

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

In re

SC HEALTHCARE HOLDING, LLC *et al.*,

Debtors.¹

Chapter 11

Case No. 24-10443 (TMH)

Jointly Administered

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

PLEASE TAKE NOTICE OF THE FOLLOWING:

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

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

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

AMENDED SCHEDULES AND STATEMENTS

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

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

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



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

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

AMENDED SCHEDULES BAR DATE

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

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

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

GLOBAL NOTES

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

RESERVATION OF RIGHTS

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

Dated: April 22, 2025
Wilmington, Delaware

Respectfully submitted,

**YOUNG CONAWAY STARGATT & TAYLOR,
LLP**

/s/ Shella Borovinskaya

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Counsel for the Debtors and Debtors in Possession

Schedule 1

List of Debtors Subject to Amended Schedules and Amended Statements

Schedule A/B, Part 11 Amendments

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

Schedule A/B, Part 55 Amendments

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

Schedule E/F Amendments

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

Schedule G Amendments

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

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

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

SOFA Part 2, Question 4 Amendments

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

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

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

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

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

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

The Amended Schedules and Statements have been prepared by the Debtors’ management team, with the assistance of their professional advisors, with reliance upon the efforts, statements, and representations of the Debtors’ personnel and the advice of the Debtors’ professional advisors. The Amended Schedules and Statements are unaudited and subject to potential adjustment. In preparing the Amended Schedules and Statements, the Debtors relied on financial data derived from their books and records that was available at the time of preparation.

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

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

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

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

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

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

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

SPECIFIC ADDITIONAL DISCLOSURES WITH RESPECT TO AMENDED SCHEDULES AND STATEMENTS

Schedule A/B

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

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

Schedule E/F

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

Schedule G

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

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

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

Statement of Financial Affairs

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

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

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EXHIBIT A

Amended Schedules

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

In re:

SC HEALTHCARE HOLDING, LLC, *et al.*,
Debtors.¹

Chapter 11

Case No. 24-10443 (TMH)

(Jointly Administered)

**AMENDED SCHEDULES OF ASSETS AND LIABILITIES FOR
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

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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****1. Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*

\$ 0.00

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

\$ 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

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

\$ 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.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

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

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

2.1 None \$ _____

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

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number		
3.1 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 CIBC	Operating	5902	\$	24,238.99

4. Other 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

5. Total of Part 1

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

\$ 109,080.10

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known): 24-10494

Name

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

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

Current value of debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1 None \$

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

Description, including name of holder of prepayment

8.1 Prepaid Insurance \$ 73,434.14

9. Total of Part 2.

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

\$ 73,434.14

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known): 24-10494

Name

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

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

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

	Description	face amount	doubtful or uncollectible accounts		
11a.	90 days old or less:	Accounts Receivables	\$ 535,003.94	- \$	=..... → \$ 535,003.94

Note: See Global Notes

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

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known): 24-10494

Name

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

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

Valuation method used
for current value

Current value of debtor's interest

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

Name of fund or stock:

\$

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

Name of entity:

% of ownership:

\$

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

Describe:

\$

17. Total of Part 4.

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

\$ 0.00

Debtor: Petersen Health 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)?

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

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

23. Total of Part 5.

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

\$ 0.00

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

- ☐ No
- ☐ Yes

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

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

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

- ☐ No
- ☐ Yes

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known): 24-10494

Name

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

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

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

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

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

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

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

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

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

- ☐ No
- ☐ Yes

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

- ☐ No
- ☐ Yes

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known): 24-10494

Name

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

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

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

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

39. Office furniture

39.1 Total FFE from Balance Sheet	\$ 31,078.93	Net Book Value	\$ 31,078.93
-----------------------------------	--------------	----------------	--------------

40. Office fixtures

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

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

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

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

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

43. Total of Part 7.

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

\$ 31,078.93

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

- ☒ No
- ☐ Yes

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

- ☒ No
- ☐ Yes

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known): 24-10494

Name

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

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

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

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

_____ \$ _____ \$ _____

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

_____ \$ _____ \$ _____

49. Aircraft and accessories

_____ \$ _____ \$ _____

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

_____ \$ _____ \$ _____

51. Total of Part 8.

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

\$ _____ 0.00

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

- ☐ No
- ☐ Yes

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

- ☐ No
- ☐ Yes

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known): 24-10494

Name

Part 9: Real property**54. Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.
- ☐ Yes. Fill in the information below.

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

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.

Nature and extent of debtor's interest in property**Net book value of debtor's interest**
(Where available)**Valuation method used for current value****Current value of debtor's interest**

55.1 _____ \$ _____ \$ _____

56. Total of Part 9.

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

\$ 0.00

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

- ☐ No
- ☐ Yes

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

- ☐ No
- ☐ Yes

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known): 24-10494

Name

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

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

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

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

\$ 0.00

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

- ☐ No
- ☒ Yes

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

- ☒ No
- ☐ Yes

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

- ☒ No
- ☐ Yes

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known): 24-10494

Name

Part 11: All other assets**70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
- ☒ Yes. Fill in the information below.

Current value of debtor's interest

71. Notes receivable

Description (include name of obligor)	Total face amount	doubtful or uncollectible accounts	
71.1 Employee Advances / Loans	\$ 4,133.00	- \$ Undetermined	=..... → \$ 4,133.00
71.2 None	\$	- \$	=..... → \$

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

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

73. Interests in insurance policies or annuities

73.1 None \$

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

74.1 See Global Notes \$

Nature of claim _____

Amount requested \$ _____

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

75.1 None \$

Nature of claim _____

Amount requested \$ _____

76. Trusts, equitable or future interests in property

76.1 None \$

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

77.1 See AMENDED A/B 77 Attachment \$ 731,000.00

78. Total of Part 11.

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

\$ 735,133.00

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

- ☒ No
- ☐ Yes

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known): 24-10494

Name

Part 12: Summary

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

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$ 109,080.10	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$ 73,434.14	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$ 535,003.94	
83. Investments. <i>Copy line 17, Part 4.</i>	\$ 0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$ 0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$ 0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$ 31,078.93	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$ 0.00	
88. Real property. <i>Copy line 56, Part 9.....</i> →		\$ 0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$ 0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	\$ 735,133.00	
91. Total. Add lines 80 through 90 for each column.....91a.	\$ 1,483,730.11	\$ 0.00 + 91b.
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$ 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.

Part 1: List All Creditors with PRIORITY Unsecured Claims

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

- ☐ No. Go to Part 2.
- ☒ Yes. Go to Line 2.

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

Total claim	Priority amount
-------------	-----------------

2.1 Priority creditor's name and mailing address

IDPH/CMS

Creditor Name

Creditor's Notice name

535 West Jefferson Street

Address

Springfield	IL	62761
City	State	ZIP Code

Country

Date or dates debt was incurred

Various

Last 4 digits of account number

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

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

2,200.00

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

Taxes

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

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

3.1 Nonpriority creditor's name and mailing address

Accurate Biometrics

Creditor Name

Creditor's Notice name

500 Park Boulevard

Address

Suite 1260

Itasca

IL

60143

City

State

ZIP Code

Country

Date or dates debt was incurred

Various

Last 4 digits of account

number

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

Trade Payable

Amount of claim

\$ 31.50

3.2 Nonpriority creditor's name and mailing address

American Health Associates

Creditor Name

Creditor's Notice name

671 Ohio Pike

Address

Suite K

Cincinnati

OH

45245-2136

City

State

ZIP Code

Country

Date or dates debt was incurred

Various

Last 4 digits of account

number

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

Trade Payable

\$ 901.74

Is the claim subject to offset?☒ No☐ Yes

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known):

24-10494

Name

3.3 Nonpriority creditor's name and mailing address

Biotech X- Ray Inc

Creditor Name

Creditor's Notice name

1065 Executive Parkway Drive

Address

Suite 220

St Louis

MO

63141-6367

City

State

ZIP Code

Country

Date or dates debt was incurred

Various

Last 4 digits of account
number

As of the petition filing date, the claim is: \$ 483.00

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim:

Trade Payable

3.4 Nonpriority creditor's name and mailing address

Carle Foundation Hospital

Creditor Name

Creditor's Notice name

611 West Park Street

Address

Urbana

IL

61801

City

State

ZIP Code

Country

Date or dates debt was incurred

Various

Last 4 digits of account
number

As of the petition filing date, the claim is: \$ 869.66

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim:

Trade Payable

Is the claim subject to offset?

☒ No☐ Yes

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known):

24-10494

Name

3.5 Nonpriority creditor's name and mailing address

Champaign Multimedia Group

Creditor Name

Creditor's Notice name

PO Box 616

Address

West Frankfort

IL

62896

City

State

ZIP Code

Country

Date or dates debt was incurred

Various

Last 4 digits of account
number

As of the petition filing date, the claim is: \$ 54.53

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim:

Trade Payable

3.6 Nonpriority creditor's name and mailing address

City of Farmer City

Creditor Name

Creditor's Notice name

105 South Main St

Address

Farmer City

IL

61842

City

State

ZIP Code

Country

Date or dates debt was incurred

Various

Last 4 digits of account
number

As of the petition filing date, the claim is: \$ 3,954.22

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim:

Trade Payable

Is the claim subject to offset?

☒ No☐ Yes

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known):

24-10494

Name

3.7 Nonpriority creditor's name and mailing address

Constellation New Energy

Creditor Name

Creditor's Notice name

Gas Division LLC

Address

PO Box 5473

Carol Stream

IL

60197-5473

City

State

ZIP Code

Country

Date or dates debt was incurred

Various

Last 4 digits of account
number

As of the petition filing date, the claim is: \$ 1,390.31

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim:

Trade Payable

3.8 Nonpriority creditor's name and mailing address

Datamax

Creditor Name

dba Sumner One

Creditor's Notice name

PO Box 5180

Address

St Louis

MO

63139-0180

City

State

ZIP Code

Country

Date or dates debt was incurred

Various

Last 4 digits of account
number

As of the petition filing date, the claim is: \$ 3,541.23

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim:

Trade Payable

Is the claim subject to offset?

☒ No☐ Yes

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known):

24-10494

Name

3.9 Nonpriority creditor's name and mailing address

Direct Supply Inc

Creditor Name

Creditor's Notice name

Box 88201

Address

Milwaukee

WI

53288

City

State

ZIP Code

Country

Date or dates debt was incurred

Various

Last 4 digits of account
number

As of the petition filing date, the claim is: \$ 1,698.63

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim:

Trade Payable

3.10 Nonpriority creditor's name and mailing address

Flynn Sales & Service Inc

Creditor Name

Creditor's Notice name

1286 Franks Road

Address

Jacksonville

IL

62650

City

State

ZIP Code

Country

Date or dates debt was incurred

Various

Last 4 digits of account
number

As of the petition filing date, the claim is: \$ 435.98

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim:

Trade Payable

Is the claim subject to offset?

☒ No☐ Yes

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known):

24-10494

Name

3.11 Nonpriority creditor's name and mailing address

Frontier

Creditor Name

Creditor's Notice name

PO Box 740407

Address

Cincinnati

OH

45274-0407

City

State

ZIP Code

Country

Date or dates debt was incurred

Various

Last 4 digits of account
number

As of the petition filing date, the claim is: \$ 292.20

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim:

Trade Payable

3.12 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

ZIP Code

Country

Date or dates debt was incurred

Various

Last 4 digits of account
number

As of the petition filing date, the claim is: \$ 219.20

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim:

Trade Payable

Is the claim subject to offset?

☒ No☐ Yes

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known):

24-10494

Name

3.13 Nonpriority creditor's name and mailing address

Gem Medical Supplies LLC

Creditor Name

Creditor's Notice name

730 Anthony Trail

Address

Northbrook

IL

60062

City

State

ZIP Code

Country

Date or dates debt was incurred

Various

Last 4 digits of account
number

As of the petition filing date, the claim is: \$ 759.09

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim:

Trade Payable

3.14 Nonpriority creditor's name and mailing address

Health Technologies Inc

Creditor Name

Creditor's Notice name

8446 Page Avenue

Address

St. Louis

MO

63130

City

State

ZIP Code

Country

Date or dates debt was incurred

Various

Last 4 digits of account
number

As of the petition filing date, the claim is: \$ 2,561.48

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim:

Trade Payable

Is the claim subject to offset?

☒ No☐ Yes

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known):

24-10494

Name

3.15 Nonpriority creditor's name and mailing address

Heartland Bank & Trust

Creditor Name

Creditor's Notice name

PO Box 67

Address

Bloomington

IL

61702-0067

City

State

ZIP Code

Country

Date or dates debt was incurred

Various

Last 4 digits of account
number

As of the petition filing date, the claim is: \$ 1,266.31

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim:

Trade Payable

3.16 Nonpriority creditor's name and mailing address

Heritage Nursing Care, Inc.

Creditor Name

Creditor's Notice name

830 W Trailcreek Dr.

Address

Peoria

IL

61614

City

State

ZIP Code

Country

Date or dates debt was incurred

As of 3/31/2024

Last 4 digits of account
number

As of the petition filing date, the claim is: \$ 127,734.55

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim:

Inter Company Loan

Is the claim subject to offset?

☒ No☐ Yes

Amended herein: added

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known):

24-10494

Name

3.17 Nonpriority creditor's name and mailing address

Illinois State Police

Creditor Name

Creditor's Notice name

Bureau of Investigation

Address

206 North Chicago Street

Joliet

IL

60432-4072

City

State

ZIP Code

Country

Date or dates debt was incurred

Various

Last 4 digits of account
number

As of the petition filing date, the claim is: \$ 1,850.00

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim:

Trade Payable

3.18 Nonpriority creditor's name and mailing address

Janice Kindred

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

Various

Last 4 digits of account
number

As of the petition filing date, the claim is: \$ 618.40

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim:

Trade Payable

Is the claim subject to offset?

☒ No☐ Yes

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known):

24-10494

Name

3.19 Nonpriority creditor's name and mailing address

Law Office of Jeffrey Krumpe

Creditor Name

Creditor's Notice name

110 SW Jeffereson

Address

Suite 410

Peoria

IL

61602

City

State

ZIP Code

Country

Date or dates debt was incurred

2/6/2024

Last 4 digits of account

number

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

Undetermined

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

Basis for the claim:

Litigation

3.20 Nonpriority creditor's name and mailing address

Law Office of Steven J. Malman

Creditor Name

Creditor's Notice name

W Randolph St

Address

Suite 1700

Chicago

IL

60606

City

State

ZIP Code

Country

Date or dates debt was incurred

1/24/2023

Last 4 digits of account

number

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

350,000.00

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

Basis for the claim:

Litigation

Is the claim subject to offset?

☒ No☐ Yes

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known):

24-10494

Name

3.21 Nonpriority creditor's name and mailing address

Martin Bros

Creditor Name

Creditor's Notice name

406 Viking Road

Address

Cedar Falls

IA

50613

City

State

ZIP Code

Country

Date or dates debt was incurred

Various

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 170,089.60

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim:

Trade Payable

3.21 Nonpriority creditor's name and mailing address

Mc Kesson Medical- Surgical

Creditor Name

Creditor's Notice name

PO Box 630693

Address

Cincinnati

OH

45263-0693

City

State

ZIP Code

Country

Date or dates debt was incurred

Various

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 41,311.20

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim:

Trade Payable

Is the claim subject to offset?

☒ No☐ Yes

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known):

24-10494

Name

3.23 Nonpriority creditor's name and mailing address

Mediacom

Creditor Name

Creditor's Notice name

PO Box 5744

Address

Carol Stream

IL

60197

City

State

ZIP Code

Country

Date or dates debt was incurred

Various

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 519.81

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim:

Trade Payable

3.24 Nonpriority creditor's name and mailing address

Mid Illinois Hematology & Oncology

Creditor Name

Creditor's Notice name

407 East Vernon Avenue

Address

Suite 104

Normal

IL

64761

City

State

ZIP Code

Country

Date or dates debt was incurred

Various

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 34.90

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim:

Trade Payable

Is the claim subject to offset?

☒ No☐ Yes

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known):

24-10494

Name

3.25 Nonpriority creditor's name and mailing address

MPAC Healthcare

Creditor Name

Creditor's Notice name

PO Box 75580

Address

Chicago

IL

60675-5580

City

State

ZIP Code

Country

Date or dates debt was incurred

Various

Last 4 digits of account
number

As of the petition filing date, the claim is: \$ 3,300.00

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim:

Trade Payable

3.26 Nonpriority creditor's name and mailing address

Omnicare

Creditor Name

Creditor's Notice name

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
number

As of the petition filing date, the claim is: \$ 37,446.80

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim:

Trade Payable

Is the claim subject to offset?

☒ No☐ Yes

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known):

24-10494

Name

3.27 Nonpriority creditor's name and mailing address

PEL/VIP

Creditor Name

Creditor's Notice name

9840 Southwest Highway

Address

Oak Lawn

IL

60453

City

State

ZIP Code

Country

Date or dates debt was incurred

Various

Last 4 digits of account
number

As of the petition filing date, the claim is: \$ 6,884.72

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim:

Trade Payable

3.28 Nonpriority creditor's name and mailing address

Presto- X

Creditor Name

Creditor's Notice name

PO Box 14095

Address

Reading

PA

19612

City

State

ZIP Code

Country

Date or dates debt was incurred

Various

Last 4 digits of account
number

As of the petition filing date, the claim is: \$ 1,220.96

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim:

Trade Payable

Is the claim subject to offset?

☒ No☐ Yes

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known):

24-10494

Name

3.29 Nonpriority creditor's name and mailing address

Ray Medical Services

Creditor Name

Creditor's Notice name

120 West19th Street

Address

Gibson City

IL

60936

City

State

ZIP Code

Country

Date or dates debt was incurred

Various

Last 4 digits of account
number

As of the petition filing date, the claim is: \$ 5,000.00

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim:

Trade Payable

3.30 Nonpriority creditor's name and mailing address

RecoverCare LLC

Creditor Name

dba Joerns LLC

Creditor's Notice name

PO Box 936446

Address

Atlanta

GA

31193-6446

City

State

ZIP Code

Country

Date or dates debt was incurred

Various

Last 4 digits of account
number

As of the petition filing date, the claim is: \$ 10,485.16

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim:

Trade Payable

Is the claim subject to offset?

☒ No☐ Yes

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known):

24-10494

Name

3.31 Nonpriority creditor's name and mailing address

RehabCare

Creditor Name

Creditor's Notice name

PO Box 71985

Address

Chicago

IL

60694-1985

City

State

ZIP Code

Country

Date or dates debt was incurred

Various

Last 4 digits of account
number

As of the petition filing date, the claim is: \$ 158,709.90

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim:

Trade Payable

3.32 Nonpriority creditor's name and mailing address

Royal Publishing

Creditor Name

Creditor's Notice name

7620 North Harker Drive

Address

Peoria

IL

61615-1849

City

State

ZIP Code

Country

Date or dates debt was incurred

Various

Last 4 digits of account
number

As of the petition filing date, the claim is: \$ 325.00

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim:

Trade Payable

Is the claim subject to offset?

☒ No☐ Yes

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known):

24-10494

Name

3.33 Nonpriority creditor's name and mailing address

Select Rehabilitation LLC

Creditor Name

Creditor's Notice name

PO Box 71985

Address

Chicago

IL

60694-1985

City

State

ZIP Code

Country

Date or dates debt was incurred

Various

Last 4 digits of account
number

As of the petition filing date, the claim is: \$ 235,496.62

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim:

Trade Payable

3.34 Nonpriority creditor's name and mailing address

Shadow Fax Projects

Creditor Name

Creditor's Notice name

PO Box 347

Address

Sullivan

IL

61951

City

State

ZIP Code

Country

Date or dates debt was incurred

Various

Last 4 digits of account
number

As of the petition filing date, the claim is: \$ 493.00

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim:

Trade Payable

Is the claim subject to offset?

☒ No☐ Yes

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known):

24-10494

Name

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

Shadow Fax Projects#2

Creditor Name

Creditor's Notice name

Medical Waste Account

Address

PO Box 5473

Sullivan

IL

61951

City

State

ZIP Code

Country

Date or dates debt was incurred

Various

**Last 4 digits of account
number****As of the petition filing date, the claim is:** \$ 60.00*Check all that apply.*☐ Contingent☐ Unliquidated☐ Disputed**Basis for the claim:**

Trade Payable

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

The Office of the State Fire Marshal

Creditor Name

Creditor's Notice name

PO Box 3331

Address

Springfield

IL

62708-3331

City

State

ZIP Code

Country

Date or dates debt was incurred

Various

**Last 4 digits of account
number****As of the petition filing date, the claim is:** \$ 100.00*Check all that apply.*☐ Contingent☐ Unliquidated☐ Disputed**Basis for the claim:**

Trade Payable

Is the claim subject to offset?☒ No☐ Yes

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known):

24-10494

Name

3.37 Nonpriority creditor's name and mailing address

Tollos Inc

Creditor Name

Creditor's Notice name

PO Box 829998

Address

Philadelphia

PA

19182

City

State

ZIP Code

Country

Date or dates debt was incurred

Various

Last 4 digits of account
number

As of the petition filing date, the claim is: \$ 1,455.68

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim:

Trade Payable

3.38 Nonpriority creditor's name and mailing address

Tri State Fire Protection Inc

Creditor Name

Creditor's Notice name

PO Box 70

Address

Newburgh

IN

47629-0070

City

State

ZIP Code

Country

Date or dates debt was incurred

Various

Last 4 digits of account
number

As of the petition filing date, the claim is: \$ 2,662.81

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim:

Trade Payable

Is the claim subject to offset?

☒ No☐ Yes

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known): 24-10494

Name

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

Yeagle Electric Inc

Creditor Name

Creditor's Notice name

PO Box 14

Address

Farmer City

IL

61842

City

State

ZIP Code

Country

Date or dates debt was incurred

Various

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 187.50*Check all that apply.*☐ Contingent☐ Unliquidated☐ Disputed**Basis for the claim:**

Trade Payable

Is the claim subject to offset?☒ No☐ Yes

Part 3: List Others to Be Notified About Unsecured Claims

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

Name and mailing address

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

Last 4 digits of account number, if any

Name

Line

☐ Not Listed.Explain

Notice Name

Street

City

State

ZIP Code

Country

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

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

		Total of claim amounts
5a. Total claims from Part 1	5a.	\$ 2,200.00
5b. Total claims from Part 2	5b. +	\$ 1,174,445.69
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$ 1,176,645.69

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

Facility Agreement

Aetna Better Health

Name

Notice Name

PO Box 818031, F661

Address

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

Cleveland

City

OH

State

44181

ZIP Code

Country

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

Facility Services Agreement, Product Participation and Signature Sheet

Aetna Health Inc., a Pennsylvania Corporation

Name

Notice Name

550 Maryville Centre Drive, Suite 300

Address

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

St. Louis

City

MO

State

63141

ZIP Code

Country

Amended herein: added

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known): 24-10494

Name

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

Nursing Facility Laboratory Agreement

Amerathon LLC, dba American Health Associates

Name

Notice Name

102 East Main Street

Address

State the term remaining

List the contract number of any government contract

Galesburg

IL

61401

City

State

ZIP Code

Country

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

Nursing Facility Laboratory Agreement

Amerathon, LLC d/b/a American Health Associates

Name

Notice Name

102 East Main Street

Address

State the term remaining

List the contract number of any government contract

Galesburg

IL

61401

City

State

ZIP Code

Country

Amended herein: added

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

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

Bio-Behavioral Care Solutions, LLC dba Behavioral Care Solutions

Name

Attn Robert A. Clemente, Chief Executive Officer

Notice Name

Behavioral Care Solutions

Address

State the term remaining

List the contract number of any government contract

39465 W. 14 Mile Rd.

Novi

MI

48377

City

State

ZIP Code

Country

Amended herein: added

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known): 24-10494

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 Solutions, LLC dba Behavioral Care Solutions

Name

Attn Robert A. Clemente, Chief Executive Officer

Notice Name

Behavioral Care Solutions

State the term remaining

Address

39465 W. 14 Mile Rd.

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 of the debtor's interest**

Clinical Services Agreement

Bio-Behavioral Care Solutions, LLC dba Behavioral Care Solutions

Name

Attn Robert A. Clemente, Chief Executive Officer

Notice Name

Behavioral Care Solutions

State the term remaining

Address

39465 W. 14 Mile Rd.

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 of the debtor's interest**

Mobile Imaging Service Agreement

BioTech X-ray, Inc

Name

Attn Tamara Schwartz, President

Notice Name

1065 Executive Parkway Ste.220

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

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known): 24-10494

Name

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

Attn Tamara Schwartz, President

Notice Name

1065 Executive Parkway Ste.220

State the term remaining

Address

List the contract number of any government contract

St. Louis

MO

63141-6367

City

State

ZIP Code

Country

Amended herein: added

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

Mobile Imaging Services Agreement

BioTech X-ray, Inc.

Name

Attn Tamara Schwartz, President

Notice Name

1065 Executive Parkway, Ste.220

State the term remaining

Address

List the contract number of any government contract

St. Louis

MO

63141-6367

City

State

ZIP Code

Country

Amended herein: added

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

Medicaid Provider Agreement

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

Name

Notice Name

300 East Randolph St

State the term remaining

Address

List the contract number of any government contract

Chicago

IL

60601

City

State

ZIP Code

Country

Amended herein: added

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known): 24-10494

Name

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 of Illinois, a Division of Health Care Service Corporation

Name

Notice Name

300 East Randolph St

Address

State the term remaining

List the contract number of any government contract

Chicago

IL

60601

City

State

ZIP Code

Country

Amended herein: added

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

Renewal Customer Service Agreement

Call One Inc.

Name

Notice Name

225 West Wacker Drive 8th Floor

Address

State the term remaining

List the contract number of any government contract

Chicago

IL

60606

City

State

ZIP Code

Country

Amended herein: added

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

Purchase of Service Agreement

Care Horizon, Inc.

Name

Notice Name

120 Courthouse Square

Address

PO Box 385

State the term remaining

List the contract number of any government contract

Toledo

IL

62468

City

State

ZIP Code

Country

Amended herein: added

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known): 24-10494

Name

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

Affiliation Agreement

Carepaks Health Services, Inc

Name

Notice Name

209 Susan Dr

Address

State the term remaining

List the contract number of any government contract

Normal

IL

61761

City

State

ZIP Code

Country

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

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

Centrad Healthcare, LLC

Name

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

Notice Name

184 Shuman Blvd, Suite 130

Address

State the term remaining

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 lease is for and the nature of the debtor's interest**

Linkage Agreement

Community Action Partnership of Central Illinois

Name

Notice Name

1800 Fifth Street

Address

State the term remaining

List the contract number of any government contract

Lincoln

IL

62656

City

State

ZIP Code

Country

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known): 24-10494

Name

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

Addendum to Contract

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

Name

Attn Executive Director

Notice Name

755 N. Henderson

State the term remaining

Address

List the contract number of any government contract

Galesburg

IL

61401

City

State

ZIP Code

Country

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

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

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

Name

Attn Executive Director

Notice Name

Hospice Compassus

State the term remaining

Address

755 N Henderson St

List the contract number of any government contract

Galesburg

IL

61401

City

State

ZIP Code

Country

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

Nursing Facility Hospice, General Inpatient and Respite Care Services Agreement

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

Name

Attn Executive Director

Notice Name

Hospice Compassus

State the term remaining

Address

755 N Henderson St

List the contract number of any government contract

Galesburg

IL

61401

City

State

ZIP Code

Country

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known): 24-10494

Name

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

Hospital Transfer Agreement

Dr. John Warner Hospital

Name

Notice Name

422 W White St

Address

State the term remaining

List the contract number of any government contract

Clinton

IL

61727

City

State

ZIP Code

Country

Amended herein: added

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

Transfer Agreement

Dr. John Warner Hospital

Name

Notice Name

422 West White Street

Address

State the term remaining

List the contract number of any government contract

Clinton

IL

61727-2272

City

State

ZIP Code

Country

Amended herein: added

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

Podiatric Consultant Agreement

Dr. Sidney Weider D.P.M.

Name

Quality Podiatry Group, Ltd

Notice Name

9933 Lawler Ave, Suite 225

Address

State the term remaining

List the contract number of any government contract

Skokie

IL

60077

City

State

ZIP Code

Country

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known): 24-10494

Name

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

Amendment No. 3 to Pharmacy Products and Services Agreement

Enloe Drugs, LLC

Name

OMNICARE OF DECATUR

Notice Name

796 N. SUNNYSIDE ROAD

Address

State the term remaining

List the contract number of any government contract

Decatur

IL

62522-1156

City

State

ZIP Code

Country

Amended herein: added

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

Radiology Services Agreement

Gamma HealthCare, Inc.

Name

Notice Name

1717 West Maud St.

Address

State the term remaining

List the contract number of any government contract

Poplar Bluff

MO

63901

City

State

ZIP Code

Country

Amended herein: added

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

Lease and Service Agreement

Gateway ProClean, Inc.

Name

Notice Name

2081 Exchange Drive

Address

State the term remaining

List the contract number of any government contract

St. Charles

MO

63303

City

State

ZIP Code

Country

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known): 24-10494

Name

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

Purchasing Agreement

Gem Medical Supplies, LLC

Name

Notice Name

730 Anthony Trail

Address

State the term remaining

List the contract number of any government contract

Northbrook

IL

60062

City

State

ZIP Code

Country

Amended herein: added

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

Hospital Transfer Agreement

Gibson Community Hospital

Name

Notice Name

1120 N Melvin St.

Address

State the term remaining

List the contract number of any government contract

Gibson City

IL

60936

City

State

ZIP Code

Country

Amended herein: added

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

Residential Hospice Care Agreement for Services to Residents of Nursing Facilities

Harbor Light Hospice

Name

Notice Name

800 Roosevelt Road, C-206

Address

State the term remaining

List the contract number of any government contract

Glen Ellyn

IL

60137

City

State

ZIP Code

Country

Amended herein: added

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known): 24-10494

Name

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

Participating Provider Agreement

Health Alliance Medical Plans, Inc.

Name

Notice Name

301 South Vine St

Address

State the term remaining

List the contract number of any government contract

Urbana

IL

31801

City

State

ZIP Code

Country

Amended herein: added

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

Participating Provider Agreement

HealthLink, Inc., an Illinois Corporation

Name

Notice Name

1831 Chestnut St

Address

State the term remaining

List the contract number of any government contract

St. Louis

MO

63103

City

State

ZIP Code

Country

Amended herein: added

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

Residential Hospice Care Agreement for Services to Residents of Nursing Facilities

Hospice of Illinois LLC, dba Harbor Light Hospice

Name

Notice Name

1N131 County Farm Road

Address

State the term remaining

List the contract number of any government contract

Winfield

IL

60190

City

State

ZIP Code

Country

Amended herein: added

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known): 24-10494

Name

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

Participating Provider Agreement

Humana Inc.

Name

Notice Name

P.O. Box 1438

Address

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

Louisville

KY

40201

City

State

ZIP Code

Country

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

Affiliation Agreement

Illinois State University Mennonite College of Nursing

Name

Attn Heather Winfrey-Richman

Notice Name

Campus Box 5810

Address

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

Normal

IL

61790-5810

City

State

ZIP Code

Country

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

Special Program Agreement for Rental and Capital

Joerns LLC

Name

Attn Chief Strategy Officer

Notice Name

2430 Whitehall Park Drive, Suite 100

Address

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

Charlotte

NC

28273

City

State

ZIP Code

Country

Amended herein: added

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known): 24-10494

Name

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

Memorandum of Agreement

KEPRO

Name

Notice Name

5700 Lombardo Center Drive, Suite 100

Address

State the term remaining

List the contract number of any government contract

Seven Hills

OH

44131

City

State

ZIP Code

Country

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

Therapy Services Agreement

Kindred Rehab Services, Inc. dba RehabCare

Name

President, RehabCare

Notice Name

680 South Fourth Street

Address

State the term remaining

List the contract number of any government contract

Louisville

KY

40202

City

State

ZIP Code

Country

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

Amended and Restated Therapy Services Agreement

Kindred Rehab Services, LLC

Name

Attn VP, Finance

Notice Name

Rehab Care

Address

State the term remaining

List the contract number of any government contract

680 South Fourth Street

Louisville

KY

40202

City

State

ZIP Code

Country

Amended herein: added

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known): 24-10494

Name

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

Memorandum of Agreement

Livanta, LLC

Name

Notice Name

10830 Guilford Rd, Suite 312

Address

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

Annapolis Junction

MD

20701

City

State

ZIP Code

Country

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

Addendum to Contract

Loving Peace Hospice, Inc. d/b/a Kindred Hospice

Name

Attn General Counsel

Notice Name

c/o Kindred at Home

Address

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

655 Brawley School Road, Suite 200

Mooresville

NC

28117

City

State

ZIP Code

Country

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

Business Associate Agreement

Loving Peace Hospice, Inc. d/b/a Kindred Hospice

Name

Attn General Counsel

Notice Name

c/o Kindred at Home

Address

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

655 Brawley School Road, Suite 200

Mooresville

NC

28117

City

State

ZIP Code

Country

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known): 24-10494

Name

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

Nursing Facility Hospice Services Agreement

Loving Peace Hospice, Inc. d/b/a Kindred Hospice

Name

Attn General Counsel

Notice Name

c/o Kindred at Home

State the term remaining

Address

655 Brawley School Road, Suite 200

List the contract number of any government contract

Mooresville

NC

28117

City

State

ZIP Code

Country

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

Assessmentpro Access Coordinator Role Agreement

Maximus

Name

Notice Name

1600 Tysons Blvd Suite 1400

State the term remaining

Address

List the contract number of any government contract

McLean

VA

22102

City

State

ZIP Code

Country

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

Master Contract for Biohazard Waste

MCKay's Haz-Mat Truck Service, Inc.

Name

Notice Name

PO Box 1444

State the term remaining

Address

List the contract number of any government contract

Centralia

IL

62801

City

State

ZIP Code

Country

Amended herein: added

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known): 24-10494

Name

2.45 **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.

Name

Notice Name

8121 Tenth Avenue North

Address

State the term remaining

List the contract number of any government contract

Golden Valley

MN

55427

City

State

ZIP Code

Country

Amended herein: added

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

Amendment to Contract

Medical Staffing Solutions, LLC

Name

Notice Name

8601 N. Kentucky Ave, Suite A

Address

State the term remaining

List the contract number of any government contract

Evansville

IN

47725

City

State

ZIP Code

Country

Amended herein: added

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

Amendment to Professional Services Agreement

Medical Staffing Solutions, LLC

Name

Notice Name

8601 N. Kentucky Ave, Suite A

Address

State the term remaining

List the contract number of any government contract

Evansville

IN

47725

City

State

ZIP Code

Country

Amended herein: added

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known): 24-10494

Name

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

Attachment 1 to Professional Services Agreement

Medical Staffing Solutions, LLC

Name

Notice Name

8601 N. Kentucky Ave, Suite A

State the term remaining

Address

List the contract number of any government contract

Evansville

IN

47725

City

State

ZIP Code

Country

Amended herein: added

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

Professional Services Agreement

Medical Staffing Solutions, LLC

Name

Attn Chief Executive Officer

Notice Name

9700 HWY 57N, Suite A

State the term remaining

Address

List the contract number of any government contract

Evansville

IN

47725

City

State

ZIP Code

Country

Amended herein: added

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

Long Term Care Consultant Agreement

MEDLAB

Name

Teresa Joines

Notice Name

10114 Woodfield Lane

State the term remaining

Address

List the contract number of any government contract

St. Louis

MO

63132

City

State

ZIP Code

Country

Amended herein: added

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known): 24-10494

Name

2.51 **State what the contract or lease is for and the nature of the debtor's interest**Illinois Ancillary Provider/HCBS AgreementMeridian Health Plan of Illinois, Inc.

Name

Notice Name

333 South Wabash Ave, Suite 2900

Address

State the term remaining**List the contract number of any government contract**ChicagoIL60604

City

State

ZIP Code

Country

*Amended herein: added*2.52 **State what the contract or lease is for and the nature of the debtor's interest**Agreement to Provide Hospice Services to Facility ResidentsMeridian Hospice dba Advocate Hospice

Name

Attn Amy Scheu, Administrator

Notice Name

2000 Springer Dr

Address

State the term remaining**List the contract number of any government contract**LombardIL60148

City

State

ZIP Code

Country

2.53 **State what the contract or lease is for and the nature of the debtor's interest**Business Associate AgreementMeridian Hospice dba Advocate Hospice

Name

Notice Name

303 N. Hershey, Suite C

Address

State the term remaining**List the contract number of any government contract**BloomingtonIL61704

City

State

ZIP Code

Country

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known): 24-10494

Name

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

Facility Service Agreement

Midwest Post Acute Care, PLLC

Name

Attn Legal Department

Notice Name

MPAC Healthcare

State the term remaining

Address

2045 W Grand Avenue Ste B #28354

List the contract number of any government contract

Chicago

IL

60612-1577

City

State

ZIP Code

Country

Amended herein: added

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

Provider Services Agreement

Molina Healthcare of Illinois, Inc, an Illinois Corporation

Name

Notice Name

2001 Butterfield Road, Suite 750

State the term remaining

Address

List the contract number of any government contract

Downers Grove

IL

60515

City

State

ZIP Code

Country

Amended herein: added

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

Amendment No. 2 to Pharmacy Consultant Agreement

Omnicare

Name

Attn Legal

Notice Name

One CVS Drive Mail Code 1160

State the term remaining

Address

List the contract number of any government contract

Woonsocket

RI

02895

City

State

ZIP Code

Country

Amended herein: added

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known): 24-10494

Name

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

Amendment No. 5 to Pharmacy Consultant Agreement

Omnicare

Name

Attn Legal

Notice Name

One CVS Drive Mail Code 1160

State the term remaining

Address

List the contract number of any government contract

Woonsocket

RI

02895

City

State

ZIP Code

Country

Amended herein: added

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

Amendment No. 6 to Pharmacy Products and Services Agreement

Omnicare

Name

Attn Legal

Notice Name

One CVS Drive Mail Code 1160

State the term remaining

Address

List the contract number of any government contract

Woonsocket

RI

02895

City

State

ZIP Code

Country

Amended herein: added

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

Amendment to Pharmacy Consultant Agreement

Omnicare

Name

Attn Legal

Notice Name

One CVS Drive Mail Code 1160

State the term remaining

Address

List the contract number of any government contract

Woonsocket

RI

02895

City

State

ZIP Code

Country

Amended herein: added

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known): 24-10494

Name

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

Omnicare

Name

Attn Legal

Notice Name

One CVS Drive Mail Code 1160

State the term remaining

Address

List the contract number of any government contract

Woonsocket

RI

02895

City

State

ZIP Code

Country

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

Pharmacy Consultant Agreement

Omnicare

Name

Attn Legal

Notice Name

One CVS Drive Mail Code 1160

State the term remaining

Address

List the contract number of any government contract

Woonsocket

RI

02895

City

State

ZIP Code

Country

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

Pharmacy Products and Services Agreement

Omnicare

Name

Attn Legal

Notice Name

One CVS Drive Mail Code 1160

State the term remaining

Address

List the contract number of any government contract

Woonsocket

RI

02895

City

State

ZIP Code

Country

Amended herein: added

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known): 24-10494

Name

2.63 **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 Kansas City

Name

Notice Name

10400 Hickman Mills Drive, Suite 200

Address

State the term remaining

List the contract number of any government contract

Kansas City

MO

64137

City

State

ZIP Code

Country

Amended herein: added

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

Amendment to Pharmacy Products and Services Agreement

Omnicare Pharmacy of the Midwest, LLC dba Omnicare of Kansas City

Name

Notice Name

10400 Hickman Mills Drive, Suite 200

Address

State the term remaining

List the contract number of any government contract

Kansas City

MO

64137

City

State

ZIP Code

Country

Amended herein: added

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

Amendment to Pharmacy Consultant Agreement

Omnicare, Inc.

Name

Attn General Counsel

Notice Name

900 Omnicare Center

Address

State the term remaining

201 East Fourth Street

List the contract number of any government contract

Cincinnati

OH

45202

City

State

ZIP Code

Country

Amended herein: added

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known): 24-10494

Name

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

Amendment to Pharmacy Products and Services Agreement

Omnicare, Inc.

Name

Attn General Counsel

Notice Name

900 Omnicare Center

Address

201 East Fourth Street

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

Cincinnati

OH

45202

City

State

ZIP Code

Country

*Amended herein: added*2.67 **State what the contract or lease is for and the nature of the debtor's interest**

Pharmacy Consultant Agreement

Omnicare, Inc.

Name

Attn General Counsel

Notice Name

900 Omnicare Center

Address

201 East Fourth Street

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

Cincinnati

OH

45202

City

State

ZIP Code

Country

*Amended herein: added*2.68 **State what the contract or lease is for and the nature of the debtor's interest**

Pharmacy Products and Services Agreement

Omnicare, Inc.

Name

Attn General Counsel

Notice Name

900 Omnicare Center

Address

201 East Fourth Street

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

Cincinnati

OH

45202

City

State

ZIP Code

Country

Amended herein: added

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known): 24-10494

Name

2.69 **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 System dba OSF Hospice, a Division of OSF Home Care
Name

Notice Name

2265 W. Altorfer Dr.

Address

State the term remaining

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 of the debtor's interest**

Billing

Presto-X

Name

Notice Name

4521 Leavenworth Street

Address

State the term remaining

List the contract number of any government contract

Omaha

NE

68106-1437

City

State

ZIP Code

Country

Amended herein: added

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

Physician Services Agreement

Provider Vohra Post-Acute Physicians

Name

Notice Name

3601 SW 160th Avenue, Suite 250

Address

State the term remaining

List the contract number of any government contract

Miramar

FL

33027

City

State

ZIP Code

Country

Amended herein: added

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known): 24-10494

Name

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

Multi-Facility Supply and Services Agreement

Pulmonary Exchange, Ltd. aka PEL/VIP

Name

Attn Raymond Kalinsky

Notice Name

9840 SW Hwy.

Address

State the term remaining

List the contract number of any government contract

Oak Lawn

IL

60453

City

State

ZIP Code

Country

Amended herein: added

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

Business Associate Agreement

Quality Podiatry Group, Ltd

Name

Attn Dr. Sidney Weider, DPM

Notice Name

7025 Beracasa Way, Unit 102G

Address

State the term remaining

List the contract number of any government contract

Boca Raton

FL

33433

City

State

ZIP Code

Country

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

Podiatric Consultant Agreement

Quality Podiatry Group, Ltd

Name

Notice Name

9933 Lawler Ave, Suite 225

Address

State the term remaining

List the contract number of any government contract

Skokie

IL

60077

City

State

ZIP Code

Country

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known): 24-10494

Name

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

Medical Director Agreement

Ray Medical Services, PLLC

Name

Dani Ray, MD

Notice Name

120 W. 19th Street

State the term remaining

Address

List the contract number of any government contract

Gibson City

IL

60936

City

State

ZIP Code

Country

Amended herein: added

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

Rental Agreement

RecoverCare, LLC

Name

Attn General Counsel

Notice Name

1920 Stanley Gault Pkwy, Suite 100

State the term remaining

Address

List the contract number of any government contract

Louisville

KY

40223

City

State

ZIP Code

Country

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

Therapy Services Agreement

RehabCare Group East, Inc. dba RehabCare

Name

President, RehabCare

Notice Name

680 South Fourth Street

State the term remaining

Address

List the contract number of any government contract

Louisville

KY

40202

City

State

ZIP Code

Country

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known): 24-10494

Name

2.78 **State what the contract or lease is for and the nature of the debtor's interest**Amended and Restated Therapy Services AgreementRehabCare Group East, LLC

Name

Attn VP, Finance

Notice Name

680 South Fourth Street

Address

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

City

State

ZIP Code

Country*Amended herein: added*2.79 **State what the contract or lease is for and the nature of the debtor's interest**Second Amended and Restated and Reaffirmed Guaranty AgreementRehabCare Group East, LLC

Name

Attn Chief Financial Officer

Notice Name

680 South Fourth Street

Address

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

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

Name

Attn Post Acute Care Director

Notice Name

Sarah Bush Lincoln Hospice

Address

1004 Health Center Drive, Suite 202**State the term remaining****List the contract number of any government contract**MattoonIL61938

City

State

ZIP Code

Country*Amended herein: added*

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known): 24-10494

Name

2.81 **State what the contract or lease is for and the nature of the debtor's interest**Podiatric Consultant AgreementSidney Weiser, D.P.M.

Name

Notice Name

724 West 31st Street

Address

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

City

IL

State

60616

ZIP Code

Country

2.82 **State what the contract or lease is for and the nature of the debtor's interest**Amendment to Pharmaceutical Product Rebate AgreementSmith & Nephew, Inc.

Name

Attn Company Secretary

Notice Name

1450 E. Brooks Road

Address

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

City

TN

State

38116

ZIP Code

Country

*Amended herein: added*2.83 **State what the contract or lease is for and the nature of the debtor's interest**Rebate AgreementSmith & Nephew, Inc.

Name

Attn Company Secretary

Notice Name

1450 E. Brooks Road

Address

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

City

TN

State

38116

ZIP Code

Country

Amended herein: added

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known): 24-10494

Name

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

EpicCare Link Site Level Agreement

Southern Illinois Hospital Services

Name

Attention Rex P. Budde

Notice Name

1239 E. Main St.

Address

State the term remaining

List the contract number of any government contract

Carbondale

IL

62902

City

State

ZIP Code

Country

Amended herein: added

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

Affiliation Agreement

The Board of Trustees of Illinois State University on Behalf of its Mennonite College of Nursing

Name

Attn Heather Winfrey-Richman, Academics Special Projects Manager

Notice Name

Campus Box 5810

Address

State the term remaining

List the contract number of any government contract

Normal

IL

61790-5810

City

State

ZIP Code

Country

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

HOSPITAL TRANSFER AGREEMENT

THE CARLE FOUNDATION HOSPITAL

Name

Notice Name

611 W Park St.

Address

State the term remaining

List the contract number of any government contract

Urbana

IL

61801

City

State

ZIP Code

Country

Amended herein: added

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known): 24-10494

Name

2.87 **State what the contract or lease is for and the nature of the debtor's interest**Addendum to ContractThe Carle Foundation Hospital, d/b/a Carle Hospice

Name

Attn Jennifer Wilken, RN/Director

Notice Name

Carle Hospice

Address

1813 West Kirby Ave.**State the term remaining****List the contract number of any government contract**ChampaignIL61821

City

State

ZIP Code

Country2.88 **State what the contract or lease is for and the nature of the debtor's interest**Nursing Facility Hospice Services AgreementThe Carle Foundation Hospital, d/b/a Carle Hospice

Name

Attn Jennifer Wilken, RN/Director

Notice Name

Carle Hospice

Address

1813 West Kirby Ave.**State the term remaining****List the contract number of any government contract**ChampaignIL61821

City

State

ZIP Code

Country2.89 **State what the contract or lease is for and the nature of the debtor's interest**Hospital Transfer AgreementThe Sisters of the Third Order of St. Francis

Name

Notice Name2200 E Washington

Address

State the term remaining**List the contract number of any government contract**BllomingtonIL61701

City

State

ZIP Code

Country*Amended herein: added*

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known): 24-10494

Name

2.90 **State what the contract or lease is for and the nature of the debtor's interest**Agreement with Nursing FacilityTransitions Hospice, LLC

Name

Tim Scully, V.P.

Notice Name

12040 Raymond Court

Address

State the term remaining**List the contract number of any government contract**HuntleyIL60142

City

State

ZIP Code

Country

2.91 **State what the contract or lease is for and the nature of the debtor's interest**Letter re Anti-Freeze Sprinkler SystemTri-State Fire Protection, Inc.

Name

Notice Name

10577 Oak Grove Road

Address

State the term remaining**List the contract number of any government contract**PO Box 70NewburghIN47630

City

State

ZIP Code

Country

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

Name

Notice Name

4900 N. Glen Park Place Suite C

Address

State the term remaining**List the contract number of any government contract**PeoriaIL61614

City

State

ZIP Code

Country

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known): 24-10494

Name

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

Name

Notice Name

4900 N. Glen Park Place Suite C

Address

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

Peoria

IL

61614

City

State

ZIP Code

Country

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

Name

Notice Name

4900 N. Glen Park Place Suite C

Address

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

Peoria

IL

61614

City

State

ZIP Code

Country

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

Name

Notice Name

4900 N. Glen Park Place Suite C

Address

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

Peoria

IL

61614

City

State

ZIP Code

Country

Debtor: Petersen Health Care - Farmer City, LLC

Case number (if known): 24-10494

Name

2.96

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

Hospital Transfer Agreement

Warner Hospital

Name

Notice Name

422 W White St

Address

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

Clinton

City

IL

State

61727

ZIP Code

Country

Amended herein: added

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.

Declaration and signature

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

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

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

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

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

✕ / s / David R. Campbell

Signature of individual signing on behalf of debtor

David R. Campbell

Printed name

Authorized Signatory

Position or relationship to debtor

In re: Petersen Health 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