.	**Total claims from Part 2**	5b. +	$ 1,661,413.62
5c.	**Total of Parts 1 and 2** Lines 5a + 5b = 5c.	5c.	$ 2,027,240.44

Fill in this information to identify the case:

Debtor Name: In re : Petersen Health & Wellness, LLC

United States Bankruptcy Court for the: District of Delaware

Case number (if known): 24-10490 (TMH)

☑ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases 12/15

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

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

2. **List all contracts and unexpired leases**	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
2.1 **State what the contract or lease is for and the nature of the debtor's interest**: Staffing Agreement	Action Homecare and Staffing, LLC d/b/a Oasis Medical Services (Name)
	Attn Administration (Notice Name)
State the term remaining	761 Main St NW, Suite A (Address)
List the contract number of any government contract	Bourbonnais (City) IL (State) 60914 (ZIP Code)
	(Country)
Amended herein: added	
2.2 **State what the contract or lease is for and the nature of the debtor's interest**: Facility Agreement	Aetna Better Health (Name)
	(Notice Name)
State the term remaining	PO Box 818031, F661 (Address)
List the contract number of any government contract	Cleveland (City) OH (State) 44181 (ZIP Code)
	(Country)
Amended herein: added	

Debtor: Petersen Health & Wellness, LLC (Name) Case number *(if known)*: 24-10490

2.3 **State what the contract or lease is for and the nature of the debtor's interest**: Facility Services Agreement. Product Participation and Signature Sheet

State the term remaining:

List the contract number of any government contract:

Aetna Health Inc., a Pennsylvania Corporation
Name
Notice Name
550 Maryville Centre Drive, Suite 300
Address
St. Louis | MO | 63141
City | State | ZIP Code
Country

Amended herein: added

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

State the term remaining:

List the contract number of any government contract:

AIM Laboratories
Name
Notice Name
3165 Mckelvey Road
Address
Bridgeton | MO | 63044
City | State | ZIP Code
Country

Amended herein: added

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

State the term remaining:

List the contract number of any government contract:

All American HealthCare Services, Inc.
Name
Notice Name
494 Broad Street, Suite 302
Address
Newark | NJ | 07102
City | State | ZIP Code
Country

Amended herein: added

Debtor: Petersen Health & Wellness, LLC (Name) Case number *(if known)*: 24-10490

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

State the term remaining:

List the contract number of any government contract:

All American Healthcare Services, Inc.
Name
Notice Name
494 Broad Street, Suite 302
Address
Newark | NJ | 07102
City | State | ZIP Code
Country

Amended herein: added

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

State the term remaining:

List the contract number of any government contract:

All American HealthCare Services, Inc.
Name
Notice Name
494 Broad Street, Suite 302
Address
Newark | NJ | 07102
City | State | ZIP Code
Country

Amended herein: added

2.8 **State what the contract or lease is for and the nature of the debtor's interest**: Nursing Facility Laboratory Agreement

State the term remaining:

List the contract number of any government contract:

Amerathon LLC dba American Health Associates
Name
Notice Name
102 East Main Street
Address
Galesburg | IL | 61401
City | State | ZIP Code
Country

Amended herein: added

Debtor: Petersen Health & Wellness, LLC (Name) Case number *(if known)*: 24-10490

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

Nursing Facility Laboratory Agreement

State the term remaining

List the contract number of any government contract

Amerathon, LLC d/b/a American Health Associates
Name

Notice Name

102 East Main Street
Address

Galesburg | IL | 61401
City | State | ZIP Code

Country

Amended herein: added

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

Medical Director Agreement

State the term remaining

List the contract number of any government contract

Aqeel A. Khan, MD
Name

Notice Name

Advance Psychiatry & Council
Address

1 Tiffany Pointe Suite #110

Bloomingdale | IL | 60108
City | State | ZIP Code

Country

Amended herein: added

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

Addendum to Contract

State the term remaining

List the contract number of any government contract

Beacon of Hope Hospice of Illinois, Inc. and Beacon of Hope Hospice Inc.
Name

Beacon of Hope Hospice
Notice Name

102 East Main Street
Address

Galesburg | IL | 61401
City | State | ZIP Code

Country

Amended herein: added

Debtor: Petersen Health & Wellness, LLC (Name) Case number *(if known)*: 24-10490

2.12 **State what the contract or lease is for and the nature of the debtor's interest**: Hospice and Nursing Facility Collaborative Care Agreement

State the term remaining

List the contract number of any government contract

Beacon of Hope Hospice of Illinois, Inc. and Beacon of Hope Hospice Inc.
Name
Notice Name
102 East Main Street, Suite A
Address
Galesburg | IL | 61401
City | State | ZIP Code
Country

Amended herein: added

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

State the term remaining

List the contract number of any government contract

Beacon of Hope Hospice, Inc.
Name
Notice Name
2191 Lemay Ferry Road, Suite 300
Address
St. Louis | MO | 63125
City | State | ZIP Code
Country

2.14 **State what the contract or lease is for and the nature of the debtor's interest**: Hospice and Nursing Facility Collaborative Care Agreement

State the term remaining

List the contract number of any government contract

Beacon of Hope Hospice, Inc.
Name
Notice Name
1020 West 35th Street
Address
Davenport | IA | 52806
City | State | ZIP Code
Country

Debtor: Petersen Health & Wellness, LLC (Name) Case number *(if known)*: 24-10490

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

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

State the term remaining

List the contract number of any government contract

Bio-Behavioral Care Solutions, LLC dba Behavioral Care Solutions
Name

Attn Robert A. Clemente, Chief Executive Officer
Notice Name

Behavioral Care Solutions
Address

39465 W. 14 Mile Rd.

Novi | MI | 48377
City | State | ZIP Code

Country

Amended herein: added

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

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

State the term remaining

List the contract number of any government contract

Bio-Behavioral Care Solutions, LLC dba Behavioral Care Solutions
Name

Attn Robert A. Clemente, Chief Executive Officer
Notice Name

Behavioral Care Solutions
Address

39465 W. 14 Mile Rd.

Novi | MI | 48377
City | State | ZIP Code

Country

Amended herein: added

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

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

State the term remaining

List the contract number of any government contract

Bio-Medical Application of Illinois, Inc. dba FMC Saline County
Name

Attn Director of Operations
Notice Name

275 Small Street
Address

Harrisburg | IL | 62946
City | State | ZIP Code

Country

Amended herein: added

Debtor: Petersen Health & Wellness, LLC (Name) Case number *(if known)*: 24-10490

2.18 **State what the contract or lease is for and the nature of the debtor's interest**: Skilled Nursing Facility/Nursing Home Agreement for Certain Hemodialysis Related Services

State the term remaining

List the contract number of any government contract

Bio-Medical Applications of Illinois, Inc., d/b/a Fresenius Medical Care Saline County (Name)
Attn Lindsae White Director of Operations Home Therapies (Notice Name)
277 Small Street (Address)
Harrisburg | IL | 62946 (City | State | ZIP Code)
(Country)

Amended herein: added

2.19 **State what the contract or lease is for and the nature of the debtor's interest**: Mobile Imaging Service Agreement

State the term remaining

List the contract number of any government contract

BioTech X-ray, Inc (Name)
Attn Tamara Schwartz, President (Notice Name)
1065 Executive Parkway Ste.220 (Address)
St. Louis | MO | 63141-6367 (City | State | ZIP Code)
(Country)

Amended herein: added

2.20 **State what the contract or lease is for and the nature of the debtor's interest**: Service Agreement

State the term remaining

List the contract number of any government contract

BioTech X-ray, Inc (Name)
Attn Tamara Schwartz, President (Notice Name)
1065 Executive Parkway Ste.220 (Address)
St. Louis | MO | 63141-6367 (City | State | ZIP Code)
(Country)

Amended herein: added

Debtor: Petersen Health & Wellness, LLC (Name) Case number *(if known)*: 24-10490

2.21 **State what the contract or lease is for and the nature of the debtor's interest**: Mobile Imaging Services Agreement

State the term remaining

List the contract number of any government contract

BioTech X-ray, Inc.
Name
Attn Tamara Schwartz, President
Notice Name
1065 Executive Parkway, Ste.220
Address
St. Louis | MO | 63141-6367
City | State | ZIP Code
Country

Amended herein: added

2.22 **State what the contract or lease is for and the nature of the debtor's interest**: Medicaid Provider Agreement

State the term remaining

List the contract number of any government contract

Blue Cross Blue Shield of Illinois, a Division of Health Care Service Corporation
Name
Notice Name
300 East Randolph St
Address
Chicago | IL | 60601
City | State | ZIP Code
Country

Amended herein: added

2.23 **State what the contract or lease is for and the nature of the debtor's interest**: Skilled Nursing Facility Agreement

State the term remaining

List the contract number of any government contract

Blue Cross Blue Shield of Illinois, a Division of Health Care Service Corporation
Name
Notice Name
300 East Randolph St
Address
Chicago | IL | 60601
City | State | ZIP Code
Country

Amended herein: added

Debtor: Petersen Health & Wellness, LLC (Name) Case number *(if known)*: 24-10490

2.24 **State what the contract or lease is for and the nature of the debtor's interest**: Renewal Customer Service Agreement

State the term remaining:

List the contract number of any government contract:

Call One Inc.
Name

Notice Name

225 West Wacker Drive 8th Floor
Address

Chicago | IL | 60606
City | State | ZIP Code

Country

Amended herein: added

2.25 **State what the contract or lease is for and the nature of the debtor's interest**: Addendum to Contract

State the term remaining:

List the contract number of any government contract:

Camillus Staffing, LLC dba Nextaff
Name

Notice Name

11101 Switzer Rd. Suite 110
Address

Overland Park | KS | 66210
City | State | ZIP Code

Country

Amended herein: added

2.26 **State what the contract or lease is for and the nature of the debtor's interest**: Addendum to Contract

State the term remaining:

List the contract number of any government contract:

Camillus Staffing, LLC dba Nextaff Group, LLC
Name

Notice Name

11101 Switzer Road, Suite 110
Address

Overland Parks | KS | 66210
City | State | ZIP Code

Country

Amended herein: added

Debtor: Petersen Health & Wellness, LLC (Name) Case number *(if known)*: 24-10490

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

State the term remaining

List the contract number of any government contract

Care Horizon, Inc.
Name
Notice Name
120 Courthouse Square
Address
PO Box 385
Toledo | IL | 62468
City | State | ZIP Code
Country

Amended herein: added

2.28 **State what the contract or lease is for and the nature of the debtor's interest**: Enteral Therapy, Urological, Ostomy and Tracheotomy Supplies and Wound Care Products Agreement

State the term remaining

List the contract number of any government contract

Centrad Healthcare, LLC
Name
Attn Michelle C. Korslin, Sr. VP of Sales & Marketing
Notice Name
184 Shuman Blvd, Suite 130
Address
Naperville | IL | 60563
City | State | ZIP Code
Country

Amended herein: added

2.29 **State what the contract or lease is for and the nature of the debtor's interest**: Hospital Transfer Agreement

State the term remaining

List the contract number of any government contract

CGH Medical Center
Name
Notice Name
PO Box 618
Address
Sterling | IL | 61081-0618
City | State | ZIP Code
Country

Amended herein: added

Debtor: Petersen Health & Wellness, LLC (Name) Case number *(if known)*: 24-10490

2.30 **State what the contract or lease is for and the nature of the debtor's interest**: Business Class Service Order Agreement

State the term remaining:

List the contract number of any government contract:

Comcast Cable Communications Management, LLC (Name)
Attn General Counsel (Notice Name)
One Comcast Center (Address)
Philadelphia | PA | 19103 (City | State | ZIP Code)
(Country)

Amended herein: added

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

State the term remaining:

List the contract number of any government contract:

Comcast of Illinois XIII, L.P. (Name)
MDU Manager (Notice Name)
1500 McConnor Parkway #200 (Address)
Schaumburg | IL | 60173 (City | State | ZIP Code)
(Country)

Amended herein: added

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

State the term remaining:

List the contract number of any government contract:

Comcast of Illinois/Indiana/Ohio, LLC (Name)
Attn MDU Manager (Notice Name)
1500 McConnor Parkway (Address)
Schaumburg | IL | 60173 (City | State | ZIP Code)
(Country)

Amended herein: added

Debtor: Petersen Health & Wellness, LLC (Name) Case number *(if known)*: 24-10490

2.33 **State what the contract or lease is for and the nature of the debtor's interest**: Addendum to Nursing Facility Hospice, General Inpatient and Respite Care Services Agreement Dated November 9, 2020

State the term remaining

List the contract number of any government contract

Community Hospices of America, LLC a/b/a Compassus - NWIL (Name)
Attn Executive Director (Notice Name)
Hospice Compassus (Address)
755 N Henderson St
Galesburg | IL | 61401 (City | State | ZIP Code)
Country

Amended herein: added

2.34 **State what the contract or lease is for and the nature of the debtor's interest**: Purchase Service Agreement

State the term remaining

List the contract number of any government contract

Cumberland Associates (Name)
Notice Name
120 Courthouse Square (Address)
PO Box 385
Toledo | IL | 62468 (City | State | ZIP Code)
Country

Amended herein: added

2.35 **State what the contract or lease is for and the nature of the debtor's interest**: Coordination and Working Agreement

State the term remaining

List the contract number of any government contract

Cumberland Associates, Inc. (Name)
Notice Name
825 18th Street (Address)
Charleston | IL | 61920 (City | State | ZIP Code)
Country

Amended herein: added

Debtor: Petersen Health & Wellness, LLC (Name) Case number *(if known)*: 24-10490

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

State the term remaining:

List the contract number of any government contract:

Cumberland Associates, Inc.
Name

Notice Name

120 Courthouse Square
Address

PO Box 385

Toledo | IL | 62468
City | State | ZIP Code

Country

Amended herein: added

2.37 **State what the contract or lease is for and the nature of the debtor's interest**: Terms of Service for Institutional Establishments

State the term remaining:

List the contract number of any government contract:

DirectTV, LLC
Name

Business Service Center
Notice Name

PO Box 5392
Address

Miami | FL | 33152-5392
City | State | ZIP Code

Country

Amended herein: added

2.38 **State what the contract or lease is for and the nature of the debtor's interest**: Medical Director Agreement

State the term remaining:

List the contract number of any government contract:

Dr. Angel Blazquez
Name

Notice Name

CGH Main Clinic
Address

15 West 3rd Street

Sterling | IL | 61081
City | State | ZIP Code

Country

Amended herein: added

Debtor: Petersen Health & Wellness, LLC (Name) Case number *(if known)*: 24-10490

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

Medical Director Agreement

State the term remaining

List the contract number of any government contract

Dr. Munishkumar Gorasiya
Name
Rush Copley Hospitalists
Notice Name
2000 Ogden Ave
Address
Aurora | IL | 60504
City | State | ZIP Code
Country

Amended herein: added

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

Linkage Agreement

State the term remaining

List the contract number of any government contract

Egyptian Public and Mental Health Department
Name
Notice Name
1412 US 45 North
Address
Eldorado | IL | 62930
City | State | ZIP Code
Country

Amended herein: added

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

Amendment No. 3 to Pharmacy Products and Services Agreement

State the term remaining

List the contract number of any government contract

Enloe Drugs, LLC
Name
OMNICARE OF DECATUR
Notice Name
796 N. SUNNYSIDE ROAD
Address
Decatur | IL | 62522-1156
City | State | ZIP Code
Country

Amended herein: added

Debtor: Petersen Health & Wellness, LLC (Name) Case number *(if known)*: 24-10490

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

State the term remaining:

List the contract number of any government contract:

Fairfield Memorial Hospital (Name)

Notice Name

303 NW 11th Street (Address)

Fairfield | IL | 62837 (City | State | ZIP Code)

Country

Amended herein: added

2.43 **State what the contract or lease is for and the nature of the debtor's interest**: Addendum to Contract

State the term remaining:

List the contract number of any government contract:

Favorite Healthcare Staffing, Inc. (Name)

Notice Name

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

Overland Park | KS | 66212-2215 (City | State | ZIP Code)

Country

Amended herein: added

2.44 **State what the contract or lease is for and the nature of the debtor's interest**: Amendment to Contract and All Addendums Dated May 6, 2021

State the term remaining:

List the contract number of any government contract:

Favorite Healthcare Staffing, Inc. (Name)

Notice Name

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

Overland Park | KS | 66212-2215 (City | State | ZIP Code)

Country

Amended herein: added

Debtor: Petersen Health & Wellness, LLC (Name) Case number *(if known)*: 24-10490

2.45 **State what the contract or lease is for and the nature of the debtor's interest**: Nursing Home Rate Agreement

State the term remaining

List the contract number of any government contract

Favorite Healthcare Staffing, Inc. (Name)
Paul Brown (Notice Name)
7255 W. 98th Terrace - Bldg.5, Suite 150 (Address)
Overland Park | KS | 66212-2215 (City | State | ZIP Code)
(Country)

Amended herein: added

2.46 **State what the contract or lease is for and the nature of the debtor's interest**: Laboratory Services Agreement

State the term remaining

List the contract number of any government contract

Gamma Healthcare, Inc. (Name)
(Notice Name)
1717 West Maud (Address)
Poplar Bluff | MO | 63901 (City | State | ZIP Code)
(Country)

Amended herein: added

2.47 **State what the contract or lease is for and the nature of the debtor's interest**: Radiology Services Agreement

State the term remaining

List the contract number of any government contract

Gamma HealthCare, Inc. (Name)
(Notice Name)
1717 West Maud St. (Address)
Poplar Bluff | MO | 63901 (City | State | ZIP Code)
(Country)

Amended herein: added

Debtor: Petersen Health & Wellness, LLC (Name) Case number *(if known)*: 24-10490

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

State the term remaining

List the contract number of any government contract

Gateway ProClean, Inc.
Name
Notice Name
2081 Exchange Drive
Address
St. Charles | MO | 63303
City | State | ZIP Code
Country

Amended herein: added

2.49 **State what the contract or lease is for and the nature of the debtor's interest**: Lease and Services Agreement

State the term remaining

List the contract number of any government contract

Gateway ProClean, Inc.
Name
Notice Name
2081 Exchange Drive
Address
St. Charles | MO | 63303
City | State | ZIP Code
Country

Amended herein: added

2.50 **State what the contract or lease is for and the nature of the debtor's interest**: Purchasing Agreement

State the term remaining

List the contract number of any government contract

Gem Medical Supplies, LLC
Name
Notice Name
730 Anthony Trail
Address
Northbrook | IL | 60062
City | State | ZIP Code
Country

Amended herein: added

Debtor: Petersen Health & Wellness, LLC (Name) Case number *(if known)*: 24-10490

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

State the term remaining:

List the contract number of any government contract:

Hamilton Memorial Hospital (Name)

(Notice Name)

611 S. Marshall Avenue (Address)

McLeansboro | IL | 62859 (City | State | ZIP Code)

(Country)

Amended herein: added

2.52 **State what the contract or lease is for and the nature of the debtor's interest**: Addendum to Contract

State the term remaining:

List the contract number of any government contract:

Haven Hospice IL LLC (Name)

(Notice Name)

1318 North Michigan Avenue (Address)

Marshal | IL | 62411 (City | State | ZIP Code)

(Country)

Amended herein: added

2.53 **State what the contract or lease is for and the nature of the debtor's interest**: Residential Hospice Care Agreement for Services to Residents of Nursing Facilities

State the term remaining:

List the contract number of any government contract:

Haven Hospice IL LLC (Name)

(Notice Name)

1318 North Michigan Avenue (Address)

Marshall | IL | 62411 (City | State | ZIP Code)

(Country)

Amended herein: added

Debtor: Petersen Health & Wellness, LLC (Name) Case number *(if known)*: 24-10490

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

State the term remaining

List the contract number of any government contract

Health Alliance Medical Plans, Inc. (Name)
Notice Name
301 South Vine St (Address)
Urbana | IL | 31801 (City | State | ZIP Code)
Country

Amended herein: added

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

State the term remaining

List the contract number of any government contract

Health Technologies, Inc. (Name)
Attn Carol Sapp, President (Notice Name)
8446 Page Avenue (Address)
St. Louis | MO | 63130 (City | State | ZIP Code)
Country

Amended herein: added

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

State the term remaining

List the contract number of any government contract

HealthLink, Inc., an Illinois Corporation (Name)
Notice Name
1831 Chestnut St (Address)
St. Louis | MO | 63103 (City | State | ZIP Code)
Country

Amended herein: added

Debtor: Petersen Health & Wellness, LLC (Name) Case number *(if known)*: 24-10490

2.57 **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 any government contract

Hospice Compassus
Name
Attn Executive Director
Notice Name
755 N. Henderson
Address
Galesburg | IL | 61401
City | State | ZIP Code
Country

Amended herein: added

2.58 **State what the contract or lease is for and the nature of the debtor's interest**: Nursing Facility Hospice, General Inpatient, and Respite Care Services Agreement

State the term remaining

List the contract number of any government contract

Hospice Compassus
Name
Attention Executive Director
Notice Name
755 N Henderson
Address
Galesburg | IL | 61401
City | State | ZIP Code
Country

Amended herein: added

2.59 **State what the contract or lease is for and the nature of the debtor's interest**: Residential Hospice Care Agreement for Services to Residents of Nursing Facilities

State the term remaining

List the contract number of any government contract

Hospice of Illinois LLC, dba Harbor Light Hospice
Name
Notice Name
1N131 County Farm Road
Address
Winfield | IL | 60190
City | State | ZIP Code
Country

Amended herein: added

Debtor: Petersen Health & Wellness, LLC (Name) Case number *(if known)*: 24-10490

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

State the term remaining

List the contract number of any government contract

Hospice of Southern Illinois, Inc
Name
Notice Name
305 South Illinois Street
Address
City: Belleville | State: IL | ZIP Code: 62220-2159
Country

Amended herein: added

2.61 **State what the contract or lease is for and the nature of the debtor's interest** — Long Term Care Facility Agreement

State the term remaining

List the contract number of any government contract

Hospice of Southern Illinois, Inc
Name
Attn Amy L. Richter, FHFMA, CPA, CGMA, MBA
Notice Name
305 South Illinois Street
Address
City: Belleville | State: IL | ZIP Code: 62220-2159
Country

Amended herein: added

2.62 **State what the contract or lease is for and the nature of the debtor's interest** — Nursing Facility Agreement

State the term remaining

List the contract number of any government contract

Hospice of Southern Illinois, Inc.
Name
Attn Rebecca J Wisdom, L.S.C.W
Notice Name
305 South Illinois Street
Address
City: Belleville | State: IL | ZIP Code: 62220-2159
Country

Amended herein: added

Debtor: Petersen Health & Wellness, LLC (Name) Case number *(if known)*: 24-10490

2.63 **State what the contract or lease is for and the nature of the debtor's interest**: Nursing Facility Services Agreement

State the term remaining:

List the contract number of any government contract:

Hospice of the Rock River Valley (Name)

(Notice Name)

264 IL Rte 2 (Address)

Dixon | IL | 61021 (City | State | ZIP Code)

(Country)

Amended herein: added

2.64 **State what the contract or lease is for and the nature of the debtor's interest**: Participating Provider Agreement

State the term remaining:

List the contract number of any government contract:

Humana Inc. (Name)

(Notice Name)

P.O. Box 1438 (Address)

Louisville | KY | 40201 (City | State | ZIP Code)

(Country)

Amended herein: added

2.65 **State what the contract or lease is for and the nature of the debtor's interest**: Medical Director Agreement

State the term remaining:

List the contract number of any government contract:

Inessa Chernysh, D.O. (Name)

Marissa Medical Clinic (Notice Name)

521 C North Borders (Address)

Marissa | IL | 62257 (City | State | ZIP Code)

(Country)

Amended herein: added

Debtor: Petersen Health & Wellness, LLC (Name) Case number *(if known)*: 24-10490

2.66 **State what the contract or lease is for and the nature of the debtor's interest**: Special Program Agreement for Rental and Capital

State the term remaining:

List the contract number of any government contract:

Joerns LLC
Name
Attn Chief Strategy Officer
Notice Name
2430 Whitehall Park Drive, Suite 100
Address
Charlotte | NC | 28273
City | State | ZIP Code
Country

Amended herein: added

2.67 **State what the contract or lease is for and the nature of the debtor's interest**: Memorandum of Agreement

State the term remaining:

List the contract number of any government contract:

KEPRO
Name
Notice Name
5700 Lombardo Center Drive, Suite 100
Address
Seven Hills | OH | 44131
City | State | ZIP Code
Country

Amended herein: added

2.68 **State what the contract or lease is for and the nature of the debtor's interest**: Amended and Restated Therapy Services Agreement

State the term remaining:

List the contract number of any government contract:

Kindred Rehab Services, LLC
Name
Attn VP, Finance
Notice Name
Rehab Care
Address
680 South Fourth Street
Louisville | KY | 40202
City | State | ZIP Code
Country

Amended herein: added

Debtor: Petersen Health & Wellness, LLC (Name) Case number *(if known)*: 24-10490

2.69 **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 any government contract

Lawrence Recruiting Specialists, Inc. d/b/a LRS Healthcare
Name
Attn Contracts
Notice Name
1120 N 103 Plaza, Suite 300
Address
Omaha | NE | 68114
City | State | ZIP Code
Country

Amended herein: added

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

Amendment to Client Contract

State the term remaining

List the contract number of any government contract

Lawrence Recruiting Specialists, Inc. d/b/a LRS Healthcare
Name
Attn Contracts
Notice Name
1120 N 103 Plaza, Suite 300
Address
Omaha | NE | 68114
City | State | ZIP Code
Country

Amended herein: added

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

First Amendment to the Client Contract

State the term remaining

List the contract number of any government contract

Lawrence Recruiting Specialists, Inc. d/b/a LRS Healthcare
Name
Attn Contracts
Notice Name
1120 N 103 Plaza, Suite 300
Address
Omaha | NE | 68114
City | State | ZIP Code
Country

Amended herein: added

Debtor: Petersen Health & Wellness, LLC (Name) Case number *(if known)*: 24-10490

2.72 **State what the contract or lease is for and the nature of the debtor's interest**: Protocol and Agreement for the Provision of Hospice Services and Inpatient Respite Care

State the term remaining:

List the contract number of any government contract:

Lincolnland Hospice of Sarah Bush Lincoln d/b/
Name
Attn Post Acute Care Director
Notice Name
1004 Health Center Drive, Suite 202
Address
Mattoon | IL | 61938
City | State | ZIP Code
Country

Amended herein: added

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

State the term remaining:

List the contract number of any government contract:

Livanta, LLC
Name
Notice Name
10830 Guilford Rd, Suite 312
Address
Annapolis Junction | MD | 20701
City | State | ZIP Code
Country

Amended herein: added

2.74 **State what the contract or lease is for and the nature of the debtor's interest**: Nursing Facility Hospice Services Agreement

State the term remaining:

List the contract number of any government contract:

Loving Peace Hospice, Inc. d/b/a Kindred Hospice
Name
Attn General Counsel
Notice Name
c/o Kindred at Home
Address
655 Brawley School Road, Suite 200
Mooresville | NC | 28117
City | State | ZIP Code
Country

Debtor: Petersen Health & Wellness, LLC (Name) Case number *(if known)*: 24-10490

2.75 **State what the contract or lease is for and the nature of the debtor's interest**: Nursing Facility Hospice Services Agreement

State the term remaining

List the contract number of any government contract

Loving Peace Hospice, Inc. d/b/a Kindred Hospice (Name)
Attn General Counsel (Notice Name)
Curo Health Services, LLC (Address)
655 Brawley School Road, Suite 200
Mooresville | NC | 28117 (City | State | ZIP Code)
(Country)

2.76 **State what the contract or lease is for and the nature of the debtor's interest**: Addendum to Contract Between Hospice and Nursing Facility

State the term remaining

List the contract number of any government contract

Loving Peace Hospice, Inc. dba Kindred Hospice (Name)
Attn General Counsel (Notice Name)
655 Brawley School Road, Suite 200 (Address)
Mooresville | NC | 28117 (City | State | ZIP Code)
(Country)

Amended herein: added

2.77 **State what the contract or lease is for and the nature of the debtor's interest**: Letter Agreement re: Letter of Cooperative Agreement

State the term remaining

List the contract number of any government contract

Lutheran Social Services of Illinois (Name)
Intouch Services of LSSI (Notice Name)
1901 First Avenue (Address)
Sterling | IL | 61081 (City | State | ZIP Code)
(Country)

Amended herein: added

Debtor: Petersen Health & Wellness, LLC (Name) Case number *(if known)*: 24-10490

2.78 **State what the contract or lease is for and the nature of the debtor's interest**: Master Contract for Biohazard Waste

State the term remaining:

List the contract number of any government contract:

MCKay's Haz-Mat Truck Service, Inc.
Name

Notice Name

PO Box 1444
Address

Centralia | IL | 62801
City | State | ZIP Code

Country

Amended herein: added

2.79 **State what the contract or lease is for and the nature of the debtor's interest**: Prime Vendor Product Supply Agreement

State the term remaining:

List the contract number of any government contract:

McKesson Medical-Surgical Minnesota Supply Inc.
Name

Notice Name

8121 Tenth Avenue North
Address

Golden Valley | MN | 55427
City | State | ZIP Code

Country

Amended herein: added

2.80 **State what the contract or lease is for and the nature of the debtor's interest**: Amendment to Contract

State the term remaining:

List the contract number of any government contract:

Medical Staffing Solutions, LLC
Name

Notice Name

8601 N. Kentucky Ave, Suite A
Address

Evansville | IN | 47725
City | State | ZIP Code

Country

Amended herein: added

Debtor: Petersen Health & Wellness, LLC (Name) Case number *(if known)*: 24-10490

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

Amendment to Professional Services Agreement

State the term remaining

List the contract number of any government contract

Medical Staffing Solutions, LLC
Name

Notice Name

8601 N. Kentucky Ave, Suite A
Address

Evansville | IN | 47725
City | State | ZIP Code

Country

Amended herein: added

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

Attachment 1 to Professional Services Agreement

State the term remaining

List the contract number of any government contract

Medical Staffing Solutions, LLC
Name

Notice Name

8601 N. Kentucky Ave, Suite A
Address

Evansville | IN | 47725
City | State | ZIP Code

Country

Amended herein: added

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

Professional Services Agreement

State the term remaining

List the contract number of any government contract

Medical Staffing Solutions, LLC
Name

Attn Chief Executive Officer
Notice Name

9700 HWY 57N, Suite A
Address

Evansville | IN | 47725
City | State | ZIP Code

Country

Amended herein: added

Debtor: Petersen Health & Wellness, LLC (Name) Case number *(if known)*: 24-10490

2.84 **State what the contract or lease is for and the nature of the debtor's interest**: Illinois Ancillary Provider/HCBS Agreement

State the term remaining

List the contract number of any government contract

Meridian Health Plan of Illinois, Inc. (Name)
Notice Name
333 South Wabash Ave, Suitte 2900 (Address)
Chicago | IL | 60604 (City | State | ZIP Code)
Country

Amended herein: added

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

State the term remaining

List the contract number of any government contract

MFW Healthcare Management, LLC (Name)
Notice Name
230 W. Monroe, Suite 2540 (Address)
Chicago | IL | 60606 (City | State | ZIP Code)
Country

Amended herein: added

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

State the term remaining

List the contract number of any government contract

Midwest Post Acute Care Enterprises (Name)
Attention Legal Department (Notice Name)
MPAC Healthcare (Address)
2045 W Grand Ave, Ste B #28354
Chicago | IL | 60612-1577 (City | State | ZIP Code)
Country

Amended herein: added

Debtor: Petersen Health & Wellness, LLC (Name) Case number *(if known)*: 24-10490

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

State the term remaining

List the contract number of any government contract

Midwest Post Acute Care, PLLC (Name)
Attn Legal Department (Notice Name)
MPAC Healthcare (Address)
2045 W Grand Avenue Ste B #28354
Chicago | IL | 60612-1577 (City | State | ZIP Code)
(Country)

Amended herein: added

2.88 **State what the contract or lease is for and the nature of the debtor's interest**: Facility Service Agreement

State the term remaining

List the contract number of any government contract

Midwest Post-Acute Care, PLLC (Name)
Attn Legal Department (Notice Name)
MPAC Healthcare (Address)
2045 W Grand Avenue Ste B #28354
Chicago | IL | 60612-1577 (City | State | ZIP Code)
(Country)

Amended herein: added

2.89 **State what the contract or lease is for and the nature of the debtor's interest**: Provider Services Agreement

State the term remaining

List the contract number of any government contract

Molina Healthcare of Illinois, Inc, an Illinois Corporation (Name)
(Notice Name)
2001 Butterfield Road, Suite 750 (Address)
Downers Grove | IL | 60515 (City | State | ZIP Code)
(Country)

Amended herein: added

Debtor: Petersen Health & Wellness, LLC (Name) Case number *(if known)*: 24-10490

2.90 **State what the contract or lease is for and the nature of the debtor's interest**: Psychiatric Medical Director Agreement

State the term remaining:

List the contract number of any government contract:

Naeem A. Qureshi, MD (Name)

Notice Name

3123 Williamson County Parkway (Address)

Marion (City) IL (State) 62959 (ZIP Code)

Country

Amended herein: added

2.91 **State what the contract or lease is for and the nature of the debtor's interest**: Staffing Service Agreement

State the term remaining:

List the contract number of any government contract:

Nextaff Group, LLC (Name)

Notice Name

11101 Switzer Road, Suite 110 (Address)

Overland Parks (City) KS (State) 66210 (ZIP Code)

Country

Amended herein: added

2.92 **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 any government contract:

Oasis Medical Services (Name)

Notice Name

PO Box 823473 (Address)

Philadelphia (City) PA (State) 19182-3473 (ZIP Code)

Country

Amended herein: added

Debtor: Petersen Health & Wellness, LLC (Name) Case number *(if known)*: 24-10490

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

State the term remaining

List the contract number of any government contract

Oasis Medical Services (Name)
Notice Name
PO Box 823473 (Address)
Philadelphia | PA | 19182-3473 (City | State | ZIP Code)
Country

Amended herein: added

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

State the term remaining

List the contract number of any government contract

Omnicare (Name)
Attn Legal (Notice Name)
One CVS Drive Mail Code 1160 (Address)
Woonsocket | RI | 02895 (City | State | ZIP Code)
Country

Amended herein: added

2.95 **State what the contract or lease is for and the nature of the debtor's interest**: Amendment No. 5 to Pharmacy Consultant Agreement

State the term remaining

List the contract number of any government contract

Omnicare (Name)
Attn Legal (Notice Name)
One CVS Drive Mail Code 1160 (Address)
Woonsocket | RI | 02895 (City | State | ZIP Code)
Country

Amended herein: added

Debtor: Petersen Health & Wellness, LLC (Name) Case number *(if known)*: 24-10490

2.96 **State what the contract or lease is for and the nature of the debtor's interest**: Amendment No. 6 to Pharmacy Products and Services Agreement

State the term remaining

List the contract number of any government contract

Omnicare (Name)
Attn Legal (Notice Name)
One CVS Drive Mail Code 1160 (Address)
Woonsocket | RI | 02895 (City | State | ZIP Code)
(Country)

Amended herein: added

2.97 **State what the contract or lease is for and the nature of the debtor's interest**: Amendment to Pharmacy Consultant Agreement

State the term remaining

List the contract number of any government contract

Omnicare (Name)
Attn Legal (Notice Name)
One CVS Drive Mail Code 1160 (Address)
Woonsocket | RI | 02895 (City | State | ZIP Code)
(Country)

Amended herein: added

2.98 **State what the contract or lease is for and the nature of the debtor's interest**: Letter Amendment re: COVID-19 Vaccination Distribution Services

State the term remaining

List the contract number of any government contract

Omnicare (Name)
Attn Legal (Notice Name)
One CVS Drive Mail Code 1160 (Address)
Woonsocket | RI | 02895 (City | State | ZIP Code)
(Country)

Amended herein: added

Debtor: Petersen Health & Wellness, LLC (Name) Case number *(if known)*: 24-10490

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

State the term remaining

List the contract number of any government contract

Omnicare (Name)
Attn Legal (Notice Name)
One CVS Drive Mail Code 1160 (Address)
Woonsocket | RI | 02895 (City | State | ZIP Code)
(Country)

Amended herein: added

2.100 **State what the contract or lease is for and the nature of the debtor's interest**: Pharmacy Products and Services Agreement

State the term remaining

List the contract number of any government contract

Omnicare (Name)
Attn Legal (Notice Name)
One CVS Drive Mail Code 1160 (Address)
Woonsocket | RI | 02895 (City | State | ZIP Code)
(Country)

Amended herein: added

2.101 **State what the contract or lease is for and the nature of the debtor's interest**: Amendment to Pharmacy Consultant Agreement

State the term remaining

List the contract number of any government contract

Omnicare Pharmacy of the Midwest, LLC dba Omnicare of Kansas City (Name)
(Notice Name)
10400 Hickman Mills Drive, Suite 200 (Address)
Kansas City | MO | 64137 (City | State | ZIP Code)
(Country)

Amended herein: added

Debtor: Petersen Health & Wellness, LLC (Name) Case number *(if known)*: 24-10490

2.102 **State what the contract or lease is for and the nature of the debtor's interest**: Amendment to Pharmacy Products and Services Agreement

State the term remaining

List the contract number of any government contract

Omnicare Pharmacy of the Midwest, LLC dba Omnicare of Kansas City (Name)

(Notice Name)

10400 Hickman Mills Drive, Suite 200 (Address)

Kansas City (City) | MO (State) | 64137 (ZIP Code)

(Country)

Amended herein: added

2.103 **State what the contract or lease is for and the nature of the debtor's interest**: Amendment to Pharmacy Consultant Agreement

State the term remaining

List the contract number of any government contract

Omnicare, Inc. (Name)

Attn General Counsel (Notice Name)

900 Omnicare Center (Address)

201 East Fourth Street

Cincinnati (City) | OH (State) | 45202 (ZIP Code)

(Country)

Amended herein: added

2.104 **State what the contract or lease is for and the nature of the debtor's interest**: Amendment to Pharmacy Products and Services Agreement

State the term remaining

List the contract number of any government contract

Omnicare, Inc. (Name)

Attn General Counsel (Notice Name)

900 Omnicare Center (Address)

201 East Fourth Street

Cincinnati (City) | OH (State) | 45202 (ZIP Code)

(Country)

Amended herein: added

Debtor: Petersen Health & Wellness, LLC (Name) Case number *(if known)*: 24-10490

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

Pharmacy Consultant Agreement

State the term remaining

List the contract number of any government contract

Omnicare, Inc.
Name
Attn General Counsel
Notice Name
900 Omnicare Center
Address
201 East Fourth Street
Cincinnati | OH | 45202
City | State | ZIP Code
Country

Amended herein: added

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

Pharmacy Products and Services Agreement

State the term remaining

List the contract number of any government contract

Omnicare, Inc.
Name
Attn General Counsel
Notice Name
900 Omnicare Center
Address
201 East Fourth Street
Cincinnati | OH | 45202
City | State | ZIP Code
Country

Amended herein: added

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

Agreement for Staffing Services

State the term remaining

List the contract number of any government contract

Onestaff Medical, Limited Liability Company
Name
Notice Name
11718 Nicholas Street, Suite 101
Address
Omaha | NE | 68154
City | State | ZIP Code
Country

Amended herein: added

Debtor: Petersen Health & Wellness, LLC (Name) Case number *(if known)*: 24-10490

2.108 **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 any government contract:

Onestaff Medical, LLC
Name
Notice Name
10802 Farnam Dr., Suite 101
Address
Omaha | NE | 68154
City | State | ZIP Code
Country

Amended herein: added

2.109 **State what the contract or lease is for and the nature of the debtor's interest**: Amendment to Contract and All Addendums Dated July 21, 2021

State the term remaining:

List the contract number of any government contract:

OneStaff Medical, LLC
Name
Notice Name
10802 Farnam Dr., Suite 101
Address
Omaha | NE | 68154
City | State | ZIP Code
Country

Amended herein: added

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

State the term remaining:

List the contract number of any government contract:

OptimaLab, Inc.
Name
ATT Rehan Akhter
Notice Name
402 West Boughton Road
Address
Bolingbrook | IL | 60440
City | State | ZIP Code
Country

Amended herein: added

Debtor: Petersen Health & Wellness, LLC (Name) Case number *(if known)*: 24-10490

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

Revised Laboratory Services Agreement

State the term remaining

List the contract number of any government contract

OptimaLab, Inc.
Name
Attn Rehan Akhter
Notice Name
402 West Bougton Road
Address
Bolingnrook | IL | 60440
City | State | ZIP Code
Country

Amended herein: added

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

Addendum to Contract

State the term remaining

List the contract number of any government contract

OSF Healthcare System d/b/a OSF Hospice
Name
Jason Rodeghero, President, OSF Home Care Services
Notice Name
2265 W. Altorfer Drive
Address
Peoria | IL | 61615
City | State | ZIP Code
Country

Amended herein: added

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

Hospice Services Agreement

State the term remaining

List the contract number of any government contract

OSF Healthcare System d/b/a OSF Hospice
Name
Jason Rodeghero, President, OSF Home Care Services
Notice Name
2265 W. Altorfer Drive
Address
Peoria | IL | 61615
City | State | ZIP Code
Country

Amended herein: added

Debtor: Petersen Health & Wellness, LLC (Name) Case number *(if known)*: 24-10490

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

State the term remaining:

List the contract number of any government contract:

Ovitsky Vision Care (Name)

Notice Name

3500 W. Peterson Avenue, Suite 401 (Address)

Chicago (City) | IL (State) | 60659 (ZIP Code)

Country

Amended herein: added

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

State the term remaining:

List the contract number of any government contract:

Paris Community Hospital (Name)

Notice Name

721 East Court Street (Address)

Paris (City) | IL (State) | 61944 (ZIP Code)

Country

Amended herein: added

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

State the term remaining:

List the contract number of any government contract:

Paris Community Hospital/Family Medical Center (Name)

Notice Name

720 East Court Street (Address)

Paris (City) | IL (State) | 62944 (ZIP Code)

Country

Amended herein: added

Debtor: Petersen Health & Wellness, LLC (Name) Case number *(if known)*: 24-10490

2.117 **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 any government contract:

Preferred Podiatry Group, P.C (Name)
Attn President/COO (Notice Name)
168 N. Clinton St., 3rd Floor (Address)
Chicago | IL | 60661 (City | State | ZIP Code)
(Country)

Amended herein: added

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

State the term remaining:

List the contract number of any government contract:

Preferred Podiatry Group, P.C (Name)
(Notice Name)
PO Box 772293 (Address)
Detroit | MI | 48277-2293 (City | State | ZIP Code)
(Country)

Amended herein: added

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

State the term remaining:

List the contract number of any government contract:

Presto-X (Name)
(Notice Name)
4521 Leavenworth Street (Address)
Omaha | NE | 68106-1437 (City | State | ZIP Code)
(Country)

Amended herein: added

Debtor: Petersen Health & Wellness, LLC (Name) Case number *(if known)*: 24-10490

2.120 **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 any government contract:

Promedica Heartland Hospice, LLC
Name
Attn Administrator
Notice Name
4340 East 53rd Street
Address
Daveport | IA | 52807
City | State | ZIP Code
Country

Amended herein: added

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

State the term remaining:

List the contract number of any government contract:

Promedica Heartland Hospice, LLC
Name
Attn Administrator
Notice Name
4340 East 53rd Street
Address
Daveport | IA | 52807
City | State | ZIP Code
Country

Amended herein: added

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

State the term remaining:

List the contract number of any government contract:

Provider Vohra Post-Acute Physicians
Name
Notice Name
3601 SW 160th Avenue, Suite 250
Address
Miramar | FL | 33027
City | State | ZIP Code
Country

Amended herein: added

Debtor: Petersen Health & Wellness, LLC (Name) Case number *(if known)*: 24-10490

2.123 **State what the contract or lease is for and the nature of the debtor's interest**: Multi-Facility Supply and Services Agreement

State the term remaining

List the contract number of any government contract

Pulmonary Exchange, Ltd. aka PEL/VIP
Name
Attn Raymond Kalinsky
Notice Name
9840 SW Hwy.
Address
Oak Lawn | IL | 60453
City | State | ZIP Code
Country

Amended herein: added

2.124 **State what the contract or lease is for and the nature of the debtor's interest**: Rental Agreement

State the term remaining

List the contract number of any government contract

RecoverCare, LLC
Name
General Counsel
Notice Name
1920 Stanley Gault Pkwy Suite 100
Address
Louisville | KY | 40223
City | State | ZIP Code
Country

Amended herein: added

2.125 **State what the contract or lease is for and the nature of the debtor's interest**: Service Agreement

State the term remaining

List the contract number of any government contract

RecoverCare, LLC
Name
Notice Name
1920 Stanley Gault Pkwy Suite 100
Address
Louisville | KY | 40223
City | State | ZIP Code
Country

Amended herein: added

Debtor: Petersen Health & Wellness, LLC (Name) Case number *(if known)*: 24-10490

2.126 **State what the contract or lease is for and the nature of the debtor's interest**: Therapy Services Agreement

State the term remaining

List the contract number of any government contract

RehabCare Group East, Inc. d/b/a RehabCare (Name)
Attn President, RehabCare (Notice Name)
680 South Fourth Street (Address)
Louisville | KY | 40202 (City | State | ZIP Code)
(Country)

Amended herein: added

2.127 **State what the contract or lease is for and the nature of the debtor's interest**: Amended and Restated Therapy Services Agreement

State the term remaining

List the contract number of any government contract

RehabCare Group East, LLC (Name)
Attn VP, Finance (Notice Name)
680 South Fourth Street (Address)
Louisville | KY | 40202 (City | State | ZIP Code)
(Country)

Amended herein: added

2.128 **State what the contract or lease is for and the nature of the debtor's interest**: Second Amended and Restated and Reaffirmed Guaranty Agreement

State the term remaining

List the contract number of any government contract

RehabCare Group East, LLC (Name)
Attn Chief Financial Officer (Notice Name)
680 South Fourth Street (Address)
Louisville | KY | 40202 (City | State | ZIP Code)
(Country)

Amended herein: added

Debtor: Petersen Health & Wellness, LLC (Name) Case number *(if known)*: 24-10490

2.129 **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 any government contract:

Rock River Hospice & Home (Name)
(Notice Name)
2706 Ave E (Address)
Sterling | IL | 61081 (City | State | ZIP Code)
(Country)

Amended herein: added

2.130 **State what the contract or lease is for and the nature of the debtor's interest**: Nursing Facility Services Agreement

State the term remaining:

List the contract number of any government contract:

Rock River Hospice & Home (Name)
(Notice Name)
2706 Ave E (Address)
Sterling | IL | 61081 (City | State | ZIP Code)
(Country)

Amended herein: added

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

State the term remaining:

List the contract number of any government contract:

Sara Bush Lincoln Health System (Name)
(Notice Name)
1000 Health Center Drive (Address)
Mattoon | IL | 61938 (City | State | ZIP Code)
(Country)

Amended herein: added

Debtor: Petersen Health & Wellness, LLC (Name) Case number *(if known)*: 24-10490

2.132 **State what the contract or lease is for and the nature of the debtor's interest**: Laboratory Services Agreement

State the term remaining

List the contract number of any government contract

Sarah Bush Lincoln Health Center (Name)
Attn Dave Sower Outreach Manager (Notice Name)
1000 Health Center Drive (Address)
Mattoon | IL | 61938 (City | State | ZIP Code)
(Country)

Amended herein: added

2.133 **State what the contract or lease is for and the nature of the debtor's interest**: Protocol and Agreement of Hospice Services

State the term remaining

List the contract number of any government contract

Sarah Bush Lincoln Health Center d/b/a Sarah Bush Lincoln Hospice (Name)
Attn Post Acute Care Director (Notice Name)
Sarah Bush Lincoln Hospice (Address)
1004 Health Center Drive, Suite 202
Mattoon | IL | 61938 (City | State | ZIP Code)
(Country)

Amended herein: added

2.134 **State what the contract or lease is for and the nature of the debtor's interest**: Cooperative Agreement

State the term remaining

List the contract number of any government contract

Sauk Valley Community College (Name)
(Notice Name)
173 IL Route 2 (Address)
Dixon | IL | 61021 (City | State | ZIP Code)
(Country)

Amended herein: added

Debtor: Petersen Health & Wellness, LLC (Name) Case number *(if known)*: 24-10490

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

State the term remaining

List the contract number of any government contract

Serenity Hospice and Home
Name

Lynette Knodle, CEO
Notice Name

1658 S IL Route 2
Address

Oregon | IL | 61061
City | State | ZIP Code

Country

Amended herein: added

2.136 **State what the contract or lease is for and the nature of the debtor's interest** Hospice Care Contract for Nursing Home Facility

State the term remaining

List the contract number of any government contract

Serenity Hospice and Home (F.K.A. Ogle Hospice Association)
Name

Notice Name

1658 S. Illinois Route 2
Address

Oregon | IL | 61061
City | State | ZIP Code

Country

Amended herein: added

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

State the term remaining

List the contract number of any government contract

Shawnee Alliance
Name

Notice Name

6355 Brandhost Drive
Address

Carter | IL | 62918-9802
City | State | ZIP Code

Country

Amended herein: added

Debtor: Petersen Health & Wellness, LLC (Name) Case number *(if known)*: 24-10490

2.138 **State what the contract or lease is for and the nature of the debtor's interest**: Amendment to Pharmaceutical Product Rebate Agreement

State the term remaining

List the contract number of any government contract

Smith & Nephew, Inc. (Name)
Attn Company Secretary (Notice Name)
1450 E. Brooks Road (Address)
Memphis | TN | 38116 (City | State | ZIP Code)
(Country)

Amended herein: added

2.139 **State what the contract or lease is for and the nature of the debtor's interest**: Rebate Agreement

State the term remaining

List the contract number of any government contract

Smith & Nephew, Inc. (Name)
Attn Company Secretary (Notice Name)
1450 E. Brooks Road (Address)
Memphis | TN | 38116 (City | State | ZIP Code)
(Country)

Amended herein: added

2.140 **State what the contract or lease is for and the nature of the debtor's interest**: EpicCare Link Site Level Agreement

State the term remaining

List the contract number of any government contract

Southern Illinois Hospital Services (Name)
Attention Rex P. Budde (Notice Name)
1239 E. Main St. (Address)
Carbondale | IL | 62902 (City | State | ZIP Code)
(Country)

Amended herein: added

Debtor: Petersen Health & Wellness, LLC (Name) Case number *(if known)*: 24-10490

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

State the term remaining

List the contract number of any government contract

Southern Illinois Hospital Services d/b/a Herrin Hospital (Name)
Terence Farrell, Vice President/Administrator (Notice Name)
201 South 14th Street (Address)
Herrin | IL | 62948 (City | State | ZIP Code)
(Country)

Amended herein: added

2.142 **State what the contract or lease is for and the nature of the debtor's interest**: Agreement to Provide Hospice Services

State the term remaining

List the contract number of any government contract

St. Anthony's Memorial Hospital, of the Hospital Sisters of the Third Order of St. Francis (Name)
(Notice Name)
503 N Maple St. (Address)
Effingham | IL | 62401 (City | State | ZIP Code)
(Country)

Amended herein: added

2.143 **State what the contract or lease is for and the nature of the debtor's interest**: Addendum to Contract

State the term remaining

List the contract number of any government contract

The Carle Foundation Hospital, d/b/a Carle Hospice (Name)
Attn Jennifer Wilken, RN/Director (Notice Name)
1813 West Kirby Ave (Address)
Champaign | IL | 61821 (City | State | ZIP Code)
(Country)

Amended herein: added

Debtor: Petersen Health & Wellness, LLC (Name) Case number *(if known)*: 24-10490

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

Nursing Facility Hospice Services Agreement

State the term remaining

List the contract number of any government contract

The Carle Foundation Hospital, d/b/a Carle Hospice
Name
Attn Jennifer Wilken, RN/Director
Notice Name
1813 West Kirby Ave
Address
Champaign | IL | 61821
City | State | ZIP Code
Country

Amended herein: added

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

Agreement for Nursing Facility, Inpatient and Impatient Respite Services

State the term remaining

List the contract number of any government contract

Vitas Healthcare Corporation of Illinois
Name
Attn General Counsel
Notice Name
105 Marquette Street Suite A
Address
LaSalle | IL | 61301
City | State | ZIP Code
Country

Amended herein: added

Fill in this information to identify the case:

Debtor Name: In re : Petersen Health & Wellness, LLC

United States Bankruptcy Court for the: District of Delaware

Case number (if known): 24-10490 (TMH)

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

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

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

Declaration and signature

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

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

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

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

Executed on 04/22/2025
MM / DD / YYYY

✖ / s / David R. Campbell
Signature of individual signing on behalf of debtor

David R. Campbell
Printed name

Authorized Signatory
Position or relationship to debtor

In re: Petersen Health & Wellness, LLC
Case No. 24-10490
AMENDED Schedule A/B 77
Other property of any kind not already listed

Other property of any kind not already listed	Current value of debtor's interest	Amendment
Inter Company Loan - Petersen Companies LLC	$435,000.00	Amended herein - added
Inter Company Loan - Petersen Hotels, LLC	$70,000.00	Amended herein - added
Inter Company Loan - Twenty Four Corp, LLC	$200,000.00	Amended herein - added
TOTAL:	$705,000.00	

EXHIBIT B

Amended Statements

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 STATEMENT OF FINANCIAL AFFAIRS FOR
PETERSEN HEALTH & WELLNESS, LLC (CASE NO. 24-10490)

Amended Herein:

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

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

Fill in this information to identify the case:

Debtor Name: In re : Petersen Health & Wellness, LLC

United States Bankruptcy Court for the: District Of Delaware

Case number (if known): 24-10490 (TMH)

☑ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy 04/22

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

Part 1: Income

1. Gross revenue from business

☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year				Sources of revenue Check all that apply	Gross revenue (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From 1/1/2024 MM / DD / YYYY	to	Filing date	☑ Operating a business ☐ Other	$ 1,112,405.97
For prior year:	From 1/1/2023 MM / DD / YYYY	to	12/31/2023 MM / DD / YYYY	☑ Operating a business ☐ Other	$ 7,384,255.18
For the year before that:	From 1/1/2022 MM / DD / YYYY	to	12/31/2022 MM / DD / YYYY	☑ Operating a business ☐ Other	$ 6,730,949.75

Debtor: Petersen Health & Wellness, LLC Case number *(if known)*: 24-10490

Name

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. Non-business income may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☐ None

						Description of sources of revenue	**Gross revenue from each source** (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From	1/1/2024 MM / DD / YYYY	to	Filing date		Interest	$ 63.05
For prior year:	From	1/1/2023 MM / DD / YYYY	to	12/31/2023 MM / DD / YYYY		Interest	$ 1,904.82
For the year before that:	From	1/1/2022 MM / DD / YYYY	to	12/31/2022 MM / DD / YYYY		Interest	$ 1,284.52

Debtor: Petersen Health & Wellness, LLC Case number *(if known)*: 24-10490

Name

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

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

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

☐ None

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

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

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

☐ None

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

Debtor: Petersen Health & Wellness, LLC Case number *(if known)*: 24-10490

Name

5. Repossessions, foreclosures, and returns

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

☑ None

Creditor's Name and Address	Description of the Property	Date	Value of property
5.1 Creditor's Name Street City State ZIP Code Country			$

6. Setoffs

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

☐ None

Creditor's Name and Address	Description of the action creditor took	Date action was taken	Amount
6.1 Bed Tax Creditor's Name Street City State ZIP Code Country	Offset with Medicaid Last 4 digits of account number: XXXX–		$ 486,508.23

Debtor: Petersen Health & Wellness, LLC Case number *(if known)*: 24-10490

Name

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

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

☐ None

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

8. Assignments and receivership

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

☑ None

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

Debtor: Petersen Health & Wellness, LLC Case number *(if known)*: 24-10490

Name

Part 4: Certain Gifts and Charitable Contributions

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

☑ None

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

Debtor: Petersen Health & Wellness, LLC Case number *(if known)*: 24-10490

Name

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☐ None

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

Debtor: Petersen Health & Wellness, LLC Case number *(if known)*: 24-10490

Name

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

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

☑ None

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1				$

Address

Street

City State ZIP Code

Country

Email or website address

Who made the payment, if not debtor?

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

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☑ None

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

Trustee

Debtor: Petersen Health & Wellness, LLC Case number *(if known)*: 24-10490

Name

13. Transfers not already listed on this statement

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

☑ None

	Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1				$

Address

Street

City State ZIP Code

Country

Relationship to Debtor

Debtor: Petersen Health & Wellness, LLC Case number *(if known)*: 24-10490

Name

Part 7: Previous Locations

14. Previous addresses

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

☑ Does not apply

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

Debtor: Petersen Health & Wellness, LLC Case number *(if known)*: 24-10490

Name

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:
— diagnosing or treating injury, deformity, or disease, or
— providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.

☑ Yes. Fill in the information below.

	Facility Name and Address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1	Enfield Rehabilitation & Health Care Center Facility Name 408 N. Wilson Street P.O. Box 285 Enfield IL 62835 City State ZIP Code Country	Skilled Nursing Facility	434

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

☐ Electronically

☑ Paper

	Facility Name and Address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.2	Newman Rehabilitation & Health Care Center Facility Name 418 S. Memorial Park Dr. Street P.O. Box 335 Newman IL 61942 City State ZIP Code Country	Skilled Nursing Facility	1,123

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

☐ Electronically

☑ Paper

	Facility Name and Address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.3	Rock Falls Rehabilitation & Health Care Center Facility Name 430 Martin Road Street Rock Falls IL 61071 City State ZIP Code Country	Skilled Nursing Facility	643

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

PCC Electronic

How are records kept?

Check all that apply:

☑ Electronically

☑ Paper

Debtor: Petersen Health & Wellness, LLC Case number *(if known)*: 24-10490

Name

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

☐ No.

☑ Yes. State the nature of the information collected and retained. Medical and Billing Information

Does the debtor have a privacy policy about that information?

☐ No

☑ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

☐ No. Go to Part 10.

☑ Yes. Does the debtor serve as plan administrator?

☑ No. Go to Part 10.

☐ Yes. Fill in below:

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

Has the plan been terminated?

☐ No

☐ Yes

Debtor: Petersen Health & Wellness, LLC Case number *(if known)*: 24-10490

Name

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

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?
Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☑ None

	Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1	Name Street City State ZIP Code Country	XXXX-	☐ Checking ☐ Savings ☐ Money market ☐ Brokerage ☐ Other		$

19. Safe deposit boxes

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

☑ None

	Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
19.1	Name Street City State ZIP Code Country	Address		☐ No ☐ Yes

Debtor: Petersen Health & Wellness, LLC Case number *(if known)*: 24-10490

Name

20. Off-premises storage

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

☐ None

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

Debtor: Petersen Health & Wellness, LLC Case number *(if known)*: 24-10490

Name

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

21. Property held for another

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

☐ None

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

Debtor: Petersen Health & Wellness, LLC Case number *(if known)*: 24-10490

Name

Part 12: Details About Environmental Information

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

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

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

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

☐ No

☑ Yes. Provide details below.

	Case title	Court or agency name and address	Nature of the case	Status of case
22.1	Newman Rehab and Health Care Center - Violation **Case Number** W-2023-50032	Illinois Environmental Protection Agency Name 1021 North Grand Avenue East Street PO Box 19276 Springfield IL 62794 City State ZIP Code Country	Failure to submit Discharge Monitoring Reports. Also, Expired NPDES Permit #IL0066974	☑ Pending ☐ On appeal ☐ Concluded

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

☑ No

☐ Yes. Provide details below.

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

Debtor: Petersen Health & Wellness, LLC Case number *(if known)*: 24-10490

Name

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

☑ No

☐ Yes. Provide details below.

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

Debtor: Petersen Health & Wellness, LLC Case number *(if known)*: 24-10490

Name

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

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

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

☑ None

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

26. Books, records, and financial statements

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

☐ None

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

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

☐ None

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

Debtor: Petersen Health & Wellness, LLC Case number *(if known)*: 24-10490

Name

26b.2 Ginoli & Company From 2002 To Present

Name

7625 N University St.

Street

Peoria IL 61614

City State ZIP Code

Country

26b.3 Clifton, Larson, Allen From 2012 To Present

Name

301 SW Adams St.

Street

Suite 1000

Peoria IL 61602

City State ZIP Code

Country

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

☐ None

Name and address	If any books of account and records are unavailable, explain why
26c.1 Getzler Henrich and Associates Name 295 Madison Ave Street Floor 20 New York NY 10023 City State ZIP Code Country	

Name and address	If any books of account and records are unavailable, explain why
26c.2 Ginoli & Company Name 7625 N University St. Street Peoria IL 61614 City State ZIP Code Country	

Debtor: Petersen Health & Wellness, LLC Case number *(if known)*: 24-10490

Name

Name and address	If any books of account and records are unavailable, explain why
26c.3 Petersen Healthcare Management, Mark Petersen Name 830 West Trailcreek Dr. Street Peoria IL 61614 City State ZIP Code Country	

Name and address	If any books of account and records are unavailable, explain why
26c.4 Clifton, Larson, Allen Name 301 SW Adams St. Street Suite 1000 Peoria IL 61602 City State ZIP Code Country	

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

☐ None

Name and address
Name Street City State ZIP Code Country

Debtor: Petersen Health & Wellness, LLC Case number *(if known)*: 24-10490

Name

27. Inventories

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

☑ No

☐ Yes. Give the details about the two most recent inventories.

	Name of the person who supervised the taking of the inventory	Date of Inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
			$

	Name and address of the person who has possession of inventory records
27.1	Name Street City State ZIP Code Country

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

	Name	Address	Position and Nature of any interest	% of interest, if any
28.1	Mark B. Petersen	830 West Trailcreek Dr. , Peoria, IL 61614	Member	1%
28.2	SABL, LLC	830 West Trailcreek Dr. , Peoria, IL 61614	Manager	99%

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

☑ No

☐ Yes. Identify below.

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

Debtor: Petersen Health & Wellness, LLC Case number *(if known)*: 24-10490

Name

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

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

☐ No

☑ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	See SOFA Question 4 Name Street City State ZIP Code Country **Relationship to debtor**			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☑ No

☐ Yes. Identify below.

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

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

☑ No

☐ Yes. Identify below.

	Name of the pension fund	Employer Identification number of the pension fund
32.1		EIN:

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to $500,000 or imprisonment for up to 20 years, or both.

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

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

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

Executed on 04/22/2025
MM / DD / YYYY

✘ / s / David R. Campbell
Signature of individual signing on behalf of the debtor

Printed name David R. Campbell

Position or relationship to debtor Authorized Signatory

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

☐ No

☑ Yes

In re: Petersen Health & Wellness, LLC
Case No. 24-10490
Attachment 3
Certain payments or transfers to creditors within 90 days before filing this case

Creditor's name	Address 1	Address 2	City	State	Zip	Date	Total amount or value	Reason for payment or transfer (e.g. Secured debt, Unsecured loan repayments, Suppliers or vendors, Services, or Other)
CIBC	830 West Trailcreek Dr		Peoria	IL	61614	12/19/2023	$5,874.13	Bank Fees
CIBC	830 West Trailcreek Dr		Peoria	IL	61614	1/17/2024	$4,412.58	Bank Fees
CIBC	830 West Trailcreek Dr		Peoria	IL	61614	2/21/2024	$3,170.95	Bank Fees
CIBC	830 West Trailcreek Dr		Peoria	IL	61614	3/19/2024	$4,521.72	Bank Fees
City of Newman	PO Box 507		Newman	IL	61942	1/19/2024	$2,069.65	Vendor
City of Newman	PO Box 507		Newman	IL	61942	1/19/2024	$2,069.65	Vendor
City of Newman	PO Box 507		Newman	IL	61942	3/20/2024	$3,023.51	Vendor
City of Newman	PO Box 507		Newman	IL	61942	3/20/2024	$3,023.51	Vendor
City of Rock Falls	Utilities Office	603 West 10th Street	Rock Falls	IL	61071-2854	1/8/2024	$5,277.12	Vendor
City of Rock Falls	Utilities Office	603 West 10th Street	Rock Falls	IL	61071-2854	1/8/2024	$5,277.12	Vendor
City of Rock Falls	Utilities Office	603 West 10th Street	Rock Falls	IL	61071-2854	2/12/2024	$10,190.65	Vendor
City of Rock Falls	Utilities Office	603 West 10th Street	Rock Falls	IL	61071-2854	2/12/2024	$10,190.65	Vendor
Favorite Healthcare Staffing	PO Box 26225		Overland Park	KS	66225	1/9/2024	$8,620.63	Vendor
Favorite Healthcare Staffing	PO Box 26225		Overland Park	KS	66225	1/9/2024	$8,620.63	Vendor
Favorite Healthcare Staffing	PO Box 26225		Overland Park	KS	66225	1/30/2024	$12,162.89	Vendor
Favorite Healthcare Staffing	PO Box 26225		Overland Park	KS	66225	1/30/2024	$12,162.89	Vendor
Favorite Healthcare Staffing	PO Box 26225		Overland Park	KS	66225	3/6/2024	$9,217.43	Vendor
Favorite Healthcare Staffing	PO Box 26225		Overland Park	KS	66225	3/6/2024	$9,217.43	Vendor
Lawrence Recruiting Specialists Inc	Wells Fargo	PO Box 850781	Minneapolis	MN	55485-0781	1/17/2024	$23,605.32	Vendor
Lawrence Recruiting Specialists Inc	Wells Fargo	PO Box 850781	Minneapolis	MN	55485-0781	1/17/2024	$23,605.32	Vendor
Lawrence Recruiting Specialists Inc	Wells Fargo	PO Box 850781	Minneapolis	MN	55485-0781	1/26/2024	$21,274.00	Vendor
Lawrence Recruiting Specialists Inc	Wells Fargo	PO Box 850781	Minneapolis	MN	55485-0781	1/26/2024	$21,274.00	Vendor
Lawrence Recruiting Specialists Inc	Wells Fargo	PO Box 850781	Minneapolis	MN	55485-0781	2/12/2024	$4,528.00	Vendor
Lawrence Recruiting Specialists Inc	Wells Fargo	PO Box 850781	Minneapolis	MN	55485-0781	2/12/2024	$4,528.00	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	12/22/2023	$24,870.90	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	12/22/2023	$45,234.20	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	12/22/2023	$62,787.34	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	12/22/2023	$132,892.44	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	1/29/2024	$9,785.63	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	1/29/2024	$18,660.86	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	1/29/2024	$27,347.55	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	1/29/2024	$55,794.04	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	OH	452630693	1/5/2024	$1,766.20	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	OH	452630693	1/5/2024	$1,841.17	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	OH	452630693	1/5/2024	$5,037.64	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	OH	452630693	1/5/2024	$8,645.01	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	OH	452630693	1/31/2024	$2,888.88	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	OH	452630693	1/31/2024	$3,153.87	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	OH	452630693	1/31/2024	$11,806.89	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	OH	452630693	1/31/2024	$17,849.64	Vendor

In re: Petersen Health & Wellness, LLC
Case No. 24-10490
Attachment 3
Certain payments or transfers to creditors within 90 days before filing this case

Creditor's name	Address 1	Address 2	City	State	Zip	Date	Total amount or value	Reason for payment or transfer (e.g. Secured debt, Unsecured loan repayments, Suppliers or vendors, Services, or Other)
MPACE	Dr. Zaman	12800 South Ridgelande Avenue Suite E	Palos Heights	IL	60463	1/22/2024	$1,400.00	Vendor
MPACE	Dr. Zaman	12800 South Ridgelande Avenue Suite E	Palos Heights	IL	60463	1/22/2024	$1,400.00	Vendor
MPACE	Dr. Zaman	12800 South Ridgelande Avenue Suite E	Palos Heights	IL	60463	2/7/2024	$4,200.00	Vendor
MPACE	Dr. Zaman	12800 South Ridgelande Avenue Suite E	Palos Heights	IL	60463	2/7/2024	$4,200.00	Vendor
Select Rehabilitation LLC	PO Box 71985		Chicago	IL	606941985	1/2/2024	$13,172.79	Vendor
Select Rehabilitation LLC	PO Box 71985		Chicago	IL	606941985	1/2/2024	$26,260.60	Vendor
Select Rehabilitation LLC	PO Box 71985		Chicago	IL	606941985	1/2/2024	$50,702.25	Vendor
Select Rehabilitation LLC	PO Box 71985		Chicago	IL	606941985	1/2/2024	$90,135.64	Vendor
Select Rehabilitation LLC	PO Box 71985		Chicago	IL	606941985	1/24/2024	$3,631.24	Vendor
Select Rehabilitation LLC	PO Box 71985		Chicago	IL	606941985	1/24/2024	$5,991.41	Vendor
Select Rehabilitation LLC	PO Box 71985		Chicago	IL	606941985	1/24/2024	$13,797.64	Vendor
Select Rehabilitation LLC	PO Box 71985		Chicago	IL	606941985	1/24/2024	$23,420.29	Vendor
SumnerOne	PO Box 5180		St Louis	MO	63139-0180	1/8/2024	$547.62	Vendor
SumnerOne	PO Box 5180		St Louis	MO	63139-0180	1/8/2024	$593.70	Vendor
SumnerOne	PO Box 5180		St Louis	MO	63139-0180	1/8/2024	$936.12	Vendor
SumnerOne	PO Box 5180		St Louis	MO	63139-0180	1/8/2024	$2,077.44	Vendor
SumnerOne	PO Box 5180		St Louis	MO	63139-0180	2/2/2024	$536.22	Vendor
SumnerOne	PO Box 5180		St Louis	MO	63139-0180	2/2/2024	$626.87	Vendor
SumnerOne	PO Box 5180		St Louis	MO	63139-0180	2/2/2024	$935.96	Vendor
SumnerOne	PO Box 5180		St Louis	MO	63139-0180	2/2/2024	$2,099.05	Vendor
Village of Enfield Utilities	115 East Main Street	PO Box 99	Enfield	IL	62835	3/11/2024	$4,229.11	Vendor
Village of Enfield Utilities	115 East Main Street	PO Box 99	Enfield	IL	62835	3/11/2024	$4,229.11	Vendor
White County Collector	Michael R Baxley, White County Treasurer	PO Box 369	Carmi	IL	62821	12/28/2023	$7,842.86	Vendor
White County Collector	Michael R Baxley, White County Treasurer	PO Box 369	Carmi	IL	62821	12/28/2023	$7,842.86	Vendor

In re: Petersen Health Wellness LLC
Case No. 24-10490
AMENDED Attachment 4
Payments or other transfers of property made within 1 year before filing this case that benefited any insider

Insider's name	Address 1	City	State	Zip	Date	Total amount or value	Reasons for payment or transfer	Relationship to debtor	Amended
**Please reference Global Notes for additional information related to Intercompany Payments/Transfers									
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	4/13/2023	$308.35	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	4/13/2023	$308.35	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	4/13/2023	$675.00	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	4/13/2023	$675.00	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	5/11/2023	$220.44	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	5/11/2023	$220.44	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	5/11/2023	$2,700.16	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	5/11/2023	$2,700.16	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	6/8/2023	$1,269.00	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	6/8/2023	$1,269.00	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	6/8/2023	$1,294.13	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	6/8/2023	$1,294.13	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	7/13/2023	$207.24	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	7/13/2023	$207.24	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	7/13/2023	$648.00	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	7/13/2023	$648.00	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	8/10/2023	$2,260.50	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	8/10/2023	$2,260.50	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	8/10/2023	$2,524.50	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	8/10/2023	$2,524.50	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	9/14/2023	$243.00	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	9/14/2023	$243.00	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	9/14/2023	$2,697.94	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	9/14/2023	$2,697.94	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	10/12/2023	$2,755.85	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	10/12/2023	$2,755.85	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	10/12/2023	$9,802.62	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	10/12/2023	$9,802.62	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	11/9/2023	$1,072.50	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	11/9/2023	$1,072.50	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	11/9/2023	$10,671.36	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	11/9/2023	$10,671.36	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/11/2024	$415.80	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/11/2024	$415.80	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/11/2024	$922.50	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/11/2024	$922.50	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/11/2024	$2,079.00	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/11/2024	$2,079.00	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/11/2024	$2,098.80	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/11/2024	$2,098.80	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/11/2024	$6,955.80	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/11/2024	$6,955.80	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	3/13/2024	-$10,671.36	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	3/13/2024	-$10,671.36	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	3/13/2024	-$6,955.80	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	3/13/2024	-$6,955.80	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	3/13/2024	-$2,079.00	V00300--Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	3/13/2024	-$2,079.00	V00300--Petersen Health Care Management	Related Entity	
~~Undetermined*~~					~~4/29/2024~~	~~$30,000.00~~	~~Intercompany Transfer~~	~~Related Entity~~	Amended Herein - Removed
~~Undetermined*~~					~~5/10/2024~~	~~$60,000.00~~	~~Intercompany Transfer~~	~~Related Entity~~	Amended Herein - Removed

In re: Petersen Health & Wellness, LLC
Case No. 24-10490
Attachment 7
Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

Case Title	Case number	Nature of case	Court name	Court address 1	Court City	Court State	Court Zip	Status of case (e.g. Pending, On appeal, Concluded)
JEAN ANN DONELSON, Plaintiff, v. PETERSEN HEALTH & WELLNESS, LLC d/b/a ENFIELD REHABILITATION & HEALTH CARE CENTER and JESSICA WEBB, Defendants.	2022-LA-201	Undeterminable	Equal Employment Opportunity Comission	131 M Street	NE Washington DC		20507	
SELECT REHABILITATION, LLC PLAINTIFF V. MIDWEST HEALTH OPERATIONS, LLC; PETERSEN HEALTH CARE - FARMER CITY, LLC; PETERSEN HEALTH CARE• ILLINI, LLC; PETERSEN HEALTH CARE • OZARK, LLC; PETERSEN HEALTH CARE - WESTSIDE, LLC; PETERSEN HEALTH CARE II, INC.; PETERSEN HEALTH CARE -ROSEVILLE, LLC; PETERSEN HEALTH CARE V, LLC; PETERSEN HEALTH CARE VII, LLC; PETERSEN HEALTH CARE, INC.; PETERSEN HEALTH ENTERPRISES, LLC; PETERSEN HEALTH NETWORK, LLC; PETERSEN HEALTH OPERATIONS III, LLC; PETERSEN HEALTH OPERATIONS, LLC; PETERSEN HEALTH QUALITY, LLC; PETERSEN MANAGEMENT COMPANY, LLC; SJL HEALTH SYSTEMS, INC.; ALEDO HCO, LLC; ARCOLA HCO, LLC; ASPEN HCO, LLC; BEMENT HCO, LLC; CASEY HCO, LLC; CHARL ESTON HCO, LLC; COLLINSVILLE HCO, LLC; CUMBERLAND HCO, LLC; DECATUR HCO, LLC; EASTVIEW HCO, LLC; EFFINGHAM HCO, LLC; HAVANA HCO, LLC; KEWANEE HCO, LLC; LEBANON HCO, LLC; MCLEANSBORO HCO, LLC; NORTH AURORA HCO, LLC; PETERSEN HEALTH BUSINESS, LLC; PETERSEN HEALTH JUNCTION, LLC; PETERSEN HEALTH RESOURCES, LLC; PETERSEN HEALTH & WELLNESS, LLC; PIPER HCO, LLC; PLEASANT VIEW HCO, LLC; PRAIRIE CITY HCO, LLC; ROBINGS HCO, LLC; ROSICLARE HCO, LLC; ROYAL HCO, LLC; SHAN GRI LA HCO, LLC; SHELBYVILLE HCO, LLC; SULLIVAN HCO, LLC; SWANSEA HCO, LLC; TARKIO HCO, LLC; TUSCOLA HCO, LLC; TWIN HCO; VANDALIA HCO, LLC; WATSEKA HCO, LLC; AND WESTSIDE HCO, LLC, DEFENDANTS	2024-LA-0000030	Undeterminable	10th Judicial Circuit Court of Ill	324 Main St. Ste. 215	Peoria	IL	61602	Pending