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

In re

SC HEALTHCARE HOLDING, LLC et al.,

Debtors.<sup>1</sup>

Chapter 11

Case No. 24-10443 (TMH)

Jointly Administered

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

#### PLEASE TAKE NOTICE OF THE FOLLOWING:

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

## ORIGINAL SCHEDULES OF ASSETS AND LIABILITES AND STATEMENT OF FINANCIAL AFFAIRS

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

## AMENDED SCHEDULES AND STATEMENTS

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

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



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

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

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

#### **AMENDED SCHEDULES BAR DATE**

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

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

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

### **GLOBAL NOTES**

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

#### **RESERVATION OF RIGHTS**

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

Dated: April 22, 2025

Wilmington, Delaware

Respectfully submitted,

# YOUNG CONAWAY STARGATT & TAYLOR, LLP

## /s/ Shella Borovinskaya

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

Rodney Square

1000 North King Street

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

Email: amagaziner@ycst.com

sborovinskaya@ycst.com cthompson@ycst.com

and

#### WINSTON & STRAWN LLP

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

Chicago, IL 60601

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

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

and

Carrie V. Hardman (admitted *pro hac vice*)

200 Park Avenue

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

Email: chardman@winston.com

Counsel for the Debtors and Debtors in Possession

#### Schedule 1

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

## Schedule A/B, Part 11 Amendments

CYE Girard HCO, LLC

CYE Monmouth - PHC, Inc.

Lebanon HCO, LLC

Midwest Health Operations, LLC

Petersen Health & Wellness, LLC

Petersen Health Business, LLC

Petersen Health Care - Farmer City, LLC

Petersen Health Care - Illini, LLC

Petersen Health Care - Roseville, LLC

Petersen Health Care II, Inc.

Petersen Health Care Management, LLC

Petersen Health Care VIII, LLC

Petersen Health Care, Inc.

Petersen Health Enterprises, LLC

Petersen Health Group, LLC

Petersen Health Network, LLC

Petersen Health Properties, LLC

Petersen Health Quality, LLC

Petersen Health Systems, Inc.

Petersen Management Company, LLC

Petersen MT3, LLC

Piper HCO, LLC

SABL, LLC

SJL Health Systems, Inc.

Sullivan HCO, LLC

Tarkio HCO, LLC

Tuscola HCO, LLC

Westside HCO, LLC

XCH, LLC

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

Knoxville & Pennsylvania, LLC

Petersen Health Care II, Inc.

Petersen Health Systems, Inc.

## **Schedule E/F Amendments**

CYE Girard HCO, LLC

CYE Kewanee- PHC, Inc.

CYE Knoxville - PHC, Inc.

CYE Monmouth - PHC, Inc.

Effingham HCO, LLC

El Paso - PHC, Inc

Kewanee HCO, LLC

Knoxville & Pennsylvania, LLC

Legacy - PHC Inc.

Marigold - PHC Inc.

Midwest Health Operations, LLC

Midwest Health Properties, LLC

North Aurora HCO, LLC

Petersen Health & Wellness, LLC

Petersen Health Business, LLC

Petersen Health Care - Farmer City, LLC

Petersen Health Care - Illini, LLC

Petersen Health Care - Roseville, LLC

Petersen Health Care II, Inc.

Petersen Health Care Management, LLC

Petersen Health Care VIII, LLC

Petersen Health Care, Inc.

Petersen Health Enterprises, LLC

Petersen Health Group, LLC

Petersen Health Network, LLC

Petersen Health Properties, LLC

Petersen Health Quality, LLC

Petersen Health Systems, Inc.

Petersen Management Company, LLC

Polo - PHC, Inc.

SABL, LLC

SJL Health Systems, Inc.

War Drive, LLC

XCH, LLC

## **Schedule G Amendments**

Aledo HCO, LLC

Arcola HCO, LLC

Aspen HCO, LLC

Bement HCO, LLC

Betty's Garden HCO, LLC

Casey HCO, LLC

Collinsville HCO, LLC

CYE Bradford HCO, LLC

CYE Bushnell HCO, LLC

CYE Girard HCO, LLC

CYE Knoxville HCO, LLC

CYE Monmouth HCO, LLC

CYE Sullivan HCO, LLC

CYE Walcott HCO, LLC

Decatur HCO, LLC

Eastview HCO, LLC

Effingham HCO, LLC

Havana HCO, LLC

Jonesboro, LLC

Kewanee HCO, LLC

Knoxville & Pennsylvania, LLC

Lebanon HCO, LLC

Macomb, LLC

McLeansboro HCO, LLC

Midwest Health Operations, LLC

Midwest Health Properties, LLC

North Aurora HCO, LLC

Petersen Health & Wellness, LLC

Petersen Health Business, LLC

Petersen Health Care - Farmer City, LLC

Petersen Health Care - Illini, LLC

Petersen Health Care - Roseville, LLC

Petersen Health Care II, Inc.

Petersen Health Care III, LLC

Petersen Health Care Management, LLC

Petersen Health Care V, LLC

Petersen Health Care VII, LLC

Petersen Health Care XI, LLC

Petersen Health Care, Inc.

Petersen Health Enterprises, LLC

Petersen Health Group, LLC

Petersen Health Network, LLC

Petersen Health Properties, LLC

Petersen Health Quality, LLC

Petersen Health Systems, Inc.

Petersen Management Company, LLC

Petersen MT, LLC

Petersen MT3, LLC

Piper HCO, LLC

Pleasant View HCO, LLC

Prairie City HCO, LLC

Robings HCO, LLC

Rosiclare HCO, LLC

Royal HCO, LLC

SABL, LLC

SC Healthcare Holding, LLC

Shangri La HCO, LLC

Shelbyville HCO, LLC

SJL Health Systems, Inc.

South Elgin, LLC

Sullivan HCO, LLC

Swansea HCO, LLC

Tarkio HCO, LLC

Tuscola HCO, LLC

Twin HCO, LLC

Vandalia HCO, LLC

Village Kewanee HCO, LLC

War Drive, LLC

Watseka HCO, LLC

Westside HCO, LLC

XCH, LLC

## **SOFA Part 2, Question 4 Amendments**

Midwest Health Operations, LLC

Petersen Health & Wellness, LLC

Petersen Health Care - Illini, LLC

Petersen Health Care - Roseville, LLC

Petersen Health Care II, Inc.

Petersen Health Care Management, LLC

Petersen Health Network, LLC

Petersen Health Systems, Inc.

Petersen Management Company, LLC

SABL, LLC

SJL Health Systems, Inc.

XCH, LLC

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

In re

SC HEALTHCARE HOLDING, LLC et al.,

Debtors.1

Chapter 11

Case No. 24-10443 (TMH)

Jointly Administered

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

#### INTRODUCTION

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

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

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

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

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

\_

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

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

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

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

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

# SPECIFIC ADDITIONAL DISCLOSURES WITH RESPECT TO AMENDED SCHEDULES AND STATEMENTS

#### Schedule A/B

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

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

#### Schedule E/F

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

### **Schedule G**

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

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

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

### **Statement of Financial Affairs**

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

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

[Remainder of page left intentionally blank]

## EXHIBIT A

**Amended Schedules** 

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

In re:

SC HEALTHCARE HOLDING, LLC, et al.,

Debtors. 1

Chapter 11

Case No. 24-10443 (TMH)

(Jointly Administered)

## AMENDED SCHEDULES OF ASSETS AND LIABILITIES FOR PETERSEN HEALTH CARE - FARMER CITY, LLC (CASE NO. 24-10494)

#### **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

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 Care - Farmer City, LLC United States Bankruptcy Court for the: District of Delaware

Case number (if known): 24-10494 (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		
Schedule A/B: Assets–Real and Personal Property (Official Form 206A/B)		
1a. Real property:	\$	0.00
Copy line 88 from Schedule A/B		0.00
1b. Total personal property:		
Copy line 91A from Schedule A/B	\$	1,483,730.11
1c. Total of all property:		
Copy line 92 from Schedule A/B	\$	1,483,730.11
Part 2: Summary of Liabilities  2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)  Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D	\$	4,041,128.55
Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>		.,0 , . 20.00
3a. Total claim amounts of priority unsecured claims:		
Copy the total claims from Part 1 from line 5a of Schedule E/F	\$	2,200.00
3b. Total amount of claims of nonpriority amount of unsecured claims:		
Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F	+\$	1,174,445.69
4. Total liabilities		
Lines 2 + 3a + 3b	\$	5,217,774.24

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

Debtor Name: In re: Petersen Health Care - Farmer City, LLC
United States Bankruptcy Court for the: District of Delaware

Case number (if known): 24-10494 (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.

Cash and cash equivalents				
es the debtor have any cash or cash equ	ivalents?			
No. Go to Part 2.				
Yes. Fill in the information below.				
cash or cash equivalents owned or co	ontrolled by the debto	or	Current val	ue of debtor's interest
ash on hand				
2.1 None			\$	
necking, savings, money market, or financ	cial brokerage accounts	s (Identify all)		
me of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number		
3.1 PNC Bank	Commercial	3936	\$	1,040.00
3.2 PNC Bank	Government	3186	\$	0.00
3.3 PNC Bank	Operating	2853	\$	0.00
3.4 <u>CIBC</u>	Operating	5902	\$	24,238.99
her cash equivalents (Identify all)				
4.1 Non-Critical Repair Reserve			\$	50,802.63
4.2 Property Insurance Escrow			\$	23,010.37
4.3 Real Estate Tax Escrow			\$	9,988.11
al of Part 1				
	anv additional sheets).	Copy the total to line 80.	\$	109,080.10
	es the debtor have any cash or cash equivalents.  Yes. Fill in the information below.  I cash or cash equivalents owned or constant of the cash or cash equivalents owned or constant of the cash on hand  2.1 None  Becking, savings, money market, or finance me of institution (bank or brokerage firm)  3.1 PNC Bank  3.2 PNC Bank  3.3 PNC Bank  3.4 CIBC  Ther cash equivalents (Identify all)  4.1 Non-Critical Repair Reserve  4.2 Property Insurance Escrow  4.3 Real Estate Tax Escrow  all of Part 1	res the debtor have any cash or cash equivalents?  No. Go to Part 2.  Yes. Fill in the information below.  I cash or cash equivalents owned or controlled by the debtor ash on hand  2.1 None  Recking, savings, money market, or financial brokerage accounts are of institution (bank or brokerage firm)  3.1 PNC Bank  3.2 PNC Bank  3.2 PNC Bank  3.3 PNC Bank  3.4 CIBC  Operating  Type of account accou	es the debtor have any cash or cash equivalents?  No. Go to Part 2.  Yes. Fill in the information below.  I cash or cash equivalents owned or controlled by the debtor  ash on hand 2.1 None  Recking, savings, money market, or financial brokerage accounts (Identify all)  me of institution (bank or brokerage firm)  Type of account  Last 4 digits of account number  3.1 PNC Bank  Commercial  3936  3.2 PNC Bank  Government  3186  3.3 PNC Bank  Operating  2853  3.4 CIBC  Operating  5902  her cash equivalents (Identify all)  4.1 Non-Critical Repair Reserve  4.2 Property Insurance Escrow  4.3 Real Estate Tax Escrow	es the debtor have any cash or cash equivalents?  No. Go to Part 2.  Yes. Fill in the information below.  Current valuation of cash equivalents owned or controlled by the debtor  Current valuation of cash equivalents owned or controlled by the debtor  2.1 None  Secking, savings, money market, or financial brokerage accounts (Identify all)  me of institution (bank or brokerage firm)  3.1 PNC Bank  Commercial  3936  S  3.2 PNC Bank  Government  3186  S  3.3 PNC Bank  Operating  2853  \$  3.4 CIBC  Operating  5902  S  her cash equivalents (Identify all)  4.1 Non-Critical Repair Reserve  4.2 Property Insurance Escrow  4.3 Real Estate Tax Escrow  \$  all of Part 1

Case 24-10443-TMH Doc 1441 Filed 04/22/25 Page 17 of 86

Debtor: Petersen Health Care - Farmer City, LLC Case number (if known): 24-10494

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 \$ 73,434.14

9. Total of Part 2.

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

\$ 73,434.14

Case 24-10443-TMH Doc 1441 Filed 04/22/25 Page 18 of 86 Petersen Health Care - Farmer City, LLC Case number (if known): Debtor: Name Part 3: Accounts receivable 10. Does the debtor have any accounts receivable?  $\ \square$  No. Go to Part 4.  $\ensuremath{\,\,^{\scalebox{}}}$  Yes. Fill in the information below. Current value of debtor's 11. Accounts receivable Description face amount doubtful or uncollectible accounts Accounts 11a. 90 days old or less: 535,003.94 -\$ 535,003.94 Receivables Note: See Global Notes Accounts 11b. Over 90 days old: - \$ Receivables Note: See Global Notes 12. Total of Part 3. Current value on lines 11a + 11b = line 12. Copy the total to line 82. 535,003.94 \$

Case 24-10443-TMH Doc 1441 Filed 04/22/25 Page 19 of 86

Petersen Health Care - Farmer City, LLC Case number (if known): 24-10494 Debtor: 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 Current value of debtor's interest for current value 14. Mutual funds or publicly traded stocks not included in Part 1 Name of fund or stock:

Name of entity: % of ownership:

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses,

including any interest in an LLC, partnership, or joint venture

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

Case 24-10443-TMH Doc 1441 Filed 04/22/25 Page 20 of 86

Debtor: Petersen Health Care - Farmer City, LLC Case number (if known): 24-10494

Name			

Part 5: Inventory, excluding agriculture assets 18. Does the debtor own any inventory (excluding agriculture assets)?  $\overline{\Delta}$ No. Go to Part 6. ☐ Yes. Fill in the information below. Net book value of debtor's Date of the last Valuation method used Current value of debtor's **General description** interest physical inventory for current value interest (Where available) 19. Raw materials 20. Work in progress 21. Finished goods, including goods held for resale 22. Other inventory or supplies \$ 23. Total of Part 5. 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\_ Valuation method Book value\$ \_\_\_\_ Current value \$ \_

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

☐ No

☐ Yes

Case 24-10443-TMH Doc 1441 Filed 04/22/25 Page 21 of 86

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known):

24-10494

ivame
-------

27.	Does the debtor own or lease any farming and fishing-related a  ✓ No. Go to Part 7.  ✓ Yes. Fill in the information below.	assets (other than titled motor	vehicles and land)?	
	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.	<b>Total of Part 6.</b> 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  □ No □ No			•
	☐ Yes. Description Book value \$	Valuation method	I Cur	rent value \$
36.	Is a depreciation schedule available for any of the property list  ☐ No ☐ Yes	ed in Part 6?		
37.	Has any of the property listed in Part 6 been appraised by a pro □ No □ Yes	ofessional within the last year?	,	

Case 24-10443-TMH Doc 1441 Filed 04/22/25 Page 22 of 86

Debtor: Petersen Health Care - Farmer City, LLC Case number (if known): 24-10494

Name

	Office furniture, fixtures, and equipment; a								
	Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?  ☐ No. Go to Part 8.								
_	✓ Yes. Fill in the information below.								
	Tes. Fill in the information below.								
C	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest					
39. <b>(</b>	Office furniture								
	39.1 Total FFE from Balance Sheet	\$31,078.93	Net Book Value	\$ \$ 31,078.93					
40. <b>(</b>	Office fixtures								
	40.1 See Schedule A/B 39	\$	-	\$					
	Office equipment, including all computer equipment and communication systems equipment and software								
	41.1 See Schedule A/B 39	\$	-	\$					
b	Collectibles Examples: Antiques and figurines; paintings,prints books, pictures, or other art objects; china and crystal; stamp, card collections; other collections, memorabilia, or collectibles								
	42.1 None	\$		\$					
	<b>Fotal of Part 7.</b> Add lines 39 through 42. Copy the total to line 86.			\$31,078.93					
14. I	s a depreciation schedule available for any of the property	listed in Part 7?							
[	☑ No								

□ Yes

✓ No☐ Yes

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

Case 24-10443-TMH Doc 1441 Filed 04/22/25 Page 23 of 86

Debtor: Petersen Health Care - Farmer City, LLC Case number (if known): 24-10494

Name 24-10494

art	8: Machinery, equipment, and vehicles			
46.	Does the debtor own or lease any machinery, equipment,  ☑ No. Go to Part 9.	or vehicles?		
	☐ Yes. Fill in the information below.			
	General description	Net book value of debtor's interest	Valuation method used	Current value of debtor's interest
	Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	(Where available)	for current value	
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled	•		\$
		. * -		· '
48.	Watercraft, trailers, motors, and related accessories Example floating homes, personal watercraft, and fishing vessels	oles: Boats, trailers, motors,		
		\$		\$
49.	Aircraft and accessories			
		\$		<b></b>
50.	Other machinery, fixtures, and equipment (excluding farm	• • • •		
		\$		<b></b>
51.	Total of Part 8.			
	Add lines 47 through 50. Copy the total to line 87.		\$	\$
52.	Is a depreciation schedule available for any of the property	y listed in Part 8?		
	□ No			
	☐ Yes			

□ No
□ Yes

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

Case 24-10443-TMH Doc 1441 Filed 04/22/25 Page 24 of 86 Petersen Health Care - Farmer City, LLC Case number (if known): Debtor: Name Part 9: **Real property** Does the debtor own or lease any real property? ☑ No. Go to Part 10.  $\hfill \hfill \hfill$ 55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest **Description and location of property** Net book value of Nature and extent of Valuation method Include street address or other description such as debtor's interest Current value of Assessor Parcel Number (APN), and type of property (for debtor's interest in used for current debtor's interest property value example, acreage, factory, warehouse, apartment or office (Where available) building), if available. 55.1 56. Total of Part 9. Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88. 0.00 \$ 57. Is a depreciation schedule available for any of the property listed in Part 9? □ No □ Yes 58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

□ Yes

Case 24-10443-TMH Doc 1441 Filed 04/22/25 Page 25 of 86

Debtor: Petersen Health Care - Farmer City, LLC Ca

Case number (if known):

24-10494

Name

Part 10:	Intangibles and intellectual property
59. <b>Does</b>	the debtor have any interests in intangibles or intellectual property?

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

Case 24-10443-TMH Doc 1441 Filed 04/22/25 Page 26 of 86

Petersen Health Care - Farmer City, LLC Case number /# known! 24-104 24-10494 Debtor: Name

art 11•	ΔII	other	accate

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		Total face amount	doubtful or unc	collectible accounts			
		oyee Advances / Loans	\$ 4,133.00			=	<b>→</b>	\$ 4,133.00
		<u>·</u>	- · · <u></u>			_		
	Description (include		Total face amount		ollectible accounts		_	
	71.2 None		\$	\$		_ =	7	\$ 
72.	Tax refunds and u	unused net operating losses	(NOLs)					
		ample, federal, state, local)	( )					
	72.1 None		_	Tax year				\$
								• •
73.	Interests in insur	ance policies or annuities						
	73.1 None				-			\$
74.	has been filed)	against third parties (whether	er or not a lawsuit					\$
	Natur	re of claim						
	Amou	unt requested	\$					
75.		and unliquidated claims or o luding counterclaims of the o						\$
					_			
	Natur	re of claim			_			
	Amou	unt requested	\$		_			
76	Tructo equitable	or future interests in propert						
70.	76.1 None	or ruture interests in propert	у					\$
	70.1				-			Ψ
		any kind not already listed E	Examples: Season tickets,					
	country club member	•						
	77.1 See Al	MENDED A/B 77 Attachment			_			\$ 731,000.0
78.	Total of Part 11.							
	Add lines 71 throu	igh 77. Copy the total to line 90						\$ 735,133.00
	Has any of the pro ☑ No □ Yes	operty listed in Part 11 been a	appraised by a professional	within the last	year?			

Case 24-10443-TMH Doc 1441 Filed 04/22/25 Page 27 of 86

Petersen Health Care - Farmer City, LLC Debtor:

Case number (if known):

24-10494

#### Part 12: Summary

Name

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

	Type of property	 ent value of onal property		Current value of real property														
80.	Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	\$ 109,080.10																
81.	Deposits and prepayments. Copy line 9, Part 2.	\$ 73,434.14																
82.	Accounts receivable. Copy line 12, Part 3.	\$ 535,003.94																
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.	\$ 31,078.93																
	Copy line 43, Part 7.																	
87.	Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$ 0.00				_												
88.	Real property. Copy line 56, Part 9	 		\$0.00														
89.	Intangibles and intellectual property. Copy line 66, Part 10.	\$ 0.00																
90.	All other assets. Copy line 78, Part 11.	\$ 735,133.00																
91.	Total. Add lines 80 through 90 for each column91a.	\$ 1,483,730.11	+ 91b.	\$0.00														
92.	Total of all property on Schedule A/B. Lines 91a + 91b = 92	 			\$_	_		1,483	1,483,7	1,483,730.	1,483,730.	1,483,730.1	1,483,730.11	1,483,730.11	1,483,730.11	1,483,730.11	1,483,730.11	1,483,730.11

Fill in this information to identify the case:
Debtor Name: In re : Petersen Health Care - Farmer City, LLC
United States Bankruptcy Court for the: District of Delaware
Case number (if known): 24-10494 (TMH)

## ☑ Check if this is an amended filing

## Official Form 206E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

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

- 1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).
  - ☐ No. Go to Part 2.
  - ✓ Yes. Go to Line 2.
- 2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

				Total claim	Priority amount
Priority credi	itor's name an	d mailing address	As of the petition filing date, the claim is: Check all that apply.	\$2,200.00	\$\$
Creditor Name			Contingent		
			☐ Unliquidated		
Creditor's Notice r	ame		 □ Disputed		
535 West Jeffe	rson Street				
Address			Basis for the claim:		
			Taxes	-	
Springfield	IL .	62761	_		
City	State	ZIP Code	-		
Country			_		
Date or dates	s debt was inc	urred			
Various			_		
Last 4 digits number	of account			Is the claim subject ☑ No	to offset?
Specify Code	subsection o	of PRIORITY unsecur	ed	□ Yes	
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	
1 <b>Nonpriority o</b> Accurate Biome		nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	31.50
Creditor Name			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice n	name		☐ Disputed		
500 Park Boule	ward		Basis for the claim:		
Address	, vaiu		Trade Payable		
Suite 1260			<u>·</u>	_	
Itasca City	IL State	60143 ZIP Code			
Country					
Date or dates	s debt was incurr	ed	Is the claim subject to offset?		
Various			☑ No		
Last 4 digits	of account		□ Yes		
American Healt Creditor Name		nd mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated	Ψ	901.74
Creditor's Notice n	name		☐ Disputed		
671 Ohio Pike			Basis for the claim:		
Address			Trade Payable		
Suite K			<u>.</u>	_	
Cincinnati	ОН	45245-2136			
City	State	ZIP Code			
Country					
	s debt was incurr	ed	Is the claim subject to offset?		
Various			✓ No		
Last 4 digits	ot account		☐ Yes		
number					

## Case 24-10443-TMH Doc 1441 Filed 04/22/25 Page 30 of 86

Nonpriority	creditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	483.0
Biotech X- Ray	y Inc		Check all that apply.		
Creditor Name			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice	name		 □ Disputed		
1065 Executive	e Parkway Drive		Basis for the claim:		
Address	- · · · · · · · · · · · · · · · · · · ·		 Trade Payable		
Suite 220				_	
St Louis	MO	63141-6367			
City	State	ZIP Code			
Country					
Date or date	s debt was incurr	red	Is the claim subject to offset?		
Various			☑ No		
Various  Last 4 digits number	of account		☑ No ☐ Yes		
Last 4 digits number Nonpriority Carle Foundat	creditor's name a	nd mailing address		\$	869.6
Last 4 digits number Nonpriority	creditor's name a	nd mailing address	☐ Yes  As of the petition filing date, the claim is:	\$	869.6
Last 4 digits number Nonpriority Carle Foundat	creditor's name a	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.	\$	869.6
Last 4 digits number Nonpriority Carle Foundat	<b>creditor's name a</b> ion Hospital	nd mailing address	□ Yes  As of the petition filing date, the claim is:  Check all that apply.  □ Contingent	\$	869.6
Last 4 digits number Nonpriority Carle Foundat Creditor Name	creditor's name a ion Hospital	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated	\$	869.6
Last 4 digits number Nonpriority Carle Foundat Creditor Name Creditor's Notice	creditor's name a ion Hospital	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed	\$	869.6
Last 4 digits number Nonpriority Carle Foundat Creditor Name  Creditor's Notice 611 West Park	creditor's name a ion Hospital	nd mailing address	□ Yes  As of the petition filing date, the claim is:  Check all that apply. □ Contingent □ Unliquidated □ Disputed  Basis for the claim:	\$	869.6
Last 4 digits number Nonpriority Carle Foundat Creditor Name  Creditor's Notice 611 West Park Address	creditor's name a ion Hospital name		□ Yes  As of the petition filing date, the claim is:  Check all that apply. □ Contingent □ Unliquidated □ Disputed  Basis for the claim:	\$	869.6
Last 4 digits number Nonpriority Carle Foundat Creditor Name  Creditor's Notice 611 West Park	creditor's name a ion Hospital	nd mailing address  61801  ZIP Code	□ Yes  As of the petition filing date, the claim is:  Check all that apply. □ Contingent □ Unliquidated □ Disputed  Basis for the claim:	\$	869.6
Last 4 digits number Nonpriority Carle Foundat Creditor Name  Creditor's Notice 611 West Park Address  Urbana	creditor's name a ion Hospital	61801	□ Yes  As of the petition filing date, the claim is:  Check all that apply. □ Contingent □ Unliquidated □ Disputed  Basis for the claim:	\$	869.6
Last 4 digits number Nonpriority Carle Foundat Creditor Name  Creditor's Notice 611 West Park Address  Urbana City  Country	creditor's name a ion Hospital	61801 ZIP Code	□ Yes  As of the petition filing date, the claim is:  Check all that apply. □ Contingent □ Unliquidated □ Disputed  Basis for the claim:	\$	869.
Last 4 digits number Nonpriority Carle Foundat Creditor Name  Creditor's Notice 611 West Park Address  Urbana City  Country	name  Street  IL  State	61801 ZIP Code	As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed  Basis for the claim:  Trade Payable	\$	869.

number

## Case 24-10443-TMH Doc 1441 Filed 04/22/25 Page 31 of 86

PO Box 616 Address  West Frankfort IL 62896 City State ZIP Code    Disputed Payable	ent ated declaim: le subject to offset?  tition filing date, the claim is: \$ 3,954 at apply.
Creditor's Notice name    Disputer	ated  de claim: lle  subject to offset?  tition filing date, the claim is: \$ 3,954
Creditor's Notice name  PO Box 616  Address  West Frankfort City State  Country  Date or dates debt was incurred Various  Last 4 digits of account number  Nonpriority creditor's name and mailing address Cityof Farmer City  Creditor Name  Creditor's Notice name  Disputed Basis for the percent of the perce	tition filing date, the claim is: \$ 3,954
PO Box 616 Address  Trade Payab  West Frankfort IL 62896 City State ZIP Code  Country  Date or dates debt was incurred Various Last 4 digits of account	tition filing date, the claim is: \$ 3,954
West Frankfort	tition filing date, the claim is: \$ 3,954
West Frankfort   IL   62896   City   State   ZIP Code    Country   Date or dates debt was incurred   Various   No   Yes    Last 4 digits of account   Yes    Nonpriority creditor's name and mailing address   As of the per City   Check all the Continger    Creditor Name   Continger   Unliquid.    Creditor's Notice name   Disputed    Disputed   Disputed   Disputed   Disputed    Disputed   Disputed   Disputed   Disputed    Disputed   Dispu	tition filing date, the claim is: \$ 3,954
Country  Date or dates debt was incurred Various  Last 4 digits of account number  Nonpriority creditor's name and mailing address Cityof Farmer City Creditor Name  Creditor's Notice name  Creditor's Notice name  Disputed Disputed	tition filing date, the claim is: \$3,954
Country  Date or dates debt was incurred Various  Last 4 digits of account number  Nonpriority creditor's name and mailing address Cityof Farmer City Creditor Name  Creditor's Notice name  Creditor's Notice name  Disputed Disputed	tition filing date, the claim is: \$3,954
Date or dates debt was incurred  Various  Last 4 digits of account  number  Nonpriority creditor's name and mailing address Cityof Farmer City  Creditor Name  Creditor's Notice name  Creditor's Notice name  Disputed  Disputed	tition filing date, the claim is: \$3,954
Various  Last 4 digits of account  number  Nonpriority creditor's name and mailing address Cityof Farmer City Creditor Name  □ Continge □ Unliquid: Creditor's Notice name □ Disputed 105 South Main St	tition filing date, the claim is: \$3,954
Last 4 digits of account  number  Nonpriority creditor's name and mailing address Cityof Farmer City Creditor Name  Creditor's Notice name  Creditor's Notice name  Disputed  Disputed  Dassis for the	at apply.
Nonpriority creditor's name and mailing address Cityof Farmer City Creditor Name Creditor's Notice name Creditor's Notice name Creditor's Notice name Creditor's Notice name Disputed Basis for the percent of the perce	at apply.
Nonpriority creditor's name and mailing address  Cityof Farmer City  Creditor Name  Creditor's Notice name  Creditor's Notice name  105 South Main St  Cityof Farmer City  Check all the Continger  Unliquid: Disputed  Basis for the	at apply.
Creditor Name  Continge Unliquid: Creditor's Notice name  Disputed  105 South Main St  Basis for the	
Creditor's Notice name  □ Unliquid □ Disputed 105 South Main St  Basis for the	
Creditor's Notice name  ☐ Disputed  105 South Main St  Basis for the	
□ Disputed  105 South Main St  Basis for the	ated
100 Codii Maii Ci	
Address Trade Poveh	
Address Trade Payab	<u>le</u>
Farmer City IL 61842	
City State ZIP Code	
Country	
	subject to offset?
Various   No	

## Case 24-10443-TMH Doc 1441 Filed 04/22/25 Page 32 of 86

Nonpriority c	reditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	1,390.3
Constellation No	ew Energy		Check all that apply.		
Creditor Name			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice na	ame		☐ Disputed		
Gas Division LL	С		Basis for the claim:		
Address			Trade Payable		
PO Box 5473				_	
Carol Stream	IL	60197-5473			
City	State	ZIP Code			
Country					
Date or dates	debt was incurr	ed	Is the claim subject to offset?		
Various			✓ No		
various					
Last 4 digits on number	of account		□ Yes		
Last 4 digits on number  Nonpriority of Datamax		nd mailing address	☐ Yes  As of the petition filing date, the claim is:  Check all that apply.	\$	3,541.2
Last 4 digits on number  Nonpriority controls		nd mailing address	As of the petition filing date, the claim is:	\$	3,541.2
Nonpriority contains a Creditor Name	reditor's name a	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.	\$	3,541.2
Last 4 digits on number  Nonpriority Contamax  Creditor Name	reditor's name a	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent	\$	3,541.2
Nonpriority Control Datamax Creditor Name  dba Sumner On Creditor's Notice na	reditor's name a	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated	\$	3,541.2
Nonpriority contains a Creditor Name	reditor's name a	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed	\$	3,541.2
Nonpriority control Datamax Creditor Name  dba Sumner On Creditor's Notice na  PO Box 5180	reditor's name a	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	3,541.2
Nonpriority control Datamax Creditor Name  dba Sumner On Creditor's Notice na  PO Box 5180	reditor's name a	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	3,541.2
Last 4 digits on number  Nonpriority of Datamax Creditor Name  dba Sumner On Creditor's Notice no PO Box 5180  Address	reditor's name a		As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	3,541.2
Last 4 digits on number  Nonpriority continue to Datamax  Creditor Name  dba Sumner On Creditor's Notice not possible to the p	e ame MO State	63139-0180 ZIP Code	As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Basis for the claim:  Trade Payable	\$	3,541.2
Last 4 digits on number  Nonpriority of Datamax Creditor Name  dba Sumner On Creditor's Notice nate of Datamax  PO Box 5180  Address  St Louis City  Country  Date or dates	e ame	63139-0180 ZIP Code	As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Basis for the claim:  Trade Payable  Is the claim subject to offset?	\$	3,541.2
Last 4 digits on number  Nonpriority continue to Datamax  Creditor Name  dba Sumner On Creditor's Notice not possible to the p	e ame MO State debt was incurr	63139-0180 ZIP Code	As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Basis for the claim:  Trade Payable	\$	3,541.2

number

## Case 24-10443-TMH Doc 1441 Filed 04/22/25 Page 33 of 86

Monnriority or	aditar'a nama a	nd mailing address	An of the notition filling date the elelecter	œ.	4 000 0
Direct Supply Inc		nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	1,698.6
Creditor Name			□ Contingent		
			☐ Unliquidated		
Creditor's Notice nar	me		☐ Disputed		
Box 88201			Basis for the claim:		
Address			Trade Payable		
				_	
Milwaukee	WI	53288			
City	State	ZIP Code			
Country					
Date or dates	debt was incurr	ed	Is the claim subject to offset?		
Various			✓ No		
Last 4 digits o	faccount		□ Yes		
number	i account		□ res		
number	editor's name a	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.	\$	435.9
number  Nonpriority cre Flynn Sales & Se	editor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	435.9
number  Nonpriority cre Flynn Sales & Se Creditor Name	editor's name a ervice Inc	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.	\$	435.9
number  Nonpriority cre Flynn Sales & Se	editor's name a ervice Inc	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed	\$	435.9
number  Nonpriority cre Flynn Sales & Se Creditor Name  Creditor's Notice nar  1286 Franks Roa	editor's name a ervice Inc	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	435.9
number  Nonpriority cre Flynn Sales & Se Creditor Name  Creditor's Notice name	editor's name a ervice Inc	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed	\$	435.6
number  Nonpriority cre Flynn Sales & Se Creditor Name  Creditor's Notice nar  1286 Franks Roa	editor's name a ervice Inc	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	435.9
number  Nonpriority cre Flynn Sales & Se Creditor Name  Creditor's Notice nar  1286 Franks Roa	editor's name a ervice Inc	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	435.9
number  Nonpriority cre Flynn Sales & Se Creditor Name  Creditor's Notice nar  1286 Franks Roa Address	editor's name a ervice Inc me		As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	435.9
number  Nonpriority cre Flynn Sales & Se Creditor Name  Creditor's Notice nar  1286 Franks Roa Address  Jacksonville	editor's name a ervice Inc  me  ad	62650	As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed  Basis for the claim:  Trade Payable	\$	435.9
number  Nonpriority cre Flynn Sales & Se Creditor Name  Creditor's Notice nar  1286 Franks Roa Address  Jacksonville City  Country	editor's name a ervice Inc  me  ad	62650 ZIP Code	As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Basis for the claim:  Trade Payable  Is the claim subject to offset?	\$	435.9
number  Nonpriority cre Flynn Sales & Se Creditor Name  Creditor's Notice nar  1286 Franks Roa Address  Jacksonville City  Country	editor's name a ervice Inc  me ad  IL State  debt was incurr	62650 ZIP Code	As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed  Basis for the claim:  Trade Payable	\$	435.9

number

## Case 24-10443-TMH Doc 1441 Filed 04/22/25 Page 34 of 86

Disputed Basis for the claim: Trade Payable  Cincinnati OH	Contingent Unliquidated Disputed Basis for the claim: Trade Payable    State   ZIP Code	Nonpriority cr	editor's name a	ind mailing address	As of the petition filing date, the claim is:	\$	292.2
Contingent	Unliquidated Disputed Basis for the claim: Trade Payable				Check all that apply.		
Country  Date or dates debt was incurred Various  Last 4 digits of account number  Nonpriority creditor's name and mailing address Frosty Frigeration Inc  Creditor Notice name  2205 East University Avenue Address  Urbana  IL 61802-2811 City State  Cincinnati  OH 45274-0407 ZIP Code  Is the claim subject to offset?  No Yes  As of the petition filing date, the claim is: \$ Check all that apply.  Creditor Notice name  Disputed  Basis for the claim: Trade Payable  Country  Basis for the claim: Trade Payable  Country  Country  Urbana  IL 61802-2811 City State ZIP Code	□ Disputed Basis for the claim: Trade Payable    OH	Creditor Name			☐ Contingent		
Disputed   Basis for the claim:   Trade Payable	Basis for the claim: Trade Payable    Continuent   Contin				☐ Unliquidated		
Address Trade Payable    Cincinnati	Trade Payable  OH 45274-0407 State ZIP Code  Is the claim subject to offset?  ✓ No  □ Yes  As of the petition filing date, the claim is: \$ 219.2 Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim: Trade Payable  It was incurred  Is the claim subject to offset?  ✓ No  Is the claim subject to offset?  ✓ No  Is the claim subject to offset?  ✓ No	Creditor's Notice na	me		☐ Disputed		
Cincinnati OH 45274-0407 City State ZiP Code    State	OH 45274-0407 State ZIP Code  Is the claim subject to offset?  No or's name and mailing address  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim: Trade Payable  It was incurred  Is the claim subject to offset?  No  Yes  As of the petition filing date, the claim is: \$ 219.2  Check all that apply.  Trade Payable	PO Box 740407			Basis for the claim:		
Country  Date or dates debt was incurred Various  Last 4 digits of account number  Nonpriority creditor's name and mailing address Frosty Frigeration Inc Creditor Name  Creditor Name  2205 East University Avenue Address  Urbana  LL 61802-2811 City State  ZIP Code  State  State  ZIP Code  Is the claim subject to offset? No No Check all that apply. Trade Payable  Unliquidated Disputed Basis for the claim: Trade Payable  Country	Is the claim subject to offset?  In No  Count  As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim: Trade Payable  IL 61802-2811 State ZIP Code  Is the claim subject to offset?  Is the claim subject to offset?  No	Address			Trade Payable	-	
Country  Date or dates debt was incurred Various  Last 4 digits of account number  Nonpriority creditor's name and mailing address Frosty Frigeration Inc Creditor Name  Creditor Name  2205 East University Avenue Address  Urbana  LL 61802-2811 City State  ZIP Code  State  State  ZIP Code  Is the claim subject to offset? No No Check all that apply. Trade Payable  Unliquidated Disputed Basis for the claim: Trade Payable  Country	Is the claim subject to offset?  In No  Count  As of the petition filing date, the claim is: \$ 219.2  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim: Trade Payable  IL 61802-2811 State ZIP Code  Is the claim subject to offset?  Is the claim subject to offset?  No						
Country  Date or dates debt was incurred  Various  Last 4 digits of account  number  Nonpriority creditor's name and mailing address Frosty Frigeration Inc  Creditor Name  Creditor's Notice name  2205 East University Avenue  Address  Urbana  IL  61802-2811  City  State  State  Is the claim subject to offset?  No Check all that poply.  Check all that apply.  Check all that apply.  Check all that apply.  Check all that apply.  Trade Payable	t was incurred    Sthe claim subject to offset?   ✓ No     Yes     Yes     Or's name and mailing address   As of the petition filing date, the claim is: \$ 219.2     Check all that apply.     Contingent   Unliquidated     Disputed     Basis for the claim:     Trade Payable     IL			<del></del> -			
Date or dates debt was incurred  Various  Last 4 digits of account  number  Nonpriority creditor's name and mailing address Frosty Frigeration Inc  Creditor Name  Creditor's Notice name  2205 East University Avenue  Address  Disputed  Basis for the claim:  Trade Payable  Country	✓ No	City	Cidio	Zir Code			
Various	✓ No   Yes   Ye		dobt was insure		Is the claim subject to offset?		
Last 4 digits of account number  Nonpriority creditor's name and mailing address Frosty Frigeration Inc  Creditor Name  Creditor's Notice name  Creditor's Notice name  Creditor's Notice name  Basis for the claim:  Trade Payable  Country  Country	As of the petition filing date, the claim is: \$ 219.2  Check all that apply.  Contingent Unliquidated Disputed  Basis for the claim: Trade Payable  IL 61802-2811 State 2IP Code  Is the claim subject to offset?  No		debt was incurr	rea			
Nonpriority creditor's name and mailing address Frosty Frigeration Inc Creditor Name Creditor's Notice name Creditor's Notice name 2205 East University Avenue Address Urbana IL Gity State G1802-2811 City Check all that apply.  Check all th	As of the petition filling date, the claim is: \$ 219.2 Check all that apply.  Contingent Unliquidated Disputed Basis for the claim: Trade Payable  LL 61802-2811 State ZIP Code  Is the claim subject to offset?  No		of account				
Check all that apply.   Creditor Name □ Contingent   □ Unliquidated   □ Disputed   Basis for the claim:   Trade Payable    Urbana  IL  61802-2811  City  State  61802-2811  ZIP Code	Check all that apply.  Contingent Unliquidated Disputed  Basis for the claim: Trade Payable  IL 61802-2811 State ZIP Code  Is the claim subject to offset?  No						
Creditor Name  Creditor's Notice name  2205 East University Avenue  Address  Urbana  IL  City  State  G1802-2811  ZIP Code  Contingent  Unliquidated  Disputed  Basis for the claim:  Trade Payable	Contingent Unliquidated Disputed Basis for the claim: Trade Payable  IL 61802-2811 State ZIP Code  Is the claim subject to offset? ✓ No			and mailing address		\$	219.2
Creditor's Notice name  2205 East University Avenue  Address  Urbana IL 61802-2811  City State ZIP Code  Unliquidated Disputed  Basis for the claim: Trade Payable	Unliquidated Disputed Basis for the claim: Trade Payable    L		III IIIC				
Creditor's Notice name  2205 East University Avenue  Address  Urbana  IL  City  State  Country  Disputed  Basis for the claim:  Trade Payable  Trade Payable	Avenue Basis for the claim:  Trade Payable  IL 61802-2811 State ZIP Code  Is the claim subject to offset?  ✓ No				-		
2205 East University Avenue   Basis for the claim:   Trade Payable	Basis for the claim:  Trade Payable    IL	Creditor's Notice na	me		·		
Trade Payable	Trade Payable    IL				·		
Urbana IL 61802-2811 City State ZIP Code	IL 61802-2811 State ZIP Code  Is the claim subject to offset?  ✓ No		ersity Avenue				
City State ZIP Code  Country	State ZIP Code  t was incurred  Is the claim subject to offset?  ✓ No				Trade Payable	-	
City State ZIP Code  Country	State ZIP Code  Is the claim subject to offset?  ✓ No	Urhana		61802-2811			
	☑ No						
Date or dates debt was incurred	☑ No	Country					
		Date or dates	debt was incurr	red	Is the claim subject to offset?		
Various ☑ No	count	Various			☑ No		

## Case 24-10443-TMH Doc 1441 Filed 04/22/25 Page 35 of 86

Name					
3 Nonpriority cr	editor's name a	and mailing address	As of the petition filing date, the claim is:	\$	759.09
Gem Medical Su Creditor Name	upplies LLC		Check all that apply.		
Creditor Name			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice na	ıme		☐ Disputed		
730 Anthony Tra	ail		Basis for the claim:		
Address			Trade Payable	_	
Northbrook	<u> L</u>	60062			
City	State	ZIP Code			
Country					
	debt was incurr	red	Is the claim subject to offset?		
Various  Last 4 digits o			☑ No □ Yes		
number 4 Nonpriority cr		and mailing address	As of the petition filing date, the claim is:	\$	2,561.48
number		and mailing address	As of the petition filing date, the claim is:  Check all that apply.	\$	2,561.48
number 4 Nonpriority cre Health Technology		and mailing address		\$	2,561.48
number 4 Nonpriority cr. Health Technologic Creditor Name	gies Inc	and mailing address	Check all that apply.	\$	2,561.48
number 4 Nonpriority cre Health Technology	gies Inc	and mailing address	Check all that apply.  □ Contingent	\$	2,561.48
number  4 Nonpriority cr  Health Technolo  Creditor Name	ogies Inc	and mailing address	Check all that apply.  ☐ Contingent ☐ Unliquidated	\$	2,561.48
number  4 Nonpriority cr. Health Technolo Creditor Name  Creditor's Notice name	ogies Inc	and mailing address	Check all that apply.  Contingent  Unliquidated  Disputed	\$	2,561.48
number  4 Nonpriority cr. Health Technolo Creditor Name  Creditor's Notice nat 8446 Page Aven Address	ogies Inc		Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	2,561.48
number 4 Nonpriority cr. Health Technolog Creditor Name  Creditor's Notice nat 8446 Page Aven Address  St. Louis	ogies Inc	63130	Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	2,561.48
number  4 Nonpriority cr. Health Technolo Creditor Name  Creditor's Notice nat 8446 Page Aven Address	ogies Inc		Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	2,561.4
number 4 Nonpriority cr. Health Technologe Creditor Name  Creditor's Notice name  8446 Page Aven Address  St. Louis City  Country	egies Inc	63130 ZIP Code	Check all that apply.  Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	2,561.4
number  4 Nonpriority cr. Health Technologe Creditor Name  Creditor's Notice nate 8446 Page Aven Address  St. Louis City  Country	ogies Inc	63130 ZIP Code	Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	2,561.4

number

## Case 24-10443-TMH Doc 1441 Filed 04/22/25 Page 36 of 86

Heartland Ban		nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	1,266.3
Creditor Name			□ Contingent		
			☐ Unliquidated		
Creditor's Notice	name		☐ Disputed		
DO D 07			Basis for the claim:		
PO Box 67 Address			Trade Payable		
				-	
Bloomington	IL	61702-0067			
City	State	ZIP Code			
Country			<u></u>		
Date or date	s debt was incurr	red	Is the claim subject to offset?		
			✓ No		
Various					
Last 4 digits number			□ Yes		
Last 4 digits number Nonpriority Heritage Nursi	creditor's name a	nd mailing address	☐ Yes  As of the petition filing date, the claim is:  Check all that apply.	\$	127,734.
Last 4 digits number Nonpriority	creditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	127,734.5
Last 4 digits number Nonpriority Heritage Nursi Creditor Name	<b>creditor's name a</b> ng Care, Inc.	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.	\$	127,734.
Last 4 digits number Nonpriority Heritage Nursi	<b>creditor's name a</b> ng Care, Inc.	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent	\$	127,734.
Last 4 digits number Nonpriority Heritage Nursi Creditor Name	creditor's name a ng Care, Inc.	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated	\$	127,734.
Last 4 digits number Nonpriority Heritage Nursi Creditor Name	creditor's name a ng Care, Inc.	nd mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed	\$	127,734.5
Last 4 digits number Nonpriority Heritage Nursi Creditor Name  Creditor's Notice 830 W Trailcre Address	creditor's name ang Care, Inc.		As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	127,734.5
Last 4 digits number Nonpriority Heritage Nursi Creditor Name  Creditor's Notice 830 W Trailcre Address	ng Care, Inc.	61614	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	127,734.5
Last 4 digits number Nonpriority Heritage Nursi Creditor Name  Creditor's Notice 830 W Trailcre Address	creditor's name ang Care, Inc.		As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	127,734.
Last 4 digits number Nonpriority Heritage Nursi Creditor Name  Creditor's Notice 830 W Trailcre Address	ng Care, Inc.	61614	As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed  Basis for the claim:  Inter Company Loan	\$	127,734.5
Last 4 digits number Nonpriority Heritage Nursi Creditor Name  Creditor's Notice 830 W Trailcre Address  Peoria City  Country	ng Care, Inc.	61614 ZIP Code	As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Basis for the claim:  Inter Company Loan  Is the claim subject to offset?	\$	127,734.5
Last 4 digits number Nonpriority Heritage Nursi Creditor Name  Creditor's Notice 830 W Trailcre Address  Peoria City  Country	creditor's name a ng Care, Inc.  name eek Dr.  IL State  s debt was incurred.	61614 ZIP Code	As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed  Basis for the claim:  Inter Company Loan	\$	127,734.

## Case 24-10443-TMH Doc 1441 Filed 04/22/25 Page 37 of 86

Name	ealth Care - Farmer C		Case number (if known):	24-10494	
Nonpriority		and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	1,850.0
Creditor Name			□ Contingent		
			☐ Unliquidated		
Creditor's Notice	Creditor's Notice name		 □ Disputed		
Bureau of Inve	estigation		Basis for the claim:		
Address	salgation		 Trade Payable		
206 North Chic	cago Street			-	
Joliet	IL	60432-4072			
City	State	ZIP Code			
Country					
	s debt was incurr	red	Is the claim subject to offset? ☑ No		
Various					
Last 4 digits	of account		☐ Yes		
number Nonpriority	creditor's name a	and mailing address	As of the petition filing date, the claim is:	\$	618.4
Janice Kindred		aag aaa. ooo	Check all that apply.	Ψ	010.1
Creditor Name			□ Contingent		
			☐ Unliquidated		
Creditor's Notice	name		 ☐ Disputed		
Address on Fil	le		Basis for the claim:		
Address			Trade Payable	_	
City	State	ZIP Code			
-					
Country					
Date or date	s debt was incurr	red	Is the claim subject to offset?		
Various					
Last 4 digits	of account		☐ Yes		

Case 24-10443-TMH Doc 1441 Filed 04/22/25 Page 38 of 86

M		and an efficiency of the end		
Nonpriority creditor's name and mailing address Law Office of Jeffrey Krumpe			As of the petition filing date, the claim is: \$ Check all that apply.	Undetermine
Creditor Name			☐ Contingent	
			✓ Unliquidated	
Creditor's Notice	name		✓ Disputed	
110 SW Jeffer	eson		Basis for the claim:	
Address			 Litigation	
Suite 410				
Peoria	IL	61602		
City	State	ZIP Code		
Country				
Date or date	s debt was incurr	ed	Is the claim subject to offset?	
2/6/2024			☑ No	
			_ ,,	
number	of account		□ Yes	
number  Nonpriority		nd mailing address	As of the petition filing date, the claim is: \$ Check all that apply.	350,000.
number  Nonpriority Law Office of S	creditor's name a	nd mailing address	As of the petition filing date, the claim is: \$ Check all that apply.	350,000.
number  Nonpriority Law Office of S	<b>creditor's name a</b> Steven J. Malman	nd mailing address	As of the petition filing date, the claim is: \$ Check all that apply.	350,000.
number  Nonpriority Law Office of S Creditor Name	<b>creditor's name a</b> Steven J. Malman	nd mailing address	As of the petition filing date, the claim is: \$  Check all that apply.  □ Contingent □ Unliquidated □ Disputed	350,000.
number  Nonpriority of Law Office of S Creditor Name  Creditor's Notice  W Randolph S	creditor's name a Steven J. Malman	nd mailing address	As of the petition filing date, the claim is: \$ Check all that apply.  Contingent  Unliquidated  Disputed  Basis for the claim:	350,000.
number  Nonpriority Law Office of S Creditor Name  Creditor's Notice  W Randolph S Address	creditor's name a Steven J. Malman	nd mailing address	As of the petition filing date, the claim is: \$  Check all that apply.  □ Contingent □ Unliquidated □ Disputed	350,000.
number  Nonpriority of Law Office of S Creditor Name  Creditor's Notice  W Randolph S	creditor's name a Steven J. Malman	nd mailing address	As of the petition filing date, the claim is: \$ Check all that apply.  Contingent  Unliquidated  Disputed  Basis for the claim:	350,000.
number  Nonpriority Law Office of S Creditor Name  Creditor's Notice  W Randolph S Address	creditor's name a Steven J. Malman	nd mailing address	As of the petition filing date, the claim is: \$ Check all that apply.  Contingent  Unliquidated  Disputed  Basis for the claim:	350,000.
number  Nonpriority Law Office of S Creditor Name  Creditor's Notice  W Randolph S Address Suite 1700	creditor's name a Steven J. Malman name		As of the petition filing date, the claim is: \$ Check all that apply.  Contingent  Unliquidated  Disputed  Basis for the claim:	350,000.
Nonpriority Law Office of S Creditor Name  Creditor's Notice W Randolph S Address Suite 1700  Chicago	creditor's name a Steven J. Malman name	60606	As of the petition filing date, the claim is: \$ Check all that apply.  □ Contingent □ Unliquidated □ Disputed  Basis for the claim: Litigation	350,000.
number  Nonpriority Law Office of S Creditor Name  Creditor's Notice W Randolph S Address Suite 1700  Chicago City  Country	creditor's name a Steven J. Malman name	60606 ZIP Code	As of the petition filing date, the claim is: \$ Check all that apply.  □ Contingent □ Unliquidated □ Disputed Basis for the claim: Litigation  Is the claim subject to offset?	350,000.
number  Nonpriority Law Office of S Creditor Name  Creditor's Notice W Randolph S Address Suite 1700  Chicago City  Country	creditor's name a Steven J. Malman  name  it  IL  State  s debt was incurr	60606 ZIP Code	As of the petition filing date, the claim is: \$ Check all that apply.  □ Contingent □ Unliquidated □ Disputed  Basis for the claim: Litigation	350,000.0

## Case 24-10443-TMH Doc 1441 Filed 04/22/25 Page 39 of 86

or: Petersen Hea	alth Care - Farmer C	City, LLC	Case number (if known):	24-10494	1		
Name							
Nonpriority c	Nonpriority creditor's name and mailing address					\$	170,089.6
Martin Bros			Check all that apply.				
Creditor Name			□ Contingent				
		☐ Unliquidated					
Creditor's Notice na	·						
406 Viking Road	406 Viking Road		Basis for the claim:				
Address	<u>-</u>		Trade Payable	_			
Cedar Falls	IA	50613					
City	State	ZIP Code					
Country							
Date or dates	debt was incurr	red	Is the claim subject to offset?				
Various			☑ No				
Last 4 digits of	of account		□ Yes				
Mc Kesson Med		and mailing address	As of the petition filing date, the claim is:  Check all that apply.	\$	41,311.2		
Creditor Name			☐ Contingent				
			☐ Unliquidated				
Creditor's Notice na	ame		 □ Disputed				
PO Box 630693	<b>.</b>		Basis for the claim:				
Address			Trade Payable	_			
Cincinnati	ОН	45263-0693					
City	State	ZIP Code					
Country							
	debt was incurr	red	Is the claim subject to offset?	-			
Various			✓ No				
Last 4 digits of	of account		□ Yes				
number							

## Case 24-10443-TMH Doc 1441 Filed 04/22/25 Page 40 of 86

r: Petersen Health Care - Farmer City, LLC  Name				 
Nonpriority creditor's name and mailing address		and mailing address	As of the petition filing date, the claim is:	\$ 519.8
Mediacom Creditor Name			Check all that apply.	
			☐ Contingent	
One dite de Netice e e			☐ Unliquidated	
Creditor's Notice name			☐ Disputed	
PO Box 5744			Basis for the claim:	
Address			Trade Payable	
Carol Stream City	State	ZIP Code		
Country				
Date or dates of	debt was incurr	red	Is the claim subject to offset?	
Various			☑ No	
Last 4 digits of	i account		☐ Yes	
number				
Nonpriority cre	editor's name a	and mailing address	As of the petition filing date, the claim is:	\$ 34.9
Mid Illinois Hemat			Check all that apply.	
Mid Illinois Hemat Creditor Name			Check all that apply.  □ Contingent	
Creditor Name	tology & Oncology			
	tology & Oncology		☐ Contingent	
Creditor Name	ntology & Oncology		☐ Contingent ☐ Unliquidated	
Creditor Name  Creditor's Notice name	ntology & Oncology		☐ Contingent ☐ Unliquidated ☐ Disputed	
Creditor Name  Creditor's Notice nam  407 East Vernon	ntology & Oncology		☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim:	
Creditor Name  Creditor's Notice nam  407 East Vernon  Address	ntology & Oncology		☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim:	
Creditor Name  Creditor's Notice nam  407 East Vernon  Address  Suite 104	ntelogy & Oncology	у	☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim:	
Creditor Name  Creditor's Notice nam  407 East Vernon  Address  Suite 104  Normal  City  Country	ntelogy & Oncology  ne  Avenue  IL  State	9 64761 ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: Trade Payable	
Creditor Name  Creditor's Notice name  407 East Vernon  Address  Suite 104  Normal  City  Country  Date or dates of	ntelogy & Oncology  ne  Avenue  IL  State	9 64761 ZIP Code	□ Contingent □ Unliquidated □ Disputed  Basis for the claim:  Trade Payable  Is the claim subject to offset?	
Creditor Name  Creditor's Notice nam  407 East Vernon  Address  Suite 104  Normal  City  Country	Avenue  IL State	9 64761 ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: Trade Payable	

## Case 24-10443-TMH Doc 1441 Filed 04/22/25 Page 41 of 86

MPAC Healthcare Creditor Name Creditor Notice name Creditor's Notice name  DO Box 75580 Address Address  Chicago IL 60675-5580 City State ZIP Code  Country  Date or dates debt was incurred Various  Last 4 digits of account  number  Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable  Is the claim subject to offset? Yes	MPACH elathcare Creditor's Notice name    Contingent     Disputed     Basis for the claim:     Trade Payable     Contingent     Disputed     Dispute	Name	ealth Care - Farmer C		Case number (if known):		
Contingent   Contingent   Unliquidated	Creditor's Notice name  PO Box 75580  Basis for the claim: Trade Payable  Chicago IL 60675-5580  Chy State ZIP Code  Is the claim subject to offset?  Various Last 4 digits of account number  Nonpriority creditor's name and mailing address Officidior's Notice name Creditor's Notice name Creditor's Notice name Department/81668 Department/81668 City State ZIP Code  Dettoit MI 48278-1668 City State ZIP Code  List the claim subject to offset?  Various  As of the petition filling date, the claim is: \$ 37,446.8  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim: Trade Payable  Dettoit MI 48278-1668 City State ZIP Code  Date or dates debt was incurred  Various  Last 4 digits of account  Is the claim subject to offset?  Various  Is the claim subject to offset?  Various  Is the claim subject to offset?			and mailing address		\$	3,300.0
Codition's Notice name PO Box 75580 Address  Chicago IL 60675-5580 City State Zip Cods  Country  Date or dates debt was incurred Various  Nonpriority creditor's name and mailing address Omnicare Creditor's Notice name Department/81668 Department/81668 City State Zip Cods  Detail MI 48278-1668 City State Zip Cods  Date or dates debt was incurred  List the claim subject to offset?  Check all that apply.  Contingent Unliquidated Disputed Department/81668 Trade Payable  Department/81668 City State Zip Cods  Detail MI 48278-1668 City State Zip Cods  Date or dates debt was incurred	Disputed   Basis for the claim:   Trade Payable   Trade Paya	Creditor Name			☐ Contingent		
Disputed   Basis for the claim:   Trade Payable     Trade Payable   Trade Payable     Trade Payable   Trade Payable     Trade Payable   Trade Payable     Trade Payable   Trade Payable     Trade Payable   Trade Payable   Trade Payable     Trade Payable     Trade Payable     Trade Payable     Trade Payable     Trade Payable     Trade Payable     Trade Payable     Trade Payable     Trade Payable     Trade Payable     Trade Payable     Trade Payable     Trade Payable     Trade	PO Box 75580  Rasis for the claim: Trade Payable  Chicago IL 60675-5580 City State ZIP Code  Country  Date or dates debt was incurred  Various  Creditor's name and mailing address Onnicare Creditor's name Creditor's name Creditor's name  Department/781688 Rasis for the claim subject to offset?  Creditor's Notice name Creditor's name and mailing address Creditor's Notice name Creditor's N				<u> </u>		
PO Box 75580	Basis for the claim: Trade Payable  Chicago IL 60675-5580  City State ZIP Code  State I Payable  State I Payable  Is the claim subject to offset?  No Yes  Nonpriority creditor's name and mailing address  Omnicare  Creditor's Notice name  Department/78 1668  Basis for the petition filing date, the claim is: \$ 37,446.8   Creditor's Notice name  Department/78 1668  Basis for the claim: Trade Payable  Same I Payable  Trade Payable  Is the claim subject to offset?  In the claim subject to offset?  In the claim is: \$ 37,446.8    In the claim is: \$ 37,446.8    In the claim is: \$ 37,446.8    In the claim is: \$ 37,446.8    In the claim is: \$ 37,446.8    In the claim is: \$ 37,446.8    In the claim is: \$ 37,446.8    In the claim is: \$ 37,446.8    In the claim is: \$ 37,446.8    In the claim is: \$ 37,446.8    In the claim is: \$ 37,446.8    In the claim is: \$ 37,446.8    In the claim is: \$ 37,446.8    In the claim is: \$ 37,446.8    In the claim is: \$ 37,446.8    In the claim is: \$ 37,446.8    In the claim is: \$ 37,446.8    I	Creditor's Notice n	name				
Address  Chicago IL 60675-5580 City State IIP Code  Country  Date or dates debt was incurred Various  Last 4 digits of account number  Nonpriority creditor's name and mailing address Orneidare Creditor Name  Creditor Name  Creditor Notice name  Department/781668 Address PO Box 78000  Detroit MI 48278-1668 City State ZIP Code  Country  Date or dates debt was incurred IIP Code  State Claim subject to offset?  Is the claim subject to offset?  On No  State Claim subject to offset?  In Contingent  Unliquidated Disputed Basis for the claim: Trade Payable  Country  Date or dates debt was incurred  Is the claim subject to offset?  In Contingent  In Co	Trade Payable    Chicago   IL   60675-5580   2IP Code	PO Box 75580			•		
Country  Date or dates debt was incurred  Various  Last 4 digits of account number  Nonpriority creditor's name and mailing address Omnicare  Creditor Name  Department/781668 Address PO Box 78000  Detroit MI AB278-1668 City State  ZIP Code  Is the claim subject to offset?  Is the claim subject to offset?  Unliquidated Disputed Basis for the claim: Trade Payable  Detroit MI AB278-1668 City State ZIP Code  Is the claim subject to offset?	Country  Date or dates debt was incurred Various  Last 4 digits of account number  Nonpriority creditor's name and mailing address Omnicare Creditor Name  Creditor Notice name Department/81668 Department/81668 Department/81668 Department/81668 Department MI				Trade Payable		
Country  Date or dates debt was incurred Various Last 4 digits of account number  Nonpriority creditor's name and mailing address Omnicare Creditor Name  Department/781668 Address PO Box 78000  Detroit MI A8278-1668 City State  Zip Code  Is the claim subject to offset?  No State Sip Code  Is the claim subject to offset?  Ves  No Check all that apply.  Contingent Unliquidated Disputed Basis for the claim: Trade Payable  Detroit MI A8278-1668 City State  State  Is the claim subject to offset?  Is the claim subject to offset?  Is the claim subject to offset?	Country  Date or dates debt was incurred Various  Last 4 digits of account number  Nonpriority creditor's name and mailing address Omnicare Creditor Name  Creditor Notice name Department/81668 Department/81668 Department/81668 Department/81668 Department MI					-	
Country  Date or dates debt was incurred  Various  Last 4 digits of account  Nonpriority creditor's name and mailing address Omnicare Creditor's Notice name  Creditor's Notice name  Department/781668 Address PO Box 78000  Detroit MI All All All All All All All All All Al	Country  Date or dates debt was incurred  Various  Last 4 digits of account number  Nonpriority creditor's name and mailing address Omnicare Creditor's Notice name Creditor's Notice name Department/781668 Basis for the claim: Trade Payable  Detroit MI 48278-1668 City State ZiP Code  Country  Date or dates debt was incurred Various  Last 4 digits of account  Is the claim subject to offset?  No  Last 4 digits of account  Is the claim subject to offset?  No  Last 4 digits of account  Is the claim subject to offset?  No  Last 4 digits of account  Last 4 digits of account  Is the claim subject to offset?	Chicago	IL	60675-5580			
Date or dates debt was incurred     Is the claim subject to offset?       Various     ✓ No       Last 4 digits of account     Yes       Nonpriority creditor's name and mailing address     As of the petition filling date, the claim is: \$ 37,446.0       Omnicare     Check all that apply.       Creditor's Notice name     Contingent       Department/781668     Disputed       Address     Trade Payable       PO Box 78000     Trade Payable       Detroit     MII     48278-1668       City     State     ZIP Code       Is the claim subject to offset?       Country     No	Date or dates debt was incurred  Various  Last 4 digits of account number  Nonpriority creditor's name and mailing address Omnicare Creditor Name  Creditor Name  Creditor's Notice name  Department 781668 Address PO Box 78000  Detroit MI 48278-1668 City State Zip Code  State Zip Code  State Zip Code  State As the claim subject to offset? No No  Ves  No  State Sible Claim subject to offset? No No  State Claim subject to offset? No  No  Last 4 digits of account	City	State	ZIP Code			
Various	Various	Country					
Last 4 digits of account number  Nonpriority creditor's name and mailing address Omnicare Creditor Name  Creditor's Notice name Department/81668 Address PO Box 78000  Detroit MI 48278-1668 City State ZIP Code  Disputed Basis for the claim: Trade Payable  Country  Date or dates debt was incurred Various  PYes  As of the petition filing date, the claim is: \$ 37,446.8  Check all that apply. Check all that apply. Check all that apply. Check all that apply.  Check all that apply.  Check all that apply.  Check all that apply.  Check all that apply.  Check all that apply.  Contingent  Unliquidated  Disputed  Basis for the claim: Trade Payable  Trade Payable  Is the claim subject to offset?  No	Last 4 digits of account number  Nonpriority creditor's name and mailing address Omnicare Creditor Name Creditor's Notice name Department/781668 Address PO Box 78000  Detroit MI As of the petition filing date, the claim is: \$ 37,446.8  Disputed Basis for the claim: Trade Payable  Detroit MI As of the petition filing date, the claim is: \$ 37,446.8  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim: Trade Payable  Detroit State ZIP Code  Is the claim subject to offset?  Various Last 4 digits of account  Pes		s debt was incurr	red			
Nonpriority creditor's name and mailing address Omnicare Creditor Name Creditor Name Creditor's Notice name  Department 781668 Address PO Box 78000  Detroit MI 48278-1668 City State ZIP Code  Basis for the claim: Trade Payable  Country  Date or dates debt was incurred Various  As of the petition filing date, the claim is: \$ 37,446.8  Check all that apply. Contingent Disputed Basis for the claim: Trade Payable  State ZIP Code  Is the claim subject to offset?  No	Nonpriority creditor's name and mailing address Omnicare Creditor Name Creditor's Notice name Department/781668 Address PO Box 78000  Detroit MI 48278-1668 City State ZIP Code  Is the claim subject to offset? Various Last 4 digits of account  As of the petition filing date, the claim is: \$ 37,446.8  Check all that apply.  State Check all that apply.  No Check all that apply.  No Check all that apply.  State Check all that apply.  No Ch						
Nonpriority creditor's name and mailing address Omnicare Creditor Name Creditor Name Creditor's Notice name  Department781668 Address PO Box 78000  Detroit MI 48278-1668 City State ZIP Code  Disputed Basis for the claim: Trade Payable  Detroit State ZIP Code  Is the claim subject to offset? Various  No	Nonpriority creditor's name and mailing address Omnicare Creditor Name Creditor Name Creditor's Notice name Credit	Last 4 digits	of account		⊔ Yes		
Omnicare	Omnicare Creditor Name Creditor's Notice name		creditor's name a	and mailing address	As of the petition filing date, the claim is:	\$	37,446.8
Creditor's Notice name  Department781668  Address PO Box 78000  Detroit MI State  Country  Date or dates debt was incurred  Contingent Unliquidated Disputed  Basis for the claim: Trade Payable  Trade Payable  Is the claim subject to offset?  No	Creditor's Notice name  Department781668  Address  PO Box 78000  Detroit State  MI 48278-1668 ZIP Code  Basis for the claim: Trade Payable  Trade Payable  Is the claim subject to offset?  Various  Last 4 digits of account  Country Pos	Omnicare				· <del></del>	,
Department781668 Basis for the claim:   Address Trade Payable    Detroit  MI  State  Address  ZIP Code    Country   Date or dates debt was incurred Various    Disputed	Department781668 Address PO Box 78000  Detroit MI 48278-1668 City State ZIP Code  Country  Date or dates debt was incurred Various Last 4 digits of account  Disputed Basis for the claim:  Trade Payable  Trade Payable  I trade Payable  Various  Disputed  Basis for the claim:  Trade Payable  I trade Payable  Various  Valent Payable  I trade Payable  Valent Payable	Creditor Name			☐ Contingent		
Department781668  Address PO Box 78000  Detroit MI 48278-1668 City State ZIP Code  Country  Date or dates debt was incurred Various  Disputed Basis for the claim: Trade Payable  Is the claim subject to offset?  No	Department 781668  Address PO Box 78000  Detroit MI 48278-1668 City State ZIP Code  Country  Date or dates debt was incurred Various Last 4 digits of account  Disputed  Basis for the claim:  Trade Payable  Is the claim subject to offset?  Yes				☐ Unliquidated		
Address  PO Box 78000  Detroit MI 48278-1668 City State ZIP Code  Country  Date or dates debt was incurred Various  Trade Payable  Is the claim subject to offset?  No	Address Trade Payable  PO Box 78000  Detroit MI 48278-1668 City State ZIP Code  Country  Date or dates debt was incurred Various Is the claim subject to offset? Various Yes	Creditor's Notice n	name		☐ Disputed		
PO Box 78000    Detroit	PO Box 78000    Detroit   MI		1668		Basis for the claim:		
Detroit MI 48278-1668 City State ZIP Code  Country  Date or dates debt was incurred Various Is the claim subject to offset?  ✓ No	Detroit MI 48278-1668 City State ZIP Code  Country  Date or dates debt was incurred Various Is the claim subject to offset?  Various Various Yes	Address			Trade Payable		
Country  Date or dates debt was incurred  Various  State  ZIP Code  Is the claim subject to offset?  No	Country  Date or dates debt was incurred Various  Last 4 digits of account  ZIP Code  Is the claim subject to offset?  Value V	PO Box 78000				-	
Country  Date or dates debt was incurred  Various  Is the claim subject to offset?  No	Country  Date or dates debt was incurred  Various  Last 4 digits of account  Is the claim subject to offset?  Ves	Detroit	MI	48278-1668			
Date or dates debt was incurred       Is the claim subject to offset?         Various       ✓ No	Date or dates debt was incurred     Is the claim subject to offset?       Various     ✓ No       Last 4 digits of account     ☐ Yes	City	State	ZIP Code			
Various  ☑ No	Various   Last 4 digits of account   ✓ No  □ Yes	Country					
Various	Last 4 digits of account	Date or dates debt was incurred			_		
Last 4 digits of account	•						
	number	Last 4 digits	of account		□ Yes		

## Case 24-10443-TMH Doc 1441 Filed 04/22/25 Page 42 of 86

Petersen Health Care - Farmer City, LLC  Name				
PEL/VIP	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: S Check all that apply.	\$ 6,884.72
Creditor Name			□ Contingent	
			☐ Unliquidated	
Creditor's Notice	name		· □ Disputed	
9840 Southwe	set Highway		Basis for the claim:	
Address	Striigiway		Trade Payable	
Oak Lawn	<u>IL</u>	60453		
City	State	ZIP Code		
Country				
Date or date	s debt was incurr	red	Is the claim subject to offset?	
Various			✓ No	
Last 4 digits			☑ No ☐ Yes	
Last 4 digits number	s of account		□ Yes	\$ 1.220.96
Last 4 digits number  8 Nonpriority of Presto- X	s of account	and mailing address		\$ 1,220.96
Last 4 digits number 8 Nonpriority	s of account		As of the petition filing date, the claim is: Sometimes of the claim is: So	\$ 1,220.96
Last 4 digits number  8 Nonpriority of Presto- X	s of account		□ Yes  As of the petition filing date, the claim is: Sometime Check all that apply.  □ Contingent	\$ 1,220.96
Last 4 digits number  8 Nonpriority of Presto- X	s of account creditor's name a		As of the petition filing date, the claim is: S  Check all that apply.  Contingent Unliquidated	\$ 1,220.96
Last 4 digits number  8 Nonpriority Presto- X Creditor Name  Creditor's Notice	of account creditor's name a		As of the petition filing date, the claim is: S Check all that apply.  Contingent Unliquidated Disputed	\$ 1,220.96
Last 4 digits number  8 Nonpriority of Presto- X Creditor Name	of account creditor's name a		As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed  Basis for the claim:	\$ 1,220.96
Last 4 digits number  8 Nonpriority of Presto- X Creditor Name  Creditor's Notice PO Box 14095	of account creditor's name a		As of the petition filing date, the claim is: S Check all that apply.  Contingent Unliquidated Disputed	\$ 1,220.96
Last 4 digits number  8 Nonpriority Presto- X Creditor Name  Creditor's Notice PO Box 14095 Address	of account creditor's name a	and mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed  Basis for the claim:	\$ 1,220.96
Last 4 digits number  8 Nonpriority of Presto- X Creditor Name  Creditor's Notice PO Box 14095	of account creditor's name a		As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed  Basis for the claim:	\$ 1,220.96
Last 4 digits number  8 Nonpriority Presto- X Creditor Name  Creditor's Notice PO Box 14095 Address  Reading	name	and mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed  Basis for the claim:	\$ 1,220.96
Last 4 digits number  8 Nonpriority of Presto- X Creditor Name  Creditor's Notice PO Box 14095 Address  Reading City  Country	name	and mailing address  19612  ZIP Code	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed  Basis for the claim:	\$ 1,220.9
Last 4 digits number  8 Nonpriority of Presto- X Creditor Name  Creditor's Notice PO Box 14095 Address  Reading City  Country	name  PA  State	and mailing address  19612  ZIP Code	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Basis for the claim: Trade Payable	\$ 1,220.9

## Case 24-10443-TMH Doc 1441 Filed 04/22/25 Page 43 of 86

r: Petersen Health Care - Farmer City, LLC  Name					
9 <b>Nonpriority c</b> Ray Medical Se		and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	5,000.0
Creditor Name			□ Contingent		
			☐ Unliquidated		
Creditor's Notice n	iame		□ Disputed		
120 West19th S	Street		Basis for the claim:		
Address			Trade Payable	-	
Gibson City	<u> L</u>	60936			
City	State	ZIP Code			
Country					
	s debt was incurr	red	Is the claim subject to offset? ☑ No		
Various  Last 4 digits					
number  Nonpriority c  RecoverCare L		nd mailing address	As of the petition filing date, the claim is:  Check all that apply.	\$	10,485.1
Creditor Name			 ☐ Contingent		
dba Joerns LLC	2		☐ Unliquidated		
Creditor's Notice n	iame		 □ Disputed		
PO Box 936446	6		Basis for the claim:		
Address			Trade Payable	_	
Atlanta		24402 0440			
Atlanta City	GA State	31193-6446 ZIP Code			
City		ZIP Code	Is the claim subject to offset?		
City	State	ZIP Code	Is the claim subject to offset? ☑ No		

## Case 24-10443-TMH Doc 1441 Filed 04/22/25 Page 44 of 86

Name	alth Care - Farmer C	•	Case number (if known):			
Nonpriority creditor's name and mailing address		nd mailing address	As of the petition filing date, the claim is: \$	<b>.</b>	158,709.9	
RehabCare Creditor Name			Check all that apply.			
Creditor Name			☐ Contingent			
			Unliquidated  Disputed			
Creditor's Notice n	ame					
PO Box 71985			Basis for the claim:			
Address			Trade Payable			
		00004 4005				
Chicago City	State	60694-1985 ZIP Code				
Country						
	debt was incurr	ed	Is the claim subject to offset?			
Various			☑ No			
Last 4 digits	or account		☐ Yes			
number						
Nonpriority of Royal Publishin		nd mailing address	As of the petition filing date, the claim is: \$ Check all that apply.		325.0	
Creditor Name	.9		☐ Contingent			
			☐ Unliquidated			
Creditor's Notice n	ame		☐ Disputed			
7620 North Har	ker Drive		Basis for the claim:			
Address			Trade Payable			
Peoria	<u>IL</u>	61615-1849				
City	State	ZIP Code				
Country						
Date or dates	Date or dates debt was incurred		Is the claim subject to offset?			
Various			☑ No			
Last 4 digits	of account		□ Yes			
number						

## Case 24-10443-TMH Doc 1441 Filed 04/22/25 Page 45 of 86

Creditor's Notice name  PO Box 71985  Address  Chicago IL 60694-1985  City Stute 2IP Code  Country  Date or dates debt was incurred  Nonpriority creditor's name and mailing address Shadow Fax Projects  Creditor Name  Creditor Name  PO Box 347  Address  Sullivan IL 61951  City State 61951  City Stat	Nonpriority creditor's name and mailing address Select Rehabilitation LLC			As of the petition filing date, the claim is: Check all that apply.	\$ 235,496.6
Unliquidated   Disputed   Basis for the claim: Trade Payable	Creditor Name			□ Contingent	
Creditor's Notice name PO Box 71985 Address  Trade Payable  Chicago IL 60694-1985 City State ZIP Code  State Notice name Nonpriority creditor's name and mailing address Shadow Fax Projects Creditor's Notice name PO Box 347 Address  Sullivan IL 61951 City State ZIP Code				•	
PO Box 71985	Creditor's Notice n	ame			
Trade Payable  Chicago   IL   60694-1985   City   State   ZIP Code    Country   Date or dates debt was incurred   Yes   Various   Yes   Nonpriority creditor's name and mailing address   Shadow Fax Projects   Creditor Name   Creditor Name   Unliquidated   Creditor Notice name   PO Box 347   Basis for the claim: Trade Payable  Sullivan   IL   61951   City   State   ZIP Code    Country   Date or dates debt was incurred   Various   State   SIE   SIE   Sullivan   IL   61951   City   State   ZIP Code    Sullivan   SIE   SIE   SIE   Country   Date or dates debt was incurred   Various   State   SIE   Sullivan   SIE   SIE   SIE   Sullivan   SIE	DO D 7400F			·	
Chicago IL 60694-1985 City State ZiP Code    State   S					
Country  Date or dates debt was incurred  Various  Last 4 digits of account  Nonpriority creditor's name and mailing address Shadow Fax Projects  Creditor Name  Creditor Notice name  PO Box 347  Address  Sullivan  IL  Sullivan  IL  State  S					
Country  Date or dates debt was incurred  Various  Last 4 digits of account  Nonpriority creditor's name and mailing address Shadow Fax Projects  Creditor Name  Creditor Notice name  PO Box 347  Address  Sullivan  IL  Sullivan  IL  State  S	Chicago		60604-1085		
Date or dates debt was incurred  Various  Last 4 digits of account  number  Nonpriority creditor's name and mailing address Shadow Fax Projects  Creditor Name  Creditor's Notice name  PO Box 347  Address  Sullivan  IL  Gity  State					
Various	Country				
Last 4 digits of account number  Nonpriority creditor's name and mailing address Shadow Fax Projects Creditor Name  Creditor's Notice name PO Box 347 Address  Sullivan IL Gity State Stat	Date or dates	debt was incurr	red		
Nonpriority creditor's name and mailing address Shadow Fax Projects Creditor Name  Creditor's Notice name  Creditor's Notice name    Disputed	Various			☑ No	
Nonpriority creditor's name and mailing address Shadow Fax Projects Creditor Name Creditor's Notice name PO Box 347 Address Sullivan IL State St					
Shadow Fax Projects		of account			
Creditor Name □ Contingent   Creditor's Notice name □ Disputed   PO Box 347 Basis for the claim:   Address Trade Payable    Sullivan  City  State  Country  Date or dates debt was incurred  Various  □ Contingent □ Unliquidated □ Disputed □ Disp	Last 4 digits	of account			
Creditor's Notice name  PO Box 347  Address  Sullivan City  Country  Date or dates debt was incurred Various  Unliquidated Disputed  Basis for the claim:  Trade Payable  Italy 61951  ZIP Code  Is the claim subject to offset?  No	Last 4 digits number Nonpriority c	reditor's name a	and mailing address	☐ Yes  As of the petition filing date, the claim is:	\$ 493.C
Creditor's Notice name  PO Box 347  Address  Sullivan  IL  City  State  Country  Date or dates debt was incurred  Various  Disputed  Basis for the claim:  Trade Payable  Trade Payable  Is the claim subject to offset?  No	Last 4 digits number Nonpriority of Shadow Fax Pr	reditor's name a	and mailing address	As of the petition filing date, the claim is:  Check all that apply.	\$ 493.C
Basis for the claim:  Trade Payable  Sullivan IL 61951 City State ZIP Code  Country  Date or dates debt was incurred Various  Basis for the claim: Trade Payable  It because State  It because State S	Last 4 digits number Nonpriority of Shadow Fax Pr	reditor's name a	and mailing address	□ Yes  As of the petition filing date, the claim is:  Check all that apply.  □ Contingent	\$ <b>493</b> .0
Address  Trade Payable  Sullivan IL 61951 City State ZIP Code  Country  Date or dates debt was incurred Various  Trade Payable	Last 4 digits number Nonpriority of Shadow Fax Pr Creditor Name	reditor's name a rojects	and mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated	\$ 493.0
Sullivan IL 61951 City State ZIP Code  Country  Date or dates debt was incurred Various Is the claim subject to offset?  ✓ No	Last 4 digits number Nonpriority of Shadow Fax Pr Creditor Name	reditor's name a rojects	and mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed	\$ 493.C
Country  Date or dates debt was incurred Various  ZIP Code  Is the claim subject to offset?  No	Last 4 digits number Nonpriority c Shadow Fax Pr Creditor Name  Creditor's Notice n	reditor's name a rojects	and mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed  Basis for the claim:	\$ 493.0
Country  Date or dates debt was incurred  Various  ZIP Code  Is the claim subject to offset?  No	Last 4 digits number Nonpriority c Shadow Fax Pr Creditor Name  Creditor's Notice n	reditor's name a rojects	and mailing address	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed  Basis for the claim:	\$ 493.0
Country  Date or dates debt was incurred  Various  Is the claim subject to offset?  No	Last 4 digits number Nonpriority of Shadow Fax Pr Creditor Name  Creditor's Notice n PO Box 347 Address	reditor's name a		As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed  Basis for the claim:	\$ 493.0
Date or dates debt was incurred       Is the claim subject to offset?         Various       ✓ No	Last 4 digits number Nonpriority of Shadow Fax Priceditor Name Creditor's Notice in PO Box 347 Address Sullivan	reditor's name a rojects	61951	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed  Basis for the claim:	\$ 493.0
Various  ☑ No	Last 4 digits number Nonpriority of Shadow Fax Priceditor Name Creditor's Notice in PO Box 347 Address Sullivan	reditor's name a rojects	61951	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed  Basis for the claim:	\$ 493.C
vanous	Last 4 digits number Nonpriority of Shadow Fax Priceditor Name Creditor's Notice in PO Box 347 Address Sullivan City	reditor's name a rojects	61951	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed  Basis for the claim:	\$ 493.0
	Last 4 digits number Nonpriority of Shadow Fax Priceditor Name Creditor's Notice in PO Box 347 Address Sullivan City Country	ereditor's name a rojects  ame  IL  State	61951 ZIP Code	As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed  Basis for the claim:  Trade Payable  Is the claim subject to offset?	\$ 493.0

## Case 24-10443-TMH Doc 1441 Filed 04/22/25 Page 46 of 86

Nonpriority creditor's name and mailing address		and mailing address	As of the petition filing date, the claim is:	\$	60.0
Shadow Fax P	Projects#2		Check all that apply.		
Oreditor Name			☐ Contingent		
			Unliquidated		
Creditor's Notice	Creditor's Notice name		☐ Disputed		
Medical Waste	e Account		Basis for the claim:		
Address			Trade Payable		
PO Box 5473				-	
Sullivan	IL	61951			
City	State	ZIP Code			
Country					
Date or date	s debt was incurr	red	Is the claim subject to offset?		
Various			✓ No		
Look A allerite					
number	s of account		□ Yes		
number 6 Nonpriority		and mailing address	As of the petition filing date, the claim is:  Check all that apply.	\$	100.00
number 6 Nonpriority The Office ofth	creditor's name a		As of the petition filing date, the claim is:  Check all that apply.  Contingent	\$	100.00
number 6 Nonpriority The Office ofth	<b>creditor's name a</b> ne State Fire Marsha		As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated	\$	100.00
number 6 Nonpriority The Office ofth Creditor Name	<b>creditor's name a</b> ne State Fire Marsha		As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed	\$	100.00
number 6 Nonpriority The Office ofth Creditor Name  Creditor's Notice PO Box 3331	<b>creditor's name a</b> ne State Fire Marsha		As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	100.00
number 6 Nonpriority The Office ofth Creditor Name  Creditor's Notice	<b>creditor's name a</b> ne State Fire Marsha		As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed	\$	100.00
number 6 Nonpriority of The Office office office office office office of the Office of	creditor's name a ne State Fire Marsha name	ı	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	100.01
number  66 Nonpriority of The Office ofth Creditor Name  Creditor's Notice  PO Box 3331	<b>creditor's name a</b> ne State Fire Marsha		As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	100.0
number 6 Nonpriority The Office ofth Creditor Name  Creditor's Notice PO Box 3331 Address  Springfield	creditor's name ane State Fire Marsha	62708-3331	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	100.0
number 6 Nonpriority of The Office ofth Creditor Name  Creditor's Notice PO Box 3331 Address  Springfield City  Country	creditor's name ane State Fire Marsha	62708-3331 ZIP Code	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:	\$	100.0
number 6 Nonpriority of The Office ofth Creditor Name  Creditor's Notice PO Box 3331 Address  Springfield City  Country	name  IL State	62708-3331 ZIP Code	As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed  Basis for the claim:  Trade Payable	\$	100.0

## Case 24-10443-TMH Doc 1441 Filed 04/22/25 Page 47 of 86

r: Petersen Health Care - Farmer City, LLC  Name					
Nonpriority creditor's name and mailing address			As of the petition filing date, the claim is:	\$	1,455.6
Tollos Inc			Check all that apply.		
Creditor Name			☐ Contingent		
			Unliquidated Disputed		
Creditor's Notice nar	ne				
PO Box 829998			Basis for the claim:		
Address			Trade Payable	-	
Philadelphia City	PA State	19182 ZIP Code			
Country					
	debt was incurr	ed	Is the claim subject to offset?		
Various  Last 4 digits of					
Tri State Fire Pro		nd mailing address	As of the petition filing date, the claim is:  Check all that apply.	\$	2,662.8
Creditor Name					
Creditor Name			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice nar	ne		·		
Creditor's Notice nar	ne		Unliquidated		
	ne		□ Unliquidated □ Disputed		
PO Box 70	ne IN	47629-0070	☐ Unliquidated ☐ Disputed Basis for the claim:		
PO Box 70 Address		47629-0070 ZIP Code	☐ Unliquidated ☐ Disputed Basis for the claim:		
PO Box 70 Address  Newburgh City  Country	INState	ZIP Code	□ Unliquidated □ Disputed  Basis for the claim:  Trade Payable		
PO Box 70 Address  Newburgh City  Country  Date or dates of	IN	ZIP Code	□ Unliquidated □ Disputed  Basis for the claim:  Trade Payable  Is the claim subject to offset?		
PO Box 70 Address  Newburgh City  Country	IN State	ZIP Code	□ Unliquidated □ Disputed  Basis for the claim:  Trade Payable		

# Case 24-10443-TMH Doc 1441 Filed 04/22/25 Page 48 of 86

r: Petersen Health Care - Farmer City, LL	Case number (if known):	Case number (if known): 24-10494			
Name					
Nonpriority creditor's name and m	ailing address	As of the petition filing date, the claim is:	\$	187.50	
Yeagle Electric Inc		Check all that apply.			
Creditor Name		☐ Contingent			
		☐ Unliquidated			
Creditor's Notice name		□ Disputed			
PO Box 14		Basis for the claim:			
Address		Trade Payable			
Farmer City IL	61842				
City State	ZIP Code				
Country					
Date or dates debt was incurred		Is the claim subject to offset?			
Various		☑ No			
Last 4 digits of account					

## Case 24-10443-TMH Doc 1441 Filed 04/22/25 Page 49 of 86

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

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims			
5. Add the amounts of priority and nonpriority unsecured claims.			
		Total of o	laim amounts
5a. Total claims from Part 1	5a.	\$	2,200.00
5b. Total claims from Part 2	5b. <b>+</b>	\$	1,174,445.69
5c. Total of Parts 1 and 2	5c.	\$	1,176,645.69

Lines 5a + 5b = 5c.

# Fill in this information to identify the case: Debtor Name: In re: Petersen Health Care - Farmer City, LLC United States Bankruptcy Court for the: District of Delaware Case number (if known): 24-10494 (TMH)

☑ Check if this is an amended filing

## Official Form 206G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

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

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

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

Debtor: Petersen Health Care - Fai		eu U4/22/25 Page Case number (if kr	52 01 80 hown): 24-10494	
Name				
2.3 State what the contract or lease is for and the nature	Nursing Facility Laboratory Agreement	Amerathon LLC, dba A	American Health Associa	ates
of the debtor's interest	Nationing Facility Easterday Agreement	Name		
		Notice Name		
		102 East Main Street		
State the term remaining		Address		
, and the second				
List the contract number	of			
any government contract				
		Galesburg	IL	61401
		City	State	ZIP Code
		Country		
2.4 State what the contract or lease is for and the nature	Nursing Facility Laboratory Agreement		American Health Assoc	iates
of the debtor's interest		Name		
		Notice Name		
		102 East Main Street		
State the term remaining		Address		
<b>3</b>				
List the contract number	of			
any government contract				
		Galesburg	IL	61401
		City	State	ZIP Code
		Country		
Amended herein: added				
2.5 State what the contract or lease is for and the nature	Addendum to Clinical Services Agreement Dated as	Die Behavieral Care S	olutions, LLC dba Beha	vieral Care Salution
of the debtor's interest	of June 23, 2022	Name	olutions, LLC upa Bena	vioral Care Solutions
			ite, Chief Executive Office	cer
		Notice Name		
		Behavioral Care Soluti	ions	
State the term remaining		Address		
Lintalina nontre et mem 1		39465 W. 14 Mile Rd.		
List the contract number	TO			
any government contract				
		Novi	MI	48377
		City	State	ZIP Code
		Country		

Name					
2.6 State what the contract or lease is for and the nature of the debtor's interest	Amendment to Clinical Services Agreement Dated as of June 23, 2022	Bio-Behavioral Care	Bio-Behavioral Care Solutions, LLC dba Behavioral Care So		
or the debtor 3 interest			ente, Chief Executive Offic	cer	
		Notice Name	onto, onior Exocutivo onio		
		Behavioral Care Solu	utions		
State the term remaining		Address			
_		39465 W. 14 Mile Ro	I.		
List the contract number of					
any government contract					
		Novi	MI	48377	
		City	State	ZIP Code	
		Country			
Amended herein: added					
2.7 State what the contract or lease is for and the nature	Clinical Services Agreement	Bio-Behavioral Care	Solutions, LLC dba Behav	vioral Care Solution	
of the debtor's interest	<u> </u>	Name	Name		
			ente, Chief Executive Offic	cer	
		Notice Name			
		Behavioral Care Solu	utions		
State the term remaining		Address			
		39465 W. 14 Mile Ro	l. 		
List the contract number of					
any government contract					
		Novi	MI	48377	
		City	State	ZIP Code	
		Country			
Amended herein: added					
2.8 State what the contract or lease is for and the nature	Mobile Imaging Service Agreement	BioTech X-ray, Inc			
of the debtor's interest	Mobile imaging dervice Agreement	Name			
		Attn Tamara Schwar	tz, President		
		Notice Name			
		1065 Executive Park	way Ste.220		
State the term remaining		Address			
List the contract number of					
any government contract					
		St. Louis	MO	63141-636	
		City	State	ZIP Code	
		•			

Debtor:	Case Petersen Health Care - Farme		FIIEC 04/22/25 Page Case number (#)	2 54 0† 86 known): 24-10494	
	Name State what the contract or				
2.9	State what the contract or lease is for and the nature of the debtor's interest	Service Agreement	BioTech X-ray, Inc  Name		
	of the deptor's interest		Attn Tamara Schwart	z President	
			Notice Name	2,1103100111	
			1065 Executive Parky	way Ste.220	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			St. Louis	MO	63141-6367
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.10	State what the contract or lease is for and the nature	Mobile Imaging Services Agreement	BioTech X-ray, Inc.		
	of the debtor's interest	Wobile imaging dervices Agreement	Name		
			Attn Tamara Schwart	z, President	
			Notice Name	0, 000	
	State the term remaining		1065 Executive Parky Address	way, Ste.220	
	State the term remaining				
	List the contract number of		-		
	any government contract				
			St. Louis	MO	63141-6367
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.11	State what the contract or lease is for and the nature	Medicaid Provider Agreement	Blue Cross Blue Shie Corporation	ld of Illinois, a Division of	Health Care Service
	of the debtor's interest	Medicaid Provider Agreement	Name		
			Notice Name		
			300 East Randolph S	t	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Chicago	IL	60601
			City	State	ZIP Code
			,	<b>5</b> 5	5555

				55 of 86	
Debtor:	Petersen Health Care - Farme	r City, LLC	Case number (if kno	wn): 24-10494	
2.12	State what the contract or lease is for and the nature of the debtor's interest	Skilled Nursing Facility Agreement	Blue Cross Blue Shield Corporation Name	of Illinois, a Division of	Health Care Service
			Notice Name		
			300 East Randolph St		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Chicago	IL	60601
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.13	State what the contract or lease is for and the nature	December Contact Continue Assessment	Call One Inc.		
	of the debtor's interest	Renewal Customer Service Agreement	Name		
			N.C. N		
			Notice Name	Oth Floor	
	State the term remaining		225 West Wacker Drive	8 8th F100f	
	State the term remaining	-			
	List the contract number of				
	any government contract				
			Chicago	IL	60606
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.14	State what the contract or lease is for and the nature	Purchase of Service Agreement	Care Horizon, Inc.		
	of the debtor's interest	r dronase of Service Agreement	Name		
			Notice Name		
			120 Courthouse Square		
	State the term remaining		Address		
	otate the term remaining		PO Box 385		
	List the contract number of		-		
	any government contract				
			Toledo	IL	62468
			City	State	ZIP Code
			Country		
			Country		

ebtor:	Case Petersen Health Care - Farme		04/22/25 Page Case number (if k	56 0f 86	
ebioi.	Name	, ony, 220	—— Case number (# k		
2.15	State what the contract or ease is for and the nature of the debtor's interest	Affiliation Agreement	Carepaks Health Serv	ices, Inc	
			Notice Name		
			209 Susan Dr		
	State the term remaining		Address		
	otato ino torm romaning	-			
	List the contract number of				
;	any government contract				
			Normal	IL	61761
			City	State	ZIP Code
			Country		
	State what the contract or	Enteral Therapy, Urological, Ostomy and			
2.16 j	State what the contract or ease is for and the nature of the debtor's interest	Tracheotomy Supplies and Wound Care Products	Centrad Healthcare, L	LC	
,	of the deptor's interest	Agreement		n, Sr. VP of Sales & Mar	ketina
			Notice Name	ii, or. vi or calco a mar	
			184 Shuman Blvd, Su	ite 130	
	State the term remaining		Address		
	List the contract number of				
;	any government contract				
			Naperville	IL	60563
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.17	State what the contract or		Community Action Pa	rtnership of Central Illinoi	c
	ease is for and the nature of the debtor's interest	Linkage Agreement	Name Name	Thership of Certifal Illinoi	3
			Notice Name		
			1800 Fifth Street		
	State the term remaining		Address		
	List the contract number of				
;	any government contract				
			Lincoln	IL	62656
			City	State	ZIP Code
			Country		

Cas Debtor: Petersen Health Care - Fa		d 04/22/25 Page Case number (if kn	5 / 01 86 <sub>own):</sub> 24-10494	
Name	·			
2.18 State what the contract o	Addendum to Contract	Community Hospice of	America, LLC d/b/a Co	mpassus - NWIL
of the debtor's interest		Name		
		Attn Executive Director		
		Notice Name		
		755 N. Henderson		
State the term remaining		Address		
List the contract number	of			
any government contrac				
		Galesburg	IL	61401
		City	State	ZIP Code
		Country		
2.19 State what the contract o	r Addendum to Nursing Facility Hospice, General	Community Hospice of	Amorica II C d/h/a Co	mpaeeue - NIMII
of the debtor's interest	Inpatient and Respite Care Services Agreement	Name	America, ELO d/b/a Oo	IIIpassus - IVVIL
or the depter of interest		Attn Executive Director		
		Notice Name		
		Hospice Compassus		
State the term remaining		Address		
State the term remaining		755 N Henderson St		
List the contract number	a.f			
List the contract number				
any government contrac				
		Galesburg	<u>IL</u>	61401
		City	State	ZIP Code
		Country		
State what the contract o	r Nursing Facility Hospice, General Inpatient and			
2.20 State what the contract of lease is for and the nature	Respite Care Services Agreement	Community Hospice of	America, LLC d/b/a Co	mpassus - NWIL
of the debtor's interest		Name		
		Attn Executive Director		
		Hospice Compassus		
State the term remaining		Address		
		755 N Henderson St		
List the contract number	of			
any government contrac				
		Galesburg	IL	61401
		City	State	ZIP Code
		Country		

			Filed 04/22/25 Page 58		
ebtor:	Petersen Health Care - Farme	r City, LLC	Case number (if known):	24-10494	
	Name State what the contract or				
2.21	State what the contract or lease is for and the nature	Hospital Transfer Agreement	Dr. John Warner Hospital		
•	of the debtor's interest		Name		
			Notice Name		
			422 W White St		
	Ctata tha taum namaining		Address		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Clinton		61707
				IL	61727
			City	State	ZIP Code
			Country		
			Country		
	Amended herein: added				
2.22	State what the contract or lease is for and the nature	Transfer Agreement	Dr. John Warner Hospital		
	of the debtor's interest	Transier Agreement	Name		
			Notice Name		
			422 West White Street		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Clinton	IL	61727-2272
			City	State	ZIP Code
			Country		
	Amended herein: added				
2 22	State what the contract or lease is for and the nature				
2.23	lease is for and the nature of the debtor's interest	Podiatric Consultant Agreement	Dr. Sidney Weider D.P.M.  Name		
	of the debtor's interest		Quality Podiatry Group, Ltd		
			Notice Name		
			9933 Lawler Ave, Suite 225	;	
	State the term remaining		Address	,	
	outo the term remaining				
	List the contract number of				
	any government contract				
	any government contract				
			Skokie	IL	60077
			City		
			Gity	State	ZIP Code
			Country		

			04/22/25 Page 59		
Debtor:	Petersen Health Care - Farme	r City, LLC	Case number (if known):	24-10494	
2.24	State what the contract or lease is for and the nature	Amendment No. 3 to Pharmacy Products and Services Agreement	Enloe Drugs, LLC		
	of the debtor's interest		Name		
			OMNICARE OF DECATUR		
			Notice Name		
			796 N. SUNNYSIDE ROAD		
	State the term remaining		Address		
	List the contract number of				
	any government contract		_		
			Decatur	IL	62522-1156
			City	State	ZIP Code
			Country		
	Amended herein: added				
	Ctata what the contract or				
	State what the contract or lease is for and the nature	Radiology Services Agreement	Gamma HealthCare, Inc.		
	of the debtor's interest		Name		
			Notice Name		
			1717 West Maud St.		
	State the term remaining		Address		
	-				
	List the contract number of				
	any government contract				
			Poplar Bluff	MO	63901
			City	State	ZIP Code
			Country		
			•		
	Amended herein: added				
2.26	State what the contract or				
2.20	State what the contract or lease is for and the nature of the debtor's interest	Lease and Service Agreement	Gateway ProClean, Inc.		
	or the debtor 3 interest				
			Notice Name		
			2081 Exchange Drive		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			St. Charles	MO	63303
			City	State	ZIP Code
			Jny	Oldio	2.1 0000
			Country		

t or ure Purchasing Agreement	Gem Medical Supplies	LLC	
ure Purchasing Agreement		LLC	
	Notice Name		
	730 Anthony Trail		
ng	Address		
er of			
act			
	Northbrook	IL	60062
	City	State	ZIP Code
	Country		
t or ure Hospital Transfer Agreement	•	spital	
	Name		
	Notice Name		
	1120 N Melvin St.		
	Address		
er of	<del></del>		
act			
	Gibson City	IL	60936
	City	State	ZIP Code
	Country		
led			
t or Residential Hospice Care Agreement for Services to	Harbor Light Hospice		
noonal of Maiorig Facilities	Name		
	Notice Name		
		:-206	
ng	Address		
er of			
act	<del>_</del>		
	Glen Ellyn	<u>IL</u>	60137
	City	State	ZIP Code
	ngener ofener of act	Northbrook City Country  Red  tor ure Hospital Transfer Agreement Gibson Community Horn Name Notice Name 1120 N Melvin St. Address  Gibson City City Country  Residential Hospice Care Agreement for Services to ure Residents of Nursing Facilities Harbor Light Hospice Name Notice Name Notice Name 800 Roosevelt Road, Country Address  Glen Ellyn	Northbrook IL City State  Country  Hospital Transfer Agreement Gibson Community Hospital Name  Notice Name 1120 N Melvin St. Address  Gibson City IL City State  Country  Residential Hospice Care Agreement for Services to Residents of Nursing Facilities  Residents of Nursing Facilities

	rsen Health Care - Farme	r City, LLC	Case number (if	known): 24-10494	
Name State v	what the contract or is for and the nature	Participation Provides Assessment	Health Alliance Medio	cal Plans Inc	
of the	debtor's interest	Participating Provider Agreement	Name	sar riane, mer	
			Notice Name		
			301 South Vine St		
State	the term remaining		Address		
List th	he contract number of				
	overnment contract				
			Urbana	IL	31801
			City	State	ZIP Code
			Country		
Атє	ended herein: added				
	what the contract or is for and the nature	Participating Provider Agreement	HealthLink, Inc., an II	linois Corporation	
or the	debtor's interest		Name		
			Notice Name		
			1831 Chestnut St		
State	the term remaining		Address		
List th	he contract number of				
any go	overnment contract				
			St. Louis	МО	63103
			City	State	ZIP Code
			Country		
Ame	ended herein: added				
.32 State v	what the contract or is for and the nature	Residential Hospice Care Agreement for Services to Residents of Nursing Facilities	Hospice of Illinois LL	C, dba Harbor Light Hosp	ice
of the	debtor's interest		Name		
			Notice Name		
			1N131 County Farm	Road	
State	the term remaining		Address		
List th	he contract number of				
any go	overnment contract				
			Winfield	IL	60190
					ZIP Code

Petersen Health Care - Farmer lame ate what the contract or use is for and the nature the debtor's interest	Participating Provider Agreement	Case number (it to	24-10494 	
ate what the contract or se is for and the nature the debtor's interest	Participating Provider Agreement			
the debtor's interest	Participating Provider Agreement			
the debtor's interest	- anto-pating Frevious Agreement	Name		
ate the term remaining				
ate the term remaining				
ate the term remaining		Notice Name		
ate the term remaining		P.O. Box 1438		
		Address		
		<del></del>		
st the contract number of				
y government contract				
		Louisville	KY	40201
		Citv	State	ZIP Code
		. ,		
		Country		
Amended herein: added				
ise is for and the nature	Affiliation Agreement	Illinois State University Mennonite College		lursing
the debtor's interest		Name		
			Richman	
ate the term remaining		Address		
st the contract number of				
y government contract				
		Normal	IL	61790-5810
		City	State	ZIP Code
		Country		
Amended herein: added				
ate what the contract or				
4 h. a d. a. h. 4 a. m. 4 a. m. a. 4	Special Program Agreement for Rental and Capital			
the deptor's interest			·	
			ncer	
			rivo Suito 100	
ata tha tarm ramaining			Tive, Suite 100	
ate the term remaining				
at the contract number of				
y government contract				
		01 1 "		00
			NC	28273
		City	State	ZIP Code
		Country		
atterist y	e what the contract or e is for and the nature he debtor's interest the term remaining	e what the contract or e is for and the nature ne debtor's interest  detection interest  Affiliation Agreement  See the term remaining  The contract number of agreement for Rental and Capital  Affiliation Agreement  Affiliation A	mended herein: added e what the contract or e is for and the nature the debtor's interest  Affiliation Agreement  Affiliation Agreement  Affiliation Agreement  Affiliation Agreement  Illinois State University Name  Atth Heather Winfrey-I Notice Name  Campus Box 5810  Address  Normal  City  Country  mended herein: added e what the contract or e is for and the nature the debtor's interest  the debtor's interest  Affiliation Agreement  Affiliation Agreement  Affiliation Agreement  Affiliation Agreement  Affiliation Agreement  Affiliation Agreement  Atth Eather Winfrey-I Notice Name  Atth Chief Strategy Off Notice Name  2430 Whitehall Park D Address  the contract number of government contract  Charlotte	City  Country  The contract or e is for and the nature the debtor's interest  The contract or e is for and the nature the debtor's interest  The contract number of government contract or e is for and the nature the debtor's interest  The contract number of government contract  The contract number of e is for and the nature the debtor's interest  The contract or e is for and the nature the debtor's interest  The contract or e is for and the nature the debtor's interest  The contract or e is for and the nature the debtor's interest  The contract or e is for and the nature the debtor's interest  The contract or e is for and the nature the debtor's interest  The contract or e is for and the nature the debtor's interest  The contract or e is for and the nature of government contract  The contract or e is for and the nature of government contract  The contract or e is for and the nature of government contract  The contract or e is for and the nature of government contract  The contract or e is for and the nature of government contract  The contract or e is for and the nature of government contract  The contract or e is for and the nature of government contract  The contract or e is for and the nature of government contract  The contract or e is for and the nature of government contract  The contract or e is for and the nature of government contract  The contract or e is for and the nature of government contract or e is for and the nature of government contract or e is for and the nature of government contract or e is for and the nature of government contract or e is for and the nature of government contract or e is for and the nature of government contract or e is for and the nature of government contract or e is for and the nature of government contract or e is for and the nature of government contract or e is for and the nature of government contract or e is for and the nature of government contract or e is for and the nature of government contract or e is for and the nature of government contract or e is for and t

Case	e 24-10443-TMH Doc 1441 Filed (	04/22/25 Page	63 of 86	
tor: Petersen Health Care - Farr	ner City, LLC	Case number (if kn		
Name		_		
.36 State what the contract or lease is for and the nature		KEPRO		
of the debtor's interest	Memorandum of Agreement	Name		
of the debtor's interest		Nume		
		Notice Name		
			Drive Cuite 100	
		5700 Lombardo Center	Drive, Suite 100	
State the term remaining		Address		
List the contract number o				
any government contract				
		Seven Hills	OH	44131
		City	State	ZIP Code
		•		
		Country		
		•		
37 State what the contract or lease is for and the nature		Kindred Rehab Service	e Inc. dha PohahCaro	
of the debtor's interest	Therapy Services Agreement	Name	s, IIIc. upa iveilaboare	
		President, RehabCare		
		Notice Name		
		680 South Fourth Stree	<b>x</b> †	
State the terms remaining		Address		
State the term remaining				
List the contract number o				
any government contract				
		Louisville	KY	40202
		City	State	ZIP Code
		Country		
.38 State what the contract or lease is for and the nature	Amended and Restated Therapy Services Agreement	Kindred Rehab Service	s. LLC	
of the debtor's interest	Amended and Nestated Therapy Services Agreement	Name		
		Attn VP, Finance		
		Notice Name		
		Rehab Care		
State the term remaining		Address		
		— 680 South Fourth Stree	<b>x</b> †	
List the contract number o				
any government contract		-		
		Louisville	KY	40202
		City	State	ZIP Code
		City	State	ZIP Code

ڪڪ ebtor:    Petersen Health Care - I	Se 24-10443-1MH Doc 1441	Filed 04/22/25 Page 6 Case number (if known				
Name	amer dity, LLO	Case number (if knowr	1): 24-10434			
2.39 State what the contract lease is for and the natu	or Ire Memorandum of Agreement	Livanta, LLC				
of the debtor's interest	<del></del>	Name				
		Notice Name				
			242			
Ctata tha tamu wamainim	_	10830 Guilford Rd, Suite Address	312			
State the term remaining	g 	Address				
List the contract number	er of	<del></del>				
any government contra	ct					
		Annapolis Junction	MD	20701		
		City	State	ZIP Code		
		Country				
.40 State what the contract lease is for and the nati	or Ire Addendum to Contract	Loving Peace Hospice, Ir	nc. d/b/a Kindred Hos	pice		
of the debtor's interest	Addendam to Contract	Name				
		Attn General Counsel				
		Notice Name				
		c/o Kindred at Home				
State the term remaining	g	Address				
		655 Brawley School Road	d, Suite 200			
List the contract number	er of					
any government contra	ct					
		Mooresville	NC	28117		
		City	State	ZIP Code		
		Country				
State what the contract lease is for and the natu	or		1/1 / 1/2: 1 111			
of the debtor's interest	Business Associate Agreement	Name Loving Peace Hospice, in	Loving Peace Hospice, Inc. d/b/a Kindred Hospice			
of the debtor's interest		Attn General Counsel				
		Notice Name				
		c/o Kindred at Home				
State the term remaining	g	Address				
		655 Brawley School Road	d, Suite 200			
List the contract number	er of					
any government contra	ct					
		Mooresville	NC	28117		
		City	State	ZIP Code		
		Country				
		Country				

Case	24-10443-TMH Doc 1441 Filed	04/22/25 Page	65 of 86	
btor: Petersen Health Care - Farm	er City, LLC	Case number (if kn	own): 24-10494	
Name State what the contract or lease is for and the nature	Nursing Facility Hospice Services Agreement	Loving Peace Hospice, Inc. d/b/a Kindred Hospice		
of the debtor's interest		Name		
		Attn General Counsel		
		Notice Name		
		c/o Kindred at Home		
State the term remaining		Address		
		655 Brawley School Re	oad, Suite 200	
List the contract number of				
any government contract				
, 0				
		Mooresville	NC	28117
		City	State	ZIP Code
		Country		
State what the contract or				
.43 State what the contract or lease is for and the nature	Assessmentpro Access Coordinator Role Agreement	Maximus		
of the debtor's interest		Name		
		Notice Name		
		1600 Tysons Blvd Suit	e 1400	
State the term remaining		Address		
List the contract number of				
any government contract				
, 3				
		McLean	VA	22102
		City	State	ZIP Code
		- <u>-</u>		
		Country		
State what the contract or				
State what the contract or lease is for and the nature	Master Contract for Biohazard Waste	MCKay's Haz-Mat True	ck Service, Inc.	
of the debtor's interest		Name		
		Notice Name		
		PO Box 1444		
State the term remaining		Address		
List the contract number of				
any government contract				
any government contract				
		Centralia	IL	62801
		City	State	ZIP Code
		,		
		Country		
		-		

	Name				
.45	State what the contract or lease is for and the nature of the debtor's interest	Prime Vendor Product Supply Agreement	McKesson Medical-Surgical Minnesota Supply Inc.		
			Notice Name		
			8121 Tenth Avenue Nor	th	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
	any government contract				
			Golden Valley	MN	55427
			City	State	ZIP Code
			Country		
	Amended herein: added				
	State what the contract or lease is for and the nature	Amendment to Contract	Medical Staffing Solution	ns, LLC	
	of the debtor's interest		Name		
			Notice Name		
			8601 N. Kentucky Ave,	Suite A	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
	any government contract				
			Evansville	_ IN	47725
			City	State	ZIP Code
			Country		
	Amended herein: added				
	State what the contract or lease is for and the nature of the debtor's interest	Amendment to Professional Services Agreement	Medical Staffing Solution Name	ns, LLC	
			Notice Name		
			8601 N. Kentucky Ave,	Suite A	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Evansville	IN	47725
			City	State	ZIP Code

Attachment 1 to Professional Services Agreement	Case number (if kn	·	
attachment 1 to Professional Services Agreement	Medical Staffing Solution	one IIC	
	Name	0113, LLO	
	Notice Name		
	•	, Suite A	
	Evansville	IN	47725
	City	State	ZIP Code
	Country		
Professional Services Agreement	Medical Staffing Solutions, LLC		
		fficer	
	Notice Name		
		A	
	Address		
			47725
	City	State	ZIP Code
	Country		
T. 0. 0. h. 1.	MEDI AR		
ong Term Care Consultant Agreement	Name		
	Teresa Joines		
	Address		
	St. Louis	MO	63132
			ZIP Code
	City	State	Zii Code
	Professional Services Agreement  ong Term Care Consultant Agreement	Address  Evansville City  Country  Medical Staffing Soluti Name Attn Chief Executive O Notice Name 9700 HWY 57N, Suite Address  Evansville City  Country  MEDLAB Name Teresa Joines Notice Name 10114 Woodfield Lane Address	Evansville IN City State  Country  Medical Staffing Solutions, LLC Name Attn Chief Executive Officer Notice Name 9700 HWY 57N, Suite A Address  Evansville IN City State  Country  MEDLAB Name Teresa Joines Notice Name 10114 Woodfield Lane Address

btor: F	Petersen Health Care - Farme		d 04/22/25 Page Case number (if kn	68 0f 86 hown): 24-10494	
2.51 <b>St</b> a	Name ate what the contract or ase is for and the nature the debtor's interest	Illinois Ancillary Provider/HCBS Agreement	Meridian Health Plan of Illinois, Inc.		
			Notice Name		
			333 South Wabash Av	s Suitta 2000	
St	tate the term remaining		Address	e, Juille 2500	
Lie	st the contract number of				
	ny government contract				
			Chicago	IL	60604
			City	State	ZIP Code
			Country		
	Amended herein: added				
	ate what the contract or ase is for and the nature	Agreement to Provide Hospice Services to Facility Residents	Meridian Hospice dba	Advocate Hospice	
of	the debtor's interest		Name		
			Attn Amy Scheu, Adm Notice Name	inistrator	
St	tate the term remaining		2000 Springer Dr Address		
Li	st the contract number of				
	ny government contract				
			Lombard	IL	60148
			City	State	ZIP Code
			Country		
2.53 Sta	ate what the contract or ase is for and the nature	Business Associate Agreement	Meridian Hospice dba	Advocate Hospice	
of	the debtor's interest		Name		
			Notice Name		
			303 N. Hershey, Suite	С	
St	tate the term remaining		Address	<u>-                                      </u>	
Li	st the contract number of				
an	ny government contract				
			Bloomington	IL	61704
			City	State	ZIP Code
			Country		

Debtor: Petersen Health			24/22/25 Page ( Case number (if know	o9 of 86 <sub>vn):</sub> 24-10494		
Name	ontract or		_			
2.54 State what the c	the nature	Facility Service Agreement	Midwest Post Acute Care, PLLC Name			
of the deptor's i	nterest					
			Attn Legal Department Notice Name			
			MPAC Healthcare			
State the term re	emaining		Address			
			2045 W Grand Avenue S	Ste B #28354		
List the contrac			_			
any governmen	t contract					
			Chicago	IL	60612-157	
			City	State	ZIP Code	
			Country			
Amended here	ein: added					
2.55 State what the c	ontract or	Descrides Comittee Assessment	Molina Healthcare of Illir	nois Inc. an Illinois Co	rporation	
of the debtor's i	the nature nterest	Provider Services Agreement	Name	iois, iric, ari illinois co	poration	
			Notice Name			
			2001 Butterfield Road, S	Suite 750		
State the term re	emaining		Address			
	ŭ					
List the contrac	t number of					
any governmen	t contract					
			Downers Grove	IL	60515	
			City	State	ZIP Code	
			Country			
Amended here	ein: added					
Ctata what the a	antraat ar					
2.56 State what the c	the nature	Amendment No. 2 to Pharmacy Consultant Agreement	Omnicare			
of the debtor's in	nterest		Name			
			Attn Legal			
			Notice Name			
			One CVS Drive Mail Co	de 1160		
State the term re	emaining		Address			
List the contrac	t number of					
any governmen	t contract					
			Woonsocket	RI	02895	
			City	State	ZIP Code	
			Country			

ebtor: Petersen H	ealth Care - Farme	24-10443-1MH	Case number (if kn	/0 of 86 <sub>own):</sub> 24-10494	
Name					
2.57 State what t	he contract or and the nature	Amendment No. 5 to Pharmacy Consultant Agreement	Omnicare		
of the debto	r's interest	, and a man and a second a second and a second a second and a second a second and a	Name		
			Attn Legal		
			Notice Name		
			One CVS Drive Mail Co	ode 1160	
State the ter	rm remaining		Address		
List the con	tract number of				
any governi	ment contract				
			Woonsocket	RI	02895
			City	State	ZIP Code
			Country		
Amended	herein: added				
2.58 lease is for	he contract or and the nature	Amendment No. 6 to Pharmacy Products and Services	Omnicare		
of the debto	r's interest	Agreement	Name		
			Attn Legal		
			Notice Name		
			One CVS Drive Mail Co	ode 1160	
State the ter	rm remaining		Address		
List the con	tract number of				
any governi	ment contract				
			Woonsocket	RI	02895
			City	State	ZIP Code
			Country		
Amended	herein: added				
2.59 State what t	he contract or and the nature	Amendment to Pharmacy Consultant Agreement	Omnicare		
of the debto	r's interest	Antenument to Friantiacy Consultant Agreement	Name		
			Attn Legal		
			Notice Name		
			One CVS Drive Mail Co	ode 1160	
State the ter	rm remaining		Address		
List the con	tract number of		_		
any governi	ment contract				
			Woonsocket	RI	02895

otor:	Case Petersen Health Care - Farme		Case number (if know	<sub>vn):</sub> 24-10494	
	Name				
2.60	State what the contract or lease is for and the nature	Letter Amendment re: COVID-19 Vaccination Distribution Services	Omnicare		
	of the debtor's interest		Name		
			Attn Legal		
			Notice Name		
			One CVS Drive Mail Co	de 1160	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Woonsocket	RI	02895
			City	State	ZIP Code
			Country		
	Amended herein: added				
<sup>2.01</sup> l	State what the contract or		0		
	lease is for and the nature of the debtor's interest	Pharmacy Consultant Agreement	Omnicare Name		
	or the debter of interest		Attn Legal		
			Notice Name		
			One CVS Drive Mail Co	de 1160	
	State the term remaining		Address		
	J				
	List the contract number of				
	any government contract				
			Woonsocket	RI	02895
			City	State	ZIP Code
			Country		
	Amended herein: added				
	State what the contract or				
	lease is for allu tile flature	Pharmacy Products and Services Agreement	Omnicare		
	of the debtor's interest		Name		
			Acc 1 1		
			Attn Legal		
			Notice Name	do 1160	
	State the term remaining		Notice Name One CVS Drive Mail Co	de 1160	
	State the term remaining		Notice Name	de 1160	
	-		Notice Name One CVS Drive Mail Co	de 1160	
	List the contract number of		Notice Name One CVS Drive Mail Co	de 1160	
	-		Notice Name One CVS Drive Mail Co	de 1160	
	List the contract number of		Notice Name One CVS Drive Mail Co Address		0280E
	List the contract number of		Notice Name One CVS Drive Mail Co Address  Woonsocket	RI	02895
	List the contract number of		Notice Name One CVS Drive Mail Co Address		02895 ZIP Code

	Name				
	State what the contract or lease is for and the nature of the debtor's interest	Amendment to Pharmacy Consultant Agreement	Omnicare Pharmacy of the Midwest, LLC dba Omnicare of Kar City Name		
			Notice Name		
	State the term remaining		10400 Hickman Mills D Address	rive, Suite 200	
	List the centrast number of				
	List the contract number of any government contract				
	any government contract				
			Kansas City	MO	64137
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.64 S le o	State what the contract or lease is for and the nature	Amendment to Pharmacy Products and Services Agreement	Omnicare Pharmacy of the Midwest, LLC City		Omnicare of Kan
	of the debtor's interest	<u>Agreement</u>	Name	-	
			Notice Name		
			10400 Hickman Mills D	rive, Suite 200	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Kansas City	МО	64137
			City	State	ZIP Code
			Country		
	Amended herein: added				
65	State what the contract or lease is for and the nature	Amendment to Pharmacy Consultant Agreement	Omnicare, Inc.		
	of the debtor's interest	,	Name		
			Attn General Counsel Notice Name		
	State the term remaining		900 Omnicare Center Address		
	State the term remaining		201 East Fourth Street		
	List the contract number of				
	any government contract				
			Cincinnati	ОН	45202
			City	State	ZIP Code

tor: Petersen Health Care - Farm		0 04/22/25 Page 73 Case number (if known)		
Name State what the contract or lease is for and the nature	Amendment to Pharmacy Products and Services Agreement	Omnicare, Inc.		
of the debtor's interest	rigrooment	Name		
		Attn General Counsel		
		Notice Name		
		900 Omnicare Center		
State the term remaining		Address		
		201 East Fourth Street		
List the contract number of				
any government contract				
		Cincinnati	ОН	45202
		City	State	ZIP Code
		Country		
Amended herein: added				
67 State what the contract or lease is for and the nature	Pharmacy Consultant Agreement	Omnicare, Inc.		
of the debtor's interest		Name		
		Attn General Counsel		
		Notice Name		
		900 Omnicare Center		
State the term remaining		Address		
		201 East Fourth Street		
List the contract number of				
any government contract				
		Cincinnati	ОН	45202
		City	State	ZIP Code
		Country		
Amended herein: added				
.68 State what the contract or lease is for and the nature	Dharrasan Dradinta and Caminas Arrasanat	Omnicare, Inc.		
of the debtor's interest	Pharmacy Products and Services Agreement	Name		
		Attn General Counsel		
		Notice Name		
		900 Omnicare Center		
State the term remaining		Address		
		201 East Fourth Street		
List the contract number of				
any government contract				
		Cincinnati	ОН	45202
		City	State	ZIP Code
		Country		

Debtor:			1 04/22/25 Page Case number <i>(#</i>	2 /4 0† 86 (known): 24-10494	
2.69	Name State what the contract or lease is for and the nature of the debtor's interest	Agreement for the Provisions of Hospice Services	OSF HealthCare Sys Care	etem dba OSF Hospice, a	Division of OSF Home
	of the debtor's interest		Name		
			Notice Name		
			2265 W. Altorfer Dr.		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Peoria	IL	61615
			City	State	ZIP Code
			Country		
2.70	State what the contract or lease is for and the nature	Billing	Presto-X		
	of the debtor's interest		Name		
			Notice Name		
			4521 Leavenworth S	treet	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Omaha	NE	68106-1437
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.71	State what the contract or lease is for and the nature		Drovidor Vobro Doot	A cuto Dhugiaigna	
	of the debtor's interest	Physician Services Agreement	Provider Vohra Post- Name	Acute Filysicians	
			Notice Name		
			3601 SW 160th Aver	nue, Suite 250	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Miramar	FL	33027
			City	State	ZIP Code
			Country		

Cas	se 24-10443-TMH Doc 1441 File	ed 04/22/25 Page	75 of 86	
Petersen Health Care - Fa	rmer City, LLC	Case number (if kn		
2.72 State what the contract of lease is for and the nature	Multi-Facility Supply and Services Agreement	Pulmonary Exchange,	Ltd. aka PEL/VIP	
of the debtor's interest		Name		
		Attn Raymond Kalinsky Notice Name	У	
		9840 SW Hwy.		
State the term remaining		Address		
List the contract number	of			
any government contract				
		Oak Lawn	IL	60453
		City	State	ZIP Code
		Country		
Amended herein: added				
2.73 State what the contract or lease is for and the nature	r Business Associate Agreement	Quality Podiatry Group	, Ltd	
of the debtor's interest		Name		
		Attn Dr. Sidney Weider	r, DPM	
		Notice Name		
		7025 Beracasa Way, U	Jnit 102G	
State the term remaining		Address		
List the contract number	of			
any government contract				
		Boca Raton	FL	33433
		City	State	ZIP Code
		Country		
2.74 State what the contract of lease is for and the nature	Podiatric Consultant Agreement	Quality Podiatry Group	o, Ltd	
of the debtor's interest		Name		
		Notice Name		
		9933 Lawler Ave, Suite	e 225	
State the term remaining		Address		
List the contract number	of			
any government contract				
		Skokie	IL	60077
		City	State	ZIP Code
		Country		

С	ase 24-10443-TMH Doc 1441	Filed 04/22/25 Page	e 76 of 86	
ebtor: Petersen Health Care -	Farmer City, LLC	Case number (if k		
2.75 State what the contract lease is for and the na	t or ture Medical Director Agreement	Ray Medical Services	, PLLC	
of the debtor's interes	t	Name		
		Dani Ray, MD  Notice Name		
		120 W. 19th Street		
State the term remaini	ng	Address		
List the contract number	per of			
any government contr	act			
		Gibson City	IL	60936
		City	State	ZIP Code
		Country		
Amended herein: add	ded			
2.76 State what the contrac	t or ture Rental Agreement	RecoverCare, LLC		
of the debtor's interest		Name		
		Attn General Counsel Notice Name		
		1920 Stanley Gault Pl	kwa Suito 100	
State the term remaini	ng	Address	wy, Suite 100	
List the contract number	ner of			
any government contr				
		Louisville	KY	40223
		City	State	ZIP Code
		Country		
2.77 State what the contract lease is for and the na	t or ture Therapy Services Agreement		ast, Inc. dba RehabCare	
of the debtor's interes	t	Name		
		President, RehabCare	3	
		Notice Name		
		680 South Fourth Stre	et	
State the term remaini	ng	Address		
List the contract number	per of			
any government contr	act			
		Louisville	KY	40202
		City	State	ZIP Code
		Country		

btor:	Petersen Health Care - Farme	r City, LLC	Case number (if k	nown): 24-10494	
	Name State what the contract or				
2.78	State what the contract or lease is for and the nature	Amended and Restated Therapy Services Agreement	RehabCare Group Ea	st, LLC	
•	of the debtor's interest				
			Attn VP, Finance		
			680 South Fourth Stre	eet	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Louisville	KY	40202
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.79	State what the contract or lease is for and the nature	Second Amended and Restated and Reaffirmed	RehabCare Group Ea	st IIC	
	of the debtor's interest	Guaranty Agreement	Name	ot, 220	
		Attn Chief Financial O	fficer		
			Notice Name		
			680 South Fourth Stre	eet	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Louisville	KY	40202
			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	Protocol and Agreement of Hospice Services	Sarah Bush Lincoln H	ealth Center d/b/a Sarah	Bush Lincoln Hos
	or the debtor's interest		Attn Post Acute Care	Director	
			Notice Name	Director	
			Sarah Bush Lincoln H	osnice	
	State the term remaining		Address		
	otato tilo toriii romaning		1004 Health Center D	rive, Suite 202	
	List the contract number of				
	any government contract				
			Mattoon	IL	61938
			City		

btor: Petersen Health Care - Far		iled 04/22/25 Page 7		
Name				
2.81 State what the contract or lease is for and the nature of the debtor's interest	Podiatric Consultant Agreement	Sidney Weiser, D.P.M. Name		
of the deptor's interest		Name		
		Notice Name		
		724 West 31st Street		
State the term remaining		Address		
List the contract number of	f			
any government contract				
		Chicago	IL	60616
		City	State	ZIP Code
		Country		
2.82 State what the contract or lease is for and the nature	Amendment to Pharmaceutical Product Rebate	Smith & Nephew, Inc.		
of the debtor's interest	Agreement	Name		
		Attn Company Secretary		
		Notice Name		
		1450 E. Brooks Road		
State the term remaining		Address		
List the contract number of	f			
any government contract				
		Memphis	TN	38116
		City	State	ZIP Code
		Country		
Amended herein: added				
State what the contract or lease is for and the nature	Rebate Agreement	Smith & Nephew, Inc.		
of the debtor's interest		Name		
		Attn Company Secretary Notice Name		
		1450 E. Brooks Road		
State the term remaining		Address		
List the contract number of	f			
any government contract				
		Memphis	TN	38116
		City	State	ZIP Code
		Country		

(	Case	24-10443-TMH Doc 1441 Fi	led 04/22/25 Page	e 79 of 86	
Debtor: Petersen Health Care	e - Farme	er City, LLC	Case number (if		
Name State what the contra lease is for and the n		EpicCare Link Site Level Agreement	Southern Illinois Hos	pital Services	
of the debtor's intere	st		Name		
			Attention Rex P. Bud	lde	
	_		1239 E. Main St.		
State the term remain	ning		Address		
List the contract num	nber of				
any government con-	tract				
			Carbondale	IL	62902
			City	State	ZIP Code
			Country		
Amended herein: ad	dded				
2.85 State what the contra		Affiliation Agreement	Mennonite College o	es of Illinois State Universi of Nursing	ty on Behalf of its
of the debtor's intere	st		Attn Heather Winfrey Manager	Name Attn Heather Winfrey-Richman, Academics Special Projects Manager Notice Name	
State the term remain	nina		Campus Box 5810 Address		
Otate the term remain	······g				
List the contract num	nber of				
any government con	tract				
			Normal	IL	61790-5810
			City	State	ZIP Code
			Country		
2.86 State what the contra	ct or ature	HOSPITAL TRANSFER AGREEMENT	THE CARLE FOUND	DATION HOSPITAL	
of the debtor's intere			Name		
			Notice Name		
			611 W Park St.		
State the term remain	ning		Address		
List the contract num	nber of				
any government con	tract				
			Urbana	IL	61801
			City	State	ZIP Code
			Country		

2.88 State what the contract or lease is for and the nature of the debtor's interest    Nursing Facility Hospice Services Agreement of the debtor's interest   Nursing Facility Hospice Services Agreement of the debtor's interest   Nursing Facility Hospice Services Agreement of the debtor's interest   Nursing Facility Hospice Services Agreement of the debtor's interest   Nursing Facility Hospice Services Agreement of the Carle Foundation Hospital, d/b/a Carle Hospice	Case	24-10443-TMH Doc 1441 File	ed 04/22/25 Page	80 of 86	
Addendum to Contract  Fine Active What the contract or of the debtor's interest of the debtor's interest  State the term remaining  List the contract number of any government contract  State what the contract or bease is for and the nature of the debtor's interest  List the contract number of any government contract  Nursing Facility Hospice Services Agreement of the debtor's interest or the debtor's interest of the d	or: Petersen Health Care - Farme	r City, LLC			
State the term remaining  List the contract number of any government contract  2.88 State what the contract or any government contract  State the term remaining  2.88 State what the contract or any government contract  State the term remaining  List the contract number of any government contract  Authorize Name  Carle Hospice  Country  The Carle Foundation Hospital, drb/a Carle Hospice  Name  Atth Jennifer Wilken, RN/Director  Name  Atth Jennifer Wilken, RN/Director  Name  Carle Hospice  Address  List the contract number of any government contract  Agriculture of the debtor's interest  Agriculture of the first of the Third Order of St. Francis  Name  Notice Name  2.89 State what the contract or lease is for and the nature of the debtor's interest  Agriculture of the debtor's interest  Agriculture of the first of the Third Order of St. Francis  Name  Notice Name  2.80 E Washington  Address  List the contract number of any government contract  List the contract number of any government contract	87 State what the contract or lease is for and the nature	Addendum to Contract		Hospital, d/b/a Carle Ho	spice
State the term remaining  List the contract number of any government contract    Champaign   IL   61	of the debtor's interest		Name		
State the term remaining  List the contract number of any government contract    State what the contract or of the debtor's interest   State what the contract or any government contract			Attn Jennifer Wilken, R	N/Director	
State the term remaining  List the contract number of any government contract    Champaign   IL   611			Notice Name		
List the contract number of any government contract    Champaign   IL   611			Carle Hospice		
List the contract number of any government contract    Champaign   IL   61	State the term remaining		Address		
List the contract number of any government contract    Champaign   IL   61	-		1813 West Kirby Ave.		
88 State what the contract or lease is for and the nature of the debtor's interest  State the term remaining List the contract or any government contract  State what the contract or lease is for and the nature of the debtor's interest  List the contract number of any government contract  State what the contract or lease is for and the nature of the debtor's interest  Hospital Transfer Agreement  State what the contract or of the debtor's interest  Hospital Transfer Agreement  State the term remaining  List the contract number of any government contract  The Carle Foundation Hospital, d/b/a Carle Hospice  Attr. Jennifer Wilken, RN/Director  Notice Name  Carle Hospice  Address  1813 West Kirby Ave.  Champaign  IL  Champaign  IL  G1I  Champaign  IL  G1I  Country  The Sisters of the Third Order of St. Francis  Name  Name  2200 E Washington  Address  List the contract number of any government contract  The Country State the term remaining  List the contract number of any government contract  List the contract number of any government contract	List the contract number of				
State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract number of any government contract or lease is for and the nature of the debtor's interest  State what the contract number of any government contract  State what the contract or lease is for and the nature of the debtor's interest  List the debtor's interest  Champaign  IL  Country  The Sisters of the Third Order of St. Francis  Name  Notice Name  2200 E Washington  Address  List the contract number of any government contract  List the contract number of any government contract					
State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract or lease is for and the nature of the debtor's interest  State what the contract or lease is for and the nature of the debtor's interest  State what the contract or lease is for and the nature of the debtor's interest  State what the contract or lease is for and the nature of the debtor's interest  List the contract or lease is for and the nature of the debtor's interest  List the contract or lease is for and the nature of the debtor's interest  List the contract or lease is for and the nature of the debtor's interest  List the contract or lease is for and the nature of the debtor's interest  List the contract number of any government contract  List the contract number of any government contract  Address  List the contract number of any government contract  Address	any government contract				
State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract or any government contract or lease is for and the nature of the debtor's interest  State what the contract or any government contract  State what the contract or lease is for and the nature of the debtor's interest  State what the contract or lease is for and the nature of the debtor's interest  List the contract or lease is for and the nature of the debtor's interest  List the contract or lease is for and the nature of the debtor's interest  List the contract number of any government contract					
State what the contract or lease is for and the nature of the debtor's interest    Nursing Facility Hospice Services Agreement of the debtor's interest of lease is for and the nature of the debtor's interest of lease is for and the nature of the debtor's interest of lease is for and the nature of the debtor's interest of lease is for and the nature of the debtor's interest of lease is for and the nature of the debtor's interest of lease is for and the nature of the debtor's interest of the Carle Hospice			Champaign	IL	61821
State what the contract or lease is for and the nature of the debtor's interest  Nursing Facility Hospice Services Agreement of the debtor's interest  Nursing Facility Hospice Services Agreement of the debtor's interest  Nursing Facility Hospice Services Agreement of the debtor's interest  Nursing Facility Hospice Services Agreement of the debtor's interest  Nursing Facility Hospice Services Agreement of Name  Carle Hospice  Address  1813 West Kirby Ave.  Champaign IL 61i City State 2IP  Country  Name  Hospital Transfer Agreement of the debtor's interest  Name  Notice Name  2200 E Washington  Address  List the contract number of any government contract  List the contract number of any government contract			City	State	ZIP Code
State what the contract or lease is for and the nature of the debtor's interest  Nursing Facility Hospice Services Agreement of the debtor's interest  State the term remaining  List the contract number of any government contract  State what the contract or lease is for and the nature of the debtor's interest  Hospital Transfer Agreement of the debtor's interest  List the contract number of any government contract  Attr. Jennifer Wilken, RN/Director Notice Name  Carle Hospice  Address  1813 West Kirby Ave.  Champaign  IL  Gity  Country  The Sisters of the Third Order of St. Francis Name  Notice Name  2200 E Washington  Address  List the contract number of any government contract  The Carle Foundation Hospital, d/b/a Carle Hospice  Name  Attr. Jennifer Wilken, RN/Director  Notice Name  2200 E Washington  Address					
State the term remaining  List the contract number of any government contract  State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  State the term remaining  List the contract or lease is for and the nature of the debtor's interest  List the contract number of any government contract  Address  Champaign  LL  612  Country  The Sisters of the Third Order of St. Francis  Name  Notice Name  2200 E Washington  Address  List the contract number of any government contract  any government contract			Country		
State the term remaining  List the contract or lease is for and the nature of the debtor's interest  State the term remaining  State the term remaining  List the contract or lease is for and the nature of the debtor's interest  List the contract number of any government contract    Attr. Jennifer Wilken, RN/Director   RN/Director   Rolling   RN/Director   RN/Directo					
State the term remaining  List the contract number of any government contract  State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract number of any government contract  State what the contract or lease is for and the nature of the debtor's interest  List the contract number of any government contract  List the contract or lease is for and the nature of the debtor's interest  List the contract number of any government contract  List the contract number of any government contract  Address	State what the contract or	Nursing Escility Hospics Sorvices Agreement	The Carle Foundation	Hospital, d/b/a Carle Ho	spice
State the term remaining  List the contract number of any government contract  State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract or lease is for and the nature of the debtor's interest  List the contract number of any government contract  List the contract number of any government contract  Notice Name  2200 E Washington  Address	of the debtor's interest	Nursing Facility Flospice Services Agreement		,,	
State the term remaining  List the contract number of any government contract  State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract number of any government contract  Hospital Transfer Agreement  State the term remaining  List the contract number of any government contract  Notice Name  2200 E Washington  Address			Attn Jennifer Wilken. R	N/Director	
State the term remaining  List the contract number of any government contract    Champaign   IL   61t				. 1, 2 0 0101	
State the term remaining  List the contract number of any government contract    Champaign   IL   61t			Carle Hospice		
List the contract number of any government contract    Champaign   IL   618			<u> </u>		
List the contract number of any government contract    Champaign   IL   611	State the term remaining				
any government contract    Champaign   IL   611			1813 West Kirby Ave.		
State what the contract or lease is for and the nature of the debtor's interest  Hospital Transfer Agreement  Notice Name  2200 E Washington  Address  List the contract number of any government contract	List the contract number of				
State what the contract or lease is for and the nature of the debtor's interest    State the term remaining   List the contract number of any government contract	any government contract				
State what the contract or lease is for and the nature of the debtor's interest    State the term remaining   List the contract number of any government contract					
State what the contract or lease is for and the nature of the debtor's interest    Hospital Transfer Agreement   Hospital Transfer Agreement   The Sisters of the Third Order of St. Francis			Champaign	IL	61821
State what the contract or lease is for and the nature of the debtor's interest    Hospital Transfer Agreement   Hospital Transfer Agreement   The Sisters of the Third Order of St. Francis			City	State	ZIP Code
State what the contract or lease is for and the nature of the debtor's interest    Hospital Transfer Agreement   Hospital Transfer Agreement   The Sisters of the Third Order of St. Francis			5.19		
State what the contract or lease is for and the nature of the debtor's interest    Hospital Transfer Agreement   Hospital Transfer Agreement   The Sisters of the Third Order of St. Francis			Country		
of the debtor's interest  Notice Name  2200 E Washington  Address  List the contract number of any government contract			country		
of the debtor's interest  Notice Name  Notice Name  2200 E Washington  Address  List the contract number of any government contract	State what the contract or		The Olaters of the Thin	LOndon of Ot Francis	
Notice Name 2200 E Washington  Address  List the contract number of any government contract		Hospital Transfer Agreement		Order of St. Francis	
State the term remaining  List the contract number of any government contract  2200 E Washington  Address	of the deptor's interest		Name		
State the term remaining  List the contract number of any government contract  2200 E Washington  Address			Nation Name		
State the term remaining  Address  List the contract number of any government contract					
List the contract number of any government contract					
any government contract	State the term remaining		Address		
any government contract					
	List the contract number of				
	any government contract				
	, ,				
Bllomington IL 617			Bllominaton	IL	61701
City State ZIP			City	State	ZIP Code
Country			Country		

tor: Petersen Health Care - Fa	rmer City, LLC	Case number (if k	nown): 24-10494	
State what the contract o lease is for and the nature	Agreement with Nursing Facility	Transitions Hospice, L	LC	
of the debtor's interest		Name		
		Tim Scully, V.P.		
		Notice Name		
		12040 Raymond Cour	t	
State the term remaining		Address		
List the contract number	of			
any government contract				
		Huntley	IL	60142
		City	State	ZIP Code
		Country		
State what the contract o	r Letter re Anti-Freeze Sprinkler System	Tri-State Fire Protection	on, Inc.	
of the debtor's interest	Letter re Anti-1 reeze Sprinkier System	Name		
		Notice Name		
		10577 Oak Grove Roa	ad	
State the term remaining		Address		
_		PO Box 70		
List the contract number any government contract				
any government contract				
		Newburgh	IN .	47630
		City	State	ZIP Code
		Country		
State what the contract o lease is for and the nature	r  Contract for Ophthalmic Services	Vision Care Outreach		
of the debtor's interest		Name		
		Notice Name		
		4900 N. Glen Park Pla	ace Suite C	
State the term remaining		Address		
List the contract number	of			
any government contract				
		Peoria	IL	61614
		City	State	ZIP Code
		Country		

or: Petersen Health Care - Farm	ei Gity, elec	Case number (if k	(nown): 24-10494	
Name State what the contract or lease is for and the nature	Contract for Ophthalmic Services	Vision Care Outreach		
of the debtor's interest	•	Name		
		Notice Name		
		4900 N. Glen Park Pla	ace Suite C	
State the term remaining		Address		
List the contract number of				
any government contract				
		Peoria	IL	61614
		City	State	ZIP Code
		Country		
. State what the contract or				
State what the contract or lease is for and the nature	Contract for Ophthalmic Services	Vision Care Outreach Name		
of the debtor's interest		ivame		
		Notice Name		
		4900 N. Glen Park Pla	ace Suite C	
State the term remaining		Address		
List the contract number of				
any government contract				
		Peoria	IL	61614
		City	State	ZIP Code
		Country		
State what the contract or lease is for and the nature	Octobrat for Oakthalain Octobra	Vision Care Outreach		
of the debtor's interest	Contract for Ophthalmic Services	Name		
		Nation Name		
		Notice Name		
		4900 N. Glen Park Pla	ace Suite C	
State the term remaining			ace Suite C	
State the term remaining  List the contract number of		4900 N. Glen Park Pla	ace Suite C	
		4900 N. Glen Park Pla	ace Suite C	
List the contract number of		4900 N. Glen Park Pla	ace Suite C	61614
List the contract number of		4900 N. Glen Park Pla		61614 ZIP Code

### Case 24-10443-TMH Doc 1441 Filed 04/22/25 Page 83 of 86

Debtor:	Petersen Health Care - Farme	r City, LLC	Case number (if known):	24-10494	
2.96	Name State what the contract or ease is for and the nature of the debtor's interest	Hospital Transfer Agreement	Warner Hospital Name		
			Notice Name		
			422 W White St		
;	State the term remaining		Address		
	List the contract number of				
i	any government contract				
			Clinton	IL	61727
			City	State	ZIP Code
			Country		

Case 24-10443-TMH Doc 1441 Filed 04/22/25 Page 84 of 86

Fill in this information to identify the case:	
Debtor Name: In re: Petersen Health Care - Farmer City, LLC	
United States Bankruptcy Court for the: District of Delaware	
Case number (if known): 24-10494 (TMH)	

### Official Form 202

## **Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

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

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

De	Declaration and signature						
indi	viduaİ serv	ring as a rep	resentative of the debtor in this case.	corporation; a member or an authorized agent of the partnership; or another			
Па	ve examin	ed the intom	nation in the documents checked below	vand mave a reasonable belief that the information is true and correct.			
			s-Real and Personal Property (Official I	,			
ш	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	d Schedule		onal Property, Schedule E/F: Creditors Who Have Unsecured Claims, Schedule G: 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						
l de	I declare under penalty of perjury that the foregoing is true and correct.						
Executed on 04/22/2025		5	★ / s / David R. Campbell				
		MM / DD / Y		Signature of individual signing on behalf of debtor			
				David R. Campbell			
				Printed name			
				Authorized Signatory			
				Position or relationship to debtor			

### Case 24-10443-TMH Doc 1441 Filed 04/22/25 Page 85 of 86

# In re: Petersen Health Care - Farmer City, LLC Case No. 24-10494

# 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	\$686,000.00	Amended herein - added
Inter Company Loan - Petersen Hotels, LLC	\$15,000.00	Amended herein - added
Inter Company Loan - Twenty Four Corp, LLC	\$30,000.00	Amended herein - added
TOTAL	\$731,000.00	

## EXHIBIT B

### **Amended Statements**

N/A