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 LIABILITES AND STATEMENT OF FINANCIAL AFFAIRS

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

AMENDED SCHEDULES AND STATEMENTS

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

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



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

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

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

AMENDED SCHEDULES BAR DATE

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

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

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

GLOBAL NOTES

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

RESERVATION OF RIGHTS

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

Dated: April 22, 2025

Wilmington, Delaware

Respectfully submitted,

YOUNG CONAWAY STARGATT & TAYLOR, LLP

/s/ Shella Borovinskaya

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

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and

WINSTON & STRAWN LLP

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Chicago, IL 60601

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

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

and

Carrie V. Hardman (admitted pro hac vice)

200 Park Avenue

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

Email: chardman@winston.com

Counsel for the Debtors and Debtors in Possession

Schedule 1

List of Debtors Subject to Amended Schedules and Amended Statements

Schedule A/B, Part 11 Amendments

CYE Girard HCO, LLC

CYE Monmouth - PHC, Inc.

Lebanon HCO, LLC

Midwest Health Operations, LLC

Petersen Health & Wellness, LLC

Petersen Health Business, LLC

Petersen Health Care - Farmer City, LLC

Petersen Health Care - Illini, LLC

Petersen Health Care - Roseville, LLC

Petersen Health Care II, Inc.

Petersen Health Care Management, LLC

Petersen Health Care VIII, LLC

Petersen Health Care, Inc.

Petersen Health Enterprises, LLC

Petersen Health Group, LLC

Petersen Health Network, LLC

Petersen Health Properties, LLC

Petersen Health Quality, LLC

Petersen Health Systems, Inc.

Petersen Management Company, LLC

Petersen MT3, LLC

Piper HCO, LLC

SABL, LLC

SJL Health Systems, Inc.

Sullivan HCO, LLC

Tarkio HCO, LLC

Tuscola HCO, LLC

Westside HCO, LLC

XCH, LLC

Schedule A/B, Part 55 Amendments

Knoxville & Pennsylvania, LLC

Petersen Health Care II, Inc.

Petersen Health Systems, Inc.

Schedule E/F Amendments

CYE Girard HCO, LLC

CYE Kewanee- PHC, Inc.

CYE Knoxville - PHC, Inc.

CYE Monmouth - PHC, Inc.

Effingham HCO, LLC

El Paso - PHC, Inc

Kewanee HCO, LLC

Knoxville & Pennsylvania, LLC

Legacy - PHC Inc.

Marigold - PHC Inc.

Midwest Health Operations, LLC

Midwest Health Properties, LLC

North Aurora HCO, LLC

Petersen Health & Wellness, LLC

Petersen Health Business, LLC

Petersen Health Care - Farmer City, LLC

Petersen Health Care - Illini, LLC

Petersen Health Care - Roseville, LLC

Petersen Health Care II, Inc.

Petersen Health Care Management, LLC

Petersen Health Care VIII, LLC

Petersen Health Care, Inc.

Petersen Health Enterprises, LLC

Petersen Health Group, LLC

Petersen Health Network, LLC

Petersen Health Properties, LLC

Petersen Health Quality, LLC

Petersen Health Systems, Inc.

Petersen Management Company, LLC

Polo - PHC, Inc.

SABL, LLC

SJL Health Systems, Inc.

War Drive, LLC

XCH, LLC

Schedule G Amendments

Aledo HCO, LLC

Arcola HCO, LLC

Aspen HCO, LLC

Bement HCO, LLC

Betty's Garden HCO, LLC

Casey HCO, LLC

Collinsville HCO, LLC

CYE Bradford HCO, LLC

CYE Bushnell HCO, LLC

CYE Girard HCO, LLC

CYE Knoxville HCO, LLC

CYE Monmouth HCO, LLC

CYE Sullivan HCO, LLC

CYE Walcott HCO, LLC

Decatur HCO, LLC

Eastview HCO, LLC

Effingham HCO, LLC

Havana HCO, LLC

Jonesboro, LLC

Kewanee HCO, LLC

Knoxville & Pennsylvania, LLC

Lebanon HCO, LLC

Macomb, LLC

McLeansboro HCO, LLC

Midwest Health Operations, LLC

Midwest Health Properties, LLC

North Aurora HCO, LLC

Petersen Health & Wellness, LLC

Petersen Health Business, LLC

Petersen Health Care - Farmer City, LLC

Petersen Health Care - Illini, LLC

Petersen Health Care - Roseville, LLC

Petersen Health Care II, Inc.

Petersen Health Care III, LLC

Petersen Health Care Management, LLC

Petersen Health Care V, LLC

Petersen Health Care VII, LLC

Petersen Health Care XI, LLC

Petersen Health Care, Inc.

Petersen Health Enterprises, LLC

Petersen Health Group, LLC

Petersen Health Network, LLC

Petersen Health Properties, LLC

Petersen Health Quality, LLC

Petersen Health Systems, Inc.

Petersen Management Company, LLC

Petersen MT, LLC

Petersen MT3, LLC

Piper HCO, LLC

Pleasant View HCO, LLC

Prairie City HCO, LLC

Robings HCO, LLC

Rosiclare HCO, LLC

Royal HCO, LLC

SABL, LLC

SC Healthcare Holding, LLC

Shangri La HCO, LLC

Shelbyville HCO, LLC

SJL Health Systems, Inc.

South Elgin, LLC

Sullivan HCO, LLC

Swansea HCO, LLC

Tarkio HCO, LLC

Tuscola HCO, LLC

Twin HCO, LLC

Vandalia HCO, LLC

Village Kewanee HCO, LLC

War Drive, LLC

Watseka HCO, LLC

Westside HCO, LLC

XCH, LLC

SOFA Part 2, Question 4 Amendments

Midwest Health Operations, LLC

Petersen Health & Wellness, LLC

Petersen Health Care - Illini, LLC

Petersen Health Care - Roseville, LLC

Petersen Health Care II, Inc.

Petersen Health Care Management, LLC

Petersen Health Network, LLC

Petersen Health Systems, Inc.

Petersen Management Company, LLC

SABL, LLC

SJL Health Systems, Inc.

XCH, LLC

IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

In re

SC HEALTHCARE HOLDING, LLC et al.,

Debtors.1

Chapter 11

Case No. 24-10443 (TMH)

Jointly Administered

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

INTRODUCTION

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

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

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

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

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

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

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

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

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

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

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

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

The Debtors and their agents, attorneys, and financial advisors shall not be liable for any loss or injury arising out of, or caused in whole or in part by, the acts, errors, or omissions, whether negligent or otherwise, in procuring, compiling, collecting, interpreting, reporting, communicating, or delivering the information contained herein. In no event shall the Debtors or their agents, attorneys and financial advisors be liable to any third party for any direct, 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

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

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

Schedule E/F

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

Schedule G

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

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

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

Statement of Financial Affairs

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

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

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EXHIBIT A

Amended Schedules

IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

In re:

SC HEALTHCARE HOLDING, LLC, et al.,

Debtors. 1

Chapter 11

Case No. 24-10443 (TMH)

(Jointly Administered)

AMENDED SCHEDULES OF ASSETS AND LIABILITIES FOR PETERSEN HEALTH CARE - ILLINI, LLC (CASE NO. 24-10497)

Amended Herein:

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

• Schedule E/F: Creditors Who Have Unsecured

• Schedule G: Executory Contracts and Unexpired Leases

• Summary of Assets and Liabilities for Non-Individuals

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

Fill in this information to identify the case:

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

Case number (if known): 24-10497 (TMH)

☑ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

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	\$ 5,320,711.32
1c. Total of all property:	
Copy line 92 from Schedule A/B	\$ 5,320,711.32
ort 2: Summary of Liabilities	
•	
· · · · ·	\$ 1,054,835.7
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	\$ 1,054,835.7
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	
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	\$
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	1,054,835.7
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	
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 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	\$ 0.0

Fill in this information to identify the case:

Debtor Name: In re : Petersen Health Care - Illini, LLC

United States Bankruptcy Court for the: District of Delaware

Case number (if known): 24-10497 (TMH)

☑ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

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

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

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

Cash and cash equivalents				
. Does the debtor have any cash or cash equ	ivalents?			
☐ No. Go to Part 2.				
✓ Yes. Fill in the information below.				
All cash or cash equivalents owned or co	ontrolled by the debto	r	Current valu	ue of debtor's interest
2. Cash on hand				
2.1 None			\$	
3. Checking, savings, money market, or finance	cial brokerage accounts	s (Identify all)		
Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number		
3.1 <u>CIBC</u>	Operating	5910	\$	24,790.53
. Other cash equivalents (Identify all)				
4.1 None			\$	
Total of Part 1				
	any additional sheets).	Copy the total to line 80.	\$	24,790.53
3	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 content of the cash on hand 2.1 None Checking, savings, money market, or finance, Name of institution (bank or brokerage firm) 3.1 CIBC Other cash equivalents (Identify all) 4.1 None Total of Part 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. Cash on hand 2.1 None Checking, savings, money market, or financial brokerage accounts. Name of institution (bank or brokerage firm) 3.1 CIBC Operating Other cash equivalents (Identify all) 4.1 None Total of Part 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 Cash on hand 2.1 None 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 CIBC Operating Operating 5910	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. Cash on hand 2.1 None 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 CIBC Operating Operating Other cash equivalents (Identify all) 4.1 None S Total of Part 1

	Name	
Par	t 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	\$64,907.23
	8.2 Prepaid Management Fees	\$ 6,672.15
9.	Total of Part 2.	
	Add lines 7 through 8. Copy the total to line 81.	\$ 71,579.38

Case 24-10443-TMH Doc 1443 Filed 04/22/25 Page 18 of 111 Petersen Health Care - Illini, LLC Case number (if known): Debtor: Name Part 3: Accounts receivable 10. Does the debtor have any accounts receivable? $\ \square$ No. Go to Part 4. $\ensuremath{\,\,^{\scalebox{}}}$ Yes. Fill in the information below. Current value of debtor's 11. Accounts receivable Description face amount doubtful or uncollectible accounts Accounts 11a. 90 days old or less: 3,020,509.69 -\$ 3,020,509.69 Receivables Note: See Global Notes Accounts 11b. Over 90 days old: - \$ Receivables Note: See Global Notes

12. Total of Part 3.

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

3,020,509.69

\$

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Debtor: Petersen Health Care - Illini, LLC Case number (if known): 24-10497

Name

Par	t 4:	Investments				
13.	Does	the debtor own any investments?				
	☑ N	o. Go to Part 5.				
	□ Ye	es. Fill in the information below.				
				Valuation method used for current value	Current value of debtor's in	terest
14.	Mutua	al funds or publicly traded stocks not included in Part 1				
	Name	of fund or stock:				
					\$	
15.		publicly traded stock and interests in incorporated and uni ding any interest in an LLC, partnership, or joint venture	incorporated businesses,			
	Name	of entity:	% of ownership:			
					\$	
16.		rnment bonds, corporate bonds, and other negotiable and Iments not included in Part 1 ibe:	l non-negotiable			
				_	_ \$	
17.	Total	of Part 4.				
	Add li	nes 14 through 16. Copy the total to line 83.			\$	0.00

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Debtor: Petersen Health Care - Illini, LLC Case number (if known): 24-10497

Name

Part	Inventory, excluding agriculture	re 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 re-	sale	\$		\$			
22.	Other inventory or supplies		\$		\$			
23.	Total of Part 5. Add lines 19 through 22. Copy the total to line 8		_ `		\$			
24.	Is any of the property listed in Part 5 perisha ☐ No ☐ Yes	ble?						
25.	Has any of the property listed in Part 5 been □ No	purchased within 20	days before the bankruptcy wa	s filed?				
	☐ Yes. Description Book value	ue\$	Valuation method	Current value	\$			

□ No
□ Yes

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

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Debtor: Petersen Health Care - Illini, LLC Case number (if known): 24-10497

Name

Part	6: Fa	rming and fishing	j-related assets (othe	r than titled motor ve	hicles and land)		
27.	Does the d	lebtor own or lease a	ny farming and fishing-rela	ted assets (other than titl	ed motor vehicles and la	nd)?	
	☑ No. Go	to Part 7.					
	☐ Yes. Fi	ill in the information be	low.				
	General de	escription		Net book value of do interest (Where available)	ebtor's Valuation met used for curre value		f debtor's interest
28.	Crops-eit	ther planted or harve	sted				
				\$		\$	
29.	Farm anim	nals Examples: Livesto	ck, poultry, farm-raised fish	\$		\$	
30.	Farm mach	hinery and equipmen	t (Other than titled motor veh	nicles)		\$\$	
31.	Farm and f	fishing supplies, che	micals, and feed	\$		\$	
32.	Other farm	ing and fishing-relat	ed property not already list	ed in Part 6		\$	
33.	Total of Pa	art 6. 28 through 32. Copy th	ne total to line 85.			\$	0.00
34.	Is the debt	or a member of an ag	gricultural cooperative?				
	□ No						
		•	operty stored at the coopera	ive?			
	□ No						
	☐ Ye						
		the property listed in	n Part 6 been purchased w	thin 20 days before the b	ankruptcy was filed?		
	□ No		•			•	
	☐ Yes. [Description	Book value \$	Valuatio	on method	Current value \$	
36.	ls a depred	ciation schedule avai	lable for any of the propert	y 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

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Debtor: Petersen Health Care - Illini, LLC Case number (if known): 24-10497

N	2	n	٦,

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

30.	 No. Go to Part 8. ✓ Yes. Fill in the information below. 						
	General description	Net book value interest (Where available		Valuation method used for current value	Current value of interest	debtor's	
39.	Office furniture						
	39.1 Total FFE from Balance Sheet	\$	16,946.39	Net Book Value	\$	16,946.39	
40.	Office fixtures						
	40.1 See Schedule A/B 39	\$			\$		
41.	Office equipment, including all computer equipment and communication systems equipment and software						
	41.1 See Schedule A/B 39	\$			\$		
42.	Collectibles <i>Examples:</i> Antiques and figurines; paintings,prints books, pictures, or other art objects; china and crystal; stamp, card collections; other collections, memorabilia, or collectibles	s, or other artwork; coin, or baseball					
	42.1 None	\$			\$		
43.	Total of Part 7.						
	Add lines 39 through 42. Copy the total to line 86.				\$	16,946.39	
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 wi	thin the last y	year?			
	☑ No						
	□ Yes						

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Debtor: Petersen Health Care - Illini, LLC Case number (if known): 24-10497

Name

art	8: Machinery, equipment, and vehicles			
46.	Does the debtor own or lease any machinery, equipme	nt, or vehicles?		
	□ No. Go to Part 9.			
	☑ Yes. Fill in the information below.			
	General description	Net book value of debtor's interest	Valuation method used	Current value of debtor's interest
	Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	(Where available)	for current value	Current value or deptor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and tit	tled farm vehicles		
	47.1 None	\$		\$
48.	Watercraft, trailers, motors, and related accessories Ex floating homes, personal watercraft, and fishing vessels 48.1 None	amples: Boats, trailers, motors,		\$
49.	Aircraft and accessories			
	49.1 None	\$.
50.	Other machinery, fixtures, and equipment (excluding fa	rm machinery and equipment)		
	50.1 See Schedule A/B 39	\$:	
51.	Total of Part 8.			
	Add lines 47 through 50. Copy the total to line 87.			0.00

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

☑ No

☐ Yes

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

✓ No

☐ Yes

Case 24-10443-TMH Doc 1443 Filed 04/22/25 Page 24 of 111 Petersen Health Care - Illini, LLC Case number (if known): Debtor: Name Part 9: **Real property** Does the debtor own or lease any real property? ☑ No. Go to Part 10. $\hfill \hfill \hfill$ 55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest **Description and location of property** Net book value of Nature and extent of Valuation method Include street address or other description such as debtor's interest Current value of Assessor Parcel Number (APN), and type of property (for debtor's interest in used for current debtor's interest property value example, acreage, factory, warehouse, apartment or office (Where available) building), if available. 55.1 56. Total of Part 9. Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88. 0.00 \$ 57. Is a depreciation schedule available for any of the property listed in Part 9? □ No □ Yes 58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

□ Yes

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Debtor: Petersen Health Care - Illini, LLC

64. Other intangibles, or intellectual property

64.1 None

Intangibles and intellectual property

Case number (if known):

Name

Part 10:

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

65.1 None	\$ 	\$
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)?

 \square No

65. Goodwill

✓ 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?

□ Yes

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Debtor: Petersen Health Care - Illini, LLC Case number (if known): 24-10497

Nama	

Part 11:	ΔII	other	accetc
Part I II	AII	omer	a55612

70.	Include all in	btor own any other assets that have terests in executory contracts and uner to Part 12. in the information below.	not yet been reported prired leases not previou	on this form? Isly reported on this	form.			
	_						Current va	llue of debtor's
71.	Notes recei	ivable						
	Description (include name of obligor)	Total face amount	doubtful or unc	collectible accounts			
	71.1	None	\$	- \$		=	\$	
72.	Tax refunds	s and unused net operating losses (I	NOLs)					
	Description ((for example, federal, state, local)						
	72.1	None		Tax year			_ \$	
73	Interests in	insurance policies or annuities						
70.		Name					\$	
					-			
74.	Causes of a	action against third parties (whether iled)	or not a lawsuit					
	74.1	See Global Notes			_		\$	
		Nature of claim			_			
		Amount requested	\$		_			
75.	Other conti every natur set off clair	ingent and unliquidated claims or ca re, including counterclaims of the de ns	uses of action of btor and rights to					
	75.1	None			_		\$	
		Nature of claim			_			
		Amount requested	\$		_			
76.	Trusts, equ	itable or future interests in property						
	76.1	None			_		\$	
	Other prope country club	erty of any kind not already listed Ex	camples: Season tickets,					
	77.1	See AMENDED A/B 77 Attachment			_		\$	2,186,885.33
78.	Total of Pa	rt 11.						
	Add lines 7	1 through 77. Copy the total to line 90.					\$	2,186,885.33
79.	Has any of t ☑ No □ Yes	the property listed in Part 11 been ap	ppraised by a professio	nal within the last	year?			

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Petersen Health Care - Illini, LLC Debtor:

Case number (if known):

Name

Part 12: Summary

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

	Type of property	 nt value of nal property		Current value of real property	
80.	Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	\$ 24,790.53			
81.	Deposits and prepayments. Copy line 9, Part 2.	\$ 71,579.38			
82.	Accounts receivable. Copy line 12, Part 3.	\$ 3,020,509.69			
83.	Investments. Copy line 17, Part 4.	\$ 0.00			
84.	Inventory. Copy line 23, Part 5.	\$ 0.00			
85.	Farming and fishing-related assets. Copy line 33, Part 6.	\$ 0.00			
86.	Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	\$ 16,946.39			
87.	Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$ 0.00			
88.	Real property. Copy line 56, Part 9	 		\$ 0.00	_
89.	Intangibles and intellectual property. Copy line 66, Part 10.	\$ 0.00			
90.	All other assets. Copy line 78, Part 11.	\$ 2,186,885.33			
91.	Total. Add lines 80 through 90 for each column91a.	\$ 5,320,711.32	+ 91b.	\$0.00	_
92.	Total of all property on Schedule A/B. Lines 91a + 91b = 92	 			

Fill in this information to identify the case:	
Debtor Name: In re : Petersen Health Care - Illini, LLC	
United States Bankruptcy Court for the: District of Delaware	
Case number (if known): 24-10497 (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
Priority cre	ditor's name an	d mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	\$
Creditor Name			— ☐ Contingent		
			☐ Unliquidated		
Creditor's Notice	e name		 □ Disputed		
Address			Basis for the claim:		
				_	
City	State	ZIP Code	-		
Country			_		
Date or dat	es debt was inc	urred			
Last 4 digit	s of account		_	Is the claim su □ No	bject to offset?
Specify Co	de subsection o	of PRIORITY unsecu	red	□ Yes	
claim: 11 U	.S.C. § 507(a) ()				

Part 2:

List All Creditors with NONPRIORITY Unsecured Claims

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

				Amount of claim	
Nonpriority o	reditor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	421.87
Creditor Name			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice n	name				
DO D 5000			☐ Disputed Basis for the claim:		
PO Box 5080 Address			Trade Payable		
				_	
Carol Stream	IL	60197-5080			
City	State	ZIP Code			
Country			In the elektroped in the William		
	s debt was incurr	red	Is the claim subject to offset? ☑ No		
Various Last 4 digits	-f		Property of the second se		
number					
		nd mailing address	As of the petition filing date, the claim is:	\$	1,742.0
Ameren Illinois Creditor Name			Check all that apply.		
			☐ Contingent		
Creditor's Notice n	name		Unliquidated		
Ordanor o reduce in	amo		☐ Disputed		
PO Box 88034			Basis for the claim:		
Address			Trade Payable	_	
Chicago	IL	60680-1034			
City	State	ZIP Code			
		5530			
Country					
Date or dates	s debt was incurr	ed	Is the claim subject to offset?		
Various			☑ No		
Last 4 digits	of account		□ Yes		
number					

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Nonpriority of	reditor's name a	nd mailing address	As of the petition filing date, the claim is:	¢	2,395.0
American Heal		na maning address	Check all that apply.	Ψ	2,393.0
Creditor Name			□ Contingent		
			☐ Unliquidated		
Creditor's Notice r	name		· □ Disputed		
671 Ohio Pike			Basis for the claim:		
Address			 Trade Payable		
Suite K				_	
Cincinnati	ОН	45245-2136			
City	State	ZIP Code			
Country					
Date or dates	s debt was incurr	ed	Is the claim subject to offset?		
Various			✓ No		
Various Last 4 digits number	of account				
Last 4 digits number Nonpriority of Biotech X- Ray	creditor's name a	nd mailing address		\$	1,095.1
Last 4 digits number Nonpriority o	creditor's name a	nd mailing address	☐ Yes As of the petition filing date, the claim is:	\$	1,095.1
Last 4 digits number Nonpriority of Biotech X- Ray Creditor Name	creditor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	1,095.1
Last 4 digits number Nonpriority of Biotech X- Ray	creditor's name a	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent	\$	1,095.1
Last 4 digits number Nonpriority of Biotech X- Ray Creditor Name Creditor's Notice of	creditor's name a	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated	\$	1,095.1
Last 4 digits number Nonpriority of Biotech X- Ray Creditor Name	creditor's name a Inc	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed	\$	1,095.1
Last 4 digits number Nonpriority of Biotech X- Ray Creditor Name Creditor's Notice of	creditor's name a Inc	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	1,095.1
Last 4 digits number Nonpriority of Biotech X- Ray Creditor Name Creditor's Notice of 1065 Executive Address	creditor's name a Inc	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	1,095.1
Last 4 digits number Nonpriority of Biotech X- Ray Creditor Name Creditor's Notice of 1065 Executive Address Suite 220	reditor's name a		As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	1,095.1
Last 4 digits number Nonpriority of Biotech X- Ray Creditor Name Creditor's Notice of 1065 Executive Address Suite 220 St Louis	creditor's name a Inc name Parkway Drive	63141-6367	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	1,095.1
Last 4 digits number Nonpriority of Biotech X- Ray Creditor Name Creditor's Notice of 1065 Executive Address Suite 220 St Louis City Country	creditor's name a Inc name Parkway Drive	63141-6367 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Disputed Basis for the claim: Trade Payable Is the claim subject to offset?	\$	1,095.1
Last 4 digits number Nonpriority of Biotech X- Ray Creditor Name Creditor's Notice of 1065 Executive Address Suite 220 St Louis City Country	ereditor's name a Inc Inc Iname Parkway Drive MO State S debt was incurr	63141-6367 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	1,095.1

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Name		nd mailing address	A - of the model - of the state of	•	. =00 0
Carle Foundati		nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	1,569.0
Creditor Name			□ Contingent		
			☐ Unliquidated		
Creditor's Notice	name		☐ Disputed		
611 West Park	(Stroot		Basis for the claim:		
Address	Collect		Trade Payable		
				_	
Urbana	IL	61801			
City	State	ZIP Code			
Country					
Date or date	s debt was incurr	ed	Is the claim subject to offset?		
					
Various					
Various Last 4 digits number	of account				
Last 4 digits number Nonpriority (Carstens		nd mailing address		\$	52.4
Last 4 digits number Nonpriority		nd mailing address	☐ Yes As of the petition filing date, the claim is:	\$	52.4
Last 4 digits number Nonpriority of Carstens Creditor Name	creditor's name a	nd mailing address	☐ Yes As of the petition filing date, the claim is: Check all that apply.	\$	52.4
Last 4 digits number Nonpriority (Carstens	creditor's name a	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent	\$	52.4
Last 4 digits number Nonpriority of Carstens Creditor Name Creditor's Notice of LBX 95195	creditor's name a	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated	\$	52.4
Last 4 digits number Nonpriority of Carstens Creditor Name	creditor's name a	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed	\$	52.4
Last 4 digits number Nonpriority of Carstens Creditor Name Creditor's Notice of LBX 95195 Address	creditor's name a		□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	52.4
Last 4 digits number Nonpriority of Carstens Creditor Name Creditor's Notice of LBX 95195 Address	creditor's name a		□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	52.4
Last 4 digits number Nonpriority of Carstens Creditor Name Creditor's Notice of LBX 95195 Address 141 West Jack	name	e 1000	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	52.4
Last 4 digits number Nonpriority (Carstens Creditor Name Creditor's Notice (LBX 95195 Address 141 West Jack Chicago	name sson Boulevard, Suite	e 1000 60694	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	52.4
Last 4 digits number Nonpriority (Carstens Creditor Name Creditor's Notice (LBX 95195 Address 141 West Jack Chicago City Country	name sson Boulevard, Suite	e 1000 60694 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Is the claim subject to offset?	\$	52.4
Last 4 digits number Nonpriority (Carstens Creditor Name Creditor's Notice (LBX 95195 Address 141 West Jack Chicago City Country	name sson Boulevard, Suite L State	e 1000 60694 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	52.4

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or:	Petersen Health C	Care - Illini, LLC		Case number (if known).	24-10	497
_	Name					
		tor's name and	d mailing address	As of the petition filing date, the claim is:	\$	588.5
	nristie Clinic editor Name			Check all that apply.		
Cie	editor Name			☐ Contingent		
				☐ Unliquidated		
Cre	editor's Notice name			☐ Disputed		
Ad	Idress on File			Basis for the claim:		
	dress			Trade Payable		
					-	
City		State	ZIP Code			
		Otate	ZIF Code			
	ountry ate or dates dek			Is the claim subject to offset?		
	are or dates det arious	ot was incurred	u	✓ No		
	st 4 digits of a	and the same				
Со	onpriority credioncast Cable	tor's name and	d mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	63.9
				☐ Contingent		
				Unliquidated		
Cre	editor's Notice name			☐ Disputed		
PC	D Box 70219			Basis for the claim:		
Add	dress			Trade Payable	_	
Ph	niladelphia	PA	19176-0219			
City	у	State	ZIP Code			
Co	ountry					
	ate or dates deb	t was incurra	4	Is the claim subject to offset?		
Da	ate of dates des	n was incurre	u			
	arious	n was illeuire	u	☑ No		

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or: Petersen He	alth Care - Illini, LLC		Case number (if known):	24-10497	
Name					
		nd mailing address	As of the petition filing date, the claim is:	\$	27,184.8
Constellation No.	ew Energy		Check all that apply.		
Creditor Name			☐ Contingent		
			□ Unliquidated		
Creditor's Notice n	ame		□ Disputed		
Gas Division LL	С		Basis for the claim:		
Address			 Trade Payable		
PO Box 5473				_	
Carol Stream	IL	60197-5473			
City	State	ZIP Code			
Country					
Date or dates	s debt was incurr	ed	Is the claim subject to offset?		
Various			☑ No		
Last 4 digits	of account		☐ Yes		
number Nonpriority c	reditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	871.8
D&M Electrical			Check all that apply.		
Creditor Name			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice na	ame		□ Dismuted		
			☐ Disputed		
1223 US Rt 45			Basis for the claim:		
1223 US Rt 45 Address				_	
			Basis for the claim:	_	
Neoga	<u>IL</u>	62447	Basis for the claim:	_	
Address		62447 ZIP Code	Basis for the claim:	_	
Neoga City Country	IL State	ZIP Code	Basis for the claim: Trade Payable	_	
Neoga City Country Date or dates	<u>IL</u>	ZIP Code	Basis for the claim: Trade Payable Is the claim subject to offset?	_	
Neoga City Country	IL State	ZIP Code	Basis for the claim: Trade Payable	_	

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Nonpriority c	reditor's name a	nd mailing address	As of the petition filing date, the claim is: \$	3,658.5
Datamax			Check all that apply.	
Creditor Name			☐ Contingent	
dba Sumner On	e		☐ Unliquidated	
Creditor's Notice na	ame		 □ Disputed	
PO Box 5180			Basis for the claim:	
Address			Trade Payable	
St Louis	MO	63139-0180		
City	State	ZIP Code		
Country			Is the claim subject to offset?	
	debt was incurr	red	✓ No	
Various			□ 110	
Last 4 digits of	of account			
Last 4 digits of	of account		□ Yes	
number			□ Yes	
number Nonpriority c	reditor's name a	and mailing address	As of the petition filing date, the claim is: \$	2,522.:
number	reditor's name a	and mailing address	As of the petition filing date, the claim is: \$Check all that apply.	2,522.:
number Nonpriority c	reditor's name a	and mailing address	As of the petition filing date, the claim is: \$ Check all that apply.	2,522.:
number Nonpriority ci Flynn Sales & S Creditor Name	reditor's name a service Inc	and mailing address	As of the petition filing date, the claim is: \$Check all that apply.	2,522.:
number Nonpriority c	reditor's name a service Inc	and mailing address	As of the petition filing date, the claim is: \$ Check all that apply. □ Contingent □ Unliquidated □ Disputed	2,522.
number Nonpriority control of the second of	reditor's name a service Inc	and mailing address	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	2,522.
number Nonpriority ci Flynn Sales & S Creditor Name Creditor's Notice na	reditor's name a service Inc	and mailing address	As of the petition filing date, the claim is: \$ Check all that apply. □ Contingent □ Unliquidated □ Disputed	2,522.
number Nonpriority Cl Flynn Sales & S Creditor Name Creditor's Notice na 1286 Franks Ro Address	reditor's name a service Inc		As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	2,522.:
number Nonpriority control of the second of	reditor's name a service Inc	and mailing address 62650 ZIP Code	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	2,522.2
number Nonpriority control of the second of	reditor's name a service Inc ame and	62650	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	2,522.:
Nonpriority configuration in the second seco	reditor's name a service Inc ame and	62650 ZIP Code	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	2,522.
Nonpriority configuration in the second seco	reditor's name a service Inc	62650 ZIP Code	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	2,522

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		nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$ 2,251.52
Health Technologies Inc Creditor Name			□ Contingent	
			·	
Creditor's Notice na	ame		Unliquidated	
			☐ Disputed	
8446 Page Avenue Address			Basis for the claim:	
Address			Trade Payable	
St. Louis	MO	63130		
City	State	ZIP Code		
Country			le the eleim cubicet to effect?	
Date or dates debt was incurred			Is the claim subject to offset?	
			☑ No	
Various			☑ No	
Last 4 digits			☑ No ☐ Yes	
			<u></u>	
Last 4 digits on number Nonpriority c	of account reditor's name a	nd mailing address	☐ Yes As of the petition filing date, the claim is:	\$ 7,500.0
Last 4 digits number	of account reditor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$ 7,500.0
Last 4 digits on number Nonpriority c Heritage Nursin	of account reditor's name a	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent	\$ 7,500.0
Last 4 digits on number Nonpriority c Heritage Nursin Creditor Name	of account reditor's name a ng Care, Inc.	nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$ 7,500.0
Last 4 digits on number Nonpriority c Heritage Nursin	of account reditor's name a ng Care, Inc.	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent	\$ 7,500.0
Nonpriority c Heritage Nursin Creditor Name Creditor's Notice n	of account reditor's name a g Care, Inc.	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated	\$ 7,500.0
Last 4 digits on number Nonpriority c Heritage Nursin Creditor Name Creditor's Notice no	of account reditor's name a g Care, Inc.	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$ 7,500.0
Nonpriority c Heritage Nursin Creditor Name Creditor's Notice n	of account reditor's name a g Care, Inc.	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$ 7,500.0
Nonpriority c Heritage Nursin Creditor Name Creditor's Notice n	of account reditor's name a g Care, Inc.	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	7,500.00
Last 4 digits on number Nonpriority c Heritage Nursin Creditor Name Creditor's Notice notes and W Trailcree Address	of account reditor's name a g Care, Inc. ame		As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$ 7,500.0
Last 4 digits on number Nonpriority c Heritage Nursin Creditor Name Creditor's Notice notes and the second secon	of account reditor's name a g Care, Inc. ame ek Dr. IL State	61614 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Inter Company Loan	\$ 7,500.0
Last 4 digits on number Nonpriority content of the results of the	of account reditor's name a g Care, Inc. ame ek Dr. IL State	61614 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Inter Company Loan	7,500.0
Last 4 digits on number Nonpriority c Heritage Nursin Creditor Name Creditor's Notice notes and the second secon	of account reditor's name a g Care, Inc. ame ek Dr. IL State s debt was incurr	61614 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Inter Company Loan	\$ 7,500.0

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Nonpriority cre		nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	1,291.6
Creditor Name			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice nar	me		□ Disputed		
PO Box 6029			Basis for the claim: Trade Payable		
Address				-	
Carol Stream	IL	60197-6029			
City	State	ZIP Code			
Country					
Date or dates debt was incurred			Is the claim subject to offset? ☑ No		
Various Last 4 digits o			☑ No ☐ Yes		
Nonpriority creditor's name and mailing address Illinois State Police Creditor Name					
Illinois State Poli		nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	1,800.0
Illinois State Poli		nd mailing address	Check all that apply. □ Contingent	\$	1,800.0
Illinois State Poli	ice	nd mailing address	Check all that apply. ☐ Contingent ☐ Unliquidated	\$	1,800.C
Illinois State Poli Creditor Name Creditor's Notice nar	me	nd mailing address	Check all that apply. Contingent Unliquidated Disputed	\$	1,800.C
Illinois State Poli Creditor Name	me	nd mailing address	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	1,800.C
Illinois State Poli Creditor Name Creditor's Notice nar Bureau of Investi	me igation	nd mailing address	Check all that apply. Contingent Unliquidated Disputed	\$	1,800.C
Illinois State Police Creditor Name Creditor's Notice nare Bureau of Investigned Address 206 North Chicago	me igation	nd mailing address	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	1,800.C
Illinois State Police Creditor Name Creditor's Notice nare Bureau of Investigned Address	me igation go Street		Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	1,800.C
Illinois State Policereditor Name Creditor's Notice nare Bureau of Investive Address 206 North Chicago Joliet	me igation go Street	60432-4072	Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	1,800.0
Illinois State Police Creditor Name Creditor's Notice nare Bureau of Investi Address 206 North Chicago Joliet City Country	me igation go Street	60432-4072 ZIP Code	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	1,800.0

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or: Petersen Hea	alth Care - Illini, LLC	;	Case number (if known):	24-1049	97
Name					
		nd mailing address	As of the petition filing date, the claim is:	\$	1,750.0
Impact Medical	Services LLC		Check all that apply.		
Creditor Name			□ Contingent		
			☐ Unliquidated		
Creditor's Notice na	ame		□ Disputed		
1001 NW Vespe	er Street		Basis for the claim:		
Address			Trade Payable	_	
Blue Springs	МО	64015-3676			
City	State	ZIP Code			
Country					
Date or dates	debt was incurr	ed	Is the claim subject to offset?		
Various			✓ No		
Last 4 digits	of account		□ Yes		
		nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	Undetermine
Law Office of Je	mrey Krumpe				
			☐ Contingent		
Creditor's Notice na	ame		Unliquidated Unliquidated		
			✓ Disputed		
110 SW Jeffere	son		Basis for the claim:		
Address			Litigation	_	
Suite 410					
Peoria	IL	61602			
City	State	ZIP Code			
Country					
Date or dates	debt was incurr	ed	Is the claim subject to offset?		
2/6/2024			☑ No		
Last 4 digits	of account		□ Yes		
number					

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or: Petersen Hea	alth Care - Illini, LLC	;	Case number (if known):	24-10497	
Name					
9 Nonpriority c	reditor's name a	ind mailing address	As of the petition filing date, the claim is:	\$	490.0
Lawns by Grass	Masters		Check all that apply.		
Creditor Name			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice na	ame		□ Disputed		
298 Du Page St	treet		Basis for the claim:		
Address	<u></u>		Trade Payable	_	
Mahomet	<u>IL</u>	61853			
City	State	ZIP Code			
Country					
	debt was incurr	red	Is the claim subject to offset?		
Various			✓ No		
Last 4 digits	of account		□ Yes		
	reditor's name a	and mailing address	As of the petition filing date, the claim is:	\$	172,640.:
Martin Bros Creditor Name			Check all that apply.		
Ordator Hame			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice na	ame		☐ Disputed		
406 Viking Road	d		Basis for the claim:		
Address			Trade Payable	-	
Cedar Falls	IA	50613			
City	State	ZIP Code			
Country					
	debt was incurr	red	Is the claim subject to offset?		
Various			☑ No		
Last 4 digits	of account		☐ Yes		
number					

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Creditor's Notice name Contingent Unliquidated Disputed Basis for the claim: Trade Payable Unliquidated Disputed Basis for the claim: Trade Payable Unliquidated Disputed Disputed	-		nd mailing address	As of the petition filing date, the claim is:	\$	1,425.3
Creditor's Notice name Heating& Air Conditioning Address PO Box 5473 Urbana IL 61803 City State Zip Code Country Date or dates debt was incurred Various Nonpriority creditor's name and mailing address Mc Kesson Medical-Surgical Creditor's Notice name PO Box 630693 Address Creditor's Notice name Cincinnati OH 45263-0693 City State Zip Code Date or dates debt was incurred Urbana IL 61803 Is the claim subject to offset? In No Yes Country As of the petition filing date, the claim is: \$ 40,137.55 Check all that apply. Creditor's Notice name Disputed Disputed Disputed Is the claim subject to offset? In Trade Payable Satisfaction for the claim: Trade Payable Is the claim subject to offset? In Individated Disputed Disput		mmercial Refrigera	tion	Check all that apply.		
Disputed Basis for the claim: Trade Payable Po Box 5473 Trade Payable Po Box 5473 Trade Payable Po Box 5473 Po Box 5475 Po Box 5405658 Po Box 54056	Orealier Hame			☐ Contingent		
Disputed Basis for the claim: Trade Payable				☐ Unliquidated		
Trade Payable PO Box 5473 Urbana L	Creditor's Notice na	ame		☐ Disputed		
PO Box 5473 Urbana IL 61803 City State 721P Code Country Date or dates debt was incurred	Heating& Air Co	onditioning		Basis for the claim:		
Urbana IL State 61803 City State 12 IP Code Country Country State Code Country Code Country Code Country Code Country Code	Address			Trade Payable		
Country Date or dates debt was incurred Various Last 4 digits of account number Nonpriority creditor's name and mailing address Mc Kesson Medical- Surgical Creditor Name Creditor Name PO Box 630693 Address Cincinnati OH 45263-0693 City State Date or dates debt was incurred Various Is the claim subject to offset? No State Is the claim subject to offset? Various Is the claim subject to offset? Various Is the claim subject to offset?	PO Box 5473				_	
Country Date or dates debt was incurred Various Last 4 digits of account number Nonpriority creditor's name and mailing address Mc Kesson Medical- Surgical Creditor's Notice name PO Box 630693 Address Cincinnati OH 45263-0693 City State Date or dates debt was incurred Various Is the claim subject to offset? No Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Cincinnati OH 45263-0693 City State Trade Payable Is the claim subject to offset? Is the claim subject to offset? Is the claim subject to offset?	Urbana	II .	61803			
Date or dates debt was incurred Is the claim subject to offset? Various ✓ No Last 4 digits of account ✓ Yes number Nonpriority creditor's name and mailing address As of the petition filling date, the claim is: \$ 40,137.5 Mc Kesson Medical- Surgical Check all that apply. Creditor's Notice name Unliquidated PO Box 630693 Basis for the claim: Address Trade Payable Cincinnati OH 45263-0693 City State ZIP Code Is the claim subject to offset? Various ✓ No						
Various Last 4 digits of account number Nonpriority creditor's name and mailing address Mc Kesson Medical- Surgical Creditor's Notice name PO Box 630693 Address Cincinnati OH 45263-0693 City Date or dates debt was incurred Various No No Yes No Yes No As of the petition filing date, the claim is: \$ 40,137.85 Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable State Is the claim subject to offset? No	Country					
Last 4 digits of account number Nonpriority creditor's name and mailing address Mc Kasson Medical- Surgical Creditor Name Creditor's Notice name PO Box 630693 Address Cincinnati City State Country Date or dates debt was incurred Various PYes As of the petition filing date, the claim is: \$ 40,137.8 Check all that apply. Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable State Is the claim subject to offset? Various	Date or dates	debt was incurr	red	Is the claim subject to offset?		
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 But the claim subject to offset? Is the claim subject to offset? No As of the petition filing date, the claim is: \$ 40,137.8 Check all that apply. Contingent Unliquidated Disputed Disputed Basis for the claim: Trade Payable State Disputed State St	Various			✓ No		
Nonpriority creditor's name and mailing address Mc Kesson Medical- Surgical Creditor Name Creditor's Notice name Creditor's Notice name PO Box 630693 Address Cincinnati OH 45263-0693 City State ZIP Code Disputed Basis for the claim: Trade Payable Cincinnati OH 45263-0693 City State ZIP Code Is the claim subject to offset? No	Various					
Creditor Name Creditor's Notice name PO Box 630693 Address Cincinnati City Country Date or dates debt was incurred Contingent Unliquidated Disputed Basis for the claim: Trade Payable Is the claim subject to offset? No	Last 4 digits	of account				
Creditor's Notice name PO Box 630693 Address Cincinnati City Country Date or dates debt was incurred Contingent Unliquidated Disputed Basis for the claim: Trade Payable Is the claim subject to offset? No	Last 4 digits number		nd mailing address	□ Yes	\$	40,137.5
Cincinnati OH 45263-0693 Ciny State ZIP Code Country Disputed Basis for the claim: Trade Payable Cincinnati OH 45263-0693 ZIP Code Is the claim subject to offset? Various No	Last 4 digits on number Nonpriority communication Mc Kesson Medication Medic	reditor's name a	nd mailing address	☐ Yes As of the petition filing date, the claim is:	\$	40,137.
PO Box 630693 Address Cincinnati City Country Date or dates debt was incurred Various Disputed Basis for the claim: Trade Payable Is the claim subject to offset? No	Last 4 digits on number Nonpriority communication Mc Kesson Medication Medic	reditor's name a	nd mailing address	☐ Yes As of the petition filing date, the claim is: Check all that apply.	\$	40,137.5
Address Cincinnati OH State ZIP Code Country Date or dates debt was incurred Various Trade Payable Is the claim subject to offset? No	Last 4 digits on number Nonpriority communication Mc Kesson Medication Medic	reditor's name a	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent	\$	40,137.5
Cincinnati OH 45263-0693 City State ZIP Code Country Date or dates debt was incurred Various Is the claim subject to offset? ✓ No	Last 4 digits on number Nonpriority c Mc Kesson Med Creditor Name	reditor's name a dical- Surgical	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated	\$	40,137.5
Country Date or dates debt was incurred Various State ZIP Code Is the claim subject to offset? No	Last 4 digits on number Nonpriority c Mc Kesson Med Creditor Name Creditor's Notice no	reditor's name a dical- Surgical ame	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed	\$	40,137.5
Country Date or dates debt was incurred Various State ZIP Code Is the claim subject to offset? No	Nonpriority c Mc Kesson Med Creditor Name Creditor's Notice no	reditor's name a dical- Surgical ame	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	40,137.5
Country Date or dates debt was incurred Various Is the claim subject to offset? ✓ No	Nonpriority c Mc Kesson Med Creditor Name Creditor's Notice no	reditor's name a dical- Surgical ame	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	40,137.5
Date or dates debt was incurred Is the claim subject to offset? Various ✓ No	Nonpriority c Mc Kesson Med Creditor Name Creditor's Notice in PO Box 630693 Address	reditor's name a		□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	40,137.5
Various ☑ No	Last 4 digits on number Nonpriority c Mc Kesson Med Creditor's Notice no PO Box 630693 Address Cincinnati	ame OH	45263-0693	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	40,137.5
Various	Last 4 digits on number Nonpriority c Mc Kesson Med Creditor's Notice note of the control of th	ame OH State	45263-0693 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	40,137.
	Last 4 digits on number Nonpriority community Community Community Notice in the community Notice in t	ame OH State	45263-0693 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Is the claim subject to offset?	\$	40,137.5

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tor: Petersen He	ealth Care - Illini, LLC	;	Case number (if known):	24-10497	
Name					
3 Nonpriority o	reditor's name a	ind mailing address	As of the petition filing date, the claim is:	\$	59,640.4
Omnicare			Check all that apply.		
Creditor Name			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice n	iame		☐ Disputed		
Department781	1668		Basis for the claim:		
Address			Trade Payable		
PO Box 78000				-	
Detroit	MI	48278-1668			
City	State	ZIP Code			
Country					
Date or dates	s debt was incurr	red	Is the claim subject to offset?		
Various			✓ No		
Last 4 digits	of account		□ Yes		
number 4 Nonpriority o	creditor's name a	and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	2,542.4
Creditor Name					
			☐ Contingent		
Creditor's Notice n	name		Unliquidated		
			☐ Disputed Basis for the claim:		
9840 Southwes	st Highway				
			Trade Payable	_	
Oak Lawn	IL	60453			
City	State	ZIP Code			
Country					
Date or dates	s debt was incurr	red	Is the claim subject to offset?		
Various			☑ No		
Last 4 digits	of account		□ Yes		
number					

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		nd mailing address	As of the petition filing date, the claim is:	\$	48,000.0
Creditor Name	th Operations, LLC		Check all that apply.		
			☐ Contingent		
Creditor's Notice	name		Unliquidated		
Ordanor o rivolico i	name		☐ Disputed		
830 W Trailcre	ek Dr.		Basis for the claim:		
Address			Inter Company Loan	_	
Peoria	<u>IL</u>	61614			
City	State	ZIP Code			
Country			La tha allatina and the control of t		
	s debt was incurr	ed	Is the claim subject to offset?		
As of 3/31/202			✓ No		
Last 4 digits	or account		☐ Yes		
number					
number Amended he	erein: added creditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	38,000.0
number Amended he	erein: added creditor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	38,000.0
number Amended he Nonpriority of Petersen Hotel	erein: added creditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	38,000.0
Amended he Nonpriority (Petersen Hotel Creditor Name	erein: added creditor's name a ls, LLC	nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	38,000.0
number Amended he Nonpriority of Petersen Hotel	erein: added creditor's name a ls, LLC	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent	\$	38,000.0
number Amended her Nonpriority of Petersen Hotel Creditor Name Creditor's Notice of 830 W Trailcree	erein: added creditor's name a ls, LLC	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated	\$	38,000.0
Amended he Nonpriority (Petersen Hotel Creditor Name	erein: added creditor's name a ls, LLC	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$	38,000.0
number Amended her Nonpriority of Petersen Hotel Creditor Name Creditor's Notice of 830 W Trailcree	erein: added creditor's name a ls, LLC	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	38,000.0
number Amended her Nonpriority of Petersen Hotel Creditor Name Creditor's Notice of 830 W Trailcree	erein: added creditor's name a ls, LLC	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	38,000.0
Nonpriority of Petersen Hotel Creditor Name Creditor's Notice of Raddress	erein: added creditor's name a ls, LLC name eek Dr.		As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	38,000.0
Nonpriority of Petersen Hotel Creditor's Notice of Raddress Peoria	erein: added creditor's name a ls, LLC name eek Dr.	61614	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Inter Company Loan	\$	38,000.0
Nonpriority of Petersen Hotel Creditor's Notice of Raddress Peoria City Country	erein: added creditor's name a ls, LLC name eek Dr.	61614 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Basis for the claim: Inter Company Loan Is the claim subject to offset?	\$	38,000.0
Nonpriority of Petersen Hotel Creditor's Notice of Raddress Peoria City Country	erein: added creditor's name a ls, LLC name eek Dr. IL State s debt was incurr	61614 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Inter Company Loan	\$	38,000.0

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Nonpriority cr	editor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	60,000.0
Plaza West Deve			Check all that apply.		
Creditor Name			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice nar	me		□ Disputed		
7601 N. Orange	Prairie Rd.		Basis for the claim:		
Address			Inter Company Loan		
				_	
Peoria	IL	61615			
City	State	ZIP Code			
Country					
Data or datas	debt was incurr	ad	Is the claim subject to offset?		
		eu	•		
As of 3/31/2024		eu	✓ No		
	of account	eu	•		
As of 3/31/2024 Last 4 digits on number Amended here Nonpriority creations	of account ein: added	nd mailing address	✓ No ☐ Yes As of the petition filing date, the claim is:	\$	1,683.8
As of 3/31/2024 Last 4 digits o number Amended here	of account ein: added		✓ No ☐ Yes As of the petition filing date, the claim is: Check all that apply.	\$	1,683.8
As of 3/31/2024 Last 4 digits of number Amended here Nonpriority creepresto- X	of account ein: added			\$	1,683.8
As of 3/31/2024 Last 4 digits of number Amended here Nonpriority creepresto- X	of account ein: added reditor's name a			\$	1,683.6
As of 3/31/2024 Last 4 digits o number Amended here Nonpriority cre Presto- X Creditor Name	of account ein: added reditor's name a			\$	1,683.8
As of 3/31/2024 Last 4 digits on number Amended here Nonpriority cropresto- X Creditor Name	of account ein: added reditor's name a			\$	1,683.8
As of 3/31/2024 Last 4 digits on number Amended here Nonpriority cre Presto- X Creditor Name Creditor's Notice name PO Box 14095	of account ein: added reditor's name a			\$	1,683.8
As of 3/31/2024 Last 4 digits on number Amended here Nonpriority cre Presto- X Creditor Name Creditor's Notice name PO Box 14095	of account ein: added reditor's name a			\$	1,683.8
As of 3/31/2024 Last 4 digits o number Amended here Nonpriority cre Presto- X Creditor Name Creditor's Notice nar PO Box 14095 Address	of account ein: added reditor's name a	nd mailing address		\$	1,683.8
As of 3/31/2024 Last 4 digits o number Amended here Nonpriority cre Presto- X Creditor Name Creditor's Notice nar PO Box 14095 Address Reading	of account ein: added reditor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	1,683.8
As of 3/31/2024 Last 4 digits on number Amended here Nonpriority cre Presto- X Creditor Name Creditor's Notice nare PO Box 14095 Address Reading City Country	of account ein: added reditor's name a	nd mailing address 19612 ZIP Code		\$	1,683.6

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Name					
Nonpriority cr	editor's name a	and mailing address	As of the petition filing date, the claim is:	\$	6,000.0
Ray Medical Ser	vices		Check all that apply.		
Creditor Name			☐ Contingent		
			Unliquidated		
Creditor's Notice nar	me		☐ Disputed		
120 West19th St	reet		Basis for the claim:		
Address			Trade Payable	-	
Gibson City	<u> </u>	60936			
City	State	ZIP Code			
Country			In the claim outlinet to offeet?		
	debt was incurr	red	Is the claim subject to offset? ☑ No		
Various Last 4 digits o					
RecoverCare LL		and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	14,136.3
Creditor Name			□ Contingent		
dba Joerns LLC			☐ Unliquidated		
Creditor's Notice nar	me		 □ Disputed		
PO Box 936446			Basis for the claim:		
			Trade Payable	-	
Address					
Address					
Atlanta	GA	31193-6446			
	GA State	31193-6446 ZIP Code			
Atlanta City Country	State	ZIP Code	le the claim subject to offeet?		
Atlanta City Country Date or dates		ZIP Code	Is the claim subject to offset?		
Atlanta City Country	State debt was incurr	ZIP Code	Is the claim subject to offset? ✓ No — Yes		

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Creditor's Notice name Creditor's Notice name Unliquidated Disputed Basis for the claim: Trade Payable		reditor's name a	and mailing address	As of the petition filing date, the claim is: \$	167,518.2
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 Nonpriority creditor's name and mailing address Roseman Corporation d/b/a Corkys Service Center Creditor's Notice name Creditor's Notice name Cred	RehabCare Creditor Name			Check all that apply.	
Disputed Basis for the claim: Trade Payable Trade Pay				☐ Contingent	
PO Box 71985 Address Trade Payable Chicago IL 60694-1985 City State ZIP Code Country Date or dates debt was incurred Various Last 4 digits of account number Nonpriority creditor's name and mailing address Roseman Corporation db/a Corkys Service Center Creditor Name Creditor Notice name Creditor Notice name PO Box 946 Rantoul IL 61866 City State ZIP Code Is the claim subject to offset? Country Basis for the claim: Trade Payable Disputed Basis for the claim: Trade Payable Is the claim subject to offset? Is the claim subject to offset? Is the claim subject to offset?	Craditor's Natica	22mo		Unliquidated	
Address Trade Payable Chicago IL 60694-1985 City State ZIP Code Country Date or dates debt was incurred Yarious State Yes Service Center Nonpriority creditor's name and mailing address Roseman Corporation d/b/a Corkys Service Center Creditor Name Creditor Notice name 2784 US Route 45 Address PO Box 946 Rantoul IL 61866 City State ZIP Code Trade Payable Trade Payable Trade Payable Trade Payable Is the claim subject to offset? Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Is the claim subject to offset?	Creditor's Notice i	lame		☐ Disputed	
Chicago IL 60694-1985 City State ZIP Code State S				Basis for the claim:	
Country Date or dates debt was incurred Various Last 4 digits of acount number Nonpriority creditor's name and mailing address Roseman Corporation d/b/a Corkys Service Center Creditor Name Creditor's Notice name 2784 US Route 45 Address PO Box 946 Rantoul IL 61866 City State ZIP Code Is the claim subject to offset? No No Yes As of the petition filing date, the claim is: \$ 2 Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Country Date or dates debt was incurred Is the claim subject to offset?	Address			Trade Payable	
Country Date or dates debt was incurred Various Last 4 digits of account number Nonpriority creditor's name and mailing address Roseman Corporation d/b/a Corkys Service Center Creditor's Notice name Creditor's Notice name 2784 US Route 45 Address PO Box 946 Rantoul ILL 61866 City State ZiP Code Is the claim subject to offset?	Chicago		60694-1985		
Date or dates debt was incurred Various Last 4 digits of account number Nonpriority creditor's name and mailing address Roseman Corporation d/b/a Corkys Service Center Creditor's Notice name Creditor's Notice name 2784 US Route 45 Address PO Box 946 Rantoul IL 61866 City Country Date or dates debt was incurred Is the claim subject to offset? No No Yes As of the petition filing date, the claim is: \$ Check all that apply. Trade Payable Is the claim subject to offset?					
Various					
Last 4 digits of account number Nonpriority creditor's name and mailing address Roseman Corporation d/b/a Corkys Service Center Creditor Name Creditor's Notice name Creditor's Notice name Disputed Basis for the claim: Trade Payable Country		s debt was incurr	red		
Nonpriority creditor's name and mailing address Roseman Corporation d/b/a Corkys Service Center Creditor Name Creditor's Notice name Creditor's Notice name 2784 US Route 45 Address PO Box 946 Rantoul IL 61866 City State ZiP Code Lis the claim subject to offset?					
Roseman Corporation d/b/a Corkys Service Center Creditor Name Creditor's Notice name Creditor's Notice name Disputed Basis for the claim: Trade Payable Country Date or dates debt was incurred Check all that apply. Check all that apply. Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable		114			
Creditor Name Creditor's Notice name Creditor's Notice name Disputed Basis for the claim: Trade Payable Rantoul LL G1866 City State Trade Is the claim subject to offset?			=		29.0
Creditor's Notice name 2784 US Route 45 Address PO Box 946 Rantoul City State Country Date or dates debt was incurred Unliquidated Disputed Basis for the claim: Trade Payable Trade Payable				□ Contingent	
Creditor's Notice name 2784 US Route 45 Address PO Box 946 Rantoul City Country Disputed Basis for the claim: Trade Payable Payable IL 61866 ZIP Code Is the claim subject to offset?				•	
## PO Box 946 Rantoul IL 61866 City State ZIP Code Country Date or dates debt was incurred Easis for the claim: Trade Payable	Creditor's Notice r	name			
Address PO Box 946 Rantoul IL 61866 City State ZIP Code Country Date or dates debt was incurred I rade Payable Trade Payable	2784 US Route	- 45		·	
Rantoul IL 61866 City State ZIP Code Country Date or dates debt was incurred Is the claim subject to offset?		, . <u>.</u>			
Country Date or dates debt was incurred Is the claim subject to offset?	PO Box 946				
Country Date or dates debt was incurred Is the claim subject to offset?	Rantoul	IL	61866		
Date or dates debt was incurred Is the claim subject to offset?	City	State	ZIP Code		
	Country				
Various Various No		a daht waa inqur	rad	Is the claim subject to offset?	
		s debt was incuri	cu		

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Name ! ! !					
Roto Rooter-0		and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	251.49
Creditor Name	Onampaign		☐ Contingent		
			☐ Unliquidated		
Creditor's Notice	e name		<u> </u>		
	_		☐ DisputedBasis for the claim:		
602 Ashford C	Court				
			Trade Payable	_	
Chamasina		04000			
Champaign	<u>IL</u> State	61822			
City	State	ZIP Code			
Country			le the claim publicat to offeet?		
	es debt was incurr	red	Is the claim subject to offset? ☑ No		
Various	s of account		□ Yes		
number					
	creditor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	1,400.00
34 Nonpriority Roy Parker	creditor's name a	and mailing address		\$	1,400.00
Roy Parker Creditor Name		nd mailing address	Check all that apply.	\$	1,400.00
34 Nonpriority Roy Parker		and mailing address	Check all that apply. □ Contingent	\$	1,400.00
Roy Parker Creditor Name Creditor's Notice			Check all that apply. □ Contingent □ Unliquidated	\$	1,400.00
Roy Parker Creditor Name Creditor's Notice	e name		Check all that apply. Contingent Unliquidated Disputed	\$	1,400.00
Roy Parker Creditor Name Creditor's Notice Address not a	e name		Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	1,400.00
Roy Parker Creditor Name Creditor's Notice Address not a	e name		Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	1,400.00
Roy Parker Creditor Name Creditor's Notice Address not a Address	e name available at time of filin	ng	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	1,400.00
Roy Parker Creditor Name Creditor's Notice Address not a Address City Country	e name available at time of filin	ng ZIP Code	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	1,400.00
Roy Parker Creditor Name Creditor's Notice Address not a Address City Country	e name available at time of filin	ng ZIP Code	Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	1,400.0

number

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tor: Petersen He	ealth Care - Illini, LLC	;	Case number (if known).	24-10497	7
Name					
		nd mailing address	As of the petition filing date, the claim is:	\$	70,182.2
Select Rehabili	tation LLC		Check all that apply.		
Oreator Name			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice n	ame		☐ Disputed		
PO Box 71985			Basis for the claim:		
Address			Trade Payable	_	
Chicago	<u>IL</u>	60694-1985			
City	State	ZIP Code			
Country					
Date or dates	s debt was incurr	red	Is the claim subject to offset?		
Various					
Last 4 digits	or account		□ Yes		
number	oraditaria nama a	nd mailing addraga	A of the metition filling data the claim in-	r.	002.5
Shadow Fax Pr		nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	663.5
Creditor Name			□ Contingent		
			☐ Unliquidated		
Creditor's Notice n	name		·		
			☐ Disputed Basis for the claim:		
PO Box 347 Address					
			Trade Payable	_	
Sullivan	<u>IL</u>	61951			
City	State	ZIP Code			
Country					
Date or dates	s debt was incurr	red	Is the claim subject to offset?		
Various			☑ No		
Last 4 digits	of account		□ Yes		

number

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		nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	154.5
Creditor Name	editor's Notice name edical Waste Account dress D Box 5473 Illivan IL G1951 ZIP Code Juntry ate or dates debt was incurred arious ast 4 digits of account amber Conpriority creditor's name and mailing address are Home Depot Pro additor Name				
			☐ Contingent		
Creditor's Notice n	ame		Unliquidated		
			☐ Disputed		
	Account		Basis for the claim:		
PO Box 5473			Trade Payable	-	
Sullivan					
Country					
Date or dates	debt was incurr	ed	Is the claim subject to offset?		
Various			☑ No		
Lact A digite	of account		□ Yes		
	or account		00		
number Nonpriority c	reditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	302.4
number Nonpriority c	reditor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	302.4
number Nonpriority c The Home Dep	reditor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent	\$	302.4
number Nonpriority c The Home Dep	r editor's name a ot Pro	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated	\$	302.4
number Nonpriority c The Home Dep Creditor Name Creditor's Notice n	creditor's name a ot Pro	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent	\$	302.4
number Nonpriority c The Home Dep Creditor Name	creditor's name a ot Pro	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$	302.4
Nonpriority c The Home Dep Creditor Name Creditor's Notice n 13924 Collection	creditor's name a ot Pro	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	302.4
Nonpriority c The Home Dep Creditor Name Creditor's Notice n 13924 Collection	creditor's name a ot Pro	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	302.4
Nonpriority c The Home Dep Creditor Name Creditor's Notice n 13924 Collection Address	ereditor's name a not Pro name on Center Drive		As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	302.4
Nonpriority c The Home Dep Creditor Name Creditor's Notice n 13924 Collection Address Chicago City Country	ereditor's name a oot Pro The same on Center Drive The state of the	60693-0126 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	302.4
Nonpriority c The Home Dep Creditor Name Creditor's Notice n 13924 Collection Address Chicago City Country Date or dates	ereditor's name a ot Pro ame on Center Drive	60693-0126 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Basis for the claim: Trade Payable Is the claim subject to offset?	\$	302.4
Nonpriority c The Home Dep Creditor Name Creditor's Notice n 13924 Collection Address Chicago City Country	ereditor's name a ot Pro ame on Center Drive IL State	60693-0126 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	302.4

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		nd mailing address	As of the petition filing date, the claim is:	\$	4,760.5
Tri State Fire Pr	rotection Inc		Check all that apply.		
			☐ Contingent		
One ditanta Nation as			☐ Unliquidated		
Creditor's Notice na	ame		☐ Disputed		
PO Box 70			Basis for the claim:		
Address			Trade Payable	_	
Newburgh	IN	47629-0070			
City	State	ZIP Code			
Country					
Date or dates	debt was incurr	ed	Is the claim subject to offset?		
Various			☑ No		
Last 4 digits of	of account		□ Yes		
	of account				
Last 4 digits on number Nonpriority contracts	reditor's name a	nd mailing address	☐ Yes As of the petition filing date, the claim is:	\$	128,000.C
Last 4 digits on number	reditor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	128,000.0
Last 4 digits on number Nonpriority on Twenty Four Co	reditor's name a	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent	\$	128,000.C
Last 4 digits on number Nonpriority on Twenty Four Co	reditor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated	\$	128,000.C
Last 4 digits of number Nonpriority of Twenty Four Co Creditor Name	reditor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$	128,000.C
Nonpriority control Twenty Four Control Treditor's Notice national Research Section 1980 Williams Trailcree	reditor's name a orp, LLC	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated	\$	128,000.0
Last 4 digits of number Nonpriority Co Twenty Four Co Creditor Name Creditor's Notice na	reditor's name a orp, LLC	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$	128,000.0
Nonpriority of Twenty Four Co Creditor Name Creditor's Notice na 830 W Trailcree Address	apreditor's name apre, LLC		□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	128,000.0
Last 4 digits on number Nonpriority of Twenty Four Concreditor Name Creditor's Notice notes and Sand W Trailcree Address Peoria	ame ek Dr.	61614	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	128,000.C
Nonpriority of Twenty Four Co Creditor Name Creditor's Notice na 830 W Trailcree Address	apreditor's name apre, LLC		□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	128,000.C
Last 4 digits of number Nonpriority of Twenty Four Co Creditor Name Creditor's Notice na 830 W Trailcree Address Peoria City Country	ame k Dr. IL State	61614 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Inter Company Loan	\$	128,000.C
Last 4 digits of number Nonpriority of Twenty Four Co Creditor Name Creditor's Notice not 830 W Trailcree Address Peoria City Country Date or dates	reditor's name a prp, LLC arms and br. LLC arms also be Dr. LLC State	61614 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Inter Company Loan Is the claim subject to offset?	\$	128,000.C
Last 4 digits of number Nonpriority of Twenty Four Co Creditor Name Creditor's Notice na 830 W Trailcree Address Peoria City Country	reditor's name a prp, LLC ame ek Dr. IL State debt was incurr	61614 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Inter Company Loan	\$	128,000.C

Official Form 206E/F

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Urbana - Champaign Sanitary District Creditor Name Creditor's Notice name Creditor's Notice name PO Box 669 Address Basis for the claim: Trade Payable Country Date or dates debt was incurred Various Last 4 digits of account number Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Is the claim subject to offset? No Yes	Name Nonpriority (creditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	3,821.54
Creditor's Notice name PO Box 669 Address Urbana IL 61803 City State ZiP Code Country Date or dates debt was incurred Various Nonpriority creditor's name and mailing address Waters Electrical Contracting Inc Creditor's Notice name Creditor's Notice name Creditor's Notice name Rantoul IL 61866 City State ZiP Code Country Date or dates debt was incurred Is the claim subject to offset? No Yes Contingent Unliquidated Creditor's Notice name Disputed Basis for the claim is: \$ 376.7 Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Trade Payable State Calims subject to offset?	Urbana - Cham				·	-,-
Disputed Basis for the claim: Trade Payable Disputed Disputed Disput	Creditor Name			□ Contingent		
PO Box 669 Address Trade Payable Urbana IL 61803 City State 2IP Code Country Date or dates debt was incurred Various Is the claim subject to offset? In No I Yes Nonpriority creditor's name and mailing address Waters Electrical Contracting Inc Creditor Name Creditor Name Creditor's Notice name Sas of the petition filing date, the claim is: \$ 376.7 Check all that apply. Creditor Notice name Sas of the petition filing date, the claim is: \$ 376.7 Check all that apply. Creditor Notice name Creditor's Notice name Basis for the claim: Trade Payable Country Date or dates debt was incurred Is the claim subject to offset? Expression of the claim: Trade Payable Is the claim subject to offset? Is the claim subject to offset?				☐ Unliquidated		
PO Box 669 Address Trade Payable Trade Payable	Creditor's Notice r	name		□ Disputed		
Address Urbana IL 61803 ZiP Code Country Date or dates debt was incurred State Claim subject to offset? Yes No Yes Yes Nopriority creditor's name and mailing address As of the petition filling date, the claim is: \$ 376.7 Creditor Name Unliquidated Unliquidated Sale Hazelcrest Drive Basis for the claim: Trade Payable Rantoul IL 61866 City State ZiP Code Country Date or dates debt was incurred State Claim subject to offset? Country State State	PO Box 669			•		
Country Date or dates debt was incurred Various Last 4 digits of account number Nonpriority creditor's name and mailing address Waters Electrical Contracting Inc Creditor Name Creditor Notice name 582 Hazelcrest Drive Address Rantoul IL State State ZIP Code Country Date or dates debt was incurred Various Is the claim subject to offset?				Trade Payable		
Country Date or dates debt was incurred Various Last 4 digits of account Nonpriority creditor's name and mailing address Waters Electrical Contracting Inc Creditor Name Creditor Name Basis for the claim: Address Rantoul IL State						
Country Date or dates debt was incurred Various Last 4 digits of account number Nonpriority creditor's name and mailing address Waters Electrical Contracting Inc Creditor Name Creditor Notice name Creditor's Notice name Creditor's Notice name Basis for the claim: Trade Payable Rantoul IL 61866 City State ZIP Code Country Date or dates debt was incurred Various Is the claim subject to offset? No State S	Urbana	<u>IL</u>	61803			
Date or dates debt was incurred Is the claim subject to offset? Various ✓ No Last 4 digits of account ✓ Yes number Nonpriority creditor's name and mailing address As of the petition filling date, the claim is: \$	City	State	ZIP Code			
Various				In the obline and in the office 10		
Last 4 digits of account number Nonpriority creditor's name and mailing address Waters Electrical Contracting Inc Creditor's Notice name Creditor's Notice name Sale Hazelcrest Drive Address Rantoul IL State		s debt was incurr	red			
Nonpriority creditor's name and mailing address Waters Electrical Contracting Inc Creditor Name Creditor's Notice name Creditor's Notice name S82 Hazelcrest Drive Rantoul Liu G1866 City State ZIP Code State ZIP Code State ZIP Code State State ZIP Code State Liu State ZIP Code State ZIP Code State ZIP Code State State ZIP Code State State Liu State ZIP Code State State ZIP Code State State ZIP Code State ZIP Code State State ZIP Code State State ZIP Code State ZIP Code State State ZIP Code	Various			⊻ NO		
Waters Electrical Contracting Inc Creditor Name Creditor's Notice name Creditor's Notice name Easis for the claim: Address Rantoul City State Country Date or dates debt was incurred Various Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable It 61866 Sible 2IP Code Is the claim subject to offset? No	Last 4 digits	of account		□ Yes		
Creditor Name Creditor's Notice name 582 Hazelcrest Drive Address Rantoul City Country Date or dates debt was incurred Contingent Unliquidated Disputed Basis for the claim: Trade Payable It defends Is the claim subject to offset? No	_	of account		□ Yes		
Creditor's Notice name Contingent Unliquidated Disputed Basis for the claim: Trade Payable Country Date or dates debt was incurred Various IL Contingent Unliquidated Disputed D	number		and mailing address	As of the petition filing date, the claim is:	\$	376.7
Creditor's Notice name 582 Hazelcrest Drive Address Rantoul City Country Date or dates debt was incurred Various Disputed Basis for the claim: Trade Payable It description Disputed Basis for the claim: Trade Payable It description It description Disputed Basis for the claim: Trade Payable It description It descr	number Nonpriority of Waters Electric	creditor's name a	and mailing address	As of the petition filing date, the claim is:	\$	376.7
582 Hazelcrest Drive Address Rantoul City State Country Date or dates debt was incurred Various Disputed Basis for the claim: Trade Payable Is the claim subject to offset? No	number Nonpriority of Waters Electric	creditor's name a	and mailing address	As of the petition filing date, the claim is: S Check all that apply.	\$	376.7
Address Trade Payable Rantoul IL 61866 City State ZIP Code	number Nonpriority of Waters Electric Creditor Name	creditor's name a	and mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent	\$	376.7
Rantoul IL 61866 City State ZIP Code Country Date or dates debt was incurred Various Is the claim subject to offset? No	number Nonpriority of Waters Electric Creditor Name	creditor's name a	and mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated	\$	376.7
Country Date or dates debt was incurred Various ZIP Code Is the claim subject to offset? No	number Nonpriority of Waters Electric Creditor Name Creditor's Notice of the Creditor's Notice	creditor's name a cal Contracting Inc	and mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$	376.7
Country Date or dates debt was incurred Various ZIP Code Is the claim subject to offset? No	number Nonpriority of Waters Electric Creditor Name Creditor's Notice of S82 Hazelcrest	creditor's name a cal Contracting Inc	and mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	376.7
Country Date or dates debt was incurred Various Is the claim subject to offset? No	number Nonpriority of Waters Electric Creditor Name Creditor's Notice of S82 Hazelcrest	creditor's name a cal Contracting Inc	and mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	376.7
Date or dates debt was incurred Is the claim subject to offset? Various ✓ No	Nonpriority of Waters Electric Creditor Name Creditor's Notice of S82 Hazelcrest Address	creditor's name a cal Contracting Inc name t Drive		As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	376.7
Various ☑ No	Nonpriority of Waters Electric Creditor Name Creditor's Notice of S82 Hazelcrest Address Rantoul	creditor's name a cal Contracting Incommanded to Drive	61866	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	376.7
vanous	Nonpriority of Waters Electric Creditor Name Creditor's Notice of S82 Hazelcrest Address Rantoul City Country	creditor's name a cal Contracting Incomment Drive	61866 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Basis for the claim: Trade Payable	\$	376.7
	number Nonpriority of Waters Electric Creditor Name Creditor's Notice of 582 Hazelcrest Address Rantoul City Country Date or dates	creditor's name a cal Contracting Incomment Drive	61866 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Basis for the claim: Trade Payable Is the claim subject to offset?	\$	376.7

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Part 3: List Others to Be Notified About Unsecured Claims

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

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

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5. Add the amounts of priority and nonpriority unsecured claims.			
		Total of cl	aim amounts
5a. Total claims from Part 1	5a.	\$	0.00
bb. Total claims from Part 2	5b. +	\$	878,915.26
5c. Total of Parts 1 and 2	5c.	\$	878,915.26
Lines 5a + 5b = 5c.			,

Fill in this information to identify the case: Debtor Name: In re: Petersen Health Care - Illini, LLC United States Bankruptcy Court for the: District of Delaware Case number (if known): 24-10497 (TMH)

☑ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

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

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

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

			04/22/25 Page 5	3 of 111	
Debtor:	Petersen Health Care - Illini, L	LC	Case number (if know	wn): 24-10497	
2.3	Name State what the contract or lease is for and the nature of the debtor's interest	Nursing Facility Laboratory Agreement	Amerathon LLC, dba An	nerican Health Associa	tes
•	or the debtor's interest		Namo		
			Notice Name		
			102 East Main Street		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Galesburg	<u>IL</u>	61401
			City	State	ZIP Code
			Country		
	Amended herein: added				
^{2.4} I	State what the contract or ease is for and the nature	Nursing Facility Laboratory Agreement	Amerathon, LLC d/b/a A	merican Health Associ	ates
•	of the debtor's interest		Name		
			Notice Name		
			102 East Main Street		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
	, 5				
			Galesburg	IL	61401
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.5	State what the contract or lease is for and the nature	Addendum to Clinical Services Agreement Dated as	Bio-Behavioral Care Sol	lutions IIIC dha Behav	vioral Care Solutions
	ease is for and the nature of the debtor's interest	of June 23, 2022	Name	dions, LLO dba benav	noral care colutions
			Attn Robert A. Clemente	e, Chief Executive Offic	er
			Behavioral Care Solutio	ns	
	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		

.					
State what the contract or lease is for and the nature	what the contract or is for and the nature database interest. Amendment to Clinical Services Agreement Dated as of June 23, 2022		Bio-Behavioral Care Solutions, LLC dba Behavioral Care Solution		
of the debtor's interest			onto Objet Francisco Offic		
		Notice Name	ente, Chief Executive Offic	cer	
		Behavioral Care Solu	itions		
State the term remaining		Address	Itions		
State the term remaining		39465 W. 14 Mile Rd			
List the contract number of		39403 W. 14 Mille NO			
any government contract					
any government contract					
		Novi	MI	48377	
		City	State	ZIP Code	
		Country			
Amended herein: added					
2.7 State what the contract or lease is for and the nature	Clinical Services Agreement	Bio-Behavioral Care	Solutions, LLC dba Behav	vioral Care Solution	
of the debtor's interest	,	Name	Name		
			Attn Robert A. Clemente, Chief Executive Officer		
		Notice Name			
		Behavioral Care Solu	itions		
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	Makila karadan Oradan Amaranan	BioTech X-ray, Inc			
of the debtor's interest	Mobile Imaging Service Agreement	Name			
		Attn Tamara Schwar	tz, President		
		Notice Name			
		1065 Executive Park	way Ste.220		
State the term remaining		Address			
List the contract number of					
any government contract					
		St. Louis	MO	63141-636	

Debtor:	Petersen Health Care - Illini, L		·IIed 04/22/25 Page Case number (#1	55 0† 111 known): 24-10497	
2.9	Name State what the contract or lease is for and the nature	Service Agreement	BioTech X-ray, Inc		
	of the debtor's interest	Dervice Agreement	Name		
			Attn Tamara Schwart	z, President	
			Notice Name		
			1065 Executive Parky	way Ste.220	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			St. Louis	MO	63141-6367
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.10	State what the contract or lease is for and the nature	Mobile Imaging Services Agreement	BioTech X-ray, Inc.		
	of the debtor's interest	Mobile imaging dervices rigidement	Name		
			Attn Tamara Schwart	z, President	
			Notice Name		
			1065 Executive Parky	vay, 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	Medicaid Provider Agreement	Blue Cross Blue Shie Corporation	ld of Illinois, a Division of	Health Care Service
	of the debtor's interest		Name		
			Notice Name		
			300 East Randolph S	t	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Chicago	IL	60601
			City	State	ZIP Code
			Country		
			• •		

Debtor:	Petersen Health Care - Illini, L		ed 04/22/25 Page Case number (##	56 of 111 24-10497	
2.12	Name State what the contract or lease is for and the nature of the debtor's interest	Skilled Nursing Facility Agreement	Blue Cross Blue Shiel Corporation Name	Health Care Service	
			Notice Name		
	State the term remaining		300 East Randolph S	t	
	List the contract number of				
	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	Customer Carries Agreement Banaval	Call One Inc.		
	of the debtor's interest	Customer Service Agreement Renewal	Name		
			Notice Name		
			225 West Wacker Dri	ve Floor 8	
	State the term remaining		Address		
	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	Renewal Customer Service Agreement	Call One Inc.		
	of the debtor's interest	renewal oustonier dervice rigitetiient	Name		
			Notice Name		
			225 West Wacker Dri	ve 8th Floor	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Chicago	IL	60606
			City	State	ZIP Code
			Country		

Name				
State what the contract or lease is for and the nature	Durch and of Our inch Assessment	Care Horizon, Inc.		
of the debtor's interest	Purchase of Service Agreement	Name		
		Notice Name		
		120 Courthouse Squar	e 	
State the term remaining		Address		
List the contract number of		PO Box 385		
any government contract				
any government contract				
		Toledo	IL	62468
		City	State	ZIP Code
		Country		
Amended herein: added				
State what the contract or lease is for and the nature	Service Agreement	Carle Foundation Hosp	ital, d/b/a Carle Hospice)
of the debtor's interest		Name		
		Attn Diane Wasson, Ex	ecutive Director	
		Notice Name		
		206 A West Anthony D	rive	
State the term remaining		Address		
List the contract number of				
List the contract number of any government contract				
any government contract				
		Champaign	IL	61822
		City	State	ZIP Code
		Country		
Amended herein: added		Country		
	Enteral Therapy, Urological Ostomy and	Country		
State what the contract or lease is for and the nature	Enteral Therapy, Urological, Ostomy and Tracheotomy Supplies and Wound Care Products	Centrad Healthcare, LL	.c	
State what the contract or	Enteral Therapy, Urological, Ostomy and Tracheotomy Supplies and Wound Care Products Agreement	Centrad Healthcare, LL		
State what the contract or lease is for and the nature	Tracheotomy Supplies and Wound Care Products	Centrad Healthcare, LL Name Attn Michelle C. Korslir	.C ı, Sr. VP of Sales & Mar	keting
State what the contract or lease is for and the nature	Tracheotomy Supplies and Wound Care Products	Centrad Healthcare, LL Name Attn Michelle C. Korslin Notice Name	n, Sr. VP of Sales & Mar	keting
State what the contract or lease is for and the nature of the debtor's interest	Tracheotomy Supplies and Wound Care Products	Centrad Healthcare, LL Name Attn Michelle C. Korslir Notice Name 184 Shuman Blvd, Suit	n, Sr. VP of Sales & Mar	keting
State what the contract or lease is for and the nature	Tracheotomy Supplies and Wound Care Products	Centrad Healthcare, LL Name Attn Michelle C. Korslin Notice Name	n, Sr. VP of Sales & Mar	keting
7 State what the contract or lease is for and the nature of the debtor's interest	Tracheotomy Supplies and Wound Care Products Agreement	Centrad Healthcare, LL Name Attn Michelle C. Korslir Notice Name 184 Shuman Blvd, Suit	n, Sr. VP of Sales & Mar	keting
State what the contract or lease is for and the nature of the debtor's interest State the term remaining	Tracheotomy Supplies and Wound Care Products Agreement	Centrad Healthcare, LL Name Attn Michelle C. Korslir Notice Name 184 Shuman Blvd, Suit	n, Sr. VP of Sales & Mar	keting
State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of	Tracheotomy Supplies and Wound Care Products Agreement	Centrad Healthcare, LL Name Attn Michelle C. Korslir Notice Name 184 Shuman Blvd, Suit	n, Sr. VP of Sales & Mar	keting
State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of	Tracheotomy Supplies and Wound Care Products Agreement	Centrad Healthcare, LL Name Attn Michelle C. Korslir Notice Name 184 Shuman Blvd, Suit	n, Sr. VP of Sales & Mar	keting 60563
State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of	Tracheotomy Supplies and Wound Care Products Agreement	Centrad Healthcare, LL Name Attn Michelle C. Korslir Notice Name 184 Shuman Blvd, Suit Address	a, Sr. VP of Sales & Mar	

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Debtor:	Petersen Health Care - Illini, L	LC	Case number (if knot		
2.18	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement	Comcast of Illinois/India	na/Ohio, LLC	
			Attn MDU Manager		
			Notice Name		
			1500 McConnor Parkwa	y #200	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Schaumburg	<u>IL</u>	60173
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.19	State what the contract or lease is for and the nature	Agreement for Infection Prevention Services	Corina Masterman R.N.		
	of the debtor's interest		Name		
			Notice Name		
	State the term remaining		108 E Winter Avenue		
	State the term remaining				
	List the contract number of				
	any government contract				
	any government contract				
			Danville	IL	61832
			City	State	ZIP Code
			Country		
	Amended herein: added				
2 20	State what the contract or		Oraina Mastana DNI	100	
2.20	lease is for and the nature of the debtor's interest	Agreement for Infection Prevention Services	Corina Masterman, RN Name	ICP	
	or the debter o interest				
			Notice Name		
			108 E Winter Avenue		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
					_
			Danville	<u>IL</u>	61832
			City	State	ZIP Code
			Country		

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Petersen Health Care - I Name	llini, LLC	Case number (if kr		
2.21 State what the contract lease is for and the natu of the debtor's interest	or Ire Coordination and Working Agreement	Cumberland Associate Name	es, Inc.	
		Notice Name		
		825 18th Street		
State the term remainin	g	Address		
List the contract number	er of			
any government contra	ct			
		Charleston	IL	61920
		City	State	ZIP Code
		Country		
Amended herein: adde	ed			
2.22 State what the contract lease is for and the natu	or Ire Contractual Agreement for Day Program Services		es Center	
of the debtor's interest		Name		
		Notice Name		
		1304 W. Bradley Aven	IIE	
State the term remainin	α	Address	<u> </u>	
List the contract number	er of			
any government contra	ct			
		Champaign	<u>IL</u>	61821
		City	State	ZIP Code
		Country		
Amended herein: adde	ed			
2.23 State what the contract lease is for and the natu	or re Medical Director Agreement	Dr. Chris Covington, D	.O.	
of the debtor's interest		Name		
		Provena Covenant Me Notice Name	dical Center	
		1400 W Park St		
State the term remainin	9	Address		
List the contract number	er of			
any government contra	ct			
		Urbana	IL	61801
		City	State	ZIP Code
		Country		

Debtor:	Petersen Health Care - Illini, L		04/22/25 Page 60 Case number (if known):		
2.24	Name 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		
	or the debtor's interest		OMNICARE OF DECATURE	२	
			796 N. SUNNYSIDE ROA)	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Decatur	IL	62522-1156
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.25	State what the contract or lease is for and the nature of the debtor's interest	Radiology Services Agreement	Gamma HealthCare, Inc.		
			Notice Name		
			1717 West Maud		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Poplar Bluff	МО	63901
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.26	State what the contract or lease is for and the nature	Lease and Service Agreement	Gateway ProClean, Inc.		
	of the debtor's interest		Name		
			Notice Name		
			2081 Exchange Drive		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			St. Charles	МО	63303
			City	State	ZIP Code
			Country		

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ebtor:	Petersen Health Care - Illini, L	LC	Case number (if kn	own): 24-10497	
2.27	State what the contract or ease is for and the nature		Com Madical Complica	11.0	
ا ' ^{2.2} '	ease is for and the nature of the debtor's interest	Purchasing Agreement	Gem Medical Supplies Name	, LLC	
			Notice Name		
			730 Anthony Trail		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Northbrook	IL	60062
			City	State	ZIP Code
			,		
			Country		
	Amended herein: added				
2.28	State what the contract or ease is for and the nature		Lloolth Allianaa Madiaa	d Diona Ina	
2.20 le	ease is for and the nature of the debtor's interest	Participating Provider Agreement	Health Alliance Medica	il Plans, Inc.	
			Notice Name		
	Otata tha tanna namainin n		301 South Vine St		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
	, 9				
			Urbana	IL	31801
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.29	State what the contract or ease is for and the nature	Participating Provider Agreement	HealthLink, Inc., an Illii	nois Corporation	
	of the debtor's interest	- a.u.o.pau.i.g	Name		
			Notice Name		
			1831 Chestnut St		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			St. Louis	MO	63103
			City	State	ZIP Code

btor:	Petersen Health Care - Illini, L)4/22/25 Page (Case number (if kn	62 Of 111 hown): 24-10497		
2.30	Name State what the contract or ease is for and the nature			Hospice of Illinois LLC, dba Harbor Light Hospice		
Ċ	of the debtor's interest	residents of Nursing Facilities	Name	,		
			Notice Name			
			1N131 County Farm R	oad		
;	State the term remaining		Address			
ı	List the contract number of					
á	any government contract					
			Winfield	<u>IL</u>	60190	
			City	State	ZIP Code	
			Country			
	Amended herein: added					
2.31	State what the contract or ease is for and the nature	Residential Hospice Care Agreement for Services to Residents of Nursing Facilities	Hospice of Illinois, LLC dba Harbor Light Hospice		ice	
	of the debtor's interest	-tooldering of the only of the only	Name			
			Notice Name			
			1N131 County Farm R	oad		
;	State the term remaining		Address			
	List the contract number of					
	any government contract					
			Winfield	IL	60190	
			City	State	ZIP Code	
			Country			
	Amended herein: added					
.32	State what the contract or ease is for and the nature	Participating Provider Agreement	Humana Inc.			
	of the debtor's interest	- attorpating i fovider //greenient	Name			
			Notice Name			
			P.O. Box 1438			
;	State the term remaining		Address			
ı	List the contract number of					
á	any government contract					
			Louisville	KY	40201	
			City	State	ZIP Code	
			Country			

otor: Petersen Health			04/22/25 Page Case number (if ki	63 Of 111 nown): 24-10497		
Name						
2.33 State what the co	ontract or the nature	Special Program Agreement for Rental and Capital	am Agreement for Rental and Capital Joerns LLC			
of the debtor's ir	nterest		Name	_		
			Attn Chief Strategy Of Notice Name	ficer		
			2430 Whitehall Park D	rive Suite 100		
State the term re	emaining		Address	Arre, Guite 100		
List the contract	t number of					
any government						
any government	Contract					
			Charlotte	NC	28273	
			City	State	ZIP Code	
			Country			
Amended here	in: added					
State what the co	ontract or	Memorandum of Agreement	KEPRO			
of the debtor's in	nterest	Memorandum of Agreement	Name			
			Notice Name			
			5700 Lombardo Cente	er Drive, Suite 100		
State the term re	emaining		Address			
List the contract	t number of					
any government	contract					
			Seven Hills	ОН	44131	
			City	State	ZIP Code	
			Country			
Amended here	in: added					
State what the co	ontract or		Kindrad Bahah Saruia	es, Inc. dba RehabCare		
lease is for and t of the debtor's ir	ille liature	Therapy Services Agreement	Name	es, inc. upa ivenapoare		
			Attn President, Rehab	Care		
			Notice Name			
			680 South Fourth Stre	et		
State the term re	emaining		Address			
List the contract	t number of					
any government	contract					
			Louisville	KY	40202	
			City	State	ZIP Code	
			Country			

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Debtor: Petersen Health Care - Illini, Name	LLC	Case number (if ka		
2.36 State what the contract or lease is for and the nature of the debtor's interest	Amended and Restated Therapy Services Agreement	Kindred Rehab Servic	es, LLC	
		Attn VP, Finance		
		Notice Name		
		Rehab Care		
State the term remaining		Address		
		680 South Fourth Stre	et	
List the contract number o	f			
any government contract				
		Louisville	KY	40202
		City	State	ZIP Code
		Country		
Amended herein: added				
2.37 State what the contract or lease is for and the nature	Memorandum of Agreement	Lakeview College of N	lursing	
of the debtor's interest		Name	-	
		Notice Name		
		903 N Logan Ave		
State the term remaining		Address		
List the contract number o	Ī			
any government contract				
		Denville		04000
		Danville		61832 ZIP Code
		City	State	ZIF Code
		Country		
Amended herein: added				
2.38 State what the contract or lease is for and the nature	Addendum to Contract	Lawrence Recruiting S	Specialists, Inc. dba LRS	Healthcare
of the debtor's interest		Name		
		Attn Contracts Notice Name		
		1120 N 103 Plaza, Su	ite 300	
State the term remaining		Address		
List the contract number o	f			
any government contract				
		Omaha	NE	68114
		City	State	ZIP Code
		Country		

State what the contract or	Letter Agreement re: Request for Consent to			
State what the contract or lease is for and the nature	Contract Assignment	Lawrence Recruiting Spec	cialists, Inc. dba LRS	Healthcare
of the debtor's interest		Name		
		Attn Heather Sutherland Notice Name		
		1120 North 103rd Plaza, S	Suite 300	
State the term remaining		Address		
List the contract number of				
any government contract				
		Omaha	NE	68114
				ZIP Code
		City	State	ZIP Code
		Country		
Amended herein: added				
State what the contract or				
State what the contract or lease is for and the nature	Staffing Services Agreement	Lawrence Recruiting Spec	cialists, Inc. dba LRS	Healthcare
of the debtor's interest		Name		
		Attn Contracts Notice Name		
		1120 North 103rd Plaza, S	Suite 300	
State the term remaining		Address	Julie 300	
State the term remaining				
List the contract number of				
any government contract				
		Omaha	NE	68114
		Omaha City	NE State	68114 ZIP Code
any government contract		City		
		City		
Amended herein: added		City		
any government contract Amended herein: added	Memorandum of Agreement	City		
Amended herein: added State what the contract or lease is for and the nature	Memorandum of Agreement	City Country Livanta, LLC		
Amended herein: added State what the contract or lease is for and the nature	Memorandum of Agreement	City Country Livanta, LLC		
Amended herein: added State what the contract or lease is for and the nature	Memorandum of Agreement	City Country Livanta, LLC Name	State	
Amended herein: added State what the contract or lease is for and the nature	Memorandum of Agreement	City Country Livanta, LLC Name Notice Name	State	
Amended herein: added State what the contract or lease is for and the nature of the debtor's interest	Memorandum of Agreement	City Country Livanta, LLC Name Notice Name 10830 Guilford Rd, Suite 3	State	
Amended herein: added State what the contract or lease is for and the nature of the debtor's interest		City Country Livanta, LLC Name Notice Name 10830 Guilford Rd, Suite 3	State	
Amended herein: added State what the contract or lease is for and the nature of the debtor's interest State the term remaining		City Country Livanta, LLC Name Notice Name 10830 Guilford Rd, Suite 3	State	
Amended herein: added State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of		City Country Livanta, LLC Name Notice Name 10830 Guilford Rd, Suite 3	State	
Amended herein: added State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of		City Country Livanta, LLC Name Notice Name 10830 Guilford Rd, Suite 3	State	
Amended herein: added State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of		City Country Livanta, LLC Name Notice Name 10830 Guilford Rd, Suite 3 Address	State	ZIP Code

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ebtor:	Petersen Health Care - Illini, L	LC	Case number (if kno	wn): 24-10497	
	Name				
2.42	State what the contract or lease is for and the nature	Master Contract for Biohazard Waste	MCKay's Haz-Mat Truck	Service, Inc.	
·	of the debtor's interest	Waster Contract for Bioliazara Waste	Name	<u>:</u>	
			Notice Name		
			PO Box 1444		
	State the term remaining		Address		
	ŭ				
	List the contract number of				
	any government contract				
	any government contract				
			Centralia	IL	62801
			City	State	ZIP Code
			Country		
	Amondod horain, adda-1				
	Amended herein: added				
2 42	State what the contract or lease is for and the nature				
2.43 le o	lease is for and the nature of the debtor's interest	Prime Vendor Product Supply Agreement	McKesson Medical-Sur	gical Minnesota Supply	Inc.
	or the debtor's interest		Name		
			Notice Name		
				al-	
			8121 Tenth Avenue No	tn	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Golden Valley	MN	55427
			City	State	ZIP Code
			•		
			Country		
			·		
	Amended herein: added				
2.44	State what the contract or lease is for and the nature	Amendment to Contract	Medical Staffing Solutio	ns. LLC	
	of the debtor's interest	Amendment to Contract	Name	-, -	
			Notice Name		
			8601 N. Kentucky Ave,	Suite A	
	State the term remaining		Address		
	otate the term remaining				
	List the contract number of				
	any government contract				
			Evansville	IN	47725
			City	State	ZIP Code
			Oity	Otato	
			Oity	Otato	

Case btor: Petersen Health Care - Illin		04/22/25 Page Case number (if ki	6 / Of 111 nown): 24-10497	
Name	,, LLO	——— Case number (# ki	10WII): 24 10431	
2.45 State what the contract or lease is for and the nature of the debtor's interest	Amendment to Professional Services Agreement	Medical Staffing Soluti	ons, LLC	
of the debtor 3 interest		. Tamo		
		Notice Name		
		8601 N. Kentucky Ave	, Suite A	
State the term remaining		Address		
List the contract number of	of			
any government contract				
		Evansville	IN	47725
		City	State	ZIP Code
		Country		
Amended herein: added				
2.46 State what the contract or lease is for and the nature	Attachment 1 to Professional Services Agreement	Medical Staffing Soluti	ons, LLC	
of the debtor's interest		Name		
		Notice Name		
		8601 N. Kentucky Ave	. Suite A	
State the term remaining		Address	,	
List the contract number of	,£			
any government contract				
		Evansville	IN	47725
		City	State	ZIP Code
		Country		
Amended herein: added				
State what the contract or lease is for and the nature	Professional Services Agreement	Medical Staffing Soluti	ons, LLC	
of the debtor's interest	<u> </u>	Name		
		Attn Chief Executive C	Officer	
		9700 HWY 57N, Suite	Α	
State the term remaining		Address	· ·	
List the contract number of	of			
any government contract				
		Evansville	IN	47725
		City	State	ZIP Code
		Country		

	Case 2	24-10443-TMH Doc 1443 File	ed 04/22/25 Page	68 of 111	
Debtor:	Petersen Health Care - Illini, L	LC	Case number (if k	known): 24-10497	
	Name				
2.48	State what the contract or lease is for and the nature	Long Term Care Consultant Agreement	MEDLAB		
•	of the debtor's interest		Name		
			Teresa Joines Notice Name		
	Ctata tha tanna namainina		10114 Woodfield Land	e	
	State the term remaining				
	List the contract number of				
	any government contract				
,	any government contract				
			St. Louis	МО	63132
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.49	State what the contract or		Maridian Hadda Dlan	of Illinois Inc	
	lease is for and the nature of the debtor's interest	Illinois Ancillary Provider/HCBS Agreement	Meridian Health Plan Name	of Illinois, Inc.	
			Notice Name		
			333 South Wabash A	ve, Suitte 2900	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Chicago	IL	60604
			City	State	ZIP Code
			Country		
	Amended herein: added				
	Amended Herein. added				
2.50	State what the contract or lease is for and the nature	Facility Consider Agreement	Midwest Post Acute C	Care PLLC	
	of the debtor's interest	Facility Service Agreement	Name	5410,1 220	
			Attn Legal Departmen	nt	
			Notice Name		
			MPAC Healthcare		
	State the term remaining		Address		
			2045 W Grand Avenu	ie Ste B #28354	
	List the contract number of				
	any government contract				
			Chicago	IL	60612-1577
			City	State	ZIP Code
			Country		
			Country		

Official Form 206G

btor:	Petersen Health Care - Illini, L	24-10443-TMH Doc 1443 Filed 0 LC	Case number (if know	9 of 111 24-10497	
	Name				
2.51	State what the contract or lease is for and the nature	Provider Services Agreement	Molina Healthcare of Illinois, Inc, an Illinois Corporation		
Ġ	of the debtor's interest	Provider Services Agreement	Name		1
			Notice Name		
			2001 Butterfield Road, S	Suite 750	
:	State the term remaining		Address		
	List the contract number of				
;	any government contract				
			Downers Grove	IL	60515
			City	State	ZIP Code
			Country		
	Amended herein: added				
.52	State what the contract or lease is for and the nature	Amendment No. 2 to Pharmacy Consultant Agreement	Omnicare		
	of the debtor's interest	Amendment No. 2 to Pharmacy Consultant Agreement	Name		
			Attn Legal		
			Notice Name		
			One CVS Drive Mail Coo	de 1160	
	State the term remaining		Address		
	List the contract number of				
i	any government contract				
			Woonsocket	RI	02895
			City	State	ZIP Code
			Country		
	Amended herein: added				
.53	State what the contract or lease is for and the nature	Amendment No. 5 to Pharmacy Consultant Agreement	Omnicare		
•	of the debtor's interest		Name		
			Attn Legal		
			Notice Name		
			One CVS Drive Mail Coo	de 1160	
	State the term remaining		Address		
	List the contract number of		_		
	any government contract				
			Woonsocket	RI	02895
			City	State	ZIP Code

otor: Petersen Health Care)4/22/25 Page Case number <i>(if kn</i>	/U Of 111 own): 24-10497	
Name State what the contract	or Amendment No. 6 to Pharmacy Products and Services			
State what the contract lease is for and the nati	ire Agreement	Omnicare		
of the debtor's interest		Name		
		Attn Legal Notice Name		
		One CVS Drive Mail Co	ode 1160	
State the term remaining	g	Address		
List the contract number	er of			
any government contra	ct			
		Woonsocket	RI	02895
		City	State	ZIP Code
		Country		
Amended herein: add	ed			
State what the contract lease is for and the nati	or ire Amendment to Pharmacy Consultant Agreement	Omnicare		
of the debtor's interest		Name		
		Attn Legal		
		Notice Name		
		One CVS Drive Mail Co	ode 1160	
State the term remaining	9	Address		
List the contract numb	ar af			
List the contract number				
any government contra	Ci			
		Woonsocket	RI	02895
		City	State	ZIP Code
		Country		
Amended herein: add	ed			
State what the contract	or Letter Amendment re: COVID-19 Vaccination	Omnicare		
1.50 lease is for and the nate of the debtor's interest	Ire Distribution Services	Name		
		Attn Legal		
		Notice Name		
		One CVS Drive Mail Co	ode 1160	
State the term remaining	9	Address		
List the contract number	er of			
any government contra	ct			
		Woonsocket	RI	02895
		City	State	ZIP Code
		Country		

Cas Debtor: Petersen Health Care - Illin		1 04/22/25 Page Case number (if kn	71 of 111 _{own):} 24-10497	
Name				
2.57 State what the contract of lease is for and the nature	r Pharmacy Consultant Agreement	Omnicare		
of the debtor's interest	Thamlacy Consultant Agreement	Name		
		Attn Legal		
		Notice Name		
		One CVS Drive Mail Co	ode 1160	
State the term remaining		Address		
List the contract number	of			
any government contract				
		Woonsocket	RI	02895
		City	State	ZIP Code
		Country		
Amended herein: added				
2.58 State what the contract of	Dharmany Draducts and Carriage Agreement	Omnicare		
of the debtor's interest	Pharmacy Products and Services Agreement	Name		
		Attn Legal		
		Notice Name		
		One CVS Drive Mail Co	ode 1160	
State the term remaining		Address		
List the contract number	of			
any government contract				
		Woonsocket City	RI	02895 ZIP Code
		Olly	Otalo	211 0000
		Country		
Amended herein: added				
2.59 State what the contract of lease is for and the nature	r		f the Midwest, LLC dba	Omnicare of Kansas
	Amendment to Pharmacy Consultant Agreement	City Name		
of the debtor's interest		Namo		
		Notice Name		
		10400 Hickman Mills D	rive. Suite 200	
State the term remaining		Address	Tivo, Calco 200	
List the sentered number	-4			
List the contract number	·			
any government contract				
		Kansas City	МО	64137
		City	State	ZIP Code
		Country		

ebtor:	Petersen Health Care - Illini, L	LC	Case number (if known	24-10497	
2.60	Name State what the contract or lease is for and the nature	Amendment to Pharmacy Products and Services Agreement	Omnicare Pharmacy of the Midwest, LLC dba Omnicare of Kan City		
	of the debtor's interest	Agreement	Name		
			Notice Name		
			10400 Hickman Mills Driv	re Suite 200	
	State the term remaining		Address		
	List the contract number of				
;	any government contract				
			Kansas City	МО	64137
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.61	State what the contract or lease is for and the nature	Amendment to Pharmacy Consultant Agreement	Omnicare, Inc.		
(of the debtor's interest		Name		
			Attn General Counsel Notice Name		
			900 Omnicare Center		
	State the term remaining		Address		
	J		201 East Fourth Street		
	List the contract number of		-		
;	any government contract				
			Cincinnati	ОН	45202
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.62	State what the contract or lease is for and the nature	Amendment to Pharmacy Products and Services Agreement	Omnicare, Inc.		
	of the debtor's interest	Agreement	Name		
			Attn General Counsel		
			Notice Name		
			900 Omnicare Center		
,	State the term remaining		Address		
			201 East Fourth Street		
	List the contract number of				
,	any government contract				
			Cincinnati	ОН	45202
			City	State	ZIP Code

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Debtor:	Petersen Health Care - Illini, L	LC	Case number (if known		
2.63	State what the contract or lease is for and the nature of the debtor's interest	Pharmacy Consultant Agreement	Omnicare, Inc.		
			Attn General Counsel		
			Notice Name		
			900 Omnicare Center		
	State the term remaining		Address		
			201 East Fourth Street		
	List the contract number of				
	any government contract				
			Cincinnati	ОН	45202
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.64	State what the contract or lease is for and the nature	Pharmacy Products and Services Agreement	Omnicare, Inc.		
	of the debtor's interest		Name		
			Attn General Counsel		
			Notice Name		
			900 Omnicare Center		
	State the term remaining		Address		
			201 East Fourth Street		
	List the contract number of				
	any government contract				
			Cincinnati	ОН	45202
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.65	State what the contract or lease is for and the nature		OptimaLab, Inc.		
	lease is for and the nature of the debtor's interest	Addendum to Contract	Name		
			ATT Rehan Akhter Notice Name		
			402 West Boughton Road	1	
	State the term remaining		Address	1	
	List the contract number of				
	any government contract				
			Bolingbrook	IL	60440
			City	State	ZIP Code
			Country		

Case	24-10443-TMH Doc 1443 File	ed 04/22/25 Page 7	74 of 111	
Debtor: Petersen Health Care - Illini, Name	LLC	Case number (if kn		
2.66 State what the contract or lease is for and the nature of the debtor's interest	Revised Laboratory Services Agreement	OptimaLab, Inc.		
		Attn Rehan Akhter		
		Notice Name		
		402 W Boughton Rd., S	Suite E	
State the term remaining		Address		
List the contract number of	·			
any government contract				
		Bolingbrook	IL	60440
		City	State	ZIP Code
		Country		
Amended herein: added				
2.67 State what the contract or lease is for and the nature	Addendum to Contract	OSF Healthcare System	m d/b/a OSF Hospice	
of the debtor's interest		Name		
		Attn Jason Rodeghero	, President, OSF Home	Care Services
		2265 W. Altorfer Drive		
State the term remaining		Address		
List the contract number of	·			
any government contract				
		Peoria	IL	61615
		City	State	ZIP Code
		Country		
Amended herein: added				
2.68 State what the contract or lease is for and the nature	Hospice Services Agreement	OSF Healthcare System	m d/b/a OSF Hospice	
of the debtor's interest	-	Name		
		Attn Jason Rodeghero Notice Name	, President, OSF Home	Care Services
		2265 W. Altorfer Drive		
State the term remaining		Address		
List the contract number of	•			
any government contract				
		Peoria	IL	61615
		City	State	ZIP Code
		Country		

Debtor:			led 04/22/25 Page Case number (if kin	75 of 111 own: 24-10497	
	Name				
2.69	State what the contract or lease is for and the nature		Ovitsky Vision Care		
	of the debtor's interest	Optometry Consultant Agreement	Name		
			Notice Name		
			3500 W. Peterson Ave	Ste 401	
	State the term remaining		Address	016 401	
	List the contract number of				
	any government contract				
	any government contract				
			Chicago	IL	60659
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.70	State what the contract or		Parkland Callago		
	lease is for and the nature of the debtor's interest	Affiliation Agreement	Parkland College Name		
			Attn Roberta J. Scholz	e, Chair Health Professi	ons
			Notice Name		
			2400 West Bradley Av	9	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
	any geronmontonia				
			Champaign	<u>IL</u>	61821-1899
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.71	State what the contract or lease is for and the nature	Dillian	Presto-X		
	of the debtor's interest	Billing	Name		
			Notice Name		
			4521 Leavenworth Stre	eet	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Omaha	NE	68106-1437
			City	State	ZIP Code
			-		
			Country		

Case	24-10443-TMH Doc 1443 Filed	d 04/22/25 Page	76 of 111	
btor: Petersen Health Care - Illini Name	LLC	Case number (if		
2.72 State what the contract or lease is for and the nature of the debtor's interest	Medical Director Agreement	Provena Covenant M	edical Center	
of the debtor 3 litterest			esident, General Counsel	
		Notice Name	Siderit, Gerierai Godrisei	
		Provena Health		
State the term remaining		Address		
g		 190565 Hickory Cree	k Drive. Suite 300	
List the contract number o	f			
any government contract				
		Malana		00440
		Mokena		60448
		City	State	ZIP Code
		Country		
Amended herein: added				
2.73 State what the contract or lease is for and the nature	Physician Services Agreement	Provider Vohra Post-	Acute Physicians	
of the debtor's interest		Name		
		Notice Name		
		3601 SW 160th Aven	ulo Suito 250	
State the term remaining		Address	ide, Suite 250	
State the term remaining				
List the contract number o	f			
any government contract				
, 3				
		Miramar	FL	33027
		City	State	ZIP Code
		Country		
Amended herein: added				
2.74 State what the contract or lease is for and the nature	Multi-Facility Supply and Services Agreement	Pulmonary Exchange	e. Ltd. aka PEL/VIP	
of the debtor's interest	Multi Facility Supply and Services Agreement	Name		
		Attn Raymond Kalins Notice Name	ky	
		9840 SW Hwy.		
State the term remaining		Address		
List the contract number o	f			
any government contract				
		Oak Lawn	IL	60453
		Oak Lawn City	State	2IP Code

С	ase 24-10443-TMH Doc 1443 Filed (04/22/25 Page 7	7 of 111	
Debtor: Petersen Health Care Name	- Illini, LLC	Case number (if know		
2.75 State what the contra lease is for and the na of the debtor's interes	ct or ature Podiatric Consultant Agreement st	Quality Podiatry Group,	LTD	
		Attn Sidney Weiser, D.P	² .М.	
		Notice Name		
		9933 Lawler Suite 225		
State the term remain	ning	Address		
List the contract num	ber of			
any government cont	rract			
		Skokie	<u>IL</u>	60077
		City	State	ZIP Code
		Country		
Amended herein: ac	dded			
2.76 State what the contra		RecoverCare, LLC		
of the debtor's interes	st	Name		
		Attn General Counsel Notice Name		
			0.11-100	
01-1-11-1-1		1920 Stanley Gault Pkw Address	y, Suite 100	
State the term remain	ing	——— Address		
List the contract num	shor of			
List the contract num				
any government conf	iact			
		Louisville	KY	40223
		City	State	ZIP Code
		Country		
Amended herein: ac	dded			
2.77 State what the contra	ct or ature Amended and Restated Therapy Services Agreement	RehabCare Group East,	, LLC	
of the debtor's interes	st	Name		
		Attn VP, Finance		
		Notice Name		
		680 South Fourth Street	,	
State the term remain	ning	Address		
List the contract num	ber of			
any government cont	ract			
		Louisville	KY	40202
		City	State	ZIP Code
		Country		

Debtor:	Case 2 Petersen Health Care - Illini, L		04/22/25 Page Case number (if kg	/8 Of 111 nown): 24-10497	
2.78	Name State what the contract or lease is for and the nature of the debtor's interest	Second Amended and Restated and Reaffirmed Guaranty Agreement	RehabCare Group Eas	st, LLC	
,	or the debtor's interest		Attn Chief Financial O	fficer	
			680 South Fourth Stre	et	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Louisville	KY	40202
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.79	State what the contract or lease is for and the nature	Protocol and Agreement of Hospice Services		ealth Center d/b/a Sarah	Bush Lincoln Hospid
,	of the debtor's interest		Name Attn Post Acute Care I	Director	
			Notice Name	Director	
			Sarah Bush Lincoln He	ospice	
	State the term remaining		Address		
			1004 Health Center Di	rive, Suite 202	
	List the contract number of				
	any government contract				
			Mattoon	IL	61938
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.80	State what the contract or lease is for and the nature	Amendment to Pharmaceutical Product Rebate Agreement	Smith & Nephew, Inc.		
·	of the debtor's interest	Agreement	Name		
			Attn Company Secreta	ary	
			Notice Name		
	State the term remaining		1450 E. Brooks Road Address		
	List the contract number of				
	any government contract				
			Memphis	TN	38116
			City	State	ZIP Code
			Country		
			Country		

	Case 2	24-10443-TMH Doc 1443 Fi	led 04/22/25 Page 7	9 of 111	
ebtor:	Petersen Health Care - Illini, L	LC	Case number (if knot	wn): 24-10497	
9	Name State what the contract or				
2.81 ì	State what the contract or lease is for and the nature	Rebate Agreement	Smith & Nephew, Inc.		
(of the debtor's interest				
			Attn Company Secretary Notice Name	/	
			1450 E. Brooks Road		
;	State the term remaining		Address		
	-				
ı	List the contract number of				
;	any government contract				
			Memphis	TN	38116
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.82	State what the contract or lease is for and the nature	EpicCare Link Site Level Agreement	Southern Illinois Hospita	al Services	
	of the debtor's interest		Name		
			Attention Rex P. Budde		
			Notice Name		
			1239 E. Main St. Address		
;	State the term remaining		Address		
	List the contract number of				
•	any government contract				
			Carbondale	IL	62902
			City	State	ZIP Code
			Ony	Oldio	211 0000
			Country		
	Amended herein: added				
	State what the contract or				
^{2.03} I	ease is for and the nature	Equipment Rental Agreement	Swisher International, Ir	IC.	
•	of the debtor's interest		Name		
			Notice Name		
			1602 Corporate Drive		
;	State the term remaining		Address		
ı	List the contract number of				
;	any government contract				
			Warrensburg	MO	64093
			City	State	ZIP Code
			Country		
			Country		

Debtor:			d 04/22/25 Page 80 Case number (if know)		
	Name				
2.84	State what the contract or lease is for and the nature of the debtor's interest	Nursing Facility Hospice Services Agreement	The Carle Foundation Hospital, d/b/a Carle Hospice		
	or the debtor 3 interest		Julianna Sellett, R/N Dire	ector	
			Notice Name		
			206A W. Anthony Drive		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Champaign	<u>IL</u>	61822
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.85	State what the contract or lease is for and the nature	Residential Hospice Agreement	Transitions Hospice, L.L.	C.	
	of the debtor's interest	Nesidential Hospice Agreement	Name		
			Attn Tim Scully, V.P.		
			Notice Name 8913 N Prairie Pointe Rd		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Peoria	IL	61615-1577
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.86	State what the contract or lease is for and the nature	Agrooment with Nursing English	Transitions Hospice, LLC	:	
	of the debtor's interest	Agreement with Nursing Facility	Name	<u> </u>	
			Attn Tim Scully, VP		
			Notice Name		
	State the term remaining		12040 Raymond Court Address		
	List the contract number of				
	any government contract				
			Huntley	IL	60142
			City	State	ZIP Code
			Country		

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ays Staffing Sens L Schulman Estame Santa Ana Blvd	sq	92701 ZIP Code
s L Schulman Es ame Santa Ana Blvd	Suite 955	
s L Schulman Es ame Santa Ana Blvd	Suite 955	
ame Santa Ana Blvd	Suite 955	
ame Santa Ana Blvd	Suite 955	
	CA	
Ana		
	State	ZIP Code
0. " 0		
ays Staffing Ser	vices, Inc.	
ent/CEO ame		
	. 0.:1 100	
y Parkway West	t, Suite 130	
)	CA	92868
	01-1-	ZIP Code
_ 	ge	ge CA

Case 24-10443-TMH Doc 1443 Filed 04/22/25 Page 82 of 111

Fill in this information to identify the case:
Debtor Name: In re : Petersen Health Care - Illini, LLC
United States Bankruptcy Court for the: District of Delaware
Case number (if known): 24-10497 (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

indi	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 ha	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	s-Real and Personal Property (Official Form	n 206A/B)				
	Schedule	D: Creditors	s Who Have Claims Secured by Property (Official Form 206D)				
	Schedule	e E/F: Credito	ors Who Have Unsecured Claims (Official I	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 Chapte	er 9 Cases: List of Creditors Who Have the	20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)				
	Other do	cument that	requires a declaration					
I de	clare unde	r penalty of p	perjury that the foregoing is true and correc	ct.				
_								
Exe	cuted on	04/22/2025	<u> </u>	/ s / David R. Campbell				
		MM / DD / Y	YYY	Signature of individual signing on behalf of debtor				
				David R. Campbell				
				Printed name				
				Authorized Signatory				
				Position or relationship to debtor				

Case 24-10443-TMH Doc 1443 Filed 04/22/25 Page 83 of 111

In re: Petersen Health Care - Illini, LLC Case No. 24-10497

AMENDED Schedule A/B 77
Other property of any kind not already listed

Other property of any kind not already listed		Current value of	Amondonos
Other property of any kind not already listed		debtor's interest	
Inter Company Loan - Mark Petersen		\$618,933.59	Amended herein - added
Inter Company Loan - Petersen Companies LLC		\$760,000.00	Amended herein - added
Inter Company Loan - Petersen Health Operations, LLC		\$660,031.48	Amended herein - added
Inter Company Loan - Petersen Healthcare VII, LLC		\$147,920.26	Amended herein - added
	TOTAL:	\$2,186,885.33	

EXHIBIT B

Amended Statements

IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

In re:

SC HEALTHCARE HOLDING, LLC, et al.,

Debtors. 1

Chapter 11

Case No. 24-10443 (TMH)

(Jointly Administered)

AMENDED STATEMENT OF FINANCIAL AFFAIRS FOR PETERSEN HEALTH CARE - ILLINI, LLC (CASE NO. 24-10497)

Amended Herein:

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

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

Fill in this information to identify the case:
Debtor Name: In re : Petersen Health Care - Illini, LLC
United States Bankruptcy Court for the: District Of Delaware
Case number (if known): 24-10497 (TMH)

☑ Check if this is an amended filing

Official Form 207

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

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

Part	1: Income								
1. G	ross revenue from busines	ss							
	Identify the beginning and may be a calendar year	ending	dates of the debtor's	iscal y	ear, which		Sources of revenue Check all that apply	(bef	ss revenue fore deductions and lusions)
	From the beginning of the fiscal year to filing date:	From	1/1/2024 MM / DD / YYYY	to -	Filing date	☑	Operating a business Other	_ \$.	790,645.93
	For prior year:	From	1/1/2023 MM / DD / YYYY	to -	12/31/2023 MM / DD / YYYY	_ _ □	Operating a business Other	_ \$ _	4,292,396.84
	For the year before that:	From	1/1/2022 MM / DD / YYYY	to	12/31/2022 MM / DD / YYYY	_ ☑ 	Operating a business Other	\$	3,656,744.98

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Debtor: Petersen Health Care - Illini, LLC Case number (if known): 24-10497

Name

2. Non-business revenue

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

□ None

					Description of sources of revenue	Gross revenusource (before deducted exclusions)	
From the beginning of the fiscal year to filing date:	From	1/1/2024 MM / DD / YYYY	to	Filing date	Interest	\$	0.00
For prior year:	From	1/1/2023 MM / DD / YYYY	to	12/31/2023 MM / DD / YYYY	Interest	\$	345.48
For the year before that:	From	1/1/2022 MM / DD / YYYY	to	12/31/2022 MM / DD / YYYY	Interest	\$	662.74

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Debtor: Petersen Health Care - Illini, LLC Case number (if known): 24-10497

Name

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

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

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

_ N(one							
	Creditor's name a	and address		Dates	Total amo	unt or value	Reaso Check	ns for payment or transfer all that apply
3.1	McKesson Medical	l-Surgical		1/5/2024	\$	5,664.30		Secured debt
	Creditor's Name							Unsecured loan repayments
	PO Box 630693						\checkmark	Suppliers or vendors
	Street							Services
								Other
	Cincinnati	ОН	452630693					
	City	State	ZIP Code					
	Country							
3.2	McKesson Medical	l-Surgical		3/6/2024	\$	4,998.90		Secured debt
	Creditor's Name							Unsecured loan repayments
	PO Box 630693						\checkmark	Suppliers or vendors
	Street							Services
								Other
	Cincinnati	ОН	452630693					
	City	State	ZIP Code					
	Country							

Filed 04/22/25 Case 24-10443-TMH Doc 1443 Page 89 of 111 Petersen Health Care - Illini, LLC Debtor: Case number (if known) Name Payments or other transfers of property made within 1 year before filing this case that benefited any insider 4. List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. Insiders include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31). ☐ None Insider's Name and Address Dates Total amount or value Reason for payment or transfer 4.1 See Amended SOFA 4 Attachment Insider's Name Street City ZIP Code Country Relationship to Debtor Repossessions, foreclosures, and returns

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

✓ None

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

6. Setoffs

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

☐ None

	Creditor's Nar	ne and Ad	dress	Description of the action creditor took	Date action was taken	Amount	
3.1	Bed Tax Creditor's Name			Offset with Medicaid		\$	287,558.00
	Creditor's Name						
	Street			_			
				Last 4 digits of account number: XXXX-		_	
				_			
	City	State	ZIP Code				
	Country			_			

Case 24-10443-TMH Doc 1443 Filed 04/22/25 Page 91 of 111 Petersen Health Care - Illini, LLC Case number (if known): Debtor: Name **Legal Actions or Assignments** Part 3: 7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case. □ None Case title Nature of case Court or agency's name and address Status of case Pending 7.1 See SOFA 7 Attachment Name On appeal Concluded Street Case number City State ZIP Code Country Assignments and receivership

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

☑ No	ne										
	Custodian's nai	me and addre	ess	Description of the Property	,	Value					
8.1						\$					
(Custodian's name		stodian's name				Court name and address				
				Case title							
	Street					Name					
_											
				Case number	-	Street					
(City	State	ZIP Code								
(Country			Date of order or assignment		City	State	ZIP Code			
						Country					

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Debtor: Petersen Health Care - Illini, LLC Case number (if known): 24-10497

Name

Part 4: Certain Gifts and Charitable Contributions

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

✓ None

R	Recipient's name	e and addre	ess	Description of the gifts or contributions	Dates given	Value
						\$
С	reditor's Name					
s	treet			_		
c	ity	State	ZIP Code	_		
C	ountry			_		

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Debtor: Petersen Health Care - Illini, LLC Case number (if known): 24-10497

Name

Part 5:	Certain	Losses

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

☐ None

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

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Debtor: Petersen Health Care - Illini, LLC Case number (if known): 24-10497

Name

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

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

✓ None

	Who was paid or v	who received	the transfer?	If not money, describe any property transferred	Dates	Total amount or value
1.1						\$
	Address					
	Street			-		
				-		
	City	State	ZIP Code	-		
	Country			-		
	Email or website a	address				
				-		
	Who made the pay	yment, if not o	lebtor?			
				_		

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

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

 $\ensuremath{\,\overline{\!\!\mathcal M\!}}$ None

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

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Debtor: Petersen Health Care - Illini, LLC Case number (if known): 24-10497

Name

13. Transfers not already listed on this statement

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

✓ None

W	/ho received trai	nsfer?		Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
1						\$
A	ddress					
Sti	reet					
Cit	ty	State	ZIP Code			
Co	ountry	-				
R	elationship to D	ebtor				

ZIP Code

City

Country

State

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Debtor: Petersen Health Care - Illini, LLC Case number (if known):

Name

Part 8:	Health	Care	Bankru	ptcies
---------	--------	------	--------	--------

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
 providing any surgical, psychiatric, drug treatment, or obstetric care?
- $\ \square$ No. Go to Part 9.

	Facility Name	and Address	5	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1	Illini Heritage R	ehab & Healt	th Care	Skilled Nursing Facility	1,548
	Facility Name				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	1315 Curt Dr.			Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?
	Street				Check all that apply:
					☐ Electronically
	Champaign	IL	61821		☑ Paper
	City	State	ZIP Code	-	
	Country			-	

Filed 04/22/25 Case 24-10443-TMH Doc 1443 Page 98 of 111 Debtor: Petersen Health Care - Illini, LLC Case number (if known): Name Personally Identifiable Information Part 9: 16. Does the debtor collect and retain personally identifiable information of customers? Medical and Billing Information Does the debtor have a privacy policy about that information? □ No Yes 17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit? ☐ No. Go to Part 10. ☑ Yes. Does the debtor serve as plan administrator? ☑ No. Go to Part 10. ☐ Yes. Fill in below: Employer identification number of the plan Name of plan

EIN:

17.1

□ No

Has the plan been terminated?

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Debtor: Petersen Health Care - Illini, LLC Case number (if known): 24-10497

Name

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

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☑ None

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

19. Safe deposit boxes

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

✓ None

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

Case 24-10443-TMH Doc 1443 Filed 04/22/25 Page 100 of 111 Debtor: Petersen Health Care - Illini, LLC Case number (if known): Name 20. Off-premises storage List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business. ☐ None Does debtor still have it? Facility name and address Names of anyone with access to it Description of the contents 20.1 See Global Notes □ No Name ☐ Yes Street

Address

ZIP Code

City

Country

State

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Debtor: Petersen Health Care - Illini, LLC Case number (if known): 24-10497

Name

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

	21.	Property	held for	another
--	-----	-----------------	----------	---------

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

□ None

	Owner's name	and addre	ess	Location of the property	Description of the property	Value
	See Global Note	S				\$
-	Street			-		
-	City	State	ZIP Code	-		

Debtor:	Poto	Case 24-1044	3-TMH	Doc 1443	Filed 04/22/2	25 Page 102 of 111 Case number (if known): 24-10497	
Jebioi.	Name	isen rieaur care - illin, LLC				Case number (# known): 24-10491	
Part 1	12:	Details About Environmenta	I Information	on			
For th	e purp	pose of Part 12, the following d	efinitions ap	pply:			
•	<i>Enviro</i>	onmental law means any statute lless of the medium affected (a	e or governr ir, land, wat	mental regulation thater, or any other med	at concerns pollution dium).	, contamination, or hazardous mat	erial,
•	Site m	,	roperty, incl	•	,	v owns, operates, or utilizes or that	the debtor
		dous material means anything milarly harmful substance.	that an envi	ironmental law defin	es as hazardous or	toxic, or describes as a pollutant, c	ontaminant,
Repo	rt all r	notices, releases, and procee	dings knov	wn, regardless of v	vhen they occurred		
[☑ No	s. Provide details below.	jaarolar or v	aummonum o pro	andor any	environmental law? Include settl	omonio and order
		Case title	Court	or agency name and a	ddress	Nature of the case	Status of case
	22.1		Name				□ Pending□ On appeal□ Concluded
		Case Number					
			City	State	ZIP Code		
			Country				
		ny governmental unit otherw vironmental law?	ise notified	I the debtor that th	e debtor may be lia	ble or potentially liable under or	in violation of
	☑ No)					
	□ Ye	es. Provide details below.					
		Site name and address		Governmental u address	nit name and	Environmental law, if known	Date of notice
	23.1	News		News			
		Name		Name			
		Street		Street			

Site	e name and	address		address			Environmentariaw, ii known	Date of Hoth
1								
Nam	е			Name				
01				- Otro 1			_	
Stree	et			Street				
				-			_	
City		State	ZIP Code	City	State	ZIP Code	_	
							_	
Cour	ntry			Country				

Filed 04/22/25 Page 103 of 111 Case 24-10443-TMH Doc 1443 Debtor: Petersen Health Care - Illini, LLC

Case number (if known):

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

✓ No

 $\ \square$ Yes. Provide details below.

	Site name	and address		Governmen	tal unit name	e and address	Environmental law, if known	Date of notice
1.1	Name			Name				
	Street			Street				
	City	State	ZIP Code	City	State	ZIP Code		
	Country			Country				

Case 24-10443-TMH Doc 1443 Filed 04/22/25 Page 104 of 111 Debtor: Petersen Health Care - Illini, LLC Case number (if known): Name

Part 13:	Details About the D	Debtor's Business or	Connections to Ar	ny Business
----------	---------------------	----------------------	--------------------------	-------------

25.	Other	businesses	in	which	the	debtor	has	or	has	had	l an	interes	1
-----	-------	------------	----	-------	-----	--------	-----	----	-----	-----	------	---------	---

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

	one				Employer Ide	ntificat	ion number
	Business name an	d address	Describe the natur	e of the business	Do not include	e Social	Security number or ITIN
25.1					EIN:		
	Name				Dates busine	ess exis	ted
					From		То
	Street						
	City	State ZIP Code					
	,						
	Country						
	ocu,						
Book	s, records, and fin	ancial statements					
26a. L	ist all accountants	and bookkeepers wh	o maintained the debtor's	books and record	s within 2 years	before	filing this case.
□ No	one						
	Name and Address	s		Dates of serv	ice		
					100	_	
26a.1	Name	are Management, LLC		From		Т	0
	830 West Trailcreel	k Dr					
	Street	K DI.					
	Peoria	IL	61614				
	City	State	ZIP Code				
	Country						
	Country						
	all firms or individua	ls who have audited	, compiled, or reviewed d	ebtor's books of ac	count and recor	rds or pi	epared a financial
List a	ment within 2 years	before filing this ca	se.				•
List a	inent within 2 years	3					
state	None	J					
state	-			Dates of service	9		
state	None Name and Addre	ess				To	Present
state	None Name and Address. Petersen Healtho			Dates of service From 12/22/2		To	Present
state	None Name and Addre	ess				To	Present
state	Name and Address b.1 Petersen Healthon Name 830 West Trailcress	ess care Management, Ma				To	Present
state	Name and Address b.1 Petersen Healthon Name	ess care Management, Ma				To	Present
state	Name and Address b.1 Petersen Healthon Name 830 West Trailcress	ess care Management, Ma	ırk Petersen			То	Present
state	Name and Address b.1 Petersen Healthon Name 830 West Trailcress	ess care Management, Ma				То	Present

Country

Filed 04/22/25 Case 24-10443-TMH Doc 1443 Page 105 of 111 Petersen Health Care - Illini, LLC Case number (if known): Debtor: Name 26b.2 Ginoli & Company 2002 Present From То Name 7625 N University St. Street Peoria IL 61614 City State ZIP Code Country 26b.3 Clifton, Larson, Allen 2012 Present From То Name 301 SW Adams St. Street Suite 1000 Peoria IL 61602 State ZIP Code City Country 26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed. □ None If any books of account and records are unavailable, explain why Name and address 26c.1 Getzler Henrich and Associates Name 295 Madison Ave Street Floor 20 New York NY 10023 City State ZIP Code Country If any books of account and records are Name and address unavailable, explain why 26c.2 Ginoli & Company Name 7625 N University St. Street Peoria IL 61614 State ZIP Code City

Country

Case 24-10443-TMH Doc 1443 Filed 04/22/25 Page 106 of 111 Petersen Health Care - Illini, LLC Case number (if known). Debtor: Name If any books of account and records are Name and address unavailable, explain why 26c.3 Petersen Healthcare Management, Mark Petersen Name 830 West Trailcreek Dr. Street IL Peoria 61614 City State ZIP Code Country If any books of account and records are Name and address unavailable, explain why 26c.4 Clifton, Larson, Allen Name 301 SW Adams St. Street Suite 1000 Peoria IL 61602 City State ZIP Code Country 26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case. □ None Name and address Name Street

State

ZIP Code

City

Country

Debtor:	Pete	Case 24-104 ersen Health Care - Illini, LLC	143-TMH	Doc 1443	Filed		5 Page 1		
	Name	9							
27. I	nvent	ories							
H	lave a	any inventories of the debtor's	s property bee	n taken within 2 ye	ars before	e filing this ca	ise?		
	☑ No)							
	□ ∨ Δ	s. Give the details about the	two most race	nt inventories					
	_ 10	3. Give the details about the	two most rece	nt inventories.					
		Name of the person who su	pervised the ta	aking of the invento	ry	Date of Inventory	The dollar a other basis)		asis (cost, market, or entory
							\$		
		Name and address of the percords	erson who has	possession of inve	entory				
	27.1								
		Name							
		Street							
		City State		ZIP Code					
		Country							
		ne debtor's officers, directo e in control of the debtor at				s, members	in control, con	trolling sha	reholders, or other
		Name	Addre	ess			Position and Nat	ure of any	% of interest, if any
	28.1	Mark B. Petersen	830 W	est Trailcreek Dr., I	Peoria, IL	61614	Owner		100%
		n 1 year before the filing of ntrol of the debtor, or share							partners, members
	□ v	es. Identify below.							
	⊔ 1€	es. Identity below.							
		Name	Address			Position any interes	and Nature of	Period duri	ng which position or s held

29.1 _____

From _____ To ____

Debtor:	Peter	Case 24 sen Health Care - Illini, I	4-10443-TM LLC	IH Doc	1443	Filed 04		Page 108 e number (if known):	3 of 111 24-10497
	Name								
30.	Payme	nts, distributions, d	or withdrawals c	redited or giv	ven to insi	ders			
	bonuse	1 year before filing thes, loans,credits on lo					n any form, i	including salary	, other compensation, draws,
	□ No	- Idea (forbalas)							
	⊻ Yes	s. Identify below.							
		Name and address of	of recipient		Amount of or description value of p	otion and	Dates		Reason for providing the value
	30.1	See SOFA Question	4						
		Name							
		Street							
		City	State	ZIP Code					
		Country							
		Relationship to debt	tor						
	18041								
31.	Within	6 years before filin	ng this case, has	the debtor b	een a men	nber of any	/ consolidat	ted group for t	ax purposes?
	□ No								
	☑ Yes	s. Identify below.							
	1	Name of the parent c	orporation			Employer	r Identification	on number of th	e parent corporation
	31.1	Mark Petersen				EIN: xxx-	xx-3791		
32.	Withi	n 6 years before fili	ng this case, ha	s the debtor	as an emp	loyer been	responsible	e for contribut	ing to a pension fund?
	☑ No)							
	□ Ye	s. Identify below.							
		Name of the pension	on fund		E	mployer Id	entification i	number of the p	ension fund
	32.1				Е	EIN:			

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Yes

WA	RNING Ba	ankruptcy fraud is a seri	ous crime. Making a false statemer	nt, concealing property, or	obtaining money or property by fraud in
con	nection with	a bankruptcy case can	result in fines up to \$500,000 or im	prisonment for up to 20 ye	ears, or both.
18 L	J.S.C.§§ 152	2, 1341, 1519, and 3571	l.		
I hav	ve examined	d the information in this	Statement of Financial Affairs and	any attachments and have	e a reasonable belief that the information is true and correct.
I de	clare under	penalty of perjury that th	ne foregoing is true and correct.		
Exe	cuted on	04/22/2025			
		MM / DD / YYYY			
×	/s/David	d R. Campbell		Printed name	David R. Campbell
	Signature	of individual signing on	behalf of the debtor		
	Position or	relationship to debtor	Authorized Signatory		
Are	additiona	l pages to <i>Statemen</i>	nt of Financial Affairs for Non-	Individuals Filing for l	Bankruptcy (Official Form 207) attached?
	No				

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In re: Petersen Health Care - Illini, LLC Case No. 24-10497

AMENDED Attachment 4

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

Total amount												
Insider's name	Address 1	City	State 2	Zip	Date	or value	Reasons for payment or transfer	Relationship to debtor	Amended			
**Please reference Global Notes for addition	al information related to Interc	company Payments	/Transfe	rs								
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL 6	31614	3/30/2023	\$34.72	Bank of America Mastercard	Owner	Amended Herein - Added			
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL 6	31614	4/12/2023	\$2,400.00	Bank of America	Owner	Amended Herein - Adde			
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL 6	31614	5/1/2023	\$98,000.00	MBP (PNC) - Repay Loan	Owner				
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL 6	31614	5/23/2023	\$5,025.97	Bank of America Mastercard	Owner	Amended Herein - Adde			
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL 6	31614	7/11/2023	\$9,120.36	Bank of America Mastercard	Owner	Amended Herein - Adde			
Mark B. Petersen	830 West Trailcreek Dr.			31614	7/31/2023	\$22,300.00	Bank of America Mastercard	Owner	Amended Herein - Adde			
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL 6	31614	9/22/2023	\$412.86	Bank of America Mastercard	Owner	Amended Herein - Added			
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL 6	31614	9/22/2023	\$14,000.00	Bank of America Mastercard	Owner	Amended Herein - Adde			
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL 6	31614	10/10/2023	\$107.80	Bank of America Mastercard	Owner	Amended Herein - Adde			
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL 6	31614	10/10/2023	\$15,883.63	Bank of America Mastercard	Owner	Amended Herein - Adde			
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL 6	31614	10/17/2023	\$3,204.00	Bank of America Mastercard	Owner	Amended Herein - Adde			
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL 6	31614	10/20/2023	\$4,521.66	Bank of America Mastercard	Owner	Amended Herein - Adde			
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL 6	31614	11/28/2023	\$30.00	Bank of America Visa	Owner	Amended Herein - Adde			
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL 6	31614	11/28/2023	\$14,520.00	Bank of America Mastercard	Owner	Amended Herein - Adde			
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL 6	31614	12/26/2023	\$65.79	Bank of American Visa	Owner	Amended Herein - Adde			
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL 6	31614	1/2/2024	\$10,486.22	Bank of America Mastercard	Owner	Amended Herein - Adde			
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL 6	31614	1/19/2024	\$167.51	Bank of America Visa	Owner	Amended Herein - Adde			
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL 6	31614	1/22/2024	\$10,369.07	Bank of America CC	Owner	Amended Herein - Adde			
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL 6	31614	2/7/2024	\$59.00	Bank of America Visa	Owner	Amended Herein - Adde			
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL 6	31614	4/13/2023	\$5,721.30	V00300Petersen Health Care Management	Related Entity				
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL 6	31614	5/11/2023	\$14,518.63	V00300Petersen Health Care Management	Related Entity				
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria		31614	7/13/2023	\$11,258.27	V00300Petersen Health Care Management	Related Entity				
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL 6	31614	7/13/2023	\$22,557.48	V00300Petersen Health Care Management	Related Entity				
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL 6	31614	8/10/2023	\$16,484.35	V00300Petersen Health Care Management	Related Entity				
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL 6	31614	9/14/2023	\$10,393.96	V00300Petersen Health Care Management	Related Entity				
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL 6	31614	10/12/2023	\$9,003.60	V00300Petersen Health Care Management	Related Entity				
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL 6	31614	11/9/2023	\$12,938.11	V00300Petersen Health Care Management	Related Entity				
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL 6	61614	11/9/2023	\$50,000.00	Intercompany Transfer	Related Entity				
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL 6	31614	1/11/2024	\$8,513.58	V00300Petersen Health Care Management	Related Entity				
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL 6	61614	1/11/2024	\$20,983.81	V00300Petersen Health Care Management	Related Entity				
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL 6	31614	3/13/2024	-\$20,983.81	V00300Petersen Health Care Management	Related Entity				
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL 6	61614	3/13/2024	-\$12,938.11	V00300Petersen Health Care Management	Related Entity				
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL 6	31614	3/13/2024	-\$8,513.58	V00300Petersen Health Care Management	Related Entity				

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In re: Petersen Health Care - Illini, LLC Case No. 24-10497

Attachment 7

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

Case Title	Case number	Nature of case	Court name	Court address 1	Court City	Court State	Court Zip	Status of case (e.g. Pending, On appeal, Concluded)
SELECT REHABILITATION, LLC PLAINTIFF V. MIDWEST HEALTH OPERATIONS, LLC; PETERSEN HEALTH CARE - FARMER CITY, LLC; PETERSEN HEALTH CARE - ILLINI, LLC; PETERSEN HEALTH CARE - OZARK, LLC; PETERSEN HEALTH CARE - WESTSIDS; LLC; PETERSEN HEALTH CARE - WESTSIDS; LLC; PETERSEN HEALTH CARE - ROSEVILLE, LLC; PETERSEN HEALTH CARE V, LLC; PETERSEN HEALTH CARE VI, LLC; PETERSEN HEALTH OPERATIONS III, LLC; PETERSEN HEALTH OPERATIONS, LLC; PETERSEN HEALTH OPERATIONS III, LLC; PETERSEN HEALTH OPERATIONS, LLC; PETERSEN HEALTH QUALITY, LLC; PETERSEN MANAGEMENT COMPANY, LLC; SLI HEALTH SYSTEMS, INC.; ALEDO HOO, LLC; ARCOLA HOO, LLC; CASEY HOO, LLC; CHARL ESTON HOO, LLC; COLLINSVILLE HOO, LLC; CUMBERLAND HOO, LLC; DECATUR HOO, LLC; EASTVIEW HOO, LLC; EFFINGHAM HOO, LLC; HAVANA HOO, LLC; EVEWANEE HOO, LLC; LEBANON HOO, LLC; MCLEANSBORO HOO, LLC; NORTH AURORA HOO, LLC; PETERSEN HEALTH BUSINESS, LLC; PETERSEN HEALTH JUNCTION, LLC; PETERSEN HEALTH RESOURCES, LLC; PETERSEN HEALTH & WELLNESS, LLC; PIPER HOO, LLC; PLEASANT VIEW HOO, LLC; PRAIRIE CITY HOO, LLC; ROBINGS HOO, LLC; ROSICLARE HOO, LLC; SHAN GRI LA HOO, LLC; SULLIVAN HOO, LLC; SWANSEA HOO, LLC; TARKIO HOO, LLC; TUSCOLA HOO, LLC; SULLIVAN HOO, LLC; SWANSEA HOO, LLC; TARKIO HOO, LLC, DEFENDANTS			10th Judicial Circuit Court of				2400	Destina
	2024-LA-0000030	Undeterminable	III	324 Main St. Ste. 215	Peoria	IL	61602	Pending