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

In re

SC HEALTHCARE HOLDING, LLC et al.,

Debtors.1

Chapter 11

Case No. 24-10443 (TMH)

Jointly Administered

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

#### PLEASE TAKE NOTICE OF THE FOLLOWING:

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

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

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

## AMENDED SCHEDULES AND STATEMENTS

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

<sup>&</sup>lt;sup>2</sup> Attached hereto as **Schedule 1** is a list of the Debtors whose Schedules and/or Statements have been amended.



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

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

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

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

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

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

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

#### **GLOBAL NOTES**

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

#### **RESERVATION OF RIGHTS**

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

Dated: April 22, 2025

Wilmington, Delaware

Respectfully submitted,

# YOUNG CONAWAY STARGATT & TAYLOR, LLP

## /s/ Shella Borovinskaya

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

Rodney Square

1000 North King Street

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

Email: amagaziner@ycst.com

sborovinskaya@ycst.com cthompson@ycst.com

and

#### WINSTON & STRAWN LLP

Daniel J. McGuire (admitted *pro hac vice*)
Gregory M. Gartland (admitted *pro hac vice*)
35 W. Wacker Drive
Chicago, H. 60601

Chicago, IL 60601

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

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

and

Carrie V. Hardman (admitted pro hac vice)

200 Park Avenue

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

Email: chardman@winston.com

Counsel for the Debtors and Debtors in Possession

#### Schedule 1

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

## Schedule A/B, Part 11 Amendments

CYE Girard HCO, LLC

CYE Monmouth - PHC, Inc.

Lebanon HCO, LLC

Midwest Health Operations, LLC

Petersen Health & Wellness, LLC

Petersen Health Business, LLC

Petersen Health Care - Farmer City, LLC

Petersen Health Care - Illini, LLC

Petersen Health Care - Roseville, LLC

Petersen Health Care II, Inc.

Petersen Health Care Management, LLC

Petersen Health Care VIII, LLC

Petersen Health Care, Inc.

Petersen Health Enterprises, LLC

Petersen Health Group, LLC

Petersen Health Network, LLC

Petersen Health Properties, LLC

Petersen Health Quality, LLC

Petersen Health Systems, Inc.

Petersen Management Company, LLC

Petersen MT3, LLC

Piper HCO, LLC

SABL, LLC

SJL Health Systems, Inc.

Sullivan HCO, LLC

Tarkio HCO, LLC

Tuscola HCO, LLC

Westside HCO, LLC

XCH, LLC

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

Knoxville & Pennsylvania, LLC

Petersen Health Care II, Inc.

Petersen Health Systems, Inc.

## **Schedule E/F Amendments**

CYE Girard HCO, LLC

CYE Kewanee- PHC, Inc.

CYE Knoxville - PHC, Inc.

CYE Monmouth - PHC, Inc.

Effingham HCO, LLC

El Paso - PHC, Inc

Kewanee HCO, LLC

Knoxville & Pennsylvania, LLC

Legacy - PHC Inc.

Marigold - PHC Inc.

Midwest Health Operations, LLC

Midwest Health Properties, LLC

North Aurora HCO, LLC

Petersen Health & Wellness, LLC

Petersen Health Business, LLC

Petersen Health Care - Farmer City, LLC

Petersen Health Care - Illini, LLC

Petersen Health Care - Roseville, LLC

Petersen Health Care II, Inc.

Petersen Health Care Management, LLC

Petersen Health Care VIII, LLC

Petersen Health Care, Inc.

Petersen Health Enterprises, LLC

Petersen Health Group, LLC

Petersen Health Network, LLC

Petersen Health Properties, LLC

Petersen Health Quality, LLC

Petersen Health Systems, Inc.

Petersen Management Company, LLC

Polo - PHC, Inc.

SABL, LLC

SJL Health Systems, Inc.

War Drive, LLC

XCH, LLC

## **Schedule G Amendments**

Aledo HCO, LLC

Arcola HCO, LLC

Aspen HCO, LLC

Bement HCO, LLC

Betty's Garden HCO, LLC

Casey HCO, LLC

Collinsville HCO, LLC

CYE Bradford HCO, LLC

CYE Bushnell HCO, LLC

CYE Girard HCO, LLC

CYE Knoxville HCO, LLC

CYE Monmouth HCO, LLC

CYE Sullivan HCO, LLC

CYE Walcott HCO, LLC

Decatur HCO, LLC

Eastview HCO, LLC

Effingham HCO, LLC

Havana HCO, LLC

Jonesboro, LLC

Kewanee HCO, LLC

Knoxville & Pennsylvania, LLC

Lebanon HCO, LLC

Macomb, LLC

McLeansboro HCO, LLC

Midwest Health Operations, LLC

Midwest Health Properties, LLC

North Aurora HCO, LLC

Petersen Health & Wellness, LLC

Petersen Health Business, LLC

Petersen Health Care - Farmer City, LLC

Petersen Health Care - Illini, LLC

Petersen Health Care - Roseville, LLC

Petersen Health Care II, Inc.

Petersen Health Care III, LLC

Petersen Health Care Management, LLC

Petersen Health Care V, LLC

Petersen Health Care VII, LLC

Petersen Health Care XI, LLC

Petersen Health Care, Inc.

Petersen Health Enterprises, LLC

Petersen Health Group, LLC

Petersen Health Network, LLC

Petersen Health Properties, LLC

Petersen Health Quality, LLC

Petersen Health Systems, Inc.

Petersen Management Company, LLC

Petersen MT, LLC

Petersen MT3, LLC

Piper HCO, LLC

Pleasant View HCO, LLC

Prairie City HCO, LLC

Robings HCO, LLC

Rosiclare HCO, LLC

Royal HCO, LLC

SABL, LLC

SC Healthcare Holding, LLC

Shangri La HCO, LLC

Shelbyville HCO, LLC

SJL Health Systems, Inc.

South Elgin, LLC

Sullivan HCO, LLC

Swansea HCO, LLC

Tarkio HCO, LLC

Tuscola HCO, LLC

Twin HCO, LLC

Vandalia HCO, LLC

Village Kewanee HCO, LLC

War Drive, LLC

Watseka HCO, LLC

Westside HCO, LLC

XCH, LLC

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

Midwest Health Operations, LLC

Petersen Health & Wellness, LLC

Petersen Health Care - Illini, LLC

Petersen Health Care - Roseville, LLC

Petersen Health Care II, Inc.

Petersen Health Care Management, LLC

Petersen Health Network, LLC

Petersen Health Systems, Inc.

Petersen Management Company, LLC

SABL, LLC

SJL Health Systems, Inc.

XCH, LLC

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

In re

SC HEALTHCARE HOLDING, LLC et al.,

Debtors.1

Chapter 11

Case No. 24-10443 (TMH)

Jointly Administered

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

#### INTRODUCTION

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

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

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

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

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

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

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

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

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

<sup>&</sup>lt;sup>3</sup> Capitalized terms used herein but not otherwise defined shall have the meaning ascribed to them in the Global Notes.

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 "<u>Data Breach</u>"). 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, INC. (CASE NO. 24-10528)

#### **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, Inc.

United States Bankruptcy Court for the: District of Delaware

Case number (if known): 24-10528 (TMH)

☑ Check if this is an amended filing

## Official Form 206Sum

## **Summary of Assets and Liabilities for Non-Individuals**

12/15

| 1. Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)  |          |               |
|--|----------|---------------|
| 1a. Real property:   |          |               |
| Copy line 88 from Schedule A/B   | \$       | 0.00          |
| 1b. Total personal property:   |          |               |
| Copy line 91A from Schedule A/B  | \$       | 62,684,919.74 |
| 1c. Total of all property:   |          |               |
| Copy line 92 from Schedule A/B   | \$       | 62,684,919.74 |
| Part 2: Summary of Liabilities   |          |               |
| Part 2: Summary of Liabilities   |          |               |
|  | \$       | 4,068,016.72  |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)  Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D | \$       | 4,068,016.72  |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)  Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D | \$       | 4,068,016.72  |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)  Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D | \$       | 4,068,016.72  |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)  Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D | \$       |               |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)  Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D | \$<br>\$ |               |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)  Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D | \$       | 440.00        |

## Fill in this information to identify the case:

Debtor Name: In re: Petersen Health Care, Inc.

United States Bankruptcy Court for the: District of Delaware

Case number (if known): 24-10528 (TMH)

☑ Check if this is an amended filing

## Official Form 206A/B

## Schedule A/B: Assets - Real and Personal Property

12/15

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

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

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

| Part 1       | Cash and cash equivalent  | s                            |                                 |            |                          |
|--------------|---|------------------------------|---------------------------------|------------|--------------------------|
| 1. <b>D</b>  | oes the debtor have any cash or cash  | equivalents?                 |                                 |            |                          |
|              | ☐ No. Go to Part 2.   |                              |                                 |            |                          |
| v            | Yes. Fill in the information below.   |                              |                                 |            |                          |
| A            | all cash or cash equivalents owned  | or controlled by the debto   | r                               | Current va | lue of debtor's interest |
| 2. <b>C</b>  | Cash on hand  |                              |                                 |            |                          |
|              | 2.1 None  |                              |                                 | \$         |                          |
|              | checking, savings, money market, or followed institution (bank or brokerage firm) | Type of account              | Last 4 digits of account number | •          | 222 420 70               |
|              | 3.1 <u>CIBC</u> 3.2 <u>CIBC</u>   | Operating Operating          | <u>4609</u><br><u>0304</u>      | \$<br>\$   | 222,420.78               |
| 4. <b>O</b>  | other cash equivalents (Identify all)   |                              |                                 |            |                          |
|              | 4.1 Real Estate Tax Escrow  |                              |                                 | \$         | 169,133.86               |
| 5. <b>Tc</b> | otal of Part 1  |                              |                                 |            |                          |
| Ad           | d lines 2 through 4 (including amount   | s on any additional sheets). | Copy the total to line 80.      | \$         | 412,988.00               |

Case 24-10443-TMH Doc 1465 Filed 04/22/25 Page 17 of 112 Petersen Health Care, Inc. Case number (if known): Debtor: Name **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 81,242.39

9. Total of Part 2.

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

8.2 Prepaid Management Fees

8.3 Vendor Security Deposit Receivable

4,229,693.31

4,034.00

Case 24-10443-TMH Doc 1465 Filed 04/22/25 Page 18 of 112 Petersen Health Care, Inc. Case number (if known): Debtor: Name Part 3: Accounts receivable 10. Does the debtor have any accounts receivable?  $\ \square$  No. Go to Part 4.  $\ensuremath{\,\,^{\square}}$  Yes. Fill in the information below. Current value of debtor's 11. Accounts receivable Description face amount doubtful or uncollectible accounts Accounts =..... • \$ 10,391,623.85 11a. 90 days old or less: 10,391,623.85 - \$ 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.

10,391,623.85

\$

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Debtor: Petersen Health Care, Inc. Case number (if known): 24-10528

Name

| CI  | 111Vestillents   |                           |   |                                  |    |
|-----|--|---------------------------|---|----------------------------------|----|
| 13. | Does the debtor own any investments?   |                           |   |                                  |    |
|     | □ No. Go to Part 5.  |                           |   |                                  |    |
|     | $oxed{arphi}$ Yes. Fill in the information below.  |                           |   |                                  |    |
|     |  |                           | Valuation method used for current value | Current value of debtor's intere | st |
| 14. | Mutual funds or publicly traded stocks not included in Part 1  |                           |   |                                  |    |
|     | Name of fund or stock:   |                           |   |                                  |    |
|     | 14.1 None  |                           |   | \$                               |    |
|     |  |                           |   |                                  |    |
| 15. | Non-publicly traded stock and interests in incorporated and ur including any interest in an LLC, partnership, or joint venture | nincorporated businesses, |   |                                  |    |
|     | Name of entity:  | % of ownership:           |   |                                  |    |
|     | 15.1 Petersen Health Junction, LLC   | 99.00%                    |   | \$Undetermine                    | ed |
|     | 15.2 SABL, LLC   | 19.10%                    |   | \$ Undetermine                   | ed |
|     | 15.3 SC Healthcare Holding, LLC  | 19.10%                    |   | \$ Undetermine                   | ed |
|     | 15.4 Sunset HCC, LLC   | 100.00%                   |   | \$ Undetermine                   | ed |
| 16. | Government bonds, corporate bonds, and other negotiable an instruments not included in Part 1                                  | d non-negotiable          |   |                                  |    |
|     | Describe:  |                           |   |                                  |    |
|     | 16.1 None  |                           | _                                       | \$                               |    |
| 17. | Total of Part 4.   |                           |   |                                  |    |
|     | Add lines 14 through 16. Copy the total to line 83.  |                           |   | \$ 0.0                           | 00 |

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Debtor: Petersen Health Care, Inc. Case number (if known): 24-10528

| N | а | m |
|---|---|---|
|   |   |   |

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

| 18.                 | 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 res                          | ealo.                               |   |   |                                    |  |
| ۷۱.                 |   |                                     | \$  |   | \$                                 |  |
|                     |   |                                     | - ·   |   | · ·                                |  |
| 22.                 | Other inventory or supplies   |                                     |   |   |                                    |  |
|                     |   |                                     | \$  |   | \$                                 |  |
|                     |   |                                     |   | _                                       |                                    |  |
| 23.                 | Total of Part 5.  |                                     |   |   |                                    |  |
|                     | Add lines 19 through 22. Copy the total to line 8                     | 34.                                 |   |   | \$                                 |  |
|                     |   |                                     |   | L                                       |                                    |  |
| 24.                 | Is any of the property listed in Part 5 perisha                       | ble?                                |   |   |                                    |  |
|                     | □ No □ Yes  |                                     |   |   |                                    |  |
|                     | L les   |                                     |   |   |                                    |  |
| 25.                 | Has any of the property listed in Part 5 been                         | purchased within 20 o               | days before the bankruptcy was                        | filed?                                  |                                    |  |
|                     | □ No  |                                     |   |   |                                    |  |
|                     | ☐ Yes. Description Book value   | ıe\$                                | Valuation method                                      | Current value                           | \$                                 |  |
|                     | ·   |                                     |   |   |                                    |  |
| 26                  | Has any of the property listed in Part 5 been                         | annraised by a profes               | ssional within the last year?                         |   |                                    |  |
| ∠0.                 | □ No  | appraised by a profes               | oolonai williili lile last year?                      |   |                                    |  |
|                     | D Voc   |                                     |   |   |                                    |  |

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Debtor: Petersen Health Care, Inc.

Case number (if known):

24-10528

Name

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

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Debtor: Petersen Health Care, Inc. Case number (if known): 24-10528

| Pai | t 7: Office furniture, fixtures, and equipment; a  | nd collectibles  |   |                                    |
|-----|--|--|---|------------------------------------|
| 38. | Does the debtor own or lease any office furniture, fixtures,   | equipment, or collectibl                                 | es?                                     |                                    |
|     | □ No. Go to Part 8.  |  |   |                                    |
|     | oxdot Yes. Fill in the information below.  |  |   |                                    |
|     | General description  | Net book value of debto<br>interest<br>(Where available) | Valuation method used for current value | Current value of debtor's interest |
| 39. | Office furniture   |  |   |                                    |
|     | 39.1 Total FFE from Balance Sheet  | \$ 26,26   | 6.65 Net Book Value                     | \$ 26,266.65                       |
| 40. | Office fixtures  |  |   |                                    |
|     | 40.1 See Schedule A/B 39   | \$   |   | <b></b> \$                         |
| 41. | Office equipment, including all computer equipment and communication systems equipment and software  |  |   |                                    |
|     | 41.1 See Schedule A/B 39   | \$   |   | <b></b> \$                         |
| 42. | <b>Collectibles</b> <i>Examples:</i> Antiques and figurines; paintings,prints books, pictures, or other art objects; china and crystal; stamp, card collections; other collections, memorabilia, or collectibles |  |   |                                    |
|     | 42.1 None  | . \$   |   | <b></b> \$                         |
| 43. | Total of Part 7.   |  |   |                                    |
|     | Add lines 39 through 42. Copy the total to line 86.  |  |   | \$ 26,266.65                       |
| 44. | Is a depreciation schedule available for any of the property   | / listed in Part 7?                                      |   |                                    |
|     | ☑ No   |  |   |                                    |
|     | □ Yes  |  |   |                                    |

☑ No☐ Yes

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

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Petersen Health Care, Inc. Debtor:

Name

Case number (if known):

| Part 8: | Machinery, equipment, and vehicles |
|---------|------------------------------------|

| 46. | Does the debtor own or lease any machinery, equipment,  | or ve               | hicles?                      |                       |                                     |  |  |  |
|-----|---|---------------------|------------------------------|-----------------------|-------------------------------------|--|--|--|
|     | ☐ No. Go to Part 9.   | □ No. Go to Part 9. |                              |                       |                                     |  |  |  |
|     | ✓ Yes. Fill in the information below.   |                     |                              |                       |                                     |  |  |  |
|     | General description   | Net                 | book value of debtor's       |                       |                                     |  |  |  |
|     | ·   | inte                | erest                        | Valuation method used | Current value of debtor's interest  |  |  |  |
|     | Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)                                 | (WI                 | nere available)              | for current value     | Current value of doubter c interest |  |  |  |
| 47. | Automobiles, vans, trucks, motorcycles, trailers, and titled  | d farn              | n vehicles                   |                       |                                     |  |  |  |
|     | 47.1 See Schedule A/B 47 Attachment   | \$_                 | Undetermined                 | -                     | \$ 434,798.25                       |  |  |  |
|     | 47.2 None   | - \$ _              |                              |                       | \$                                  |  |  |  |
| 48. | Watercraft, trailers, motors, and related accessories Exam floating homes, personal watercraft, and fishing vessels | ples:               | Boats, trailers, motors,     |                       |                                     |  |  |  |
|     | 48.1 See Schedule A/B 48 Attachment   | \$                  | Undetermined                 |                       | \$ Undetermined                     |  |  |  |
|     | 1998 Rettig Ent (trailer)-Rettig Ent (trailer) VIN: 48.2 4JMFS111XW1001167  | \$                  | Undetermined                 |                       | \$ Undetermined                     |  |  |  |
|     | 2005 Rettig Ent (trailer)-Rettig Ent (trailer) VIN:   |                     |                              |                       |                                     |  |  |  |
|     | 48.3 4JMUN131951019265  | \$_                 | Undetermined                 |                       | \$ Undetermined                     |  |  |  |
|     | 2004 Load Trailer (trailer)-Load Trailer (trailer) 48.4 VIN: 4ZEHH101241725119                                      | \$_                 | Undetermined                 |                       | \$Undetermined                      |  |  |  |
|     | 2021 Jet Ski Trailer GC27-Jet Ski Trailer GC27<br>48.5 VIN: 5KTWS1510MF538707                                       | \$_                 | Undetermined                 |                       | \$ Undetermined                     |  |  |  |
|     | 2021 SeaDoo 30MC-SeaDoo 30MC VIN:<br>48.6 YDV37424L021  | \$_                 | Undetermined                 |                       | \$ Undetermined                     |  |  |  |
|     | 2021 SeaDoo 30ME-SeaDoo 30ME VIN:<br>48.7 YDV29892L021  | \$                  | Undetermined                 |                       | \$ Undetermined                     |  |  |  |
|     |   |                     |                              |                       |                                     |  |  |  |
| 49. | Aircraft and accessories  |                     |                              |                       |                                     |  |  |  |
|     | 49.1 None   | \$                  |                              | Ş                     | 3                                   |  |  |  |
|     |   |                     |                              |                       |                                     |  |  |  |
| 50. | Other machinery, fixtures, and equipment (excluding farm  | mac                 | hinery and equipment)        |                       |                                     |  |  |  |
|     | 50.1 None   | \$                  |                              |                       | S                                   |  |  |  |
|     |   |                     |                              |                       |                                     |  |  |  |
| E 1 | Total of Part 9   |                     |                              |                       |                                     |  |  |  |
| 51. | Total of Part 8.  Add lines 47 through 50. Copy the total to line 87.   |                     |                              | a                     | 434,798.25                          |  |  |  |
|     | Add lines 47 through 50. Copy the total to line 87.   |                     |                              | \$                    | 434,796.25                          |  |  |  |
| 52. | Is a depreciation schedule available for any of the propert   | ty list             | ed in Part 8?                |                       |                                     |  |  |  |
|     | ☑ No  |                     |                              |                       |                                     |  |  |  |
|     | □ Yes   |                     |                              |                       |                                     |  |  |  |
| 53  | Has any of the property listed in Part 8 been appraised by  | a nr                | ofessional within the last v | vear?                 |                                     |  |  |  |
| 55. |   | α μι                | Jiossionai within the idst ) | your i                |                                     |  |  |  |
|     | ☑ No □ Yes  |                     |                              |                       |                                     |  |  |  |
|     | П 169   |                     |                              |                       |                                     |  |  |  |

Case 24-10443-TMH Doc 1465 Filed 04/22/25 Page 24 of 112 Petersen Health Care. Inc. Debtor: Name Part 9: **Real property** Does the debtor own or lease any real property? ☐ No. Go to Part 10. ✓ Yes. Fill in the information below. 55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest **Description and location of property** Net book value of Nature and extent of Valuation method Include street address or other description such as Current value of debtor's interest 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. Courtyard Estates of Canton - 160 E. Walnut 55.1 Street, Canton, IL 61520 Owned 4,044,717.02 \$ Undetermined 55.2 House - 131 E Morningside Dr Peoria, IL Owned \$ Undetermined \$ Undetermined Riverview Estates - 200 North Schrader, 55.3 Havana, IL 62644 Owned \$ 335,437.42 \$ Undetermined This is a mixed use building - 1233 E. Sciota \$ 55.4 Ave, Peoria Heights, II 61616 Owned \$ Undetermined Undetermined 56. Total of Part 9. 0.00 Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88. \$ 57. Is a depreciation schedule available for any of the property listed in Part 9? ✓ No □ Yes Has any of the property listed in Part 9 been appraised by a professional within the last year? ✓ No

☐ Yes

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Petersen Health Care, Inc. Debtor:

Case number (if known):

Name

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

| 59. | <ul> <li>No. Go to Part 11.</li> <li>✓ Yes. Fill in the information below.</li> </ul>                        | property?   |   |                                    |
|-----|--|---|---|------------------------------------|
|     | General description  | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
| 60. | Patents, copyrights, trademarks, and trade secrets   |   |   |                                    |
|     | 60.1 None  | \$  |   | \$                                 |
| 61. | Internet domain names and websites   |   |   |                                    |
|     | 61.1 None  | \$  |   | \$                                 |
| 62. | Licenses, franchises, and royalties Illinois Department of Public Health License, Permit, 62.1 Certification | \$ Undetermined                                       |   | \$ Undetermined                    |
| 63  | Customer lists, mailing lists, or other compilations   |   |   |                                    |
| 00. | 63.1 Customer / patient list   | \$ 0.00   |   | \$ Undetermined                    |
|     |  |   |   |                                    |
| 64. | Other intangibles, or intellectual property  |   |   |                                    |
|     | 64.1 None  | \$  |   | \$                                 |
| 65. | Goodwill   |   |   |                                    |
|     | 65.1 None  | \$  |   | \$                                 |
|     |  |   |   |                                    |
| 66. | Total of Part 10.  Add lines 60 through 65. Copy the total to line 89.                                       |   |   | \$ 0.00                            |
|     | , tad lines of through of. Copy the total to line of.  |   |   | Ψ                                  |
| 67. | Do your lists or records include personally identifiable information   □ No □ Yes                            | ion of customers (as defined in                       | 11 U.S.C. §§ 101(41A) an                | d 107) <b>?</b>                    |
| 68. | Is there an amortization or other similar schedule available for a   | iny of the property listed in Par                     | t 10?                                   |                                    |
|     | ☑ No   |   |   |                                    |
|     | □ Yes  |   |   |                                    |
| 69. | Has any of the property listed in Part 10 been appraised by a pro  | ofessional within the last year?                      |   |                                    |
|     | ☑ No □ Yes   |   |   |                                    |
|     | _ 100  |   |   |                                    |

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Debtor: Petersen Health Care, Inc. Case number (it known): 24-10528

| Debtor: | r eterserr realtir Care, inc. | Case num |
|---------|-------------------------------|----------|
|         | Name                          |          |

Part 11: All other assets

| 70. | Include all in                              | ebtor own any other assets that have<br>terests in executory contracts and unex<br>to Part 12. | e not yet been repo<br>xpired leases not pr | eviously r | his form?<br>reported on this | form.               |     |          |       |                              |
|-----|---|--|---|------------|-------------------------------|---------------------|-----|----------|-------|------------------------------|
|     | ✓ Yes. Fill                                 | I in the information below.  |   |            |                               |                     |     |          |       |                              |
|     |   |  |   |            |                               |                     |     |          | Curre | ent value of debtor's<br>est |
| 71. | Notes rece                                  | ivable   |   |            |                               |                     |     |          |       |                              |
|     |   | (include name of obligor)  | Total face amount                           |            |                               | ollectible accounts |     |          |       |                              |
|     | 71.1  | Employee Advances / Loans  | \$  | 150.00     | \$                            | Undetermined        | =   | <b>→</b> | \$_   | 150.00                       |
|     | Description (                               | (include name of obligor)  | Total face amount                           |            | doubtful or unce              | ollectible accounts |     |          |       |                              |
|     | 71.2  | None   | \$  |            | \$                            |                     | _ = | <b>→</b> | \$_   |                              |
| 72. | Tax refunds                                 | s and unused net operating losses (l   | NOLs)                                       |            |                               |                     |     |          |       |                              |
|     | Description                                 | (for example, federal, state, local)   |   | _          |                               |                     |     |          |       |                              |
|     | 72.1  | None   |   |            | Tax year                      |                     |     |          | \$_   |                              |
| 73. | Interests in                                | n insurance policies or annuities  |   |            |                               |                     |     |          |       |                              |
|     | 73.1  | Life Insurance Policy: 151223331   |   |            |                               |                     |     |          | \$    | Undetermined                 |
| 74. | Causes of a                                 | action against third parties (whether illed)   | or not a lawsuit                            |            |                               |                     |     |          |       |                              |
|     | 74.1  | See Global Notes   |   |            |                               |                     |     |          | \$_   |                              |
|     |   | Nature of claim  |   |            |                               |                     |     |          |       |                              |
|     |   | Amount requested   | \$  |            |                               |                     |     |          |       |                              |
| 75  | Other cont<br>every nature<br>set off clair | ingent and unliquidated claims or ca<br>re, including counterclaims of the de<br>ms            | uses of action of<br>botor and rights to    |            |                               |                     |     |          |       |                              |
|     | 75.1  | None   |   |            |                               | _                   |     |          | \$_   |                              |
|     |   | Nature of claim  |   |            |                               | _                   |     |          |       |                              |
|     |   | Amount requested   | \$  |            |                               | _                   |     |          |       |                              |
| 76. | Trusts, equ                                 | itable or future interests in property   |   |            |                               |                     |     |          |       |                              |
|     | 76.1  | None   |   |            |                               |                     |     |          | \$    |                              |
| 77. | Other prope                                 | erty of any kind not already listed Ex   | kamples: Season tic                         | kets,      |                               |                     |     |          |       |                              |
|     | 77.1  | See AMENDED A/B 77 Attachment  |   |            |                               | _                   |     |          | \$    | 47,104,123.29                |
| 78. | Total of Pa                                 | rt 11.   |   |            |                               |                     |     |          |       |                              |
|     | Add lines 7                                 | 1 through 77. Copy the total to line 90.   |   |            |                               |                     |     |          | \$_   | 47,104,273.29                |
| 79. | Has any of t ☐ No ☐ Yes                     | the property listed in Part 11 been ap   | opraised by a profe                         | essional   | within the last               | year?               |     |          |       |                              |

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Debtor: Petersen Health Care, Inc

Petersen Health Care, Inc.

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   | <br>ent value of<br>onal property |               | Current value of real property |    |
|-----|--|-----------------------------------|---------------|--------------------------------|----|
| 80. | Cash, cash equivalents, and financial assets. Copy line 5, Part 1. | \$<br>412,988.00                  |               |                                |    |
| 81. | Deposits and prepayments. Copy line 9, Part 2.                     | \$<br>4,314,969.70                |               |                                |    |
| 82. | Accounts receivable. Copy line 12, Part 3.                         | \$<br>10,391,623.85               |               |                                |    |
| 83. | Investments. Copy line 17, Part 4.                                 | \$<br>0.00                        |               |                                |    |
| 84. | Inventory. Copy line 23, Part 5.                                   | \$<br>0.00                        |               |                                |    |
| 85. | Farming and fishing-related assets. Copy line 33, Part 6.          | \$<br>0.00                        |               |                                |    |
| 86. | Office furniture, fixtures, and equipment; and collectibles.       | \$<br>26,266.65                   |               |                                |    |
|     | Copy line 43, Part 7.  |                                   |               |                                |    |
| 87. | Machinery, equipment, and vehicles. Copy line 51, Part 8.          | \$<br>434,798.25                  |               |                                |    |
| 88. | Real property. Copy line 56, Part 9                                | <br>                              |               | \$0.00                         |    |
| 89. | Intangibles and intellectual property. Copy line 66, Part 10.      | \$<br>0.00                        |               |                                |    |
| 90. | All other assets. Copy line 78, Part 11.                           | \$<br>47,104,273.29               |               |                                |    |
| 91. | Total. Add lines 80 through 90 for each column91a.                 | \$<br>62,684,919.74               | <b>+</b> 91b. | \$ 0.00                        |    |
| 92. | Total of all property on Schedule A/B. Lines 91a + 91b = 92        | <br>                              |               |                                | 97 |

| Fill in this information to identify the case:               |
|--|
| Debtor Name: In re : Petersen Health Care, Inc.              |
| United States Bankruptcy Court for the: District of Delaware |
| Case number (if known): 24-10528 (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 Unsec | ured 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 amo | ount   |
|----------------------|----------------------------|---------------------|--|------------------|---------------|--------------|--------|
| Priority cred        |                            | nd mailing address  | As of the petition filing date, the claim is:<br>Check all that apply. | \$               | 440.00        | \$           | 440.00 |
| Creditor Name        | 1100 0011100               |                     | □ Contingent   |                  |               |              |        |
|                      |                            |                     | ☐ Unliquidated   |                  |               |              |        |
| Creditor's Notice    | name                       |                     | ☐ Disputed   |                  |               |              |        |
| 569 West Mor         | nroe Street, Suite         | 1100                |  |                  |               |              |        |
| Address              |                            |                     | Basis for the claim:   |                  |               |              |        |
|                      |                            |                     | Taxes  | _                |               |              |        |
|                      |                            |                     | _  |                  |               |              |        |
| Chicago              | <u>IL</u>                  | 60675               | _  |                  |               |              |        |
| City                 | State                      | ZIP Code            |  |                  |               |              |        |
| Country              |                            |                     | _  |                  |               |              |        |
| Date or date         | es debt was inc            | urred               |  |                  |               |              |        |
| Various              |                            |                     | _  |                  |               |              |        |
| Last 4 digits number | s of account               |                     |  | Is the cla  ☑ No | nim subject ( | to offset?   |        |
| Specify Cod          | de subsection o            | of PRIORITY unsecui | red  | □ Yes            |               |              |        |
| <b>claim:</b> 11 U.S | S.C. § 507(a) ( <u>8</u> ) |                     |  |                  |               |              |        |

#### Part 2:

#### **List All Creditors with NONPRIORITY Unsecured Claims**

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

|  |  | Amount of claim |
|--|--|-----------------|
| 3.1 Nonpriority creditor's name and mailing address ADAM DENNING   | As of the petition filing date, the claim is: Check all that apply.    | \$ Undetermined |
| Creditor Name  | <br>☐ Contingent   |                 |
|  | ✓ Unliquidated   |                 |
| Creditor's Notice name   | <br>☑ Disputed   |                 |
| Address on File  | Basis for the claim:   |                 |
| Address  | Worker's Comp  | _               |
| City State ZIP Code  |  |                 |
| Country  | la the claim subject to offeet?  |                 |
| Date or dates debt was incurred                                    | Is the claim subject to offset?  ☑ No                                  |                 |
| 4/23/2024 Last 4 digits of account                                 | □ Yes  |                 |
| number   |  |                 |
| 3.2 Nonpriority creditor's name and mailing address  ALBERT BENSON | As of the petition filing date, the claim is:<br>Check all that apply. | \$102,457.93    |
| Creditor Name  | ☐ Contingent   |                 |
|  | ✓ Unliquidated   |                 |
| Creditor's Notice name   | ✓ Disputed   |                 |
| Address on File  | Basis for the claim:   |                 |
| Address  | Worker's Comp  | _               |
|  |  |                 |
| City State ZIP Code  |  |                 |
| Country  |  |                 |
| Date or dates debt was incurred                                    | Is the claim subject to offset?  |                 |
| 9/14/2023  | ✓ No   |                 |
| Last 4 digits of account   | ☐ Yes  |                 |
| number   |  |                 |

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| Name   |  |    |       |
|--|--|----|-------|
| Nonpriority creditor's name and mailing address ALEXIS HALL  | As of the petition filing date, the claim is:<br>Check all that apply.   | \$ | 120.0 |
| Creditor Name  | <br>☐ Contingent   |    |       |
|  | ✓ Unliquidated   |    |       |
| Creditor's Notice name   | <br>☑ Disputed   |    |       |
| Address on File  | Basis for the claim:   |    |       |
| Address  | Worker's Comp  | _  |       |
|  |  |    |       |
| City State ZIP Code  |  |    |       |
| Country  |  |    |       |
| Date or dates debt was incurred  | Is the claim subject to offset?  |    |       |
| 11/15/2023   | ✓ No   |    |       |
|  |  |    |       |
| Last 4 digits of account   | □ Yes  |    |       |
|  |  |    |       |
| Last 4 digits of account number  Nonpriority creditor's name and mailing address   | ☐ Yes  As of the petition filing date, the claim is:   | \$ | 440.8 |
| Last 4 digits of account number  | As of the petition filing date, the claim is:  Check all that apply.   | \$ | 440.8 |
| Last 4 digits of account number  Nonpriority creditor's name and mailing address ALYSA GORDON  | □ Yes  As of the petition filing date, the claim is:  Check all that apply.  □ Contingent  | \$ | 440.8 |
| Last 4 digits of account number  Nonpriority creditor's name and mailing address ALYSA GORDON  |  | \$ | 440.8 |
| Last 4 digits of account number  Nonpriority creditor's name and mailing address ALYSA GORDON  Creditor Name  Creditor's Notice name   | □ Yes  As of the petition filing date, the claim is:  Check all that apply. □ Contingent □ Unliquidated □ Disputed   | \$ | 440.8 |
| Last 4 digits of account number  Nonpriority creditor's name and mailing address  ALYSA GORDON  Creditor Name  | □ Yes  As of the petition filing date, the claim is: Check all that apply. □ Contingent ☑ Unliquidated ☑ Disputed Basis for the claim:   | \$ | 440.8 |
| Last 4 digits of account number  Nonpriority creditor's name and mailing address ALYSA GORDON  Creditor Name  Creditor's Notice name  Address on File  | □ Yes  As of the petition filing date, the claim is:  Check all that apply. □ Contingent □ Unliquidated □ Disputed   | \$ | 440.8 |
| Last 4 digits of account number  Nonpriority creditor's name and mailing address ALYSA GORDON  Creditor Name  Creditor's Notice name  Address on File  | □ Yes  As of the petition filing date, the claim is: Check all that apply. □ Contingent ☑ Unliquidated ☑ Disputed Basis for the claim:   | \$ | 440.8 |
| Last 4 digits of account number  Nonpriority creditor's name and mailing address ALYSA GORDON  Creditor Name  Creditor's Notice name  Address on File  | □ Yes  As of the petition filing date, the claim is: Check all that apply. □ Contingent ☑ Unliquidated ☑ Disputed Basis for the claim:   | \$ | 440.8 |
| Last 4 digits of account number  Nonpriority creditor's name and mailing address ALYSA GORDON  Creditor Name  Creditor's Notice name  Address on File  | □ Yes  As of the petition filing date, the claim is: Check all that apply. □ Contingent ☑ Unliquidated ☑ Disputed Basis for the claim:   | \$ | 440.8 |
| Last 4 digits of account number  Nonpriority creditor's name and mailing address ALYSA GORDON Creditor Name  Creditor's Notice name  Address on File Address   | As of the petition filing date, the claim is:  Check all that apply.  □ Contingent □ Unliquidated □ Disputed  Basis for the claim:  Worker's Comp                                  | \$ | 440.8 |
| Last 4 digits of account number  Nonpriority creditor's name and mailing address  ALYSA GORDON  Creditor Name  Creditor's Notice name  Address on File  Address  City  State  ZIP Code  Country  Date or dates debt was incurred | As of the petition filing date, the claim is:  Check all that apply.  □ Contingent □ Unliquidated □ Disputed  Basis for the claim:  Worker's Comp  Is the claim subject to offset? | \$ | 440.8 |
| Last 4 digits of account number  Nonpriority creditor's name and mailing address ALYSA GORDON  Creditor Name  Creditor's Notice name  Address on File Address  City State ZIP Code   | As of the petition filing date, the claim is:  Check all that apply.  □ Contingent □ Unliquidated □ Disputed  Basis for the claim:  Worker's Comp                                  | \$ | 440.8 |

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| Name Nonpriority creditor's name and mailing address  | As of the petition filing date, the claim is:   | \$ | 332.7    |
|---|---|----|----------|
| AMBER STEAGALL  | Check all that apply.   |    |          |
| Creditor Name   | ☐ Contingent  |    |          |
|   | ✓ Unliquidated  |    |          |
| Creditor's Notice name  | ☑ Disputed  |    |          |
| Address on File   | Basis for the claim:  |    |          |
| Address   | Worker's Comp   | _  |          |
|   |   |    |          |
| City State ZIP Code   |   |    |          |
| Country   |   |    |          |
| Date or dates debt was incurred   | Is the claim subject to offset?   |    |          |
| 5/5/2023  | ☑ No  |    |          |
| Lact / digita of account  |   |    |          |
| Last 4 digits of account  | □ Yes   |    |          |
| number  | ⊔ Yes   |    |          |
| number  Nonpriority creditor's name and mailing address   | As of the petition filing date, the claim is:   | \$ | 13,882.9 |
| number  | As of the petition filing date, the claim is:  Check all that apply.  | \$ | 13,882.9 |
| number  Nonpriority creditor's name and mailing address  ASHLEY HAMMITT   | As of the petition filing date, the claim is:  Check all that apply.  Contingent  | \$ | 13,882.9 |
| number  Nonpriority creditor's name and mailing address  ASHLEY HAMMITT   | As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  | \$ | 13,882.9 |
| Nonpriority creditor's name and mailing address ASHLEY HAMMITT Creditor Name  Creditor's Notice name  | As of the petition filing date, the claim is:  Check all that apply.  □ Contingent □ Unliquidated □ Disputed                                  | \$ | 13,882.9 |
| number  Nonpriority creditor's name and mailing address  ASHLEY HAMMITT  Creditor Name  | As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed  Basis for the claim:                | \$ | 13,882.9 |
| Nonpriority creditor's name and mailing address ASHLEY HAMMITT Creditor Name  Creditor's Notice name  Address on File                                   | As of the petition filing date, the claim is:  Check all that apply.  □ Contingent □ Unliquidated □ Disputed                                  | \$ | 13,882.9 |
| Nonpriority creditor's name and mailing address ASHLEY HAMMITT Creditor Name  Creditor's Notice name  Address on File                                   | As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed  Basis for the claim:                | \$ | 13,882.9 |
| Nonpriority creditor's name and mailing address ASHLEY HAMMITT Creditor Name  Creditor's Notice name  Address on File                                   | As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed  Basis for the claim:                | \$ | 13,882.9 |
| Nonpriority creditor's name and mailing address ASHLEY HAMMITT Creditor Name  Creditor's Notice name  Address on File                                   | As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed  Basis for the claim:                | \$ | 13,882.9 |
| Nonpriority creditor's name and mailing address ASHLEY HAMMITT Creditor Name  Creditor's Notice name  Address on File Address                           | As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed  Basis for the claim:                | \$ | 13,882.9 |
| Nonpriority creditor's name and mailing address  ASHLEY HAMMITT  Creditor Name  Creditor's Notice name  Address on File  Address  City  State  ZIP Code | As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed  Basis for the claim:  Worker's Comp | \$ | 13,882.9 |
| Nonpriority creditor's name and mailing address ASHLEY HAMMITT Creditor Name  Creditor's Notice name  Address on File Address  City State ZIP Code      | As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed  Basis for the claim:  Worker's Comp | \$ | 13,882.5 |

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| Name  |                                   |                 |  |    |             |
|---|-----------------------------------|-----------------|--|----|-------------|
| Nonpriority ASHLEY HOL  | creditor's name and r<br>T SCHULT | nailing address | As of the petition filing date, the claim is:<br>Check all that apply.   | \$ | 96.4        |
| Creditor Name   |                                   |                 | ☐ Contingent   |    |             |
|   |                                   |                 | ✓ Unliquidated   |    |             |
| Creditor's Notice   | name                              |                 | · ☑ Disputed   |    |             |
| Address on Fi   | ile                               |                 | Basis for the claim:   |    |             |
| Address   |                                   |                 | Worker's Comp  |    |             |
|   |                                   |                 |  | _  |             |
| City  | State                             | ZIP Code        |  |    |             |
| Country   | oldio                             | Zir Gode        |  |    |             |
|   | es debt was incurred              |                 | Is the claim subject to offset?  |    |             |
| 9/14/2023   | es dept was incurred              |                 | ☑ No   |    |             |
|   | s of account                      |                 | <br>□ Yes  |    |             |
| number  |                                   |                 |  |    |             |
| Nonpriority   | creditor's name and r             | nailing address | As of the petition filing date, the claim is:  | \$ | Undetermin  |
|   |                                   | nailing address | Check all that apply.  | \$ | Undetermin  |
| Nonpriority BARBARA SH  |                                   | nailing address | Check all that apply.  □ Contingent  | \$ | Undetermin  |
| Nonpriority BARBARA SH  | HEPHARD                           | nailing address | Check all that apply.  ☐ Contingent ☑ Unliquidated   | \$ | Undetermin  |
| Nonpriority BARBARA SH Creditor Name Creditor's Notice  | HEPHARD name                      | nailing address | Check all that apply.  □ Contingent  | \$ | Undetermine |
| Nonpriority<br>BARBARA SH<br>Creditor Name  | HEPHARD name                      | nailing address | Check all that apply.  □ Contingent □ Unliquidated □ Disputed  | \$ | Undetermin  |
| Nonpriority BARBARA SH Creditor Name  Creditor's Notice Address on Fi   | HEPHARD name                      | nailing address | Check all that apply.  □ Contingent □ Unliquidated □ Disputed  Basis for the claim:  | \$ | Undetermin  |
| Nonpriority BARBARA SH Creditor Name  Creditor's Notice Address on Fi Address                                       | name                              |                 | Check all that apply.  □ Contingent □ Unliquidated □ Disputed  Basis for the claim:  | \$ | Undetermin  |
| Nonpriority BARBARA SH Creditor Name  Creditor's Notice Address on Fi   | HEPHARD name                      | TIP Code        | Check all that apply.  □ Contingent □ Unliquidated □ Disputed  Basis for the claim:  | \$ | Undetermin  |
| Nonpriority BARBARA SH Creditor Name  Creditor's Notice Address on Fi Address                                       | name                              |                 | Check all that apply.  □ Contingent □ Unliquidated □ Disputed  Basis for the claim:  | \$ | Undetermin  |
| Nonpriority BARBARA SH Creditor Name  Creditor's Notice Address on Fi Address  City  Country                        | name                              |                 | Check all that apply.  ☐ Contingent ☐ Unliquidated ☐ Disputed  Basis for the claim:  Worker's Comp   Is the claim subject to offset? | \$ | Undetermin  |
| Nonpriority BARBARA SH Creditor Name  Creditor's Notice Address on Fi Address  City  Country  Date or date          | name ile State                    |                 | Check all that apply.  ☐ Contingent ☐ Unliquidated ☐ Disputed  Basis for the claim:  Worker's Comp   Is the claim subject to offset? | \$ | Undetermi   |
| Nonpriority BARBARA SH Creditor Name  Creditor's Notice Address on Fi Address  City  Country  Date or date 8/1/2023 | name ile State                    |                 | Check all that apply.  ☐ Contingent ☑ Unliquidated ☑ Disputed  Basis for the claim:  Worker's Comp                                   | \$ | Undetermin  |

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| Creditor Name  Creditor's Notice name  Creditor's Notice name  Address on File  Address  City  State  Country  Date or dates debt was incurred 5/30/2023  Last 4 digits of account  number  Country  Country  Country  Is the claim subject to offset?  Yes   |   | ditor's name and         | d mailing address | As of the petition filing date, the claim is:   | \$ | 15,133.0 |
|---|---|--------------------------|-------------------|---|----|----------|
| Creditor's Notice name  Address on File  Address  City State ZIP Code  Country  Date or dates debt was incurred 5/30/2023 Share Share and mailing address  Nonpriority creditor's name and mailing address BRADLEY HENSCHEN  Creditor Name  Creditor Notice name  Address on File  Basis for the claim:  Worker's Comp  Is the claim subject to offset?  No Yes  Check all that apply.  Creditor Name  Creditor Name  Creditor Name  Creditor Notice name  Address on File  Basis for the claim:  Worker's Comp   State ZIP Code  List the claim subject to offset?  Share ZIP Code  State ZIP Code  List the claim subject to offset?  Share ZIP Code  State ZIP Code  List the claim subject to offset?  Share ZIP Code   | BLAIR TATE Creditor Name  |                          |                   | Check all that apply.   |    |          |
| Ceditor's Notice name Address on File Address on File Address on File Country  Date or dates debt was incurred State 4 digits of account number  Nonpriority creditor's name and mailing address BRADLEY HENSCHEN Cleditor's Notice name Address on File Address on File Address on File Address on File Country  Date or dates debt was incurred State Claim subject to offset?  Cloudity  Branch Claim State Cla  |   |                          |                   | ☐ Contingent  |    |          |
| Address on File  Address Son File  Address Son File  Rasis for the claim:  Worker's Comp   Country  Date or dates debt was incurred  5/30/2023  Last 4 digits of account number  Nonpriority creditor's name and mailing address BRADLEY HENSCHEN  Creditor Name  Creditor Notice name  Address on File  Address on File  Address on File  Address on File  Creditor's Notice name  Address on File  Creditor's Notice name  Address on File  Basis for the claim:  Worker's Comp   Country  Date or dates debt was incurred  T/24/2023  Is the claim subject to offset?  Is the claim subject to offset?  Is the claim subject to offset?  | One distants Notice and   |                          |                   | ✓ Unliquidated  |    |          |
| Address Worker's Comp  Country  Date or dates debt was incurred 5/30/2023   | Creditor's Notice name  | 9                        |                   | ✓ Disputed  |    |          |
| Country  Date or dates debt was incurred 5/30/2023  Last 4 digits of account number  Nonpriority creditor's name and mailing address BRADLEY HENSCHEN Creditor Name  Creditor's Notice name Address on File Address Address City State ZIP Code  Country  Date or dates debt was incurred  Is the claim subject to offset?  In No  State  State ZIP Code  State State ZIP Code  State Claim subject to offset?  Is the claim subject to offset?  State Claim subject to offset?  State Claim subject to offset?   | Address on File   |                          |                   | Basis for the claim:  |    |          |
| Country  Date or dates debt was incurred 5/30/2023  Last 4 digits of account number  Nonpriority creditor's name and mailing address BRADLEY HENSCHEN Creditor's Notice name  Creditor's Notice name Address on File Address  City State ZIP Code  Country  Date or dates debt was incurred 7/24/2023  Is the claim subject to offset?  No  State Claim subject to offset?  No  State Claim subject to offset?  No  No  | Address   |                          |                   | Worker's Comp   | _  |          |
| Country  Date or dates debt was incurred 5/30/2023  Last 4 digits of account number  Nonpriority creditor's name and mailing address BRADLEY HENSCHEN Creditor Name  Creditor's Notice name Address on File Address  City State ZIP Code  Date or dates debt was incurred Todates debt was incurred   |   |                          |                   |   |    |          |
| Date or dates debt was incurred  5/30/2023  Last 4 digits of account number  Nonpriority creditor's name and mailing address BRADLEY HENSCHEN  Creditor Name  Creditor's Notice name Address on File Address Cliy State  ZIP Code  Country  Date or dates debt was incurred  5/30/2023  State  State As of the petition filing date, the claim is: \$ 619.3  Check all that apply.  Contingent  Unliquidated  Disputed  Basis for the claim:  Worker's Comp  Country  Date or dates debt was incurred  7/24/2023  Is the claim subject to offset?   | City  | State                    | ZIP Code          |   |    |          |
| East 4 digits of account number  Nonpriority creditor's name and mailing address BRADLEY HENSCHEN Creditor Name  Creditor's Notice name Address on File Address  City State  Country  Date or dates debt was incurred 7/24/2023  As of the petition filing date, the claim is: \$ 619: Check all that apply. Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Worker's Comp  Is the claim subject to offset? No  | •   |                          |                   | Is the elektropethicates offers   |    |          |
| Last 4 digits of account number  Nonpriority creditor's name and mailing address BRADLEY HENSCHEN  Creditor Name  Creditor's Notice name  Address on File Address  Cliy State  ZIP Code  Country  Date or dates debt was incurred  T/24/2023  Pyes  As of the petition filing date, the claim is: \$ 619.7  Check all that apply.  Contingent  Worker's Comp   State Stat |   | ebt was incurred         | d                 | -   |    |          |
| Nonpriority creditor's name and mailing address BRADLEY HENSCHEN Creditor Name Creditor's Notice name Address on File Address City State ZIP Code  Basis for the claim: Worker's Comp  Country  Date or dates debt was incurred 7/24/2023  As of the petition filing date, the claim is: \$ 619.7  Check all that apply. Check all that apply. Contingent  Unliquidated Disputed Basis for the claim: Worker's Comp   |   |                          |                   | <u>V</u> NO   |    |          |
| Nonpriority creditor's name and mailing address BRADLEY HENSCHEN  Creditor Name  Creditor's Notice name  Address on File  Address  City  State  ZIP Code  Country  Date or dates debt was incurred  7/24/2023  As of the petition filing date, the claim is: \$ 619.76  Check all that apply.  Check all that apply.  Contingent  U Unliquidated  Disputed  Basis for the claim:  Worker's Comp   | 1 4 4 -1: 144   |                          |                   | □ V   |    |          |
| BRADLEY HENSCHEN  Creditor Name  Creditor's Notice name  Address on File  Address  City  State  ZIP Code  Basis for the claim:  Worker's Comp   Country  Date or dates debt was incurred  7/24/2023  Check all that apply.  Contingent  Unliquidated  Disputed  Basis for the claim:  Worker's Comp   State  Is the claim subject to offset?  No  |   | account                  |                   | ☐ Yes   |    |          |
| Creditor Name  Creditor's Notice name  Address on File  Address  City  State  Country  Date or dates debt was incurred  T/24/2023  Contingent  Unliquidated  Disputed  Basis for the claim:  Worker's Comp   Basis for the claim:  Worker's Comp  |   | account                  |                   | □ Yes   |    |          |
| Creditor's Notice name  Address on File  Address  City  State  ZIP Code   Basis for the claim:  Worker's Comp   Country  Date or dates debt was incurred  7/24/2023  Unliquidated  V Disputed  Basis for the claim:  Worker's Comp  Worker's Comp   | number Nonpriority cred   | ditor's name and         | d mailing address | As of the petition filing date, the claim is:   | \$ | 619.7    |
| Creditor's Notice name  Address on File  Address  Basis for the claim:  Worker's Comp  City  State  ZIP Code   Country  Date or dates debt was incurred  7/24/2023  □ No  | number  Nonpriority cree BRADLEY HENSO  | ditor's name and         | d mailing address | As of the petition filing date, the claim is:  Check all that apply.  | \$ | 619.7    |
| Address on File  Address  Address  Worker's Comp  City  State  ZIP Code   Date or dates debt was incurred  7/24/2023  Basis for the claim:  Worker's Comp  Worker's Comp  Worker's Comp   | number  Nonpriority cree BRADLEY HENSO  | ditor's name and         | d mailing address | As of the petition filing date, the claim is:  Check all that apply.  Contingent  | \$ | 619.7    |
| Address  Worker's Comp  City State ZIP Code  Country  Date or dates debt was incurred 7/24/2023  Worker's Comp  Is the claim subject to offset?   | number  Nonpriority cree BRADLEY HENSO Creditor Name  | ditor's name and<br>CHEN | d mailing address | As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  | \$ | 619.7    |
| City State ZIP Code  Country  Date or dates debt was incurred 7/24/2023  No   | Nonpriority cree BRADLEY HENSO Creditor Name  Creditor's Notice name  | ditor's name and<br>CHEN | d mailing address | As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed  | \$ | 619.7    |
| Country  Date or dates debt was incurred  7/24/2023  Is the claim subject to offset?  ✓ No  | Nonpriority cree BRADLEY HENSO Creditor Name  Creditor's Notice name Address on File                        | ditor's name and<br>CHEN | d mailing address | As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed  Basis for the claim:                    | \$ | 619.7    |
| Country  Date or dates debt was incurred  7/24/2023  Is the claim subject to offset?  ✓ No  | Nonpriority cree BRADLEY HENSO Creditor Name  Creditor's Notice name Address on File                        | ditor's name and<br>CHEN | d mailing address | As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed  Basis for the claim:                    | \$ | 619.7    |
| Date or dates debt was incurred  7/24/2023  Is the claim subject to offset?  ✓ No   | Nonpriority cree BRADLEY HENSO Creditor Name  Creditor's Notice name Address on File                        | ditor's name and<br>CHEN | d mailing address | As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed  Basis for the claim:                    | \$ | 619.7    |
| 7/24/2023 ☑ No  | Nonpriority cree BRADLEY HENSO Creditor Name  Creditor's Notice name Address on File Address                | ditor's name and         |                   | As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed  Basis for the claim:                    | \$ | 619.7    |
| 172 172020  | Nonpriority cree BRADLEY HENSO Creditor Name  Creditor's Notice name Address on File Address  City          | ditor's name and         |                   | As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed  Basis for the claim:  Worker's Comp     | \$ | 619.7    |
|   | Nonpriority cree BRADLEY HENSO Creditor Name  Creditor's Notice name Address on File Address  City  Country | ditor's name and         | ZIP Code          | As of the petition filing date, the claim is:  Check all that apply.  □ Contingent □ Unliquidated □ Disputed  Basis for the claim:  Worker's Comp | \$ | 619.7    |

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| Name  | <del></del>  |        |
|---|--|--------|
| Nonpriority creditor's name and mailing address BRANDI SPALDING                         | As of the petition filing date, the claim is: \$1, Check all that apply. | ,846.2 |
| Creditor Name   | ☐ Contingent   |        |
|   |  |        |
| Creditor's Notice name  | ✓ Unliquidated   |        |
|   | ☑ Disputed   |        |
| Address on File Address   | Basis for the claim:   |        |
| Audiess   | Worker's Comp  |        |
|   |  |        |
| City State ZIP Code   |  |        |
| Country   | In the plaim publicat to offcet?   |        |
| Date or dates debt was incurred   | Is the claim subject to offset?  ☑ No                                    |        |
| 9/11/2023<br>Last 4 digits of account   | Yes  |        |
| number  Nonpriority creditor's name and mailing address  BRITTANY DUTTON  Creditor Name | Check all that apply.  | ,847.0 |
|   | ☐ Contingent   |        |
| Creditor's Notice name  | ☑ Unliquidated   |        |
| Creditors reduce name   | ✓ Disputed   |        |
| Address on File   | Basis for the claim:   |        |
| Address   | Worker's Comp  |        |
|   |  |        |
| City State ZIP Code   |  |        |
|   |  |        |
| Country   |  |        |
| Country  Date or dates debt was incurred  | Is the claim subject to offset?  |        |
|   | Is the claim subject to offset?  ☑ No                                    |        |

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| Name   |  |    |            |
|--|--|----|------------|
| Nonpriority creditor's name and mailing address  CARRIE CASTILLO                         | As of the petition filing date, the claim is: Check all that apply.  | \$ | 4,025.0    |
| Creditor Name  | ☐ Contingent   |    |            |
|  | <ul> <li>✓ Unliquidated</li> </ul>                                   |    |            |
| Creditor's Notice name   |  |    |            |
|  | ☑ Disputed   |    |            |
| Address on File Address  | Basis for the claim:   |    |            |
|  | Worker's Comp  | -  |            |
|  |  |    |            |
| City State ZIP Code  |  |    |            |
| Country  | lo the plaim publicat to offeet?                                     |    |            |
| Date or dates debt was incurred  | Is the claim subject to offset?  ☑ No                                |    |            |
| 4/3/2024 Last 4 digits of account  |  |    |            |
| number  Nonpriority creditor's name and mailing address  CASSANDRA SWORDS  Creditor Name | As of the petition filing date, the claim is:  Check all that apply. | \$ | Undetermin |
|  | ☐ Contingent   |    |            |
|  | Unliquidated   |    |            |
| 0 8 1 1 1 6  |  |    |            |
| Creditor's Notice name   | ✓ Disputed   |    |            |
| Address on File  | ✓ Disputed  Basis for the claim:                                     |    |            |
|  | •  | -  |            |
| Address on File  | Basis for the claim:   | -  |            |
| Address on File  | Basis for the claim:   | -  |            |
| Address on File Address  City State ZIP Code   | Basis for the claim:   | -  |            |
| Address on File Address  City State ZIP Code   | Basis for the claim: Worker's Comp                                   | -  |            |
| Address on File Address  City State ZIP Code   | Basis for the claim:   | -  |            |

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| Check all that apply.  Creditor Name  Creditor's Notice name  Address on File  Address  Cliy  State  ZIP Code  Country  Date or dates debt was incurred  4/1/2024  Last 4 digits of account  Now terms and the state of the state | Nonpriority creditor's name and mailing address   | As of the petition filing date, the claim is: \$   | 18,786.6 |
|---|---|--|----------|
| Creditor's Notice name  Address on File Address  City State ZiP Code  Country  Date or dates debt was incurred 4/1/2024 Last 4 digits of account number  Nonpriority creditor's name and mailing address CHERYL SPOOR Creditor's Notice name Address on File As the claim subject to offset?  I s the claim subject to offset?  I No  | CHARLOTTE DORIAN  |  |          |
| Country  Date or dates debt was incurred Nonpriority creditor's name and mailing address CHERYL SPOOR  Creditor's Notice name Address on File Address on File Address  Country  State  Disputed Basis for the claim: Worker's Comp  Is the claim subject to offset?  No Check all that apply.  Creditor's Notice name Address on File Address on File Address Address on File Address Address on File Address Address  Check all that apply.  Creditor's Notice name Address on File Address on File Address Address on File Address Address on File Address on File Address Address on File Address Address on File Address on File Address Address on File Address Address on File Address on File Address Address on File Address Address on File Address on File Address Address on File Address Address on File Address on File Address Address on File Address Address on File Address on File Address Address on File Address Address on File Address on File Address Address on File Address Address Address Address on File Address As of the petition filing date, the claim is: \$  1,828. | Creditor Name   | ☐ Contingent   |          |
| Address on File  Address Son File  Address Son File  Resis for the claim:  Worker's Comp  Country  Country  Date or dates debt was incurred  4/1/20/24  Last 4 digits of account number  Nonpriority creditor's name and mailing address Cheffer None  Creditor Name  Creditor Name  Creditor Notice name  Address on File  Address on File  Address  As of the petition filling date, the claim is: \$ 1,828.  Check all that apply.  Creditor Notice name  Address on File  Address on File  Address on File  Address on File  City  State  Zip Code  Country  Date or dates debt was incurred  Basis for the claim subject to offset?  Et al. Since I laim subject to offset?  Et al. No   |   | ✓ Unliquidated   |          |
| Address on File Address Address on File Address  City State ZIP Code  Country  Date or dates debt was incurred 4/1/2024 Last 4 digits of account number  Nonpriority creditor's name and mailing address CHERYL SPOOR Creditor's Notice name Address on File Address on File Address City State  ZIP Code  City State ZIP Code  City State ZIP Code  Contingent Contingent Contingent Contingent Contingent Contingent Contingent Contingent Contingent Sasis for the claim: Worker's Comp  Contingent Contingent Contingent Sasis for the claim: Worker's Comp  Contingent Contingent Sasis for the claim: Worker's Comp  Contingent Sasis for the claim: Worker's Comp  | Creditor's Notice name  | <br>☑ Disputed   |          |
| Address Worker's Comp    City   State   ZIP Code  | Address on File   | •  |          |
| Country  Date or dates debt was incurred  4/1/2024  Last 4 digits of account number  Nonpriority creditor's name and mailing address CHERYL SPOOR Creditor Name  Creditor's Notice name Address on File Address  City Slate ZIP Code  Country  Date or dates debt was incurred 8/28/2023  Is the claim subject to offset?  No  State claim subject to offset?  No  State claim subject to offset?  No  No  State claim subject to offset?  No  No  State claim subject to offset?  No  State claim subject to offset?  No  No  State claim subject to offset?   | Address   | Worker's Comp  |          |
| Country  Date or dates debt was incurred  4/1/2024  Last 4 digits of account number  Nonpriority creditor's name and mailing address CHERYL SPOOR Creditor Name  Creditor's Notice name Address on File Address  City State ZIP Code  Country  Date or dates debt was incurred 8/28/2023  Is the claim subject to offset?  Is the claim subject to offset?  No  State Claim subject to offset?  No  State Claim subject to offset?  No  No  State Claim subject to offset?  No  State Claim subject to offset?  No  State Claim subject to offset?  |   |  |          |
| Date or dates debt was incurred  4/1/2024  Last 4 digits of account number  Nonpriority creditor's name and mailing address CHERYL SPOOR  Creditor Name  Creditor's Notice name Address on File Address Cliy State ZIP Code  Country  Date or dates debt was incurred  8/28/2023    State   S | City State ZIP Code   |  |          |
| 4/1/2024  | Country   |  |          |
| Last 4 digits of account number  Nonpriority creditor's name and mailing address CHERYL SPOOR Creditor Name Creditor's Notice name Address on File Address Cliy State ZIP Code  Country  Date or dates debt was incurred 8/28/2023  Pyes  As of the petition filling date, the claim is: \$ 1,828.1  Check all that apply. Check all that apply. Contingent  Unliquidated Disputed Basis for the claim: Worker's Comp  State ZIP Code  Is the claim subject to offset? No   |   |  |          |
| Nonpriority creditor's name and mailing address CHERYL SPOOR Creditor Name Creditor's Notice name Address on File Address Cliy State ZIP Code  Country  Date or dates debt was incurred  Nas of the petition filing date, the claim is: \$ 1,828.1  As of the petition filing date, the claim is: \$ 1,828.1  Check all that apply.  Check all that apply.  Contingent  Disputed  Basis for the claim:  Worker's Comp  Is the claim subject to offset?  No  |   | <u></u>  |          |
| Nonpriority creditor's name and mailing address CHERYL SPOOR Creditor Name Creditor Name Creditor's Notice name Address on File Address City State ZIP Code  Country  Date or dates debt was incurred 8/28/2023  As of the petition filing date, the claim is: \$ 1,828.  Check all that apply. Contingent  Unliquidated Disputed Basis for the claim: Worker's Comp  | Last 4 digits of account  | ⊔ Yes  |          |
| CHERYL SPOOR  Creditor Name  Creditor's Notice name  Address on File  Address  City  State  ZIP Code  Country  Date or dates debt was incurred  8/28/2023  Contingent  Unliquidated  Disputed  Basis for the claim:  Worker's Comp  State  Is the claim subject to offset?  No  | number  |  |          |
| Creditor Name  Creditor's Notice name  Address on File  Address  City  State  ZIP Code   Basis for the claim:  Worker's Comp   Country  Date or dates debt was incurred  8/28/2023  □ Contingent  □ Unliquidated  □ Disputed  Basis for the claim:  Worker's Comp   Is the claim subject to offset?  □ No   |   | As of the petition filing date, the claim is: \$   | 1,828.6  |
| Creditor's Notice name  Address on File  Address  City  State  ZIP Code   Basis for the claim:  Worker's Comp   State  ZIP Code  Is the claim subject to offset?  No  | CHERYLSPOOR   |  | <u></u>  |
| Creditor's Notice name  Address on File  Address  Basis for the claim:  Worker's Comp  City  State  ZIP Code   Listhe claim subject to offset?  8/28/2023  No   |   | Check all that apply.  |          |
| Address on File  Address  Address  Worker's Comp  City  State  ZIP Code   Date or dates debt was incurred 8/28/2023  Basis for the claim: Worker's Comp  Worker's Comp  |   | Check all that apply.  □ Contingent  | ·        |
| Address  Worker's Comp  City State ZIP Code  Country  Date or dates debt was incurred 8/28/2023  Worker's Comp  Worker's Comp  Is the claim subject to offset?  No  | Creditor Name   | Check all that apply.  ☐ Contingent ☑ Unliquidated   |          |
| City State ZIP Code  Country  Date or dates debt was incurred 8/28/2023  Is the claim subject to offset?  No  | Creditor Name  Creditor's Notice name   | Check all that apply.  ☐ Contingent ☑ Unliquidated ☑ Disputed  |          |
| Country  Date or dates debt was incurred  8/28/2023  Is the claim subject to offset?  ✓ No  | Creditor Name  Creditor's Notice name  Address on File  | Check all that apply.  ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim:   |          |
| Country  Date or dates debt was incurred  8/28/2023  Is the claim subject to offset?  No  | Creditor Name  Creditor's Notice name  Address on File  | Check all that apply.  ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim:   |          |
| Date or dates debt was incurred  8/28/2023  Is the claim subject to offset?  No   | Creditor Name  Creditor's Notice name  Address on File  Address   | Check all that apply.  ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim:   |          |
| 8/28/2023 ☑ No  | Creditor Name  Creditor's Notice name  Address on File  Address   | Check all that apply.  ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim:   |          |
| 0/20/2020   | Creditor Name  Creditor's Notice name  Address on File  Address  City State ZIP Code                                      | Check all that apply.  ☐ Contingent  ☑ Unliquidated  ☑ Disputed  Basis for the claim:  Worker's Comp   |          |
| Last 4 digits of account  | Creditor Name  Creditor's Notice name  Address on File  Address  City State ZIP Code                                      | Check all that apply.  ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: Worker's Comp  Is the claim subject to offset?            |          |
|   | Creditor's Notice name  Address on File  Address  City State ZIP Code  Country  Date or dates debt was incurred 8/28/2023 | Check all that apply.  ☐ Contingent  ☑ Unliquidated  ☑ Disputed  Basis for the claim:  Worker's Comp   Is the claim subject to offset?  ☑ No |          |

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| Name   |  |    |           |
|--|--|----|-----------|
| Nonpriority creditor's name and mailing address CHRISTABEL GARVIN          | As of the petition filing date, the claim is: Check all that apply.              | \$ | 101,013.5 |
| Creditor Name  | □ Contingent   |    |           |
|  | <u>-</u>   |    |           |
| Creditor's Notice name   | ☑ Unliquidated   |    |           |
|  | ✓ Disputed   |    |           |
| Address on File  | Basis for the claim:   |    |           |
| Address  | Worker's Comp  | -  |           |
| City State ZIP Code  |  |    |           |
| City State ZIP Code  Country   |  |    |           |
| Date or dates debt was incurred  | Is the claim subject to offset?  |    |           |
| 7/25/2023  | ✓ No   |    |           |
| Last 4 digits of account   |  |    |           |
| Nonpriority creditor's name and mailing address  DAISY MAST  Creditor Name | As of the petition filing date, the claim is:  Check all that apply.  Contingent | \$ | 338.      |
|  |  |    |           |
| Creditor's Notice name   |  |    |           |
|  | ☑ Disputed   |    |           |
| Address on File Address  | Basis for the claim:   |    |           |
| Audiess  | Worker's Comp  | -  |           |
|  |  |    |           |
| City State ZIP Code  |  |    |           |
| Country  |  |    |           |
| Date or dates debt was incurred  | Is the claim subject to offset?  |    |           |
|  |  |    |           |
| 7/25/2023  Last 4 digits of account  | ☑ No   |    |           |

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| Name  |  |    |          |
|---|--|----|----------|
| Nonpriority creditor's name and mailing address DAISY MAST                          | As of the petition filing date, the claim is: Check all that apply.  | \$ | 338.2    |
| Creditor Name   | □ Contingent   |    |          |
|   | ✓ Unliquidated   |    |          |
| Creditor's Notice name  | · ☑ Disputed   |    |          |
| Address on File   | Basis for the claim:   |    |          |
| Address   | Worker's Comp  |    |          |
|   |  | _  |          |
|   |  |    |          |
| City State ZIP Code   |  |    |          |
| Country   | Is the claim subject to offeet?                                      |    |          |
| Date or dates debt was incurred   | Is the claim subject to offset?  ☑ No                                |    |          |
| 7/25/2023<br>Last 4 digits of account   | — □ Yes  |    |          |
| number  Nonpriority creditor's name and mailing address  DEBRA DAVIS  Creditor Name | As of the petition filing date, the claim is:  Check all that apply. | \$ | 379,089. |
|   | ☐ Contingent   |    |          |
| Creditor's Notice name  | ✓ Unliquidated   |    |          |
| Creditor's Notice hame  | ✓ Disputed   |    |          |
|   | Desig for the eleips   |    |          |
| Address on File   | Basis for the claim:   |    |          |
| Address on File Address   | Worker's Comp  | _  |          |
|   |  | _  |          |
|   |  | _  |          |
|   |  | _  |          |
| Address   | Worker's Comp  | _  |          |
| City State ZIP Code   |  | _  |          |

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| Nonpriority creditor's name and mailing address                       | As of the petition filing date, the claim is: \$  | 3,443.3  |
|---|---|----------|
| DEBRA TREADWAY Creditor Name  | Check all that apply.   |          |
| Creditor Name   | ☐ Contingent  |          |
|   | ☑ Unliquidated  |          |
| Creditor's Notice name  | ✓ Disputed  |          |
| Address on File   | Basis for the claim:  |          |
| Address   | Worker's Comp   |          |
| State 710 Oct   |   |          |
| City State ZIP Code   |   |          |
| Country   | la the claim subject to offeet?   |          |
| Date or dates debt was incurred                                       | Is the claim subject to offset?  ☑ No   |          |
| 4/13/2023   | <u></u>   |          |
| Last 4 digits of account  | ☐ Yes   |          |
| number  |   |          |
| Nonpriority creditor's name and mailing address                       | As of the petition filing date, the claim is: \$  | 10,068.2 |
| DEMETRA RUFFIN Creditor Name  | Check all that apply.   |          |
|   |   |          |
|   | ☐ Contingent  |          |
|   | ☐ Contingent  ☑ Unliquidated  |          |
| Creditor's Notice name  | •   |          |
| Creditor's Notice name  Address on File                               | ✓ Unliquidated  |          |
| Creditor's Notice name  | ✓ Unliquidated ✓ Disputed   |          |
| Creditor's Notice name  Address on File                               | <ul><li>✓ Unliquidated</li><li>✓ Disputed</li><li>Basis for the claim:</li></ul>                |          |
| Creditor's Notice name  Address on File                               | <ul><li>✓ Unliquidated</li><li>✓ Disputed</li><li>Basis for the claim:</li></ul>                |          |
| Creditor's Notice name  Address on File  Address                      | ✓ Unliquidated ✓ Disputed  Basis for the claim:  Worker's Comp                                  |          |
| Creditor's Notice name  Address on File  Address  City State ZIP Code | ✓ Unliquidated ✓ Disputed  Basis for the claim:  Worker's Comp  Is the claim subject to offset? |          |
| Creditor's Notice name  Address on File  Address  City State ZIP Code | ✓ Unliquidated ✓ Disputed  Basis for the claim:  Worker's Comp                                  |          |

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| Nonpriority creditor's name and mailing address   | As of the petition filing date, the claim is: \$ 17,001  |
|---|--|
| DESIREE SPAIN Creditor Name   | Check all that apply.  |
| Gradier Hame  | ☐ Contingent   |
|   | ☑ Unliquidated   |
| Creditor's Notice name  | ☑ Disputed   |
| Address on File   | Basis for the claim:   |
| Address   | Worker's Comp  |
| City State ZIP Code   |  |
| Country   |  |
| Date or dates debt was incurred   | Is the claim subject to offset?  |
| 9/22/2023   | ☑ No   |
|   |  |
| Last 4 digits of account  | □ Yes  |
| Last 4 digits of account number   | ☐ Yes  |
| number  Nonpriority creditor's name and mailing address   | As of the petition filing date, the claim is: \$Undeterming  |
| number  Nonpriority creditor's name and mailing address  DETRA TUCKER   |  |
| number  Nonpriority creditor's name and mailing address   | As of the petition filing date, the claim is: \$Undeterming  |
| number  Nonpriority creditor's name and mailing address  DETRA TUCKER  Creditor Name  | As of the petition filing date, the claim is: \$ Undetermine Check all that apply.   |
| number  Nonpriority creditor's name and mailing address  DETRA TUCKER   | As of the petition filing date, the claim is: \$ Undetermine Check all that apply.   |
| number  Nonpriority creditor's name and mailing address  DETRA TUCKER  Creditor Name  | As of the petition filling date, the claim is: \$ Undetermined Check all that apply.  □ Contingent □ Unliquidated  |
| Nonpriority creditor's name and mailing address DETRA TUCKER Creditor Name  Creditor's Notice name  | As of the petition filing date, the claim is: \$ Undetermine Check all that apply.  Contingent Unliquidated Disputed                                     |
| Nonpriority creditor's name and mailing address DETRA TUCKER Creditor Name  Creditor's Notice name  Address on File                                   | As of the petition filing date, the claim is: \$ Undetermine Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:                |
| Nonpriority creditor's name and mailing address DETRA TUCKER Creditor Name  Creditor's Notice name  Address on File                                   | As of the petition filing date, the claim is: \$ Undetermine Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:                |
| Nonpriority creditor's name and mailing address DETRA TUCKER Creditor Name  Creditor's Notice name  Address on File Address                           | As of the petition filling date, the claim is: \$ Undetermine Check all that apply.  Contingent Unliquidated Disputed Basis for the claim: Worker's Comp |
| Nonpriority creditor's name and mailing address  DETRA TUCKER  Creditor Name  Creditor's Notice name  Address on File  Address  City  State  ZIP Code | As of the petition filing date, the claim is: \$ Undetermine Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:                |
| Nonpriority creditor's name and mailing address  DETRA TUCKER  Creditor Name  Creditor's Notice name  Address on File  Address  City  State  ZIP Code | As of the petition filling date, the claim is: \$ Undetermine Check all that apply.  Contingent Unliquidated Disputed Basis for the claim: Worker's Comp |

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|   |                          | Case number (if known)  |    |             |
|---|--------------------------|---|----|-------------|
| Nonpriority creditor's DOMINIC KARIBIAN                         | name and mailing address | As of the petition filing date, the claim is: Check all that apply.                                   | \$ | Undetermine |
| Creditor Name   |                          | ☐ Contingent  |    |             |
|   |                          | ✓ Unliquidated  |    |             |
| Creditor's Notice name  |                          | <br>☑ Disputed  |    |             |
| Address on File   |                          | Basis for the claim:  |    |             |
| Address   |                          | Worker's Comp   | _  |             |
| City State  | 7ID Code                 |   |    |             |
| City State  Country   | ZIP Code                 |   |    |             |
| Date or dates debt was  | sincurred                | Is the claim subject to offset?   |    |             |
| 8/1/2023  |                          | ✓ No  |    |             |
| Last 4 digits of accour   | t                        |   |    |             |
| number  Nonpriority creditor's a GLENNA CARPENTER Creditor Name | name and mailing address | As of the petition filing date, the claim is:  Check all that apply.                                  | \$ | 1,158.      |
| CIEUILUI INAIIIE  |                          |   |    |             |
| Cieditol Name   |                          | ☐ Contingent  |    |             |
| Creditor's Notice name  |                          | □ Contingent ☑ Unliquidated   |    |             |
| Creditor's Notice name  |                          | <ul><li>□ Contingent</li><li>☑ Unliquidated</li><li>☑ Disputed</li></ul>                              |    |             |
|   |                          | <ul><li>□ Contingent</li><li>☑ Unliquidated</li><li>☑ Disputed</li><li>Basis for the claim:</li></ul> |    |             |
| Creditor's Notice name  Address on File                         |                          | <ul><li>□ Contingent</li><li>☑ Unliquidated</li><li>☑ Disputed</li></ul>                              | _  |             |
| Creditor's Notice name  Address on File                         |                          | <ul><li>□ Contingent</li><li>☑ Unliquidated</li><li>☑ Disputed</li><li>Basis for the claim:</li></ul> | _  |             |
| Creditor's Notice name  Address on File                         | ZIP Code                 | <ul><li>□ Contingent</li><li>☑ Unliquidated</li><li>☑ Disputed</li><li>Basis for the claim:</li></ul> | _  |             |
| Creditor's Notice name  Address on File  Address                | ZIP Code                 | □ Contingent □ Unliquidated □ Disputed  Basis for the claim:  Worker's Comp                           | _  |             |
| Creditor's Notice name  Address on File  Address  City State    |                          | <ul><li>□ Contingent</li><li>☑ Unliquidated</li><li>☑ Disputed</li><li>Basis for the claim:</li></ul> | _  |             |
| Creditor's Notice name  Address on File  Address  City State    | s incurred               | □ Contingent □ Unliquidated □ Disputed  Basis for the claim:  Worker's Comp                           | _  |             |

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| Name Nonpriority creditor's name and mailing address  | As of the petition filing date, the claim is:   | \$       | 170.5   |
|---|---|----------|---------|
| HAILEY HARDY  | Check all that apply.   | <b>*</b> |         |
| Creditor Name   | <br>☐ Contingent  |          |         |
|   | ✓ Unliquidated  |          |         |
| Creditor's Notice name  | <br>☑ Disputed  |          |         |
| Address on File   | Basis for the claim:  |          |         |
| Address   | Worker's Comp   |          |         |
|   |   | -        |         |
|   |   |          |         |
| City State ZIP Code   |   |          |         |
| Country   | Is the claim subject to offset?   |          |         |
| Date or dates debt was incurred<br>6/9/2023   | ✓ No  |          |         |
|   |   |          |         |
| Last 4 didits of account  | Yes   |          |         |
| Last 4 digits of account  | ☐ Yes   |          |         |
| number  |   |          |         |
| number  Nonpriority creditor's name and mailing address   | As of the petition filing date, the claim is:   | \$       | 1,059.1 |
| number  | As of the petition filing date, the claim is:  Check all that apply.  | \$       | 1,059.1 |
| number  Nonpriority creditor's name and mailing address  JACK FISCHER   | As of the petition filing date, the claim is:  Check all that apply.  Contingent  | \$       | 1,059.1 |
| number  Nonpriority creditor's name and mailing address  JACK FISCHER   | As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  | \$       | 1,059.1 |
| Nonpriority creditor's name and mailing address  JACK FISCHER  Creditor Name  | As of the petition filing date, the claim is:  Check all that apply.  □ Contingent □ Unliquidated □ Disputed                                  | \$       | 1,059.1 |
| Nonpriority creditor's name and mailing address  JACK FISCHER  Creditor Name  Creditor's Notice name  Address on File                               | As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed  Basis for the claim:                | \$       | 1,059.1 |
| Nonpriority creditor's name and mailing address  JACK FISCHER  Creditor Name  Creditor's Notice name  | As of the petition filing date, the claim is:  Check all that apply.  □ Contingent □ Unliquidated □ Disputed                                  | \$       | 1,059.1 |
| Nonpriority creditor's name and mailing address  JACK FISCHER  Creditor Name  Creditor's Notice name  Address on File                               | As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed  Basis for the claim:                | \$       | 1,059.1 |
| Nonpriority creditor's name and mailing address  JACK FISCHER  Creditor Name  Creditor's Notice name  Address on File                               | As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed  Basis for the claim:                | \$       | 1,059.1 |
| Nonpriority creditor's name and mailing address  JACK FISCHER  Creditor Name  Creditor's Notice name  Address on File  Address                      | As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed  Basis for the claim:                | \$       | 1,059.1 |
| Nonpriority creditor's name and mailing address  JACK FISCHER  Creditor Name  Creditor's Notice name  Address on File Address  City State ZIP Code  | As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed  Basis for the claim:                | \$       | 1,059.1 |
| Nonpriority creditor's name and mailing address  JACK FISCHER  Creditor Name  Creditor's Notice name  Address on File  Address  City State ZIP Code | As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed  Basis for the claim:  Worker's Comp | \$       | 1,059.1 |

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| Name 29 Nonpriority creditor's name and mailing address | As of the notition filing data the claim is:                           | 142.98 |
|---|--|--------|
| JAMES BULLA   | As of the petition filing date, the claim is: \$ Check all that apply. | 142.98 |
| Creditor Name   | □ Contingent   |        |
|   | ✓ Unliquidated   |        |
| Creditor's Notice name                                  |  |        |
|   | ✓ Disputed Basis for the claim:  |        |
| Address on File Address                                 | Worker's Comp  |        |
|   | worker's comp  |        |
|   |  |        |
| City State ZIP Code                                     |  |        |
| Country   |  |        |
| Date or dates debt was incurred                         | Is the claim subject to offset?  ☑ No                                  |        |
| 5/23/2023  Last 4 digits of account                     |  |        |
| number  Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: \$                       | 953.00 |
| JENNIFER VAUGHN   | Check all that apply.  | 955.00 |
| Creditor Name   | ☐ Contingent   |        |
|   | ✓ Unliquidated   |        |
| Creditor's Notice name                                  | <br>☑ Disputed   |        |
| Address on File   | Basis for the claim:   |        |
| Address   | Worker's Comp  |        |
|   |  |        |
| 710.0   |  |        |
| City State ZIP Code                                     |  |        |
| City State ZIP Code  Country                            |  |        |
|   | Is the claim subject to offset?  |        |
| Country   | Is the claim subject to offset? ☑ No                                   |        |

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| Name  |   |    |             |
|---|---|----|-------------|
| Nonpriority creditor's name and mailing address JESSICA DAVIS | As of the petition filing date, the claim is: Check all that apply. | \$ | 1,293.4     |
| Creditor Name   | □ Contingent  |    |             |
|   | ✓ Unliquidated  |    |             |
| Creditor's Notice name  | <ul><li>✓ Disputed</li></ul>  |    |             |
| Address on File   | Basis for the claim:  |    |             |
| Address   | Worker's Comp   |    |             |
|   |   | _  |             |
|   |   |    |             |
| City State ZIP Code   |   |    |             |
| Country   |   |    |             |
| Date or dates debt was incurred                               | Is the claim subject to offset?                                     |    |             |
| 11/20/2023<br>Last 4 digits of account                        | ☑ No<br><br>□ Yes   |    |             |
| number  Nonpriority creditor's name and mailing address       | As of the petition filing date, the claim is:                       | \$ | Undetermine |
| JESSICA MCFARLAND Creditor Name                               | Check all that apply.   |    |             |
|   | ☐ Contingent  |    |             |
|   |   |    |             |
| Creditor's Notice name  | ✓ Unliquidated  |    |             |
| Creditor's Notice name  | <ul><li>✓ Unliquidated</li><li>✓ Disputed</li></ul>                 |    |             |
| Address on File   |   |    |             |
|   | ☑ Disputed  | -  |             |
| Address on File   | ☑ Disputed  Basis for the claim:                                    | _  |             |
| Address on File Address                                       | ☑ Disputed  Basis for the claim:                                    | _  |             |
| Address on File   | ☑ Disputed  Basis for the claim:                                    | _  |             |
| Address on File Address                                       | ☑ Disputed  Basis for the claim:                                    | _  |             |
| Address on File Address  City State ZIP Code                  | ☑ Disputed  Basis for the claim:                                    | _  |             |
| Address on File Address  City State ZIP Code                  | ☑ Disputed  Basis for the claim:  Worker's Comp                     | _  |             |
| Address on File Address  City State ZIP Code                  | ☑ Disputed  Basis for the claim:  Worker's Comp                     | _  |             |

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| or: Petersen Health Care, Inc.                             | Case number (if known):  | 24-10528 |          |
|--|--|----------|----------|
| Name   |  |          |          |
| Nonpriority creditor's name and mailing address            | As of the petition filing date, the claim is:                        | \$       | 45,457.5 |
| KAMI FREEMAN Creditor Name                                 | Check all that apply.  |          |          |
| Creditor Name  | ☐ Contingent   |          |          |
|  | ✓ Unliquidated   |          |          |
| Creditor's Notice name                                     | ✓ Disputed   |          |          |
| Address on File  | Basis for the claim:   |          |          |
| Address  | Worker's Comp  | _        |          |
|  |  |          |          |
| City State ZIP Code  |  |          |          |
| Country  |  |          |          |
| Date or dates debt was incurred                            | Is the claim subject to offset?                                      |          |          |
| 9/29/2023  | ☑ No   |          |          |
| Last 4 digits of account                                   | □ Yes  |          |          |
| Nonpriority creditor's name and mailing address KAMI MEANS | As of the petition filing date, the claim is:  Check all that apply. | \$       | 23,000.0 |
| Creditor Name  |  |          |          |
|  | ☐ Contingent   |          |          |
| Creditor's Notice name                                     | ✓ Unliquidated   |          |          |
| Creditor's Notice name                                     | ☑ Disputed   |          |          |
| Address on File  | Basis for the claim:   |          |          |
| Address  | Worker's Comp  |          |          |
|  |  | _        |          |
|  |  |          |          |
|  |  |          |          |
| City State ZIP Code  |  |          |          |
| Country  |  |          |          |
| Date or dates debt was incurred                            | Is the claim subject to offset?                                      |          |          |
| 3/12/2024  | ✓ No   |          |          |
| 3/12/2024  |  |          |          |

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| Name  |   |         |
|---|---|---------|
| Nonpriority creditor's name and mailing address KAREN SALL    | As of the petition filing date, the claim is: \$  Check all that apply. | 321.1   |
| Creditor Name   | □ Contingent  |         |
|   | ✓ Unliquidated  |         |
| Creditor's Notice name  | ✓ Disputed  |         |
| Address on Eile   | Basis for the claim:  |         |
| Address on File Address                                       | Worker's Comp   |         |
|   |   |         |
|   |   |         |
| City State ZIP Code   |   |         |
| Country   |   |         |
| Date or dates debt was incurred                               | Is the claim subject to offset?   |         |
| 9/7/2023  | ☑ No  |         |
| Last 4 digits of account                                      | ☐ Yes   |         |
| number  |   |         |
| Nonpriority creditor's name and mailing address KARRI PAINTER | As of the petition filing date, the claim is: \$ Check all that apply.  | 1,373.4 |
| Creditor Name   | ☐ Contingent  |         |
|   | ✓ Unliquidated  |         |
| Creditor's Notice name  | ✓ Disputed  |         |
| Address on File   | Basis for the claim:  |         |
| Address on File Address                                       | Worker's Comp   |         |
|   | worker's Comp   |         |
|   |   |         |
|   |   |         |
|   |   |         |
| City State ZIP Code   |   |         |
| Country   |   |         |
|   |   |         |
| Date or dates debt was incurred                               | Is the claim subject to offset?   |         |
|   | Is the claim subject to offset?  ☑ No                                   |         |

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| KATELYN MATZNICK Creditor Name  Creditor Name  Creditor's Notice name  Address on File Address  City State  ZIP Code  Country  Date or dates debt was incurred  1/1/5/2023  Last 4 digits of account  number  Check all that apply.  Contingent  Unliquidated  Unliquidated  Vorker's Comp  State  Is the claim subject to offset?  Yes  | Name   |   |       |
|--|--|---|-------|
| Creditor's Notice name  Address on File  Address  City State ZIP Code  Country  Date or dates debt was incurred 11/15/2023  Nonpriority creditor's name and mailing address  KATELYN WEISCHEDEL  Creditor Notice name  Creditor's Notice name  Address on File  Address on File  Address on File  Creditor's Notice name  Creditor's Notice name  Address on File  Creditor's Notice name  Creditor's Notice name  Creditor's Notice name  Address on File  Basis for the claim:  Worker's Comp  Country  Branch Address on File  Creditor's Notice name  Creditor's Notice name  State  ZIP Code  State  ZIP Code  State  ZIP Code  State  State State State  State Claim subject to offset?  State Claim subject to offset?  State Claim subject to offset?  | Nonpriority creditor's name and mailing address KATELYN MATZNICK   | As of the petition filing date, the claim is: \$  Check all that apply.   | 422.3 |
| Country  Date or dates debt was incurred Nonpriority creditor's name and mailing address  KATELYN WEISCHEDEL Croditor's Notice name Address on File Address on | Creditor Name  | ☐ Contingent  |       |
| Address on File  Address Son File  Address Son File  Resis for the claim:  Worker's Comp  Country  Date or dates debt was incurred  11/15/2023  Is the claim subject to offset?  In No  Yes  No  As of the petition filling date, the claim is: \$ 368.  Check all that apply.  Creditor Name  Creditor's Notice name  Address on File  Address on File  Address on File  Rediress  City  State  ZIP Code  State  |  | ✓ Unliquidated  |       |
| Address on File Address Somp  City State ZIP Code  Country  Date or dates debt was incurred 11/15/2023   | Creditor's Notice name   | ✓ Disputed  |       |
| Modress  Worker's Comp  Worker's Comp    City  | Address on File  | •   |       |
| Country  Date or dates debt was incurred  11/15/2023  Last 4 digits of account  Nonpriority creditor's name and mailing address  KATELYN WEISCHEDEL  Creditor's Notice name  Creditor's Notice name  Address on File  Address  City  State  ZIP Code  Country  Date or dates debt was incurred  5/5/2023  Is the claim subject to offset?  No  No  State claim subject to offset?  No  No  No  State claim subject to offset?  No  No  No  No  State claim subject to offset?  No  No  No  No  No  No  No  No  No  N   |  | Worker's Comp   |       |
| Country  Date or dates debt was incurred  11/15/2023  Last 4 digits of account  Nonpriority creditor's name and mailing address  KATELYN WEISCHEDEL  Creditor's Notice name  Creditor's Notice name  Address on File  Address  City  State  ZIP Code  Country  Date or dates debt was incurred  5/5/2023  Is the claim subject to offset?  No  No  State claim subject to offset?  No  No  No  State claim subject to offset?  No  No  No  No  State claim subject to offset?  No  No  No  No  No  No  No  No  No  N   |  |   |       |
| Date or dates debt was incurred  11/15/2023  Last 4 digits of account number  Nonpriority creditor's name and mailing address KATELYN WEISCHEDEL  Creditor Name  Creditor Name  Creditors Notice name Address on File Address  Cliy  State  ZIP Code  Date or dates debt was incurred  Is the claim subject to offset?  No   | City State ZIP Code  |   |       |
| Last 4 digits of account number  Nonpriority creditor's name and mailing address KATELYN WEISCHEDEL Creditor's Notice name  Address on File Address  City State  ZIP Code  Country  Date or dates debt was incurred 5/5/2023  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  No  State   | Country  |   |       |
| Last 4 digits of account number  Nonpriority creditor's name and mailing address  KATELYN WEISCHEDEL  Creditor Name  Creditor's Notice name  Address on File Address  Clity  State  ZIP Code  Country  Date or dates debt was incurred  5/5/2023  Pyes  As of the petition filling date, the claim is: \$ 368.1  Check all that apply.  Contingent  Disputed  Basis for the claim:  Worker's Comp   Is the claim subject to offset?  No   |  |   |       |
| Nonpriority creditor's name and mailing address  KATELYN WEISCHEDEL  Creditor Name  Creditor's Notice name  Address on File  Address  City  State  ZIP Code  Basis for the claim:  Worker's Comp   State  Worker's Comp  Is the claim subject to offset?  No   |  |   |       |
| Nonpriority creditor's name and mailing address  KATELYN WEISCHEDEL  Creditor Name  Creditor's Notice name  Address on File  Address  City  State  ZIP Code  Country  Date or dates debt was incurred  5/5/2023  As of the petition filing date, the claim is: \$  Check all that apply.  Check all that apply.  Contingent  U Unliquidated  D isputed  Basis for the claim:  Worker's Comp  Is the claim subject to offset?  No   | Last 4 digits of account   | ⊔ Yes   |       |
| Creditor Name Creditor's Notice name Creditor's Notice name Address on File Address City State  Country  Date or dates debt was incurred 5/5/2023  Contingent  Unliquidated Disputed Basis for the claim: Worker's Comp  Basis for the claim: Worker's Comp  | number   |   |       |
| Creditor Name  Creditor's Notice name  Address on File  Address  City  State  Country  Date or dates debt was incurred  5/5/2023  Contingent  Unliquidated  Disputed  Basis for the claim:  Worker's Comp   Basis for the claim:  Worker's Comp  Is the claim subject to offset?  No   |  |   |       |
| Creditor's Notice name  Address on File Address  City  State  ZIP Code   State  Date or dates debt was incurred 5/5/2023  Unliquidated  Disputed  Basis for the claim:  Worker's Comp  Is the claim subject to offset?  No   |  |   | 368.0 |
| Address on File Basis for the claim:   Address Worker's Comp    City  State  ZIP Code    State   Sta   | KATELYN WEISCHEDEL   | Check all that apply.   | 368.0 |
| Address on File  Address  Address  Worker's Comp  City  State  ZIP Code   Date or dates debt was incurred  5/5/2023  Basis for the claim:  Worker's Comp  Worker's Comp  | KATELYN WEISCHEDEL   | Check all that apply.  □ Contingent   | 368.0 |
| Address  Worker's Comp  City State ZIP Code  Country  Date or dates debt was incurred 5/5/2023  Worker's Comp  Worker's Comp   | KATELYN WEISCHEDEL Creditor Name   | Check all that apply.  □ Contingent ☑ Unliquidated  | 368.0 |
| City State ZIP Code  Country  Date or dates debt was incurred 5/5/2023  Is the claim subject to offset?  No  | KATELYN WEISCHEDEL Creditor Name  Creditor's Notice name   | Check all that apply.  □ Contingent □ Unliquidated □ Disputed   | 368.0 |
| Country  Date or dates debt was incurred  5/5/2023  Is the claim subject to offset?  ✓ No  | KATELYN WEISCHEDEL Creditor Name  Creditor's Notice name  Address on File  | Check all that apply.  □ Contingent □ Unliquidated □ Disputed  Basis for the claim:   | 368.0 |
| Country  Date or dates debt was incurred  5/5/2023  Is the claim subject to offset?  ✓ No  | KATELYN WEISCHEDEL Creditor Name  Creditor's Notice name  Address on File  | Check all that apply.  □ Contingent □ Unliquidated □ Disputed  Basis for the claim:   | 368.0 |
| Date or dates debt was incurred  5/5/2023  Is the claim subject to offset?  No   | KATELYN WEISCHEDEL Creditor Name  Creditor's Notice name  Address on File Address  | Check all that apply.  □ Contingent □ Unliquidated □ Disputed  Basis for the claim:   | 368.0 |
| 5/5/2023   | Creditor Name  Creditor's Notice name  Address on File  Address  | Check all that apply.  □ Contingent □ Unliquidated □ Disputed  Basis for the claim:   | 368.0 |
| 3/3/2023   | Creditor Name  Creditor's Notice name  Address on File  Address  City State ZIP Code   | Check all that apply.  □ Contingent □ Unliquidated □ Disputed  Basis for the claim:  Worker's Comp                                  | 368.0 |
| Last 4 digits of account   | Creditor Name  Creditor's Notice name  Address on File  Address  City State ZIP Code   | Check all that apply.  □ Contingent □ Unliquidated □ Disputed  Basis for the claim:  Worker's Comp  Is the claim subject to offset? | 368.0 |
|  | Creditor Name  Creditor's Notice name  Address on File  Address  City State ZIP Code  Country  Date or dates debt was incurred  5/5/2023 | Check all that apply.  □ Contingent □ Unliquidated □ Disputed  Basis for the claim:  Worker's Comp  Is the claim subject to offset? | 368.0 |

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| As of the petition filing date, the claim is:  Check all that apply.  □ Contingent □ Unliquidated □ Disputed  Basis for the claim:  Worker's Comp | \$  | 6,320.5  |
|---|---|--|
| <ul><li>☑ Unliquidated</li><li>☑ Disputed</li><li>Basis for the claim:</li></ul>  | _   |  |
| <ul><li>☑ Unliquidated</li><li>☑ Disputed</li><li>Basis for the claim:</li></ul>  | _   |  |
| ☑ Disputed  Basis for the claim:  | _   |  |
| Basis for the claim:  | _   |  |
|   | _   |  |
| worker's Comp   | _   |  |
|   |   |  |
|   |   |  |
|   |   |  |
| lo the eleim cubicet to effect?   |   |  |
| Is the claim subject to offset?   |   |  |
|   |   |  |
| Check all that apply.   | \$  | Undetermin   |
|   |   |  |
|   |   |  |
| ✓ Disputed  |   |  |
| Basis for the claim:  |   |  |
| Worker's Comp   | _   |  |
|   |   |  |
|   |   |  |
|   |   |  |
| Is the claim subject to offset?   |   |  |
| ☑ No  |   |  |
|   | <ul> <li>☑ No</li> <li>☐ Yes</li> </ul> As of the petition filing date, the claim is: Check all that apply. ☐ Contingent ☑ Unliquidated ☑ Disputed Basis for the claim: Worker's Comp Is the claim subject to offset? | <ul> <li>No</li> <li>Yes</li> </ul> As of the petition filing date, the claim is: \$ Check all that apply. <ul> <li>Contingent</li> <li>Unliquidated</li> <li>Disputed</li> <li>Basis for the claim:</li> <li>Worker's Comp</li> </ul> Is the claim subject to offset? |

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| Name  |   |         |
|---|---|---------|
| Nonpriority creditor's name and mailing address KAYLYN ROHN     | As of the petition filing date, the claim is: \$  Check all that apply. | 2,444.3 |
| Creditor Name   | □ Contingent  |         |
|   | ✓ Unliquidated  |         |
| Creditor's Notice name  | <br>☑ Disputed  |         |
| Address on File   | Basis for the claim:  |         |
| Address   | Worker's Comp   |         |
|   |   |         |
| City State ZIP Code   |   |         |
| Country   |   |         |
| Date or dates debt was incurred                                 | Is the claim subject to offset?   |         |
| 11/8/2023   | ✓ No  |         |
| Last 4 digits of account  | □ Yes   |         |
| number  |   |         |
| Nonpriority creditor's name and mailing address  KYLEIGH HOWARD | As of the petition filing date, the claim is: \$ Check all that apply.  | 9,607.0 |
| Creditor Name   | ☐ Contingent  |         |
|   | ✓ Unliquidated  |         |
| Creditor's Notice name  | · ☑ Disputed  |         |
| Address on File   | Basis for the claim:  |         |
| Address   | Worker's Comp   |         |
|   |   |         |
|   |   |         |
|   |   |         |
| City State ZIP Code   |   |         |
| Country   |   |         |
| Date or dates debt was incurred                                 | Is the claim subject to offset?   |         |
| שמוב טו עמובט עבטו שמט וווכעוופע                                | <b>—</b>  |         |
| 4/4/2024  | ☑ No  |         |

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| Nonpriority credito                                | r's name an | d mailing address | As of the petition filing date, the claim is: Check all that apply.    | \$ | 71,992.4    |
|--|-------------|-------------------|--|----|-------------|
| Creditor Name                                      |             |                   | ☐ Contingent   |    |             |
|  |             |                   | -  |    |             |
| Creditor's Notice name                             |             |                   | ✓ Unliquidated   |    |             |
|  |             |                   | ✓ Disputed   |    |             |
| Address on File                                    |             |                   | Basis for the claim:   |    |             |
| Address  |             |                   | Worker's Comp  | _  |             |
| City   | State       | ZIP Code          |  |    |             |
| Country  |             |                   |  |    |             |
| Date or dates debt                                 | was incurre | :d                | Is the claim subject to offset?  |    |             |
| 9/7/2023   |             |                   | ☑ No   |    |             |
| Last 4 digits of acc                               | ount        |                   | □ Yes  |    |             |
| number   |             |                   |  |    |             |
| Nonpriority credito                                | r'e name an | d mailing address | As of the notition filling date the claim is:                          | ¢  | Undetermine |
| Law Office of Jeffrey K                            |             | a maining address | As of the petition filing date, the claim is:<br>Check all that apply. | Ψ  | Ondetermin  |
| Creditor Name                                      | - 1         |                   | □ Contingent   |    |             |
|  |             |                   | ✓ Unliquidated   |    |             |
|  |             |                   |  |    |             |
| Creditor's Notice name                             |             |                   |  |    |             |
|  |             |                   | ☑ Disputed   |    |             |
| 110 SW Jeffereson                                  |             |                   | Basis for the claim:   |    |             |
| 110 SW Jeffereson<br>Address                       |             |                   | ·  | _  |             |
| 110 SW Jeffereson                                  |             |                   | Basis for the claim:   | _  |             |
| 110 SW Jeffereson<br>Address                       |             |                   | Basis for the claim:   | _  |             |
| 110 SW Jeffereson Address Suite 410                | L           | 61602             | Basis for the claim:   | _  |             |
| 110 SW Jeffereson Address Suite 410  Peoria        | L<br>State  | 61602<br>ZIP Code | Basis for the claim:   | -  |             |
| 110 SW Jeffereson Address Suite 410 Peoria         |             |                   | Basis for the claim:   | _  |             |
| 110 SW Jeffereson Address Suite 410  Peoria I City | State       | ZIP Code          | Basis for the claim:  Litigation  Is the claim subject to offset?      | _  |             |
| 110 SW Jeffereson Address Suite 410  Peoria I City | State       | ZIP Code          | Basis for the claim:  Litigation                                       | _  |             |

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| Creditor Notice name  Creditor's Notice name  60 W. Randolph Stret  4th Floor  Chicago IL 60601  City State ZIP Code  State A digits of account number  Nonpriority creditor's name and mailing address  Lowin's Perconti  Creditor's Notice name  So W. Randolph Stret  As of the petition filling date, the claim is: \$ 150,000.00 Check all that apply.  Creditor Notice name  Growthy State September S |                            |                  | nd mailing address | · · · · · · · · · · · · · · · · · · ·                | ,000.0 |
|--|----------------------------|------------------|--------------------|--|--------|
| Creditor's Notice name  60 W. Randolph Street Roditress 4th Floor  Chicago IL State Zip Code  Country  Date or dates debt was incurred 8/15/2017  Nonpriority creditor's name and mailing address Levin & Perconti Creditor Name  Creditor Name  60 W. Randolph Street Roditor Name  Creditor Name  Chicago IL State Is the claim subject to offset?  Check all that apply.  Creditor Name  State  State  Creditor Name  State  State  Creditor Name  State  State  Creditor Name  State  State  State  Country  Date or dates debt was incurred  State Claim subject to offset?  Example State  State Claim subject to offset?  State Claim subject to offset?  |                            | ti               |                    | Check all that apply.                                |        |
| Conting Notice name  |                            |                  |                    | ☐ Contingent   |        |
| Basis for the claim:  Address  4th Floor  Chicago   L   60601   City   State   ZIP Code    State   State   State   | Craditor's Notice of       | amo              |                    | ☑ Unliquidated                                       |        |
| Litigation   Lit   | Creditor 5 Notice II       | ame              |                    | ✓ Disputed   |        |
| Ath Floor  Chicago IL 60601 City State ZIP Code  But e or dates debt was incurred 8/15/2017 Last 4 digits of account Personti Creditor's name and mailing address Levin & Personti Creditor's Notice name  60 W. Randolph Street Raddress 4th Floor  Chicago IL 60601 City State 2 ZIP Code  Country  Date or dates debt was incurred  ### As of the petition filling date, the claim is: \$ 150,000.00  ### Check all that apply.  Creditor's Notice name  ### Clondingent  ### Unliquidated  ### Disputed  ### Basis for the claim: Litigation  Chicago IL 60601 City State 2 ZIP Code    Country   Code   Country   Code   Code  |                            | n Street         |                    | Basis for the claim:                                 |        |
| Chicago IL Global State 2IP Code    Country   State   ZIP Code   | Address                    |                  |                    | Litigation   |        |
| Country  Date or dates debt was incurred  8/15/2017  Last 4 digits of account number  Nonpriority creditor's name and mailing address Levin & Perconti  Creditor Name  Creditor Notice name  60 W. Randolph Street Address 4th Floor  Chicago IL Chicago IL Chicago State  ZIP Code  Leving State ZIP Code  Is the claim subject to offset?  Unliquidated Disputed Basis for the claim: Litigation  Chicago IL Chicago State ZIP Code  State ZIP Code  Is the claim subject to offset?  Is the claim subject to offset?  | 4th Floor                  |                  |                    |  |        |
| Country  Date or dates debt was incurred  8/15/2017  Last 4 digits of account number  Nonpriority creditor's name and mailing address Levin & Perconti Creditor Name  Creditor Name  Creditor Notice name  60 W. Randolph Street Address 4th Floor  Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL State II | Chicago                    |                  | 60601              |  |        |
| Date or dates debt was incurred   Sthe claim subject to offset?   8/15/2017  |                            |                  |                    |  |        |
| 8/15/2017  | Country                    |                  |                    |  |        |
| Last 4 digits of acount number  Nonpriority creditor's name and mailing address Levin & Perconti Creditor Name  Creditor's Notice name  60 W. Randolph Street Address 4th Floor  Chicago IL Good State ZIP Code  Country  Date or dates debt was incurred    Yes     Y | Date or dates              | debt was incurr  | ed                 | Is the claim subject to offset?                      |        |
| Nonpriority creditor's name and mailing address Levin & Perconti Creditor Name  Creditor Name  Creditor's Notice name  60 W. Randolph Stret Address 4th Floor  Chicago IL City State ZIP Code  Country  Date or dates debt was incurred 2/27/2018  As of the petition filing date, the claim is: \$ 150,000.01 Check all that apply.  Disputed  Basis for the claim: Litigation  Litigation  Is the claim subject to offset?  No  | 8/15/2017                  |                  |                    | ☑ No   |        |
| Nonpriority creditor's name and mailing address Levin & Perconti  Creditor Name  Creditor Notice name  Creditor's Notice name  60 W. Randolph Street  Address  4th Floor  Chicago  IL  60601  City  State  ZIP Code  Levin & State  ZIP Code  State  Little ation  State  State  Little ation  State  S  | Last 4 digits              | of account       |                    | ☐ Yes  |        |
| Creditor Name □ Contingent   Creditor's Notice name ☑ Unliquidated   60 W. Randolph Stret Basis for the claim:   Address Litigation      Chicago IL 60601   City State ZIP Code    Is the claim subject to offset?  No   |                            | reditor's name a | nd mailing address | As of the petition filing date, the claim is: \$ 150 | ,000.0 |
| Creditor's Notice name  60 W. Randolph Street Address  4th Floor  Chicago IL 60601 City State ZIP Code  Country  Date or dates debt was incurred 2/27/2018  Contingent Unliquidated Disputed Basis for the claim: Litigation  Litigation  Is the claim subject to offset? ✓ No   |                            | ti               |                    | Check all that apply.                                |        |
| Creditor's Notice name  60 W. Randolph Street  Address  4th Floor  Chicago  City  Country  Date or dates debt was incurred  2/27/2018  Disputed  Basis for the claim:  Litigation  Litigation  Litigation  Litigation  Litigation  Litigation  Litigation  | Creditor Name              |                  |                    | ☐ Contingent   |        |
| GO W. Randolph Street  Address  4th Floor  Chicago  City  State  Country  Disputed  Basis for the claim:  Litigation  Litigation  Litigation  Litigation  Litigation  Litigation  Litigation  State  Litigation  Litigation  |                            |                  |                    | ☑ Unliquidated                                       |        |
| Address 4th Floor  Chicago IL 60601 City State ZIP Code  Country  Date or dates debt was incurred 2/27/2018  Litigation  Litigation  Litigation  | Creditor's Notice na       | ame              |                    | ☑ Disputed   |        |
| Address 4th Floor  Chicago IL 60601 City State ZIP Code  Country  Date or dates debt was incurred 2/27/2018  Litigation  Litigation  Litigation  Litigation  Litigation  | 60 W. Randolph             | h Street         |                    | Basis for the claim:                                 |        |
| Chicago IL 60601 City State ZIP Code  Country  Date or dates debt was incurred 2/27/2018  Is the claim subject to offset?  ✓ No  |                            |                  |                    | Litigation   |        |
| Country  Date or dates debt was incurred 2/27/2018  State  ZIP Code  Is the claim subject to offset?  No   | 4th Floor                  |                  |                    |  |        |
| Country  Date or dates debt was incurred 2/27/2018  ZIP Code  Is the claim subject to offset?  No  | Chicago                    | IL               | 60601              |  |        |
| Date or dates debt was incurred  2/27/2018  Is the claim subject to offset?  No  |                            | State            | ZIP Code           |  |        |
| 2/27/2018  |                            |                  |                    |  |        |
| 22172010   | Country                    |                  |                    |  |        |
| Last 4 digits of account   |                            | debt was incurr  | red                | •  |        |
|  | Date or dates<br>2/27/2018 |                  | red                | •  |        |

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| Name   |   |          |
|--|---|----------|
| 7 Nonpriority creditor's name and mailing address LILLY BAYS | As of the petition filing date, the claim is: \$  Check all that apply. | 2,418.0  |
| Creditor Name  | ☐ Contingent  |          |
|  | ✓ Unliquidated  |          |
| Creditor's Notice name                                       |   |          |
| Address on File  | Basis for the claim:  |          |
| Address  | Worker's Comp   |          |
| City State ZIP Code  |   |          |
| Country  |   |          |
| Date or dates debt was incurred                              | Is the claim subject to offset?   |          |
| 7/6/2023   | ☑ No  |          |
| Last 4 digits of account                                     | □ Yes   |          |
| number   |   |          |
| 8 Nonpriority creditor's name and mailing address            | As of the petition filing date, the claim is: \$                        | 8,150.00 |
| LINDA JACKSON  | Check all that apply.   |          |
| Creditor Name  | ☐ Contingent  |          |
|  | ✓ Unliquidated  |          |
| Creditor's Notice name                                       |   |          |
| Address on File  | Basis for the claim:  |          |
| Address  | Worker's Comp   |          |
|  |   |          |
|  |   |          |
|  |   |          |
| City State ZIP Code  |   |          |
|  |   |          |
| Country  |   |          |
| Date or dates debt was incurred                              | Is the claim subject to offset?   |          |
|  | Is the claim subject to offset? ☑ No                                    |          |

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| Name  | <del></del>  |          |
|---|--|----------|
| Nonpriority creditor's name and mailing address LISA OSBORN               | As of the petition filing date, the claim is: \$                       | 50,778.3 |
| Creditor Name   | □ Contingent   |          |
|   | ·  |          |
| Creditor's Notice name  | ☑ Unliquidated   |          |
|   | ✓ Disputed   |          |
| Address on File   | Basis for the claim:   |          |
| Address   | Worker's Comp  |          |
|   |  |          |
| City State ZIP Code   |  |          |
| Country   | Is the claim subject to offset?  |          |
| Date or dates debt was incurred   | ✓ No   |          |
| 5/16/2023<br>Last 4 digits of account                                     | □ Yes  |          |
| Nonpriority creditor's name and mailing address LISA PETERS Creditor Name | As of the petition filing date, the claim is: \$ Check all that apply. | 4,290.   |
|   | ☐ Contingent   |          |
| Creditor's Notice name  | ☑ Unliquidated   |          |
| Ground a House hame   | ✓ Disputed   |          |
| Address on File   | Basis for the claim:   |          |
| Address   | Worker's Comp  |          |
|   |  |          |
| City State ZIP Code   |  |          |
|   |  |          |
| Country   |  |          |
| Country  Date or dates debt was incurred                                  | Is the claim subject to offset?  |          |
|   | Is the claim subject to offset? ☑ No                                   |          |

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| Name  |  |    |           |
|---|--|----|-----------|
| 1 Nonpriority creditor's name and mailing address MARGARET WISNASKY | As of the petition filing date, the claim is:<br>Check all that apply. | \$ | 2,680.5   |
| Creditor Name   | ☐ Contingent   |    |           |
|   | ✓ Unliquidated   |    |           |
| Creditor's Notice name  | <br>☑ Disputed   |    |           |
| Address on File   | Basis for the claim:   |    |           |
| Address   | Worker's Comp  | _  |           |
|   |  |    |           |
| City State ZIP Code   |  |    |           |
| Country   |  |    |           |
| Date or dates debt was incurred                                     | Is the claim subject to offset?  |    |           |
| 8/23/2023   |  |    |           |
| Last 4 digits of account  | □ Yes  |    |           |
| number  |  |    |           |
| 52 Nonpriority creditor's name and mailing address                  | As of the petition filing date, the claim is:                          | \$ | 32,245.65 |
| MELISSA CARNEY Creditor Name  | Check all that apply.  |    |           |
| Creditor Name   | ☐ Contingent   |    |           |
|   |  |    |           |
|   | ✓ Unliquidated   |    |           |
| Creditor's Notice name  | <ul><li>✓ Unliquidated</li><li>✓ Disputed</li></ul>                    |    |           |
| Creditor's Notice name  Address on File                             |  |    |           |
|   | ✓ Disputed   |    |           |
| Address on File   | ☑ Disputed  Basis for the claim:                                       | _  |           |
| Address on File   | ☑ Disputed  Basis for the claim:                                       | _  |           |
| Address on File   | ☑ Disputed  Basis for the claim:                                       | _  |           |
| Address on File   | ☑ Disputed  Basis for the claim:                                       | _  |           |
| Address on File Address   | ☑ Disputed  Basis for the claim:                                       | _  |           |
| Address on File Address  City State ZIP Code                        | ☑ Disputed  Basis for the claim:                                       | _  |           |
| Address on File Address  City State ZIP Code                        | ☑ Disputed  Basis for the claim:  Worker's Comp                        | _  |           |

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| Name   |  |    |            |
|--|--|----|------------|
| Nonpriority creditor's name and mailing address  MIRANDA TSCHOPP               | As of the petition filing date, the claim is: Check all that apply.  | \$ | 341.3      |
| Creditor Name  | ☐ Contingent   |    |            |
|  | ✓ Unliquidated   |    |            |
| Creditor's Notice name   |  |    |            |
|  | ☑ Disputed   |    |            |
| Address on File Address  | Basis for the claim:   |    |            |
|  | Worker's Comp  | _  |            |
|  |  |    |            |
| City State ZIP Code  |  |    |            |
| Country  | Is the claim subject to offset?                                      |    |            |
| Date or dates debt was incurred  | ✓ No   |    |            |
| 11/27/2023<br>Last 4 digits of account   |  |    |            |
| Nonpriority creditor's name and mailing address  MORGAN LECKNER  Creditor Name | As of the petition filing date, the claim is:  Check all that apply. | \$ | Undetermin |
|  | ☐ Contingent   |    |            |
|  | ✓ Unliquidated   |    |            |
| Creditor's Notice name   |  |    |            |
| Creditor's Notice name   | ✓ Disputed   |    |            |
| Address on File  | ☑ Disputed  Basis for the claim:                                     |    |            |
|  | ·  | _  |            |
| Address on File  | Basis for the claim:   | -  |            |
| Address on File  | Basis for the claim:   | _  |            |
| Address on File Address  | Basis for the claim:   | _  |            |
| Address on File Address  City State ZIP Code                                   | Basis for the claim:   | _  |            |
| Address on File Address  City State ZIP Code                                   | Basis for the claim:  Worker's Comp                                  | -  |            |

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| As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed  Basis for the claim:  Worker's Comp | \$   | 6,347.9  |
|---|--|--|
| <ul> <li>□ Contingent</li> <li>☑ Unliquidated</li> <li>☑ Disputed</li> <li>Basis for the claim:</li> <li>Worker's Comp</li> </ul>             | _  |  |
| <ul><li>☑ Unliquidated</li><li>☑ Disputed</li><li>Basis for the claim:</li><li>Worker's Comp</li></ul>  | _  |  |
| ☑ Disputed  Basis for the claim:  Worker's Comp   | _  |  |
| Basis for the claim: Worker's Comp  | _  |  |
| Worker's Comp   | _  |  |
| ·   | _  |  |
| Is the claim subject to offset?   |  |  |
| Is the claim subject to offset?   |  |  |
| Is the claim subject to offset?   |  |  |
| is the claim subject to onset?  |  |  |
| ☑ No  |  |  |
|   |  |  |
| Check all that apply.   | \$   | 7,625.0  |
|   |  |  |
| ✓ Unliquidated  |  |  |
| ✓ Disputed  |  |  |
| Basis for the claim:  |  |  |
| Worker's Comp   | _  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| Is the claim subject to offset?   |  |  |
| ✓ No  |  |  |
|   | <ul> <li>Yes</li> <li>As of the petition filing date, the claim is: Check all that apply.</li> <li>□ Contingent</li> <li>☑ Unliquidated</li> <li>☑ Disputed</li> <li>Basis for the claim:</li> </ul> | <ul> <li>Yes</li> <li>As of the petition filing date, the claim is: \$ Check all that apply. □ Contingent ☑ Unliquidated ☑ Disputed Basis for the claim:</li></ul> |

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| PATRICIA DE   |  | nd mailing address | As of the petition filing date, the claim is:<br>Check all that apply.  | \$ | 56,424.9 |
|---|--|--------------------|---|----|----------|
| Creditor Name   |  |                    | ☐ Contingent  |    |          |
|   |  |                    | ✓ Unliquidated  |    |          |
| Creditor's Notice   | name   |                    |   |    |          |
|   | _  |                    | ✓ Disputed Basis for the claim:   |    |          |
| Address on Fi   | le   |                    |   |    |          |
|   |  |                    | Worker's Comp   | -  |          |
| City  | State  | ZIP Code           |   |    |          |
| Country   | o dobá waa inawee  |                    | Is the claim subject to offset?   |    |          |
| 9/26/2023   | es debt was incurre  | ea                 | ✓ No  |    |          |
| 9/20/2023   |  |                    |   |    |          |
| Last 4 digits   | s of account   |                    | □ Yes   |    |          |
|   | s of account   |                    | □ Yes   |    |          |
| number  |  |                    | □ Yes   |    |          |
| number<br>Nonpriority   | creditor's name a  | nd mailing address | As of the petition filing date, the claim is:   | \$ | 500.0    |
| number<br>Nonpriority   |  | nd mailing address | As of the petition filing date, the claim is:  Check all that apply.  | \$ | 500.0    |
| number Nonpriority Petersen Heal  | creditor's name a  | nd mailing address | As of the petition filing date, the claim is:  Check all that apply.  Contingent  | \$ | 500.C    |
| number Nonpriority Petersen Heal Creditor Name  | creditor's name at   | nd mailing address | As of the petition filing date, the claim is:  Check all that apply.  | \$ | 500.0    |
| number Nonpriority Petersen Heal  | creditor's name at   | nd mailing address | As of the petition filing date, the claim is:  Check all that apply.  Contingent  | \$ | 500.0    |
| Nonpriority Petersen Heal Creditor Name  Creditor's Notice 830 W Trailcre                               | creditor's name at   | nd mailing address | As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated   | \$ | 500.C    |
| number Nonpriority Petersen Heal Creditor Name Creditor's Notice  | creditor's name at   | nd mailing address | As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed  | \$ | 500.0    |
| Nonpriority Petersen Heal Creditor Name  Creditor's Notice 830 W Trailcre Address                       | creditor's name and lth Operations, LLC name                   |                    | As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:   | \$ | 500.0    |
| Nonpriority Petersen Heal Creditor Name  Creditor's Notice 830 W Trailcre Address                       | creditor's name and lth Operations, 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:   | \$ | 500.c    |
| Nonpriority Petersen Heal Creditor Name  Creditor's Notice 830 W Trailcre Address                       | creditor's name and lth Operations, LLC name                   |                    | As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:   | \$ | 500.C    |
| Nonpriority Petersen Heal Creditor Name  Creditor's Notice 830 W Trailcre Address                       | creditor's name and lth Operations, 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                           | \$ | 500.0    |
| Nonpriority Petersen Heal Creditor Name  Creditor's Notice 830 W Trailcre Address  Peoria City  Country | creditor's name and lth Operations, LLC name eek Dr.           | 61614<br>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? | \$ | 500.C    |
| Nonpriority Petersen Heal Creditor Name  Creditor's Notice 830 W Trailcre Address  Peoria City  Country | creditor's name at lth Operations, LLC  name eek Dr.  IL State | 61614<br>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                           | \$ | 500.0    |

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| Creditor Name  Creditor's Notice name  B30 W Trailcreek Dr. Address  Peoria City  Country  Date or dates debt was incurred  As of 3/31/2024  Last 4 digits of account  number  Amended herein: added  Creditor's Notice name  Unliquidated Disputed Basis for the claim: Inter Company Loan  Is the claim subject to offset?  No Yes  |  |  | nd mailing address | As of the petition filing date, the claim is: \$  | 300,000.0 |
|---|--|--|--------------------|---|-----------|
| Unliquidated   Disputed   Basis for the claim: Inter Company Loan   |  | Ithcare VII, LLC                               |                    | Check all that apply.   |           |
| Disputed   Basis for the claim:   Inter Company Loan   Inter Company L    |  |  |                    |   |           |
| Basis for the claim: Inter Company Loan  Peoria IL State ZiP Code  Country  Date or dates debt was incurred As of 3/31/2024  Last 4 digits of account number  Amended herein: added  Nonpriority creditor's name and mailling address RILEY BLANKENSHIP  Creditor Name  Creditor's Notice name  Address on File All Ediam subject to offset?  I sthe claim subject to offset?  I sthe claim subject to offset?  | Creditor's Notice  | name   |                    | Unliquidated  |           |
| Address Inter Company Loan    Peoria  | O. Galler G. Mollec  |  |                    | •   |           |
| Peoria IL State 2IP Code    Country   State   ZIP Code  |  | eek Dr.  |                    |   |           |
| Country  Date or dates debt was incurred As of 3/31/2024  Last 4 digits of account number  Amended herein: added  Nonpriority creditor's name and mailing address RILEY BLANKENSHIP  Creditor Name  Creditor's Notice name Address on File Address  City State ZIP Code  City State ZIP Code  Is the claim subject to offset?  | Address  |  |                    | Inter Company Loan  |           |
| Country  Date or dates debt was incurred As of 3/31/2024  Last 4 digits of account number  Amended herein: added  Nonpriority creditor's name and mailing address RILEY BLANKENSHIP  Creditor Name  Creditor's Notice name Address on File Address  City State ZIP Code  City State ZIP Code  Is the claim subject to offset?  |  |  |                    |   |           |
| Date or dates debt was incurred  As of 3/31/2024  Last 4 digits of account number  Amended herein: added  Nonpriority creditor's name and mailing address RILEY BLANKENSHIP  Creditor's Notice name  Address on File Address  City  State  ZIP Code  Country  Date or dates debt was incurred  7/19/2023  Is the claim subject to offset?  No  No  No  No  No  No  No  No  No  N  |  |  |                    |   |           |
| As of 3/31/2024  Last 4 digits of account number  Amended herein: added  Nonpriority creditor's name and mailing address RILEY BLANKENSHIP  Creditor's Notice name  Address on File Address  City State  ZIP Code  Country  Date or dates debt was incurred  7/19/2023  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  No  | Country  |  |                    |   |           |
| Last 4 digits of account number  Amended herein: added  Nonpriority creditor's name and mailing address RILEY BLANKENSHIP Creditor Name Creditor's Notice name Address on File Address City State ZIP Code  Country  Date or dates debt was incurred 7/19/2023  Personame   Yes  As of the petition filing date, the claim is: \$ 1,429.  Check all that apply. Check all that apply. Check all that apply.  Check all that ap | Date or date   | es debt was incurr                             | ed                 | Is the claim subject to offset?   |           |
| Nonpriority creditor's name and mailing address RILEY BLANKENSHIP Creditor Name Creditor's Notice name Address on File Address City State ZIP Code  Country  Date or dates debt was incurred Amended herein: added  As of the petition filing date, the claim is: \$ 1,429. Check all that apply.  Check all t  | As of 3/31/202   | 24   |                    | ✓ No  |           |
| Nonpriority creditor's name and mailing address RILEY BLANKENSHIP Creditor Name Creditor's Notice name Creditor's Notice name Address on File Address City State ZIP Code  Country  Date or dates debt was incurred 7/19/2023  As of the petition filing date, the claim is: \$ 1,429.  Check all that apply.  Contingent Unliquidated Unliquidated Disputed Basis for the claim: Worker's Comp  Is the claim subject to offset? No   |  |  |                    |   |           |
| Creditor's Notice name  Address on File  Address  City  State  ZIP Code  Country  Date or dates debt was incurred 7/19/2023  Contingent  Unliquidated  Disputed  Basis for the claim:  Worker's Comp  Is the claim subject to offset?  No   | number   | s of account                                   |                    | □ Yes   |           |
| Creditor's Notice name  Address on File  Address  City  State  ZIP Code   State  ZIP Code  State or dates debt was incurred  7/19/2023  Unliquidated  Disputed  Basis for the claim:  Worker's Comp   Is the claim subject to offset?  No   | number  Amended he   | of account erein: added creditor's name a      | nd mailing address | As of the petition filing date, the claim is: \$  | 1,429.8   |
| City State ZIP Code  Country  Date or dates debt was incurred  7/19/2023  Disputed  Basis for the claim:  Worker's Comp  Is the claim subject to offset?  No  | number  Amended he  Nonpriority  RILEY BLANK   | of account erein: added creditor's name a      | nd mailing address | As of the petition filing date, the claim is: \$  Check all that apply.   | 1,429.8   |
| Address on File  Address  City  State  ZIP Code  Country  Date or dates debt was incurred 7/19/2023  Basis for the claim: Worker's Comp  Worker's Comp  Is the claim subject to offset?  No   | number  Amended he  Nonpriority  RILEY BLANK   | of account erein: added creditor's name a      | nd mailing address | As of the petition filing date, the claim is: \$ Check all that apply.  □ Contingent  | 1,429.8   |
| Address  Worker's Comp  City State ZIP Code  Country  Date or dates debt was incurred 7/19/2023  Worker's Comp  Worker's Comp   | number  Amended he  Nonpriority RILEY BLANK Creditor Name  | s of account erein: added creditor's name a    | nd mailing address | As of the petition filing date, the claim is: \$ Check all that apply.  □ Contingent ☑ Unliquidated   | 1,429.8   |
| City State ZIP Code  Country  Date or dates debt was incurred 7/19/2023  Is the claim subject to offset?  ✓ No  | number  Amended he  Nonpriority RILEY BLANK Creditor Name  Creditor's Notice   | erein: added  creditor's name a  KENSHIP       | nd mailing address | As of the petition filing date, the claim is: \$ Check all that apply.  □ Contingent □ Unliquidated □ Disputed                                  | 1,429.8   |
| Country  Date or dates debt was incurred 7/19/2023  Is the claim subject to offset?  No   | number  Amended he  Nonpriority RILEY BLANK Creditor Name  Creditor's Notice  Address on Fil                         | erein: added  creditor's name a  KENSHIP       | nd mailing address | As of the petition filing date, the claim is: \$ Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:                   | 1,429.8   |
| Date or dates debt was incurred  7/19/2023  Is the claim subject to offset?  ✓ No   | number  Amended he  Nonpriority RILEY BLANK Creditor Name  Creditor's Notice  Address on Fil                         | erein: added  creditor's name a  KENSHIP       | nd mailing address | As of the petition filing date, the claim is: \$ Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:                   | 1,429.8   |
| 7/19/2023 ☑ No  | Nonpriority RILEY BLANK Creditor Name  Creditor's Notice Address on Fil  | erein: added  creditor's name a  KENSHIP  name |                    | As of the petition filing date, the claim is: \$ Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:                   | 1,429.8   |
| 1113/2023   | number  Amended he  Nonpriority RILEY BLANK Creditor Name  Creditor's Notice  Address on File Address  City          | erein: added  creditor's name a  KENSHIP  name |                    | As of the petition filing date, the claim is: \$ Check all that apply.  Contingent  Unliquidated  Disputed  Basis for the claim:  Worker's Comp | 1,429.8   |
|   | number  Amended he  Nonpriority RILEY BLANK Creditor Name  Creditor's Notice  Address on Fil  Address  City  Country | erein: added  creditor's name a  KENSHIP  name | ZIP Code           | As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed  Basis for the claim:  Worker's Comp   | 1,429.8   |

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| Nonpriority creditor's name and mailing address  | As of the petition filing date, the claim is: \$  | 4,196.8 |
|--|---|---------|
| SHAWNA MANN Creditor Name  | Check all that apply.   |         |
|  | ☐ Contingent  |         |
| Creditor's Notice name   | ☑ Unliquidated  |         |
| Gradier a Mattee Harrie  | ✓ Disputed  |         |
| Address on File  | Basis for the claim:  |         |
| Address  | Worker's Comp   |         |
| City State ZIP Code  |   |         |
| Country  |   |         |
| Date or dates debt was incurred  | Is the claim subject to offset?   |         |
| 11/29/2023   | ✓ No  |         |
| Last 4 digits of account   | □ Yes   |         |
| -  | 00  |         |
| number   |   |         |
| number  Nonpriority creditor's name and mailing address  | As of the petition filing date, the claim is: \$  | 2,192.9 |
| number   | As of the petition filing date, the claim is: \$  Check all that apply.   | 2,192.9 |
| number  Nonpriority creditor's name and mailing address  SHEILA HAGEN  | As of the petition filing date, the claim is: \$  | 2,192.9 |
| number  Nonpriority creditor's name and mailing address SHEILA HAGEN Creditor Name   | As of the petition filing date, the claim is: \$  Check all that apply.   | 2,192.9 |
| number  Nonpriority creditor's name and mailing address  SHEILA HAGEN  | As of the petition filing date, the claim is: \$  Check all that apply.  □ Contingent   | 2,192.9 |
| number  Nonpriority creditor's name and mailing address SHEILA HAGEN Creditor Name  Creditor's Notice name  Address on File  | As of the petition filing date, the claim is: \$ Check all that apply.  Contingent  Unliquidated  | 2,192.9 |
| Nonpriority creditor's name and mailing address SHEILA HAGEN Creditor Name  Creditor's Notice name   | As of the petition filing date, the claim is: \$  Check all that apply.  Contingent  Unliquidated  Disputed                                     | 2,192.9 |
| number  Nonpriority creditor's name and mailing address SHEILA HAGEN Creditor Name  Creditor's Notice name  Address on File  | As of the petition filing date, the claim is: \$ Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:                   | 2,192.9 |
| number  Nonpriority creditor's name and mailing address SHEILA HAGEN Creditor Name  Creditor's Notice name  Address on File  | As of the petition filing date, the claim is: \$ Check all that apply.  Contingent Unliquidated Disputed Basis for the claim:                   | 2,192.9 |
| Nonpriority creditor's name and mailing address SHEILA HAGEN Creditor Name  Creditor's Notice name  Address on File Address  City State ZIP Code   | As of the petition filing date, the claim is: \$ Check all that apply.  Contingent  Unliquidated  Disputed  Basis for the claim:  Worker's Comp | 2,192.9 |
| Nonpriority creditor's name and mailing address SHEILA HAGEN Creditor Name  Creditor's Notice name  Address on File Address  City State ZIP Code  Country  Date or dates debt was incurred | As of the petition filing date, the claim is: \$ Check all that apply.  Contingent  Unliquidated  Disputed  Basis for the claim:  Worker's Comp | 2,192.9 |
| Nonpriority creditor's name and mailing address SHEILA HAGEN Creditor Name  Creditor's Notice name  Address on File Address  City State ZIP Code   | As of the petition filing date, the claim is: \$ Check all that apply.  Contingent  Unliquidated  Disputed  Basis for the claim:  Worker's Comp | 2,192.9 |

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| Name   |                    |   |    |             |
|--|--------------------|---|----|-------------|
| Nonpriority creditor's name an SHERRY TRUSTY   | nd mailing address | As of the petition filing date, the claim is: Check all that apply.                             | \$ | 6,175.0     |
| Creditor Name  |                    | □ Contingent  |    |             |
|  |                    | ✓ Unliquidated  |    |             |
| Creditor's Notice name   |                    | ✓ Disputed  |    |             |
| Address on Eile  |                    | Basis for the claim:  |    |             |
| Address on File Address  |                    | Worker's Comp   |    |             |
|  |                    | worker a comp   | _  |             |
|  |                    |   |    |             |
| City State   | ZIP Code           |   |    |             |
| Country  |                    |   |    |             |
| Date or dates debt was incurre   | ed                 | Is the claim subject to offset?   |    |             |
| 11/20/2023   |                    |   |    |             |
| Last 4 digits of account   |                    | □ Yes   |    |             |
|  |                    |   |    |             |
| number   |                    |   |    |             |
|  | nd mailing address | As of the petition filing date, the claim is: Check all that apply.                             | \$ | Undetermin  |
| Nonpriority creditor's name a  | nd mailing address |   | \$ | Undetermin  |
| Nonpriority creditor's name an   | nd mailing address | Check all that apply.   | \$ | Undetermin  |
| Nonpriority creditor's name an   | nd mailing address | Check all that apply.  □ Contingent □ Unliquidated  | \$ | Undetermin  |
| Nonpriority creditor's name and Sorling Creditor Name  Creditor's Notice name  | nd mailing address | Check all that apply.  □ Contingent   | \$ | Undetermin  |
| Nonpriority creditor's name and Sorling Creditor Name  | nd mailing address | Check all that apply.  □ Contingent □ Unliquidated □ Disputed  Basis for the claim:             | \$ | Undetermin  |
| Nonpriority creditor's name as Sorling Creditor Name  Creditor's Notice name  1 N Old State Capitol Plaza  | nd mailing address | Check all that apply.  □ Contingent □ Unliquidated □ Disputed                                   | \$ | Undetermine |
| Nonpriority creditor's name at Sorling Creditor Name  Creditor's Notice name  1 N Old State Capitol Plaza Address  | nd mailing address | Check all that apply.  □ Contingent □ Unliquidated □ Disputed  Basis for the claim:             | \$ | Undetermin  |
| Nonpriority creditor's name at Sorling Creditor Name  Creditor's Notice name  1 N Old State Capitol Plaza Address  | nd mailing address | Check all that apply.  □ Contingent □ Unliquidated □ Disputed  Basis for the claim:             | \$ | Undetermin  |
| Nonpriority creditor's name at Sorling Creditor Name  Creditor's Notice name  1 N Old State Capitol Plaza Address Suite 200                                    |                    | Check all that apply.  □ Contingent □ Unliquidated □ Disputed  Basis for the claim:             | \$ | Undetermine |
| Nonpriority creditor's name at Sorling Creditor Name  Treditor's Notice name  1 N Old State Capitol Plaza Address Suite 200  Springfield L City State  Country | 62701<br>ZIP Code  | Check all that apply.  □ Contingent □ Unliquidated □ Disputed  Basis for the claim:  Litigation | \$ | Undetermin  |
| Nonpriority creditor's name at Sorling Creditor Name  Treditor's Notice name  1 N Old State Capitol Plaza Address Suite 200  Springfield L City State          | 62701<br>ZIP Code  | Check all that apply.  □ Contingent □ Unliquidated □ Disputed  Basis for the claim:             | \$ | Undetermin  |

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| Name   |                  |                    |   |                   |
|--|------------------|--------------------|---|-------------------|
|  | editor's name a  | nd mailing address | As of the petition filing date, the claim is:   | \$<br>Undetermine |
| Sorling  |                  |                    | Check all that apply.   |                   |
| Creditor Name  |                  |                    | ☐ Contingent  |                   |
|  |                  |                    | ✓ Unliquidated  |                   |
| Creditor's Notice na   | ime              |                    | ✓ Disputed  |                   |
| 1 N Old State Ca   | apitol Plaza     |                    | Basis for the claim:  |                   |
| Address  |                  |                    | Litigation  |                   |
| Suite 200  | uite 200         |                    |   |                   |
| Springfield  | IL               | 62701              |   |                   |
| City   | State            | ZIP Code           |   |                   |
| Country  |                  |                    |   |                   |
| Date or dates  | debt was incurr  | ed                 | Is the claim subject to offset?   |                   |
| Various  Last 4 digits of account  |                  |                    | ✓ No  |                   |
|  |                  |                    |   |                   |
| Last 4 digits on number  | of account       |                    | ☐ Yes   |                   |
| number   |                  | nd mailing address | As of the petition filing date, the claim is:  Check all that apply.  | \$<br>Undetermin  |
| number  Nonpriority cr Sorling   |                  | nd mailing address | As of the petition filing date, the claim is:   | \$<br>Undetermin  |
| number  Nonpriority or Sorling  Creditor Name  | reditor's name a | nd mailing address | As of the petition filing date, the claim is:  Check all that apply.  | \$<br>Undetermin  |
| number  Nonpriority cr Sorling   | reditor's name a | nd mailing address | As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed  | \$<br>Undetermin  |
| Nonpriority or Sorling Creditor Name  Creditor's Notice na 1 N Old State Ca                                  | 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:                              | \$<br>Undetermin  |
| Nonpriority or Sorling Creditor Name  Creditor's Notice nate of Notice Name  1 N Old State Canadaress        | reditor's name a | nd mailing address | As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed  | \$<br>Undetermin  |
| Nonpriority or Sorling Creditor Name  Creditor's Notice na 1 N Old State Ca                                  | 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:                              | \$<br>Undetermin  |
| Nonpriority or Sorling Creditor Name  Creditor's Notice nate of Notice Name  1 N Old State Canadaress        | 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:                              | \$<br>Undetermin  |
| Nonpriority or Sorling Creditor Name  Creditor's Notice nate of Address Suite 200                            | reditor's name a |                    | As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed  Basis for the claim:                              | \$<br>Undetermin  |
| Nonpriority or Sorling Creditor Name  Creditor's Notice nate of Address Suite 200  Springfield               | reditor's name a | 62701              | As of the petition filing date, the claim is:  Check all that apply.  □ Contingent □ Unliquidated □ Disputed  Basis for the claim:  EEOC                    | \$<br>Undetermin  |
| Nonpriority or Sorling Creditor Name  Creditor's Notice nate of Address Suite 200  Springfield City  Country | reditor's name a | 62701<br>ZIP Code  | As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Basis for the claim:  EEOC  Is the claim subject to offset? | \$<br>Undetermin  |
| Nonpriority or Sorling Creditor Name  Creditor's Notice nate of Address Suite 200  Springfield City  Country | reditor's name a | 62701<br>ZIP Code  | As of the petition filing date, the claim is:  Check all that apply.  □ Contingent □ Unliquidated □ Disputed  Basis for the claim:  EEOC                    | \$<br>Undetermin  |

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|  |                         | Case number (if known).  |    |         |
|--|-------------------------|--|----|---------|
|  | ame and mailing address | As of the petition filing date, the claim is:  | \$ | 19,207. |
| SUSAN EASTER Creditor Name   |                         | Check all that apply.  |    |         |
|  |                         | ☐ Contingent   |    |         |
| Creditor's Notice name   |                         | ☑ Unliquidated   |    |         |
| Croditor o rection marine  |                         | ✓ Disputed   |    |         |
| Address on File  |                         | Basis for the claim:   |    |         |
| Address  |                         | Worker's Comp  | _  |         |
| City State   | 710.0-1-                |  |    |         |
| City State  Country  | ZIP Code                |  |    |         |
| Date or dates debt was   | incurred                | Is the claim subject to offset?  |    |         |
| 6/14/2023  | ncurreu                 | ☑ No   |    |         |
| Last 4 digits of account   |                         |  |    |         |
| number  Nonpriority creditor's n   | ame and mailing address | As of the petition filing date, the claim is:  | \$ | 49,277. |
| TAINESHA BONNER Creditor Name  |                         | Check all that apply.  |    | ,       |
|  |                         | Check all that apply.  □ Contingent  |    |         |
| Creditor Name  |                         | Check all that apply.  |    |         |
|  |                         | Check all that apply.  □ Contingent □ Unliquidated □ Disputed                                      |    |         |
| Creditor Name  Creditor's Notice name  Address on File                               |                         | Check all that apply.  □ Contingent □ Unliquidated □ Disputed  Basis for the claim:                |    |         |
| Creditor Name  Creditor's Notice name  |                         | Check all that apply.  □ Contingent □ Unliquidated □ Disputed                                      |    |         |
| Creditor Name  Creditor's Notice name  Address on File                               |                         | Check all that apply.  □ Contingent □ Unliquidated □ Disputed  Basis for the claim:                |    |         |
| Creditor Name  Creditor's Notice name  Address on File                               | ZIP Code                | Check all that apply.  □ Contingent □ Unliquidated □ Disputed  Basis for the claim:                |    |         |
| Creditor Name  Creditor's Notice name  Address on File  Address                      |                         | Check all that apply.  □ Contingent □ Unliquidated □ Disputed  Basis for the claim:                |    |         |
| Creditor Name  Creditor's Notice name  Address on File  Address  City State          | ZIP Code                | Check all that apply.  □ Contingent □ Unliquidated □ Disputed  Basis for the claim:                |    |         |
| Creditor Name  Creditor's Notice name  Address on File  Address  City State  Country | ZIP Code                | Check all that apply.  □ Contingent □ Unliquidated □ Disputed  Basis for the claim:  Worker's Comp |    |         |

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| or: Petersen Health Care, Inc.  Name                    | Case number (if known):                       | 24-10528 |          |
|---|---|----------|----------|
| Nonpriority creditor's name and mailing address         | As of the petition filing date, the claim is: | \$       | 677.6    |
| TERESA CLIFTON  | Check all that apply.                         |          |          |
| Creditor Name   | ☐ Contingent                                  |          |          |
|   | Unliquidated                                  |          |          |
| Creditor's Notice name                                  | <br>☑ Disputed                                |          |          |
| Address on File   | Basis for the claim:                          |          |          |
| Address   | Worker's Comp                                 | -        |          |
|   |   |          |          |
| City State ZIP Code                                     |   |          |          |
| Country   |   |          |          |
| Date or dates debt was incurred                         | Is the claim subject to offset?               |          |          |
| 6/12/2023   | ☑ No  |          |          |
| Last 4 digits of account                                | ☐ Yes   |          |          |
| number  Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: | \$       | 2,337.41 |
| THOMAS MCCAULEY   | Check all that apply.                         | ·        | ,        |
| Creditor Name   | □ Contingent                                  |          |          |
|   | ✓ Unliquidated                                |          |          |
| Creditor's Notice name                                  | <br>☑ Disputed                                |          |          |
| Address on File   | Basis for the claim:                          |          |          |
| Address   | Worker's Comp                                 |          |          |
|   |   | -        |          |
|   |   |          |          |
| City State ZIP Code                                     |   |          |          |
|   |   |          |          |
| Country   |   |          |          |
|   | Is the claim subject to offset?               |          |          |
| Date or dates debt was incurred                         | •   |          |          |
| 8/10/2023 Last 4 digits of account                      | No  |          |          |

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| or: Pete   | en Health Care, Inc.  Case number (if known):   |          |   | 24-10528 |          |
|------------|---|----------|---|----------|----------|
| Name       | е   |          |   |          |          |
| Nonpri     | lonpriority creditor's name and mailing address |          | As of the petition filing date, the claim is: | \$       | 2,975.00 |
|            | HOFFMAN   |          | Check all that apply.                         |          |          |
| Creditor N | Name  |          | ☐ Contingent                                  |          |          |
|            |   |          | ✓ Unliquidated                                |          |          |
| Creditor's | s Notice name                                   |          | <br>☑ Disputed                                |          |          |
| Address    | s on File                                       |          | Basis for the claim:                          |          |          |
| Address    | Idress  |          | Worker's Comp                                 |          |          |
|            |   |          |   |          |          |
|            |   |          |   |          |          |
| City       | State   | ZIP Code |   |          |          |
| Country    |   |          |   |          |          |
| Date o     | r dates debt was incurr                         | ed       | Is the claim subject to offset?               |          |          |
| 4/29/20    | 024   |          | ✓ No  |          |          |
| Last 4     | digits of account                               |          |   |          |          |

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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 maili | ng 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        |            |          |  |   |
|                |            |          |  |   |

# Total Amounts of the Priority and Nonpriority Unsecured Claims 5. Add the amounts of priority and nonpriority unsecured claims. Total of claim amounts 5a. Total claims from Part 1 5b. Total claims from Part 2 5b. + \$ 2,446,065.95

Official Form 206E/F

5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.

2,446,505.95

# Fill in this information to identify the case: Debtor Name: In re: Petersen Health Care, Inc. United States Bankruptcy Court for the: District of Delaware Case number (if known): 24-10528 (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 | and mailing address for all other parties with<br>or has an executory contract or unexpired           |          |  |
|----|--|--|--|---|----------|--|
|    | 2.1 State what the contract or lease is for and the nature |  | Accologoro Wound D                           | rofossionals of Kanson F  | ο Λ      |  |
|    | of the debtor's interest                                   | Accelecare Professional Services Agreement | Name Name                                    | TOTESSIONAIS OF NAMESAS, P  | .A.      |  |
|    |  |  | Notice Name                                  |   |          |  |
|    |  |  | 10900 NE 4th Street,                         | Suite 1900  |          |  |
|    | State the term remaining                                   |  | Address                                      |   |          |  |
|    | List the contract number of                                |  |  |   |          |  |
|    | any government contract                                    |  |  |   |          |  |
|    |  |  | Bellevue                                     | WA  | 98004    |  |
|    |  |  | City   | State   | ZIP Code |  |
|    |  |  | Country                                      |   |          |  |
|    | Amended herein: added                                      |  |  |   |          |  |
|    | 2.2 State what the contract or lease is for and the nature | Professional Services Agreement            |  | P.A.  |          |  |
|    | of the debtor's interest                                   | - rotecolorida estivicos / igreament       | Name   |   |          |  |
|    |  |  | Notice Name                                  |   |          |  |
|    |  |  | 10900 NE 4th Street,                         | Suite 1900  |          |  |
|    | State the term remaining                                   |  | Address                                      |   |          |  |
|    | List the contract number of                                |  |  |   |          |  |
|    | any government contract                                    |  |  |   |          |  |
|    |  |  | Bellevue                                     | wA 980  /ound Professionals of Kansas, P.A.  WA 980  State ZIP 0  /ound Professionals of Kansas, P.A. | 98004    |  |
|    |  |  | City   | State   | ZIP Code |  |
|    |  |  | Country                                      |   |          |  |
|    |  |  |  |   |          |  |

Amended herein: added

|         | Case 2  | 24-10443-TMH Doc 1465 Filed (                      | 04/22/25 Page        | 68 of 112                |          |
|---------|---|--|----------------------|--------------------------|----------|
| Debtor: | Petersen Health Care, Inc.  |  | Case number (if k    |                          |          |
| 2.3     | State what the contract or lease is for and the nature of the debtor's interest | Global Master Services Agreement                   | ADP, LLC             |                          |          |
| C       | of the debtor's interest  |  | Attn General Counsel |                          |          |
|         |   |  | Notice Name          |                          |          |
|         |   |  | One ADP Boulevard    |                          |          |
| 9       | State the term remaining  |  | Address              |                          |          |
| •       |   |  | MS 425               |                          |          |
| ı       | List the contract number of   |  |                      |                          |          |
|         | any government contract   |  | —<br>                |                          |          |
|         |   |  | Roseland             | NJ                       | 07068    |
|         |   |  | City                 | State                    | ZIP Code |
|         |   |  | Country              |                          |          |
|         | Amended herein: added   |  |                      |                          |          |
| 2.4     | State what the contract or lease is for and the nature                          | Amendment to Nursing Facility Laboratory Agreement | Amerathon, LLC d/b/ε | a American Health Associ | ates     |
|         | of the debtor's interest  | Amendment to Norsing Facility Laboratory Agreement | Name                 |                          |          |
|         |   |  |                      |                          |          |
|         |   |  | Notice Name          |                          |          |
|         |   |  | 102 East Main Street |                          |          |
| ;       | State the term remaining  |  | Address              |                          |          |
|         |   |  |                      |                          |          |
|         | List the contract number of   |  |                      |                          |          |
| 6       | any government contract   |  |                      |                          |          |
|         |   |  | Galesburg            | IL                       | 61401    |
|         |   |  | City                 | State                    | ZIP Code |
|         |   |  | Country              |                          |          |
|         | Amended herein: added   |  |                      |                          |          |
| 25      | State what the contract or lease is for and the nature                          |  | Aonan Assasistas O   | oup II.C                 |          |
|         | lease is for and the nature<br>of the debtor's interest                         | Recruiting Agreement                               | Aspen Associates Gro | oup, LLC                 |          |
|         |   |  |                      |                          |          |
|         |   |  | Notice Name          |                          |          |
|         |   |  | 26 West Dry Creek Ci | ircle, Suite 500         |          |
| :       | State the term remaining  |  | Address              |                          |          |
| ı       | List the contract number of   |  |                      |                          |          |
| í       | any government contract   |  |                      |                          |          |
|         |   |  | Littleton            | СО                       | 80120    |
|         |   |  | City                 | State                    | ZIP Code |
|         |   |  |                      |                          |          |
|         |   |  | Country              |                          |          |

| 5.1.    |  | 24-10443-1MH Doc 1465 Filed 04                     | •                    | 69 of 112        |            |
|---------|--|--|----------------------|------------------|------------|
| Debtor: | Petersen Health Care, Inc.                             |  | Case number (if I    | known): 24-10528 |            |
| 2.6     | State what the contract or lease is for and the nature | Mobile Imaging Service Agreement                   | BioTech X-ray, Inc   |                  |            |
|         | of the debtor's interest                               | Mobile imaging dervice Agreement                   | Name                 |                  |            |
|         |  |  | Attn Tamara Schwart  | z, President     |            |
|         |  |  | Notice Name          |                  |            |
|         |  |  | 1065 Executive Parky | way Ste.220      |            |
|         | State the term remaining                               |  | Address              |                  |            |
|         | List the contract number of                            |  |                      |                  |            |
|         | any government contract                                |  | _                    |                  |            |
|         | any government contract                                |  |                      |                  |            |
|         |  |  | St. Louis            | МО               | 63141-6367 |
|         |  |  | City                 | State            | ZIP Code   |
|         |  |  |                      |                  |            |
|         |  |  | Country              |                  |            |
|         | Amended herein: added                                  |  |                      |                  |            |
|         | 01-1   |  |                      |                  |            |
|         | State what the contract or lease is for and the nature | Service Agreement                                  | BioTech X-ray, Inc   |                  |            |
|         | of the debtor's interest                               |  | Name                 |                  |            |
|         |  |  | Attn Tamara Schwart  | z, President     |            |
|         |  |  | 1065 Executive Parky | way Ste 220      |            |
|         | State the term remaining                               |  | Address              | way Olc.220      |            |
|         | g  |  | _                    |                  |            |
|         | List the contract number of                            |  |                      |                  |            |
|         | any government contract                                |  | _                    |                  |            |
|         |  |  |                      |                  |            |
|         |  |  | St. Louis            | MO               | 63141-6367 |
|         |  |  | City                 | State            | ZIP Code   |
|         |  |  | Country              |                  |            |
|         |  |  | Country              |                  |            |
|         | Amended herein: added                                  |  |                      |                  |            |
|         | State what the contract or                             | Amendment of Agreement Between Business Associates |                      |                  |            |
| 2.8     | State what the contract or lease is for and the nature | and BioTech X-ray, Inc.                            | BioTech X-ray, Inc.  |                  |            |
|         | of the debtor's interest                               |  | Attn 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                 |                  | ZIP Code   |
|         |  |  | Oity                 | State            | 211° C006  |
|         |  |  | Country              |                  |            |
|         |  |  |                      |                  |            |

Amended herein: added

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|---------|--|-------------------------------------|----------------------|-------------------------|------------|
| Debtor: | Petersen Health Care, Inc.                             |                                     | Case number (if )    |                         |            |
|         | Name   |                                     |                      |                         |            |
| 2.9     | State what the contract or lease is for and the nature | Makila kasasian Osmiraa Assassassas | BioTech X-ray, Inc.  |                         |            |
|         | of the debtor's interest                               | Mobile Imaging Services Agreement   | Name                 |                         |            |
|         |  |                                     | Attn Tamara Schwart  | z. President            |            |
|         |  |                                     | Notice Name          | _,                      |            |
|         |  |                                     | 1065 Executive Parky | wav. Ste.220            |            |
|         | State the term remaining                               |                                     | Address              |                         |            |
|         |  |                                     |                      |                         |            |
|         | List the contract number of                            |                                     |                      |                         |            |
|         | any government contract                                |                                     |                      |                         |            |
|         | any government contract                                |                                     |                      |                         |            |
|         |  |                                     | Ct Louis             | MO                      | 62444 6267 |
|         |  |                                     | St. Louis            |                         | 63141-6367 |
|         |  |                                     | City                 | State                   | ZIP Code   |
|         |  |                                     |                      |                         |            |
|         |  |                                     | Country              |                         |            |
|         | Amended herein: added                                  |                                     |                      |                         |            |
|         | Amended herein. added                                  |                                     |                      |                         |            |
|         | State what the contract or                             |                                     | RIC Homo Caro Son    | vices dba BJC Hospice   |            |
|         | lease is for and the nature of the debtor's interest   | Long Term Care Facility Agreement   | Name                 | rices upa bac i lospice |            |
|         |  |                                     | Ruth N. Castellano   |                         |            |
|         |  |                                     | Notice Name          |                         |            |
|         |  |                                     | 9890 Clayton Rd.     |                         |            |
|         | State the term remaining                               |                                     | Address              |                         |            |
|         | otate the term remaining                               |                                     |                      |                         |            |
|         | List the contract number of                            |                                     |                      |                         |            |
|         |  |                                     |                      |                         |            |
|         | any government contract                                |                                     |                      |                         |            |
|         |  |                                     | Ot I seed            | 140                     | 00404      |
|         |  |                                     | St. Louis            | MO                      | 63124      |
|         |  |                                     | City                 | State                   | ZIP Code   |
|         |  |                                     |                      |                         |            |
|         |  |                                     | Country              |                         |            |
|         | Amended herein: added                                  |                                     |                      |                         |            |
|         | Amended Herein. added                                  |                                     |                      |                         |            |
| 2.11    | State what the contract or                             |                                     | Call One Inc         |                         |            |
|         | lease is for and the nature                            | Renewal Customer Service Agreement  | Call One Inc.        |                         |            |
|         | of the deptor's interest                               |                                     |                      |                         |            |
|         |  |                                     | Notice Name          |                         |            |
|         |  |                                     | 225 West Wacker Dri  | ve 8th Floor            |            |
|         | State the term remaining                               |                                     | Address              | VO 0011 1001            |            |
|         | otate the term remaining                               |                                     |                      |                         |            |
|         | List the contract number of                            |                                     |                      |                         |            |
|         |  |                                     |                      |                         |            |
|         | any government contract                                |                                     |                      |                         |            |
|         |  |                                     | 01:                  |                         | 00000      |
|         |  |                                     | Chicago              | IL                      | 60606      |
|         |  |                                     | City                 | State                   | ZIP Code   |
|         |  |                                     |                      |                         |            |
|         |  |                                     | Country              |                         |            |
|         |  |                                     |                      |                         |            |

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|---------------------|---|-------------------------------------|---------------------------|---------------|----------|
| Debtor:             | Petersen Health Care, Inc.  |                                     | Case number (if kno       |               |          |
| 2.12                | State what the contract or lease is for and the nature of the debtor's interest | Bulk Services Agreement             | Comcast of Illinois/India | ına/Ohio, LLC |          |
| •                   | or the deptor's interest  |                                     |                           | M             |          |
|                     |   |                                     | Attn Regional MDU Sal     | es Manager    |          |
|                     |   |                                     | 1500 McConn or Parkw      | 21/           |          |
|                     | Ctata tha tanna namainin n  |                                     | Address                   | ay            |          |
|                     | State the term remaining  |                                     |                           |               |          |
|                     | List the contract number of   |                                     |                           |               |          |
|                     | any government contract   |                                     |                           |               |          |
|                     |   |                                     | Schaumburg                | IL            | 60173    |
|                     |   |                                     | City                      | State         | ZIP Code |
|                     |   |                                     | Country                   |               |          |
| 2.13 <mark>1</mark> | State what the contract or lease is for and the nature                          | Installation and Services Agreement | Comcast of Illinois/India | ına/Ohio. LLC |          |
|                     | of the debtor's interest  | installation and Services Agreement | Name                      |               |          |
|                     |   |                                     | Attn MDU Manager          |               |          |
|                     |   |                                     | Notice Name               |               |          |
|                     |   |                                     | 1500 McConnor Parkwa      | ay #200       |          |
|                     | State the term remaining  |                                     | Address                   | ·             |          |
|                     | List the contract number of   |                                     |                           |               |          |
|                     | any government contract   |                                     |                           |               |          |
|                     |   |                                     | Schaumburg                | IL            | 60173    |
|                     |   |                                     | City                      | State         | ZIP Code |
|                     |   |                                     | Country                   |               |          |
|                     | Amended herein: added   |                                     |                           |               |          |
| 2.14                | State what the contract or lease is for and the nature                          | Services Agreement                  | Comcast of Illinois/India | ına/Ohio, LLC |          |
| (                   | of the debtor's interest  |                                     | Name                      |               |          |
|                     |   |                                     | Attn MDU Manager          |               |          |
|                     |   |                                     | Notice Name               |               |          |
|                     |   |                                     | 1500 McConnor Parkwa      | ay #200       |          |
|                     | State the term remaining  |                                     | Address                   |               |          |
|                     | List the contract number of   |                                     |                           |               |          |
|                     | any government contract   |                                     |                           |               |          |
|                     |   |                                     | Schaumburg                | IL            | 60173    |
|                     |   |                                     | City                      | State         | ZIP Code |
|                     |   |                                     | Country                   |               |          |

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|---------|---|---|--------------------------|----------|----------|
| Debtor: | Petersen Health Care, Inc.  |   | Case number (if known):  | 24-10528 |          |
|         | Name  |   |                          |          |          |
| 2.15    | State what the contract or lease is for and the nature                          | Platinum Premier Maintenance Agreement      | Courtyard Estates Canton |          |          |
| ·       | of the debtor's interest  | Tatinam Terrier Maintenance Agreement       | Name                     |          |          |
|         |   |   |                          |          |          |
|         |   |   | Notice Name              |          |          |
|         |   |   | 2nd Ave & Walnut St      |          |          |
|         | State the term remaining  |   | Address                  |          |          |
|         |   |   |                          |          |          |
|         | List the contract number of   |   |                          |          |          |
|         | any government contract   |   |                          |          |          |
|         |   |   |                          |          |          |
|         |   |   | Canton                   | IL       | 61520    |
|         |   |   | City                     | State    | ZIP Code |
|         |   |   |                          |          |          |
|         |   |   | Country                  |          |          |
|         |   |   |                          |          |          |
|         | Amended herein: added   |   |                          |          |          |
| S       | State what the contract or  | Biomedical Waste Courier for the Purpose of |                          |          |          |
| 2.16    | State what the contract or lease is for and the nature of the debtor's interest | Treatment and Disposal Agreement            | Danner Medical Name      |          |          |
| ·       | or the deptor's interest  |   | Name                     |          |          |
|         |   |   | Notice Name              |          |          |
|         |   |   | 1717 West Maud St.       |          |          |
|         | State the term remaining  |   | Address                  |          |          |
|         | State the term remaining  |   |                          |          |          |
|         | List the contract number of   |   |                          |          |          |
|         |   |   |                          |          |          |
|         | any government contract   |   |                          |          |          |
|         |   |   | Poplar Bluff             | MO       | 63901    |
|         |   |   |                          |          |          |
|         |   |   | City                     | State    | ZIP Code |
|         |   |   | Country                  |          |          |
|         |   |   | Country                  |          |          |
|         | Amended herein: added   |   |                          |          |          |
|         |   |   |                          |          |          |
| 2.17    | State what the contract or lease is for and the nature                          | Information Use and Disclosure Agreement    | E*Healthline.com, Inc.   |          |          |
|         | of the debtor's interest  | mormation occ and Biodecare Agreement       | Name                     |          |          |
|         |   |   |                          |          |          |
|         |   |   | Notice Name              |          |          |
|         |   |   | 2450 Venture Oaks Way, # | 100      |          |
|         | State the term remaining  |   | Address                  |          |          |
|         |   |   |                          |          |          |
|         | List the contract number of   |   |                          |          |          |
|         | any government contract   |   | _                        |          |          |
|         |   |   |                          |          |          |
|         |   |   | Sacramento               | CA       | 95833    |
|         |   |   | City                     | State    | ZIP Code |
|         |   |   |                          |          |          |
|         |   |   | Country                  |          |          |
|         |   |   |                          |          |          |

Amended herein: added

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|---------|--|---|--------------------------|-------------------|------------|
| Debtor: | Petersen Health Care, Inc.                             |   | Case number (if know     |                   |            |
|         | Name   |   |                          |                   |            |
| 2.18    | State what the contract or lease is for and the nature | Amendment No. 3 to Pharmacy Products and Services Agreement | Enloe Drugs, LLC         |                   |            |
|         | of the debtor's interest                               | <u></u>   | Name                     |                   |            |
|         |  |   | OMNICARE OF DECAT        | UR                |            |
|         |  |   | Notice Name              |                   |            |
|         |  |   | 796 N. SUNNYSIDE RC      | AD                |            |
|         | 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                                  |   |                          |                   |            |
| 0.40    | State what the contract or                             |   |                          |                   |            |
| 2.13    | lease is for and the nature of the debtor's interest   | Addendum to Contract  | Favorite Healthcare Stat | fing, Inc.        |            |
| •       | of the deptor's interest                               |   | Name                     |                   |            |
|         |  |   | Notice Name              |                   |            |
| S       |  |   | 7255 W. 98th Terrace -   | Blda 5 Suite 150  |            |
|         | State the term remaining                               |   | Address                  | Diag.o, Gaile 100 |            |
|         | otate the term remaining                               |   |                          |                   |            |
|         | List the contract number of                            |   |                          |                   |            |
|         |  |   |                          |                   |            |
|         | any government contract                                |   |                          |                   |            |
|         |  |   | Overland Park            | KS                | 66212-2215 |
|         |  |   |                          |                   |            |
|         |  |   | City                     | State             | ZIP Code   |
|         |  |   | Country                  |                   |            |
|         |  |   | Country                  |                   |            |
|         | Amended herein: added                                  |   |                          |                   |            |
|         |  |   |                          |                   |            |
| 2.20    | State what the contract or lease is for and the nature | Amendment to Supplemental Staffing Agreement                | Favorite Healthcare Stat | fing, Inc.        |            |
|         | of the debtor's interest                               |   | Name                     | <del>-</del>      |            |
|         |  |   |                          |                   |            |
|         |  |   | Notice Name              |                   |            |
|         |  |   | 7255 W. 98th Terrace -   | Bldg.5, Suite 150 |            |
|         | State the term remaining                               |   | Address                  |                   |            |
|         |  |   |                          |                   |            |
|         | List the contract number of                            |   |                          |                   |            |
|         | any government contract                                |   |                          |                   |            |
|         |  |   |                          |                   |            |
|         |  |   | Overland Park            | KS                | 66212-2215 |
|         |  |   | City                     | State             | ZIP Code   |
|         |  |   |                          |                   |            |
|         |  |   | Country                  |                   |            |
|         |  |   |                          |                   |            |

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|---------|--|--|--------------------------|---------------------------|------------|
| Debtor: |  |  | Case number (if kno      |                           |            |
|         | Name   |  |                          |                           |            |
| 2.21    | State what the contract or lease is for and the nature | Rate Agreement                           | Favorite Healthcare Sta  | ffing, Inc.               |            |
|         | of the debtor's interest                               |  | Name                     |                           |            |
|         |  |  | Netice Name              |                           |            |
|         |  |  | Notice Name              |                           |            |
|         |  |  | 7255 W. 98th Terrace -   | Bldg.5, Suite 150         |            |
|         | State the term remaining                               |  | Address                  |                           |            |
|         | List the contract number of                            |  |                          |                           |            |
|         | List the contract number of                            |  |                          |                           |            |
|         | any government contract                                |  |                          |                           |            |
|         |  |  | Overland Dark            | V.C                       | 66242 2245 |
|         |  |  | Overland Park            | KS                        | 66212-2215 |
|         |  |  | City                     | State                     | ZIP Code   |
|         |  |  | Country                  |                           |            |
|         |  |  | Odditity                 |                           |            |
|         | Amended herein: added                                  |  |                          |                           |            |
|         |  |  |                          |                           |            |
| 2.22    | State what the contract or lease is for and the nature | Addendum to Contact                      | Gale Healthcare Solution | ns, LLC                   |            |
|         | of the debtor's interest                               |  | Name                     |                           |            |
|         |  |  | Attn Chief Administrativ | e Officer                 |            |
|         |  |  | Notice Name              |                           |            |
| S       |  |  | 3101 W Dr. Martin Luth   | er King Jr. Blvd, Suite 2 | 200        |
|         | State the term remaining                               |  | Address                  |                           |            |
|         |  |  |                          |                           |            |
|         | List the contract number of                            |  |                          |                           |            |
|         | any government contract                                |  |                          |                           |            |
|         |  |  | T                        | E                         | 00005      |
|         |  |  | Tampa                    | FL                        | 33635      |
|         |  |  | City                     | State                     | ZIP Code   |
|         |  |  | Country                  |                           |            |
|         |  |  | Country                  |                           |            |
|         | Amended herein: added                                  |  |                          |                           |            |
|         |  |  |                          |                           |            |
| 2.23    | State what the contract or lease is for and the nature | Amendment to Customer Staffing Agreement | Gale Healthcare Solution | ns, LLC                   |            |
|         | of the debtor's interest                               |  | Name                     |                           |            |
|         |  |  | Attn Chief Administrativ | e Officer                 |            |
|         |  |  | Notice Name              |                           |            |
|         |  |  | 3101 W Dr. Martin Luth   | er King Jr. Blvd, Suite 2 | 200        |
|         | State the term remaining                               |  | Address                  |                           |            |
|         |  |  |                          |                           |            |
|         | List the contract number of                            |  |                          |                           |            |
|         | any government contract                                |  |                          |                           |            |
|         |  |  | _                        |                           |            |
|         |  |  | Tampa                    | FL                        | 33635      |
|         |  |  | City                     | State                     | ZIP Code   |
|         |  |  | Occupation               |                           |            |
|         |  |  | Country                  |                           |            |
|         |  |  |                          |                           |            |

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|--------|---|--|-----------------------------|---------------------|----------|
| ebtor: |   |  | Case number (if know        |                     |          |
|        | Name State what the contract or   |  |                             |                     |          |
| 2.24   | State what the contract or lease is for and the nature of the debtor's interest | Treatment and Disposal Agreement       | Gamma Healthcare, Inc  Name | D/B/A Danner Medica | I Waste  |
|        | of the deptor's interest  |  | Ivanie                      |                     |          |
|        |   |  | Notice Name                 |                     |          |
|        |   |  | 1717 West Maud St.          |                     |          |
|        | State the term remaining  |  | Address                     |                     |          |
|        |   |  |                             |                     |          |
|        | List the contract number of   |  |                             |                     |          |
|        | any government contract   |  |                             |                     |          |
|        |   |  | Donlar Dluff                | MI                  | 62001    |
|        |   |  | Poplar Bluff                | MI                  | 63901    |
|        |   |  | City                        | State               | ZIP Code |
|        |   |  | Country                     |                     |          |
|        |   |  |                             |                     |          |
|        | Amended herein: added   |  |                             |                     |          |
| 2 25   | State what the contract or lease is for and the nature                          |  | Gamma HealthCare, Inc       |                     |          |
| 2.20   | lease is for and the nature of the debtor's interest                            | Clinical Laboratory Services Agreement | Name                        |                     |          |
|        |   |  |                             |                     |          |
|        |   |  | Notice Name                 |                     |          |
|        |   |  | 1717 West Maud              |                     |          |
|        | State the term remaining  |  | Address                     |                     |          |
|        | List the contract number of   |  |                             |                     |          |
|        | any government contract   |  |                             |                     |          |
|        | any government contract   |  |                             |                     |          |
|        |   |  | Poplar Bluff                | MO                  | 63901    |
|        |   |  | City                        | State               | ZIP Code |
|        |   |  |                             |                     |          |
|        |   |  | Country                     |                     |          |
|        | Amended herein: added   |  |                             |                     |          |
|        |   |  |                             |                     |          |
| 2.26   | State what the contract or lease is for and the nature                          | Laboratory Services Agreement          | Gamma Healthcare, Inc.      |                     |          |
|        | of the debtor's interest  |  | Name                        |                     |          |
|        |   |  | Notice Name                 |                     |          |
|        |   |  | 1717 West Maud              |                     |          |
|        | State the term remaining  |  | Address                     |                     |          |
|        | otato tilo torini romaning  |  |                             |                     |          |
|        | List the contract number of   |  |                             |                     |          |
|        | any government contract   |  |                             |                     |          |
|        |   |  |                             |                     |          |
|        |   |  | Poplar Bluff                | MO                  | 63901    |
|        |   |  | City                        | State               | ZIP Code |
|        |   |  |                             |                     |          |
|        |   |  | Country                     |                     |          |

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|---------|---|------------------------------|------------------------|----------|----------|
| Debtor: | Petersen Health Care, Inc.  |                              | Case number (if know   |          |          |
| 2.27    | State what the contract or lease is for and the nature of the debtor's interest | Radiology Services Agreement | Gamma HealthCare, Inc  | b        |          |
|         | of the deptor's interest  |                              | name                   |          |          |
|         |   |                              | Notice Name            |          |          |
|         |   |                              | 1717 West Maud St.     |          |          |
|         | State the term remaining  |                              | Address                |          |          |
|         | List the contract number of   |                              |                        |          |          |
|         |   |                              |                        |          |          |
|         | any government contract   |                              |                        |          |          |
|         |   |                              | Poplar Bluff           | MO       | 63901    |
|         |   |                              | City                   | State    | ZIP Code |
|         |   |                              | Country                |          |          |
|         | Amended herein: added   |                              |                        |          |          |
| 2.28    | State what the contract or lease is for and the nature                          | Lease and Service Agreement  | Gateway ProClean, Inc. |          |          |
| Ċ       | of the debtor's interest  | Lease and Service Agreement  | Name                   |          |          |
|         |   |                              | Notice Name            |          |          |
|         |   |                              | 2081 Exchange Drive    |          |          |
|         | State the term remaining  |                              | Address                |          |          |
|         | List the contract number of   |                              |                        |          |          |
|         | any government contract   |                              |                        |          |          |
|         |   |                              | St. Charles            | MO       | 63303    |
|         |   |                              | City                   | State    | ZIP Code |
|         |   |                              | Country                |          |          |
| 2.29    | 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            | MO       | 63303    |
|         |   |                              | City                   | State    | ZIP Code |
|         |   |                              | Country                |          |          |

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|---------|--|--|------------------------------|-------------|-------------------|
| Debtor: | Petersen Health Care, Inc.   |  | Case number (if known        |             |                   |
| 2.30    | Name State what the contract or lease is for and the nature of the debtor's interest | Lease and Service Agreement and Credit Application | Gateway ProClean, Inc.       |             |                   |
|         |  |  |                              |             |                   |
|         |  |  | Notice Name                  |             |                   |
|         |  |  | 2081 Exchange Drive          |             |                   |
| •       | State the term remaining   |  | Address                      |             |                   |
|         | List the contract number of  |  |                              |             |                   |
|         | any government contract  |  |                              |             |                   |
|         |  |  | St. Charles                  | MO          | 63303             |
|         |  |  | City                         | State       | ZIP Code          |
|         |  |  | Country                      |             |                   |
|         |  |  | Country                      |             |                   |
| 2.31    | State what the contract or lease is for and the nature                               | Lease and Service Agreement and Credit Application | 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                  | MO          | 63303             |
|         |  |  | City                         | State       | ZIP Code          |
|         |  |  | Country                      |             |                   |
| 0.00    | State what the contract or   |  |                              |             |                   |
|         | State what the contract or lease is for and the nature of the debtor's interest      | Lease and Service Agreement                        | Gateway Proclean, Inc.  Name |             |                   |
|         |  |  |                              |             |                   |
|         |  |  | Notice Name                  |             |                   |
|         |  |  | 2081 Exchange Drive          |             |                   |
|         | State the term remaining   |  | Address                      |             |                   |
|         | List the contract number of  |  |                              |             |                   |
|         | any government contract  |  |                              |             |                   |
|         |  |  | St Charles                   | MO          | 62202             |
|         |  |  | St. Charles City             | MO<br>State | 63303<br>ZIP Code |
|         |  |  | Ony                          | Ciale       | Zii Oode          |
|         |  |  | Country                      |             |                   |

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|---------|---|---|---|----------------|----------|
| Debtor: | Petersen Health Care, Inc. Name   |   | Case number (if kn                                |                |          |
| 2.33    | State what the contract or lease is for and the nature of the debtor's interest | Purchasing Agreement  | Gem Medical Supplies Name                         | , LLC          |          |
|         |   |   |   |                |          |
|         |   |   | Notice Name                                       |                |          |
|         | State the term remaining  |   | 730 Anthony Trail Address                         |                |          |
|         | State the term remaining  |   |   |                |          |
|         | List the contract number of   |   |   |                |          |
|         | any government contract   |   |   |                |          |
|         |   |   | Northbrook  | IL             | 60062    |
|         |   |   | City  | State          | ZIP Code |
|         |   |   | Country   |                |          |
|         |   |   | Country   |                |          |
|         | Amended herein: added   |   |   |                |          |
| 2.54    | State what the contract or lease is for and the nature                          | Residential Hospice Care Agreement for Services to<br>Residents of Nursing Facilities | Hospice of Illinois LLC, dba Harbor Light Hospice |                | ice      |
|         | of the debtor's interest  | residents of Nursing Facilities   | Name  |                |          |
|         |   |   | N. C. N.  |                |          |
|         |   |   | Notice Name                                       |                |          |
|         | State the term remaining  |   | 1N131 County Farm R Address                       | oad<br>        |          |
|         | State the term remaining  |   |   |                |          |
|         | List the contract number of   |   |   |                |          |
|         | any government contract   |   |   |                |          |
|         |   |   |   |                |          |
|         |   |   | Winfield  | <u>IL</u>      | 60190    |
|         |   |   | City  | State          | ZIP Code |
|         |   |   | Country   |                |          |
|         | Amended herein: added   |   |   |                |          |
|         |   |   |   |                |          |
| 2.35    | State what the contract or lease is for and the nature                          | Standard Service Agreement (Assisted Living Facility)                                 | Insight Communication                             | s Midwest, LLC |          |
|         | of the debtor's interest  |   | Name  |                |          |
|         |   |   | Notice Name                                       |                |          |
|         |   |   | 3517 N. Dries Lane                                |                |          |
|         | State the term remaining  |   | Address   |                |          |
|         | List the contract number of   |   |   |                |          |
|         | any government contract   |   |   |                |          |
|         |   |   |   |                |          |
|         |   |   | Peoria  | <u>IL</u>      | 61604    |
|         |   |   | City  | State          | ZIP Code |
|         |   |   | Country   |                |          |
|         |   |   |   |                |          |

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| Debtor:           | Petersen Health Care, Inc.                             |  | Case number (if known).   |                 |          |
|                   | Name   |  |                           |                 |          |
| 2.36              | State what the contract or lease is for and the nature | Addendum to Contract Between Staffing Agency and | Interim HealthCare of Dow | nstate Illinois |          |
|                   | of the debtor's interest                               | Nursing Facility                                 | Name                      |                 |          |
|                   |  |  |                           |                 |          |
|                   |  |  | Notice Name               |                 |          |
|                   |  |  | 1223 W. Pioneer Parkway   |                 |          |
|                   | State the term remaining                               |  | Address                   |                 |          |
|                   | otate the term remaining                               | -  | _                         |                 |          |
|                   | List the contract number of                            |  |                           |                 |          |
|                   |  |  |                           |                 |          |
|                   | any government contract                                |  |                           |                 |          |
|                   |  |  |                           |                 |          |
|                   |  |  | Peoria                    | IL              | 61615    |
|                   |  |  | City                      | State           | ZIP Code |
|                   |  |  |                           |                 |          |
|                   |  |  | Country                   |                 |          |
|                   |  |  |                           |                 |          |
|                   | Amended herein: added                                  |  |                           |                 |          |
| ;                 | State what the contract or                             |  |                           |                 |          |
| <sup>2.37</sup> I | lease is for and the nature                            | Health Care Staffing Agreement                   | Interim HealthCare of Dow | nstate Illinois |          |
| •                 | of the debtor's interest                               |  | Name                      |                 |          |
|                   |  |  | Nation Name               |                 |          |
|                   |  |  | Notice Name               |                 |          |
| s                 |  |  | 1223 W. Pioneer Parkway   | ·<br>           |          |
|                   | State the term remaining                               |  | Address                   |                 |          |
|                   |  |  |                           |                 |          |
|                   | List the contract number of                            |  |                           |                 |          |
|                   | any government contract                                |  |                           |                 |          |
|                   |  |  |                           |                 |          |
|                   |  |  | Peoria                    | IL              | 61615    |
|                   |  |  | City                      | State           | ZIP Code |
|                   |  |  | ,                         |                 |          |
|                   |  |  | Country                   |                 |          |
|                   |  |  |                           |                 |          |
|                   | Amended herein: added                                  |  |                           |                 |          |
|                   | •                |  |                           |                 |          |
| 2.38              | State what the contract or lease is for and the nature | Amended and Restated Therapy Services Agreement  | Kindred Rehab Services, I | LC              |          |
| ·                 | of the debtor's interest                               | America and Residued Photopy Services Agreement  | Name                      |                 |          |
|                   |  |  | Attn VP, Finance          |                 |          |
|                   |  |  | Notice Name               |                 |          |
|                   |  |  | Rehab Care                |                 |          |
|                   | State the term remaining                               |  | Address                   |                 |          |
|                   | _  |  | 680 South Fourth Street   |                 |          |
|                   | List the contract number of                            |  |                           |                 |          |
|                   | any government contract                                |  |                           |                 |          |
|                   | an, goronimon contract                                 |  |                           |                 |          |
|                   |  |  | Louisville                | KY              | 40202    |
|                   |  |  |                           |                 |          |
|                   |  |  | City                      | State           | ZIP Code |
|                   |  |  | Country                   |                 |          |
|                   |  |  | Country                   |                 |          |

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| Debtor:       | Petersen Health Care, Inc.                             |  | Case number (if known    |             |                      |
|               | Name   |  | <del></del>              |             |                      |
| 2.39          | State what the contract or lease is for and the nature | Master Retail Electricity and Purchase Agreement | Kona Energy, LLC         |             |                      |
|               | of the debtor's interest                               | Master Retail Electricity and Faronasc Agreement | Name                     |             |                      |
|               |  |  | Attn Contracts           |             |                      |
|               |  |  | Notice Name              |             |                      |
|               |  |  | 8127 Mesa Dr., Suite B20 | 06-241      |                      |
| ;             | State the term remaining                               |  | Address                  |             |                      |
|               |  |  |                          |             |                      |
| 1             | List the contract number of                            |  |                          |             |                      |
| í             | any government contract                                |  |                          |             |                      |
|               |  |  |                          |             |                      |
|               |  |  | Austin                   | TX          | 78759                |
|               |  |  | City                     | State       | ZIP Code             |
|               |  |  |                          |             |                      |
|               |  |  | Country                  |             |                      |
|               |  |  |                          |             |                      |
|               | Amended herein: added                                  |  |                          |             |                      |
|               | Ctata what the contract or                             |  |                          |             |                      |
| 2.40          | State what the contract or lease is for and the nature | Non-Disclosure Agreement                         | LBMC W Squared, LLC      |             |                      |
| (             | of the debtor's interest                               | <u> </u>   | Name                     |             |                      |
|               |  |  |                          |             |                      |
|               |  |  | Notice Name              |             |                      |
| s             |  |  | 201 Franklin Road, Suite | 400         |                      |
|               | State the term remaining                               |  | Address                  |             |                      |
|               |  |  |                          |             |                      |
| ļ             | List the contract number of                            |  |                          |             |                      |
| t             | any government contract                                |  |                          |             |                      |
|               |  |  |                          |             |                      |
|               |  |  | Brentwood                | TN          | 37027                |
|               |  |  | City                     | State       | ZIP Code             |
|               |  |  |                          |             |                      |
|               |  |  | Country                  |             |                      |
|               |  |  |                          |             |                      |
|               | Amended herein: added                                  |  |                          |             |                      |
|               | State what the contract or                             |  |                          |             |                      |
| 2.41 <b>ì</b> | State what the contract or lease is for and the nature | Transfer Agreement                               | Mason District Hospital  |             |                      |
| (             | of the debtor's interest                               |  | Name                     |             |                      |
|               |  |  | Notice Name              |             |                      |
|               |  |  |                          |             |                      |
|               |  |  | PO Box 530 Address       |             |                      |
| ;             | State the term remaining                               |  | Address                  |             |                      |
|               |  |  |                          |             |                      |
|               | List the contract number of                            |  |                          |             |                      |
|               |  |  |                          |             |                      |
| i             | any government contract                                |  |                          |             |                      |
| ,             | any government contract                                |  |                          |             |                      |
| i             | any government contract                                |  | Havana                   | IL          | 62644530             |
| •             | any government contract                                |  | Havana<br>City           | IL<br>State | 62644530<br>ZIP Code |
| 1             | any government contract                                |  |                          |             |                      |

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| ebtor:             | Petersen Health Care, Inc.  |   | Case number (if know    |                       |          |
| 2.42               | Name State what the contract or lease is for and the nature of the debtor's interest  | Master Contract for Biohazard Waste                 | MCKay's Haz-Mat Truck   | Service, Inc.         |          |
|                    |   |   | Notice Name             |                       |          |
|                    |   |   | PO Box 1444             |                       |          |
|                    | State the term remaining  |   | Address                 |                       |          |
|                    | List the contract number of   |   |                         |                       |          |
|                    | any government contract   |   |                         |                       |          |
|                    |   |   | Centralia               | IL                    | 62801    |
|                    |   |   | City                    | State                 | ZIP Code |
|                    |   |   | Country                 |                       |          |
|                    | Amended herein: added   |   |                         |                       |          |
| 2.43 <b>S</b><br>0 | State what the contract or<br>lease is for and the nature<br>of the debtor's interest | Prime Vendor Product Supply Agreement               | McKesson Medical-Surg   | ical Minnesota Supply | Inc.     |
|                    |   |   | Notice Name             |                       |          |
|                    |   |   | 8121 Tenth Avenue Nort  | h                     |          |
|                    | 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   |   |                         |                       |          |
|                    | State what the contract or<br>lease is for and the nature<br>of the debtor's interest | MDU Agreement for CATV and Mediacom Online Services | Mediacom Iowa, LLC Name |                       |          |
|                    |   |   | Notice Name             |                       |          |
|                    |   |   | 1 Mediacom Way          |                       |          |
|                    | State the term remaining  |   | Address                 |                       |          |
|                    | List the contract number of   |   |                         |                       |          |
|                    | any government contract   |   |                         |                       |          |
|                    |   |   | Mediacom Park           | NY                    | 10918    |
|                    |   |   | City                    | State                 | ZIP Code |
|                    |   |   | Country                 |                       |          |

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| Debtor: | Petersen Health Care, Inc.                             |  | Case number (if kno            |             |             |
| _       | Name   |  |                                |             | <del></del> |
| 2.45    | State what the contract or lease is for and the nature | Amendment to Contract                            | Medical Staffing Solution      | ons, LLC    |             |
|         | of the debtor's interest                               | Amendment to Contract                            | Name                           | ·           |             |
|         |  |  |                                |             |             |
|         |  |  | Notice Name                    |             |             |
|         |  |  | 8601 N. Kentucky Ave,          | Suite A     |             |
| ;       | State the term remaining                               |  | Address                        |             |             |
|         |  |  |                                |             |             |
| I       | List the contract number 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 |  |                                |             |             |
|         | lease is for and the nature of the debtor's interest   | Amendment to Professional Services Agreement     | Medical Staffing Solution Name | ons, LLC    |             |
| ·       | of the deptor's interest                               |  | Name                           |             |             |
|         |  |  | Notice Name                    |             |             |
| s       |  |  | 8601 N. Kentucky Ave,          | Suite A     |             |
|         | State the term remaining                               |  | Address                        | - Cuito / C |             |
|         | State the term remaining                               |  |                                |             |             |
|         | List the contract number of                            |  |                                |             |             |
|         |  |  |                                |             |             |
| •       | any government contract                                |  |                                |             |             |
|         |  |  | Evansville                     | IN          | 47725       |
|         |  |  |                                |             |             |
|         |  |  | City                           | State       | ZIP Code    |
|         |  |  | Country                        |             |             |
|         |  |  | Country                        |             |             |
|         | Amended herein: added                                  |  |                                |             |             |
| _       |  |  |                                |             |             |
| 2.47    | State what the contract or lease is for and the nature | Attachment 1 to Professional Services Agreement  | Medical Staffing Solution      | ns, LLC     |             |
|         | of the debtor's interest                               | - Allacimient Technological Control of Agreement | Name                           |             |             |
|         |  |  |                                |             |             |
|         |  |  | Notice Name                    |             |             |
|         |  |  | 8601 N. Kentucky Ave,          | Suite A     |             |
| :       | State the term remaining                               |  | Address                        |             |             |
|         |  |  |                                |             |             |
| ı       | List the contract number of                            |  |                                |             |             |
| ;       | any government contract                                |  |                                |             |             |
|         |  |  |                                |             |             |
|         |  |  | Evansville                     | IN          | 47725       |
|         |  |  | City                           | State       | ZIP Code    |
|         |  |  |                                |             |             |
|         |  |  | Country                        |             |             |
|         |  |  |                                |             |             |

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| Debtor: | Petersen Health Care, Inc.  |  | Case number (if know      | vn): 24-10528 |          |
| 2.48    | State what the contract or lease is for and the nature of the debtor's interest | Professional Services Agreement                  | Medical Staffing Solution | ns, LLC       |          |
|         | or the depter of interest   |  | Attn Chief Executive Off  | ïcer          |          |
|         |   |  | Notice Name               |               |          |
|         |   |  | 9700 HWY 57N, Suite A     |               |          |
|         | State the term remaining  |  | Address                   |               |          |
|         | List the contract number of   |  |                           |               |          |
|         | any government contract   |  |                           |               |          |
|         |   |  | Evansville                | IN            | 47725    |
|         |   |  | City                      | State         | ZIP Code |
|         |   |  | Country                   |               |          |
|         | Amended herein: added   |  |                           |               |          |
| 2.49    | State what the contract or lease is for and the nature                          | Rental as a Service Agreement                    | MediLogix, LLC            |               |          |
|         | of the debtor's interest  |  | Name                      |               |          |
|         |   |  | Notice Name               |               |          |
|         |   |  | 1512 Larimer Street, Su   | ite 400       |          |
|         | State the term remaining  |  | Address                   |               |          |
|         | List the contract number of   |  |                           |               |          |
|         | any government contract   |  | _                         |               |          |
|         |   |  |                           |               |          |
|         |   |  | Denver                    | CO            | 80202    |
|         |   |  | City                      | State         | ZIP Code |
|         |   |  | Country                   |               |          |
|         | Amended herein: added   |  |                           |               |          |
| 2 50    | State what the contract or lease is for and the nature                          |  | Omnicare                  |               |          |
|         | of the debtor's interest  | Amendment No. 2 to Pharmacy Consultant Agreement | Name                      |               |          |
|         |   |  | Attn Legal                |               |          |
|         |   |  | Notice Name               |               |          |
|         |   |  | One CVS Drive Mail Co     | de 1160       |          |
|         | State the term remaining  |  | Address                   |               |          |
|         | List the contract number of   |  |                           |               |          |
|         | any government contract   |  |                           |               |          |
|         |   |  | Woonsocket                | RI            | 02895    |
|         |   |  | City                      | State         | ZIP Code |
|         |   |  | Country                   |               |          |
|         |   |  | •                         |               |          |

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| Debtor: | Petersen Health Care, Inc.  |   | Case number (if kno   |           |          |
| 2.51    | State what the contract or lease is for and the nature of the debtor's interest | Amendment No. 5 to Pharmacy Consultant Agreement            | Omnicare Name         |           |          |
|         |   |   | Attn Legal            |           |          |
|         |   |   | Notice Name           |           |          |
|         |   |   | One CVS Drive Mail 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   |   |                       |           |          |
| 2.52    | State what the contract or lease is for and the nature                          | Amendment No. 6 to Pharmacy Products and Services Agreement | Omnicare              |           |          |
|         | of the debtor's interest  |   | Name                  |           |          |
|         |   |   | Attn Legal            |           |          |
|         |   |   | Notice Name           |           |          |
|         |   |   | One CVS Drive Mail Co | ode 1160  |          |
|         | State the term remaining  |   | Address               |           |          |
|         | List the continent mumber of  |   |                       |           |          |
|         | List the contract number of   |   | _                     |           |          |
|         | any government contract   |   |                       |           |          |
|         |   |   | Woonsocket            | RI        | 02895    |
|         |   |   | City                  | State     | ZIP Code |
|         |   |   | Country               |           |          |
|         | Amended herein: added   |   |                       |           |          |
| 2 53    | State what the contract or lease is for and the nature                          |   | Omnicare              |           |          |
| 2.00    | lease is for and the nature of the debtor's interest                            | Amendment to Pharmacy Consultant Agreement                  | Name                  |           |          |
|         |   |   | Attn Legal            |           |          |
|         |   |   | Notice Name           |           |          |
|         |   |   | One CVS Drive Mail Co | ode 1160  |          |
|         | State the term remaining  |   | Address               |           |          |
|         | List the contract number of   |   | _                     |           |          |
|         | any government contract   |   |                       |           |          |
|         |   |   | Woonsocket            | RI        | 02895    |
|         |   |   | City                  | State     | ZIP Code |
|         |   |   | Country               |           |          |
|         |   |   | •                     |           |          |

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| ebtor: | Petersen Health Care, Inc.                             |   | Case number (if kno    | own): 24-10528 |          |
|        | Name State what the contract or                        | Letter Amendment re: COVID-19 Vaccination |                        |                |          |
| 2.54   | State what the contract or lease is for and the nature | Distribution Services                     | Omnicare               |                |          |
|        | of the debtor's interest                               |   | Name                   |                |          |
|        |  |   | Attn Legal Notice Name |                |          |
|        |  |   | One CVS Drive Mail Co  | ndo 1160       |          |
|        | State the term remaining                               |   | Address                | ode 1160       |          |
|        | State the term remaining                               |   |                        |                |          |
|        | List the contract number of                            |   |                        |                |          |
|        | List the contract number of                            |   |                        |                |          |
|        | any government contract                                |   |                        |                |          |
|        |  |   | Woonsocket             | RI             | 02895    |
|        |  |   |                        |                |          |
|        |  |   | City                   | State          | ZIP Code |
|        |  |   | Country                |                |          |
|        |  |   | ,                      |                |          |
|        | Amended herein: added                                  |   |                        |                |          |
|        | 01-1   |   |                        |                |          |
| 2.55   | State what the contract or lease is for and the nature | Pharmacy Consultant Agreement             | Omnicare               |                |          |
|        | of the debtor's interest                               | <del></del>                               | 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 |
|        |  |   | Operator               |                |          |
|        |  |   | Country                |                |          |
|        | Amended herein: added                                  |   |                        |                |          |
|        |  |   |                        |                |          |
| 2.56   | State what the contract or lease is for and the nature | Pharmacy Products and Services Agreement  | Omnicare               |                |          |
|        | of the debtor's interest                               | Friamacy Froducts 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             | RI             | 02895    |
|        |  |   |                        |                |          |
|        |  |   | City                   | State          | ZIP Code |
|        |  |   | City                   | State          | ZIP Code |

| Debtor: | Petersen Health Care, Inc.                                  |  | Case number (if kn     | own): 24-10528         |                    |
|---------|---|--|------------------------|------------------------|--------------------|
|         | Name State what the contract or lease is for and the nature | Amendment to Pharmacy Consultant Agreement               | Omnicare Pharmacy o    | f the Midwest, LLC dba | Omnicare of Kansas |
|         | of the debtor's interest                                    |  | Name                   |                        |                    |
|         |   |  | Notice Name            |                        |                    |
|         |   |  | 10400 Hickman Mills D  | Prive, Suite 200       |                    |
|         | State the term remaining                                    |  | Address                |                        |                    |
|         | List the contract number of                                 |  |                        |                        |                    |
|         | any government contract                                     |  |                        |                        |                    |
|         |   |  |                        |                        |                    |
|         |   |  | Kansas City            | MO                     | 64137              |
|         |   |  | City                   | State                  | ZIP Code           |
|         |   |  | Country                |                        |                    |
|         | Amended herein: added                                       |  |                        |                        |                    |
| 2.58    | State what the contract or lease is for and the nature      | Amendment to Pharmacy Products and Services<br>Agreement | City                   |                        | Omnicare of Kansas |
| •       | of the debtor's interest                                    | ~  | Name                   |                        |                    |
|         |   |  | Notice Name            |                        |                    |
|         |   |  | 10400 Hickman Mills D  | Prive, Suite 200       |                    |
| 8       | State the term remaining                                    |  | Address                |                        |                    |
|         | List the contract number of                                 |  |                        |                        |                    |
|         | any government contract                                     |  |                        |                        |                    |
|         |   |  | Kansas City            | MO                     | 64137              |
|         |   |  | City                   | State                  | ZIP Code           |
|         |   |  | ·                      |                        |                    |
|         |   |  | Country                |                        |                    |
|         | Amended herein: added                                       |  |                        |                        |                    |
| 2 59    | State what the contract or lease is for and the nature      |  | Omnicare, Inc.         |                        |                    |
|         | of the debtor's interest                                    | Amendment to Pharmacy Consultant Agreement               | Name                   |                        |                    |
|         |   |  | Attn General Counsel   |                        |                    |
|         |   |  | Notice Name            |                        |                    |
|         |   |  | 900 Omnicare Center    |                        |                    |
|         | State the term remaining                                    |  | Address                |                        |                    |
|         | Listaba sandasat asaab sa af                                |  | 201 East Fourth Street |                        |                    |
|         | List the contract number of                                 |  |                        |                        |                    |
|         | any government contract                                     |  |                        |                        |                    |
|         |   |  | Cincinnati             | ОН                     | 45202              |
|         |   |  | City                   | State                  | ZIP Code           |
|         |   |  | Country                |                        |                    |
|         | Amended herein: added                                       |  |                        |                        |                    |

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|---------|--|---|-----------------------------------|----------|----------|
| Debtor: |  |   | Case number (if known):           | 24-10528 |          |
| 2.60    | lease is for and the nature                            | Amendment to 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                           |          |          |
|         | <b>3</b>   |   | 201 East Fourth Street            |          |          |
|         | List the contract number of                            |   |                                   |          |          |
|         | any government contract                                |   |                                   |          |          |
|         |  |   | Cincinnati                        | ОН       | 45202    |
|         |  |   | City                              | State    | ZIP Code |
|         |  |   | Country                           |          |          |
|         |  |   | Country                           |          |          |
|         | Amended herein: added                                  |   |                                   |          |          |
| 2.61    | State what the contract or lease is for and the nature | Pharmacy Consultant Agreement                         | Omnicare, Inc.                    |          |          |
|         | of the debtor's interest                               | - Hamildoy Contourier Agroomone                       | Name                              |          |          |
|         |  |   | Attn General Counsel              |          |          |
|         |  |   | Notice Name                       |          |          |
|         | Ctata tha tanna namainina                              |   | 900 Omnicare Center Address       |          |          |
|         | State the term remaining                               |   | 201 East Fourth Street            |          |          |
|         | List the contract number of                            |   |                                   |          |          |
|         | any government contract                                |   |                                   |          |          |
|         | , ,  |   |                                   |          |          |
|         |  |   | Cincinnati                        | ОН       | 45202    |
|         |  |   | City                              | State    | ZIP Code |
|         |  |   | Country                           |          |          |
|         | Amended herein: added                                  |   |                                   |          |          |
|         |  |   |                                   |          |          |
| 2.62    | 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                           |          |          |
|         |  |   | Country                           |          |          |

| ebtor: | Petersen Health Care, Inc.                             | 24-10443-1MH Doc 1465 Filed                 | d 04/22/25 Page 8<br>Case number (if knov | 8 Of 112<br>m): 24-10528 |          |
|--------|--|---|---|--------------------------|----------|
| ebioi. | Name   |   | ——— Case Humber (if know                  | m): 24-10320             |          |
| 2.63   | State what the contract or lease is for and the nature | Dadustikla Dairahumanan Assassat            | OneBeacon Insurance G                     | Group LLC                |          |
|        | of the debtor's interest                               | Deductible Reimbursement Agreement          | Name                                      | 710up 220                |          |
|        |  |   |   |                          |          |
|        |  |   | Notice Name                               |                          |          |
|        |  |   | 601 Carlson Parkway                       |                          |          |
|        | State the term remaining                               |   | Address                                   |                          |          |
|        |  |   |   |                          |          |
|        | List the contract number of                            |   |   |                          |          |
|        | any government contract                                |   |   |                          |          |
|        |  |   | Minnetonka                                | MN                       | 55305    |
|        |  |   | City                                      | State                    | ZIP Code |
|        |  |   | Oity                                      | Otate                    | Zii Oode |
|        |  |   | Country                                   |                          |          |
|        |  |   |   |                          |          |
|        | Amended herein: added                                  |   |   |                          |          |
| 2.64   | State what the contract or lease is for and the nature | Addendum to Contract Between Laboratory and |   |                          |          |
|        | lease is for and the nature of the debtor's interest   | Nursing Facility                            | OptimaLab, Inc.  Name                     |                          |          |
|        | or the debtor 3 interest                               |   | ATT Rehan Akhter                          |                          |          |
|        |  |   | Notice Name                               |                          |          |
|        |  |   | 402 West Boughton Roa                     | nd                       |          |
| s      | State the term remaining                               |   | Address                                   |                          |          |
|        |  |   |   |                          |          |
|        | List the contract number of                            |   |   |                          |          |
|        | any government contract                                |   |   |                          |          |
|        |  |   |   |                          |          |
|        |  |   | Bolingbrook                               | IL                       | 60440    |
|        |  |   | City                                      | State                    | ZIP Code |
|        |  |   |   |                          |          |
|        |  |   | Country                                   |                          |          |
|        | Amended herein: added                                  |   |   |                          |          |
|        |  |   |   |                          |          |
| 2.65   | State what the contract or lease is for and the nature | Revised Laboratory Service Agreement        | OptimaLab, Inc.                           |                          |          |
| ·      | of the debtor's interest                               | The vision Laboratory Corvice 7 (greenless) | Name                                      |                          |          |
|        |  |   | Attn Rehan Akhter                         |                          |          |
|        |  |   | Notice Name                               |                          |          |
|        |  |   | 402 West Boughton Roa                     | nd                       |          |
|        | State the term remaining                               |   | Address                                   |                          |          |
|        | List the contract would be                             |   |   |                          |          |
|        | List the contract number of                            |   |   |                          |          |
|        | any government contract                                |   |   |                          |          |
|        |  |   | Bolingbrook                               | IL                       | 60440    |
|        |  |   | City                                      | State                    | ZIP Code |
|        |  |   | <del>,</del>                              | 2.40                     | 5530     |
|        |  |   | Country                                   |                          |          |

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|--|---|------------------------|------------------|----------|---------------------------|------------|----------|
| Debtor   | Petersen Health Care, Inc.  |                        |                  |          | Case number (if know      |            |          |
|  | Name  |                        |                  |          |                           |            |          |
| 2.67   1   | State what the contract or lease is for and the nature  | Revised Laboratory Ser | rvices Agreement |          | OptimaLab, Inc.           |            |          |
|  | of the debtor's interest  |                        |                  |          |                           |            |          |
|  |   |                        |                  |          | Rehan Akhter Notice Name  |            |          |
|  |   |                        |                  |          | 402 West Boughton Roa     | ad         |          |
|  | State the term remaining  |                        |                  |          | Address                   | au         |          |
|  | State the term remaining  |                        |                  |          |                           |            |          |
|  | List the contract number of   |                        |                  |          |                           |            |          |
|  | any government contract   |                        |                  |          |                           |            |          |
| 2.66 St Li ar St Li ar 2.67 St Li ar 2.68 St |   |                        |                  |          | Bolingbrook               | IL         | 60440    |
|  |   |                        |                  |          | City                      | State      | ZIP Code |
|  |   |                        |                  |          | Country                   |            |          |
|  | Amended herein: added   |                        |                  |          |                           |            |          |
|  | State what the contract or  |                        |                  |          |                           |            |          |
| 2.67   | lease is for and the nature   | Facility Agreement     |                  |          | Passages Hospice LLC Name |            |          |
|  | of the deptor's interest  |                        |                  |          | Name                      |            |          |
| :  |   |                        |                  |          | Notice Name               |            |          |
|  |   |                        |                  |          | 515 Warrrenville Road     |            |          |
|  | State the term remaining  |                        |                  |          | Address                   |            |          |
|  | otato tilo tolli rollianing   |                        |                  |          | _                         |            |          |
|  | List the contract number of   |                        |                  |          |                           |            |          |
|  |   |                        |                  |          | -                         |            |          |
|  | <b>, 5</b>  |                        |                  |          |                           |            |          |
|  |   |                        |                  |          | Lisle                     | IL         | 60532    |
|  |   |                        |                  |          | City                      |            | ZIP Code |
|  |   |                        |                  |          | 0.1,                      | State      | 2 0000   |
|  |   |                        |                  |          | Country                   |            |          |
|  | State what the centract or  |                        |                  |          |                           |            |          |
| 2.68   | lease is for and the nature   | Consulting Agreement   |                  |          | Pharmacy Price Manage     | ement, LLC |          |
| 2.68   | of the debtor's interest  |                        |                  |          | Name                      |            |          |
|  |   |                        |                  |          | Attn Morton Cohen, CEO    | 0          |          |
|  |   |                        |                  |          |                           |            |          |
|  | Ctata tha tanna namainin n  |                        |                  |          | 1330 Locust Lane Address  |            |          |
|  | State the term remaining  |                        |                  |          | - Address                 |            |          |
|  | List the contract number of   |                        |                  |          |                           |            |          |
|  | of the debtor's interest  State the term remaining  |                        |                  |          | -<br>-                    |            |          |
|  |   |                        |                  |          | Glenview                  | IL         | 60025    |
|  |   |                        |                  |          | City                      | State      | ZIP Code |
|  | State the term remaining  List the contract number of any government contract  2.68 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  List the contract number of |                        |                  |          | Country                   |            |          |

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|---------|--|--|------------------------|------------------|------------|
| Debtor: |  |  | Case number (if kr     | own): 24-10528   |            |
|         | Name   |  |                        |                  |            |
| 2.69    | State what the contract or lease is for and the nature | Addendum Contract                            | Pinnacle               |                  |            |
|         | of the debtor's interest                               |  | Name                   |                  |            |
|         |  |  | Pinnacle Financial Par | tners            |            |
|         |  |  | Notice Name            |                  |            |
|         |  |  | 21 Platform Way S. Su  | uite 2300        |            |
|         | State the term remaining                               |  | Address                |                  |            |
|         |  |  |                        |                  |            |
|         | List the contract number of                            |  |                        |                  |            |
|         | any government contract                                |  |                        |                  |            |
|         |  |  |                        |                  |            |
|         |  |  | Nashville              | TN               | 37203      |
|         |  |  | City                   | State            | ZIP Code   |
|         |  |  | •                      |                  |            |
|         |  |  | Country                |                  |            |
|         |  |  |                        |                  |            |
|         | Amended herein: added                                  |  |                        |                  |            |
|         | State what the contract or                             |  |                        |                  |            |
| 2.70    | State what the contract or lease is for and the nature | Billing                                      | Presto-X               |                  |            |
|         | of the debtor's interest                               |  | Name                   |                  |            |
|         |  |  | <del></del>            |                  |            |
|         |  |  | Notice Name            |                  |            |
|         |  |  | 4521 Leavenworth Str   | eet              |            |
|         | State the term remaining                               |  | Address                |                  |            |
|         |  |  |                        |                  |            |
|         | List the contract number of                            |  |                        |                  |            |
|         | any government contract                                |  |                        |                  |            |
|         |  |  |                        |                  |            |
|         |  |  | Omaha                  | NE               | 68106-1437 |
|         |  |  | City                   | State            | ZIP Code   |
|         |  |  |                        |                  |            |
|         |  |  | Country                |                  |            |
|         |  |  |                        |                  |            |
|         | Amended herein: added                                  |  |                        |                  |            |
|         | State what the contract or                             |  |                        |                  |            |
| 2.71    | lease is for and the nature                            | Multi-Facility Supply and Services Agreement | Pulmonary Exchange,    | Ltd. aka PEL/VIP |            |
|         | of the debtor's interest                               |  | Name                   |                  |            |
|         |  |  | Attn Raymond Kalinsk   | у                |            |
|         |  |  | Notice Name            |                  |            |
|         |  |  | 9840 SW Hwy.           |                  |            |
|         | State the term remaining                               |  | Address                |                  |            |
|         |  |  |                        |                  |            |
|         | List the contract number of                            |  |                        |                  |            |
|         | any government contract                                |  |                        |                  |            |
|         |  |  |                        |                  |            |
|         |  |  | Oak Lawn               | IL               | 60453      |
|         |  |  |                        |                  |            |
|         |  |  | City                   | State            | ZIP Code   |
|         |  |  | City                   | State            | ZIP Code   |

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|--|---|---------------------------------|------------------|----------|
| Debtor: Petersen Health Care, Inc  |   | Case number (if I               | known): 24-10528 |          |
| Name  State what the contract of lease is for and the natur of the debtor's interest | r Physiatry and Readmission Prevention Services Agreement | Puzzle Management               | Group, LLC       |          |
|  |   |                                 |                  |          |
|  |   | Notice Name                     |                  |          |
|  |   | 607 Shelby St Ste 70            | 0-1356           |          |
| State the term remaining   |   | Address                         |                  |          |
| List the contract number   | of  |                                 |                  |          |
| any government contrac   | t   |                                 |                  |          |
|  |   | Detroit                         | MI               | 48226    |
|  |   | City                            | State            | ZIP Code |
|  |   | Country                         |                  |          |
| Amended herein: added  | 1   |                                 |                  |          |
| 2.73 State what the contract of lease is for and the natur                           | r<br>e Rental Agreement                                   | RecoverCare, LLC                |                  |          |
| of the debtor's interest   | Kentar Agreement  | Name                            |                  |          |
|  |   | Attn General Counsel            | l                |          |
|  |   |                                 | laury Cuita 100  |          |
| State the term remaining   |   | 1920 Stanley Gault P<br>Address | kwy, Suite 100   |          |
| _  |   |                                 |                  |          |
| List the contract number   | of  |                                 |                  |          |
| any government contrac   | t Table 1   |                                 |                  |          |
|  |   | Louisville                      | KY               | 40223    |
|  |   | City                            | State            | ZIP Code |
|  |   | Country                         |                  |          |
| 2.74 State what the contract of lease is for and the natur                           | r<br>e Rental Agreement                                   | RecoverCare, LLC                |                  |          |
| of the debtor's interest   | Kentar Agreement  | Name                            |                  |          |
|  |   | Attn General Counsel            | I                |          |
|  |   | Notice Name                     |                  |          |
|  |   | 1920 Stanley Gault P            | kwy, Suite 100   |          |
| State the term remaining   |   | Address                         |                  |          |
| List the contract number   | of  |                                 |                  |          |
| any government contrac   | t   |                                 |                  |          |
|  |   | Louisville                      | KY               | 40223    |
|  |   | City                            | State            | ZIP Code |
|  |   | Country                         |                  |          |

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| Debtor: | Petersen Health Care, Inc.                                  |                   |                | Case number (if k     |                |          |
| 2.75    | Name State what the contract or lease is for and the nature |                   |                |                       |                |          |
| 2.73    | lease is for and the nature of the debtor's interest        | Service Agreement |                | RecoverCare, LLC      |                |          |
|         | of the deptor's interest                                    |                   |                |                       |                |          |
|         |   |                   |                | Attn General Counsel  |                |          |
|         |   |                   |                | Notice Name           |                |          |
|         |   |                   |                | 1920 Stanley Gault Pl | kwy, Suite 100 |          |
|         | State the term remaining                                    |                   |                | Address               |                |          |
|         |   |                   |                |                       |                |          |
|         | List the contract number of                                 |                   |                |                       |                |          |
|         | any government contract                                     |                   |                |                       |                |          |
|         | an, government community                                    |                   |                |                       |                |          |
|         |   |                   |                | Louisville            | KY             | 40223    |
|         |   |                   |                | City                  | State          | ZIP Code |
|         |   |                   |                | Country               |                |          |
| 2 76    | State what the contract or lease is for and the nature      |                   |                | RecoverCare, LLC      |                |          |
|         | of the debtor's interest                                    | Service Agreement |                | Name                  |                |          |
|         | of the debtor's interest                                    |                   |                | Attn General Counsel  |                |          |
|         |   |                   |                | Notice Name           |                |          |
| :       |   |                   |                |                       | auna Cuito 100 |          |
|         |   |                   |                | 1920 Stanley Gault Ph | kwy, Suite 100 |          |
|         | State the term remaining                                    |                   |                | Address               |                |          |
|         |   |                   |                |                       |                |          |
|         | List the contract number of                                 |                   |                |                       |                |          |
|         | any government contract                                     |                   |                |                       |                |          |
|         |   |                   |                |                       |                |          |
|         |   |                   |                | Louisville            | KY             | 40223    |
|         |   |                   |                | City                  | State          | ZIP Code |
|         |   |                   |                |                       |                |          |
|         |   |                   |                | Country               |                |          |
|         | State what the contract or                                  |                   |                |                       |                |          |
| 2.77    | State what the contract or lease is for and the nature      | Service Agreement |                | RecoverCare, LLC      |                |          |
|         | of the debtor's interest                                    | <u> </u>          |                | Name                  |                |          |
|         |   |                   |                | Attn General Counsel  |                |          |
|         |   |                   |                | Notice Name           |                |          |
|         |   |                   |                | 1920 Stanley Gault Pl | kwy, Suite 100 |          |
|         | State the term remaining                                    |                   |                | Address               |                |          |
|         | _   |                   |                |                       |                |          |
|         | List the contract number of                                 |                   |                |                       |                |          |
|         | any government contract                                     |                   |                |                       |                |          |
|         | any government contract                                     |                   |                |                       |                |          |
|         |   |                   |                | Louisville            | KY             | 40223    |
|         |   |                   |                | City                  | State          | ZIP Code |
|         |   |                   |                | Country               |                |          |

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|---------|--|----------------------------|-----------------------|-------------------------|----------|
| Debtor: | Petersen Health Care, Inc.                             |                            | Case number (if ke    |                         |          |
|         | Name   |                            |                       |                         |          |
| 2.78    | State what the contract or lease is for and the nature | Rental Agreement           | RecoverCare, LLC      |                         |          |
|         | of the debtor's interest                               | - to that rigrooms.        | Name                  |                         |          |
|         |  |                            | General Counsel       |                         |          |
|         |  |                            | Notice Name           |                         |          |
|         |  |                            | 1920 Stanley Gault Pk | wy Suite 100            |          |
| ;       | State the term remaining                               |                            | Address               |                         |          |
|         |  |                            |                       |                         |          |
|         | List the contract number of                            |                            |                       |                         |          |
|         | any government contract                                |                            |                       |                         |          |
|         |  |                            |                       |                         |          |
|         |  |                            | Louisville            | KY                      | 40223    |
|         |  |                            | City                  | State                   | ZIP Code |
|         |  |                            | Oity                  | Glate                   | Zii Gode |
|         |  |                            | Country               |                         |          |
|         |  |                            | ,                     |                         |          |
|         | Amended herein: added                                  |                            |                       |                         |          |
|         |  |                            |                       |                         |          |
| 2.79    | State what the contract or lease is for and the nature | Service Agreement          | RecoverCare, LLC      |                         |          |
|         | of the debtor's interest                               | Service Agreement          | Name                  |                         |          |
|         |  |                            | Attn General Counsel  |                         |          |
|         |  |                            | Notice Name           |                         |          |
|         |  |                            | 1920 Stanley Gault Pk | xwy Suite 100           |          |
|         | State the term remaining                               |                            | Address               |                         |          |
|         | _  |                            |                       |                         |          |
|         | List the contract number of                            |                            | -                     |                         |          |
|         | any government contract                                |                            |                       |                         |          |
|         | , 0  |                            |                       |                         |          |
|         |  |                            | Louisville            | KY                      | 40223    |
|         |  |                            | City                  | State                   | ZIP Code |
|         |  |                            | City                  | State                   | ZIP Code |
|         |  |                            | Country               |                         |          |
|         |  |                            | Country               |                         |          |
|         | Amended herein: added                                  |                            |                       |                         |          |
|         |  |                            |                       |                         |          |
| 2.80    | State what the contract or lease is for and the nature | Therapy Services Agreement | Rehab Care Group Ea   | st, Inc., dba RehabCare |          |
| ,       | of the debtor's interest                               | Therapy Services Agreement | Name                  | ,,                      |          |
|         |  |                            | President, RehabCare  |                         |          |
|         |  |                            | Notice Name           |                         |          |
|         |  |                            | 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               |                         |          |
|         |  |                            | Country               |                         |          |

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|---------|--|------------------------------|------------------------|---------------|----------|
| Debtor: | Petersen Health Care, Inc.                             |                              | Case number (if kno    | wn): 24-10528 |          |
|         | Name   |                              |                        |               |          |
| 2.81    | State what the contract or lease is for and the nature | Design Associate Associate   | RehabCare Group Eas    | t Inc         |          |
|         | of the debtor's interest                               | Business Associate Agreement | Name                   | ., 1110.      |          |
|         |  |                              | President, RehabCare   |               |          |
|         |  |                              | Notice Name            |               |          |
|         |  |                              |                        |               |          |
|         |  |                              | 680 South Fourth Stree | T             |          |
|         | State the term remaining                               |                              | Address                |               |          |
|         |  |                              |                        |               |          |
|         | List the contract number of                            |                              | <del></del>            |               |          |
|         | any government contract                                |                              |                        |               |          |
|         | , ,  |                              |                        |               |          |
|         |  |                              | Laudaudilla            | 107           | 40000    |
|         |  |                              | Louisville             | KY            | 40202    |
|         |  |                              | City                   | State         | ZIP Code |
|         |  |                              |                        |               |          |
|         |  |                              | Country                |               |          |
|         |  |                              |                        |               |          |
| 2.82    | State what the contract or lease is for and the nature | Business Associate Agreement | RehabCare Group Eas    | t. Inc.       |          |
|         | of the debtor's interest                               | Business Associate Agreement | Name                   | ,             |          |
|         |  |                              | President, RehabCare   |               |          |
|         |  |                              | Notice Name            |               |          |
|         |  |                              | 680 South Fourth Stree | +             |          |
|         |  |                              |                        |               |          |
|         | State the term remaining                               |                              | Address                |               |          |
|         |  |                              |                        |               |          |
|         | List the contract number of                            |                              |                        |               |          |
|         | any government contract                                |                              |                        |               |          |
| İ       |  |                              | -                      |               |          |
|         |  |                              | Louisville             | KY            | 40202    |
|         |  |                              |                        |               |          |
|         |  |                              | City                   | State         | ZIP Code |
|         |  |                              |                        |               |          |
|         |  |                              | Country                |               |          |
|         | State what the contract or                             |                              |                        |               |          |
| 2.83    | State what the contract or lease is for and the nature | Business Associate Agreement | RehabCare Group Eas    | t, Inc.       |          |
|         | of the debtor's interest                               |                              | Name                   |               |          |
|         |  |                              | President, RehabCare   |               |          |
|         |  |                              | Notice Name            |               |          |
|         |  |                              | 680 South Fourth Stree | t             |          |
|         | State the term remaining                               |                              | Address                |               |          |
|         |  |                              |                        |               |          |
|         | List the contract number of                            |                              |                        |               |          |
|         |  |                              |                        |               |          |
|         | any government contract                                |                              |                        |               |          |
|         |  |                              |                        |               | ·        |
|         |  |                              | Louisville             | KY            | 40202    |
|         |  |                              | City                   | State         | ZIP Code |
|         |  |                              | -                      |               |          |
|         |  |                              | Country                |               |          |

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|--------|---|---|----------------------------------|------------------------|----------|
| ebtor: | Petersen Health Care, Inc.  |   | Case number (if kn               |                        |          |
|        | State what the contract or lease is for and the nature of the debtor's interest       | Rehabilitation Therapy Services Agreement | RehabCare Group Eas              | st, Inc.               |          |
|        |   |   | Attn General Counsel             |                        |          |
|        |   |   | Notice Name                      |                        |          |
|        |   |   | 7733 Forsyth Boulevar            | d Suite 2300           |          |
|        | State the term remaining  |   | Address                          |                        |          |
|        | List the contract number of   |   |                                  |                        |          |
|        | any government contract   |   |                                  |                        |          |
|        |   |   | St. Louis                        | МО                     | 63105    |
|        |   |   | City                             | State                  | ZIP Code |
|        |   |   | Country                          |                        |          |
|        | Amended herein: added   |   |                                  |                        |          |
|        | State what the contract or lease is for and the nature                                | Therapy Services Agreement                | RehabCare Group Eas              | st, Inc.               |          |
|        | of the debtor's interest  |   | Name                             |                        |          |
|        |   |   | President, RehabCare Notice Name |                        |          |
| \$     |   |   | 680 South Fourth Stree           | -4                     |          |
|        | State the term remaining  |   | Address                          | ət<br>                 |          |
|        | List the contract number of   |   |                                  |                        |          |
|        | any government contract   |   |                                  |                        |          |
|        |   |   | Louisville                       | KY                     | 40202    |
|        |   |   | City                             | State                  | ZIP Code |
|        |   |   | Country                          |                        |          |
|        | Amended herein: added   |   |                                  |                        |          |
| 2.00   | State what the contract or<br>lease is for and the nature<br>of the debtor's interest | Therapy Services Agreement                | RehabCare Group Eas              | st, Inc. dba RehabCare |          |
|        |   |   | President, RehabCare             |                        |          |
|        |   |   | Notice Name                      |                        |          |
|        |   |   | 680 South Fourth Stree           | et                     |          |
|        | State the term remaining  |   | Address                          |                        |          |
|        | List the contract number of   |   |                                  |                        |          |
|        | any government contract   |   |                                  |                        |          |
|        |   |   | Louisville                       | <u>KY</u>              | 40202    |
|        |   |   | City                             | State                  | ZIP Code |
|        |   |   | Country                          |                        |          |

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|---------|--|--|-----------------------|-------------------------|----------|
| Debtor: | Petersen Health Care, Inc.                                       |  | Case number (if k     |                         |          |
| 2.87    | Name<br>State what the contract or<br>ease is for and the nature | T. 0 : 1   | RehabCare Group Fa    | st, Inc. dba RehabCare  |          |
| 16      | ease is for and the nature of the debtor's interest              | Therapy Services Agreement   | Name                  | st, inc. uba ivenaboare |          |
|         |  |  | President, RehabCare  | j.                      |          |
|         |  |  | Notice Name           |                         |          |
|         |  |  | 680 South Fourth Stre | eet                     |          |
|         | State the term remaining   |  | Address               |                         |          |
| •       | otate the term remaining   |  |                       |                         |          |
| L       | ist the contract number of                                       |  |                       |                         |          |
| a       | any government contract  |  |                       |                         |          |
|         |  |  | Louisville            | KY                      | 40202    |
|         |  |  | City                  | State                   | ZIP Code |
|         |  |  |                       |                         |          |
|         |  |  | Country               |                         |          |
| 2.88    | State what the contract or<br>ease is for and the nature         | There are the same of the same | RehabCare Group Fa    | st, Inc. dba RehabCare  |          |
| 0       | ease is for and the nature of the debtor's interest              | Therapy Services Agreement   | Name                  | St, me. aba renaboare   |          |
|         |  |  | President, RehabCare  | j.                      |          |
|         |  |  | Notice Name           |                         |          |
| ;       |  |  | 680 South Fourth Stre | eet                     |          |
|         | State the term remaining   |  | Address               |                         |          |
|         |  |  |                       |                         |          |
| L       | ist the contract number of                                       |  |                       |                         |          |
| a       | any government contract  |  |                       |                         |          |
|         |  |  | Louisville            | KY                      | 40202    |
|         |  |  | City                  | State                   | ZIP Code |
|         |  |  |                       |                         |          |
|         |  |  | Country               |                         |          |
| 2.89    | State what the contract or ease is for and the nature            | Theorem Comittees Agreement  | RehahCare Group Fa    | st, Inc. dba RehabCare  |          |
|         | of the debtor's interest   | Therapy Services Agreement   | Name                  | or, mor aga rromagoaro  |          |
|         |  |  | President, RehabCare  | 9                       |          |
|         |  |  | Notice Name           |                         |          |
|         |  |  | 680 South Fourth Stre | eet                     |          |
| 5       | State the term remaining   |  | Address               |                         |          |
|         |  |  |                       |                         |          |
|         | ist the contract number of                                       |  |                       |                         |          |
| a       | any government contract  |  |                       |                         |          |
|         |  |  | Louisville            | KY                      | 40202    |
|         |  |  | City                  | State                   | ZIP Code |
|         |  |  | Country               |                         |          |

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|---------|---|----------------------------|-----------------------|------------------------|----------|
| Debtor: | Petersen Health Care, Inc.                                  |                            | Case number (if k     |                        |          |
| 2.90    | Name State what the contract or lease is for and the nature | Therapy Services Agreement | RehabCare Group Ea    | st, Inc. dba RehabCare |          |
|         | of the debtor's interest                                    | Therapy Services Agreement | Name                  | ,                      |          |
|         |   |                            | President, RehabCare  | e                      |          |
|         |   |                            | Notice Name           |                        |          |
|         |   |                            | 680 South Fourth Stre | eet                    |          |
|         | State the term remaining                                    |                            | Address               |                        |          |
|         | -   |                            |                       |                        |          |
|         | List the contract number of                                 |                            |                       |                        |          |
|         | any government contract                                     |                            |                       |                        |          |
|         |   |                            |                       |                        |          |
|         |   |                            | Louisville            | KY                     | 40202    |
|         |   |                            | City                  | State                  | ZIP Code |
|         |   |                            | Country               |                        |          |
| 2.91    | State what the contract or lease is for and the nature      |                            | Dalado Ossa Ossas Fa  | at Jacobba Bahah Osaa  |          |
| 2.91    | lease is for and the nature of the debtor's interest        | Therapy Services Agreement | Name                  | st, Inc. dba RehabCare |          |
|         | of the deptor's interest                                    |                            | President, RehabCare  |                        |          |
|         |   |                            | Notice Name           | <del>,</del>           |          |
|         |   |                            | 680 South Fourth Stre | eet                    |          |
|         | State the term remaining                                    |                            | Address               |                        |          |
|         | J   |                            |                       |                        |          |
|         | List the contract number of                                 |                            |                       |                        |          |
|         | any government contract                                     |                            |                       |                        |          |
|         |   |                            |                       |                        |          |
|         |   |                            | Louisville            | KY                     | 40202    |
|         |   |                            | City                  | State                  | ZIP Code |
|         |   |                            | Country               |                        |          |
|         | 01-1  |                            |                       |                        |          |
| 2.92    | State what the contract or lease is for and the nature      | Therapy Services Agreement | RehabCare Group Ea    | st, Inc. dba RehabCare |          |
|         | of the debtor's interest                                    |                            | Name                  |                        |          |
|         |   |                            | President, RehabCare  | e                      |          |
|         |   |                            | Notice Name           |                        |          |
|         |   |                            | 680 South Fourth Stre | eet                    |          |
|         | State the term remaining                                    |                            | Address               |                        |          |
|         |   |                            |                       |                        |          |
|         | List the contract number of                                 |                            |                       |                        |          |
|         | any government contract                                     |                            |                       |                        |          |
|         |   |                            | Louisville            | KY                     | 40202    |
|         |   |                            | City                  | State                  | ZIP Code |
|         |   |                            | Country               |                        |          |

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|--------|---|---|------------------------------|----------|----------|
| ebtor: | Petersen Health Care, Inc.  |   | Case number (if known):      | 24-10528 |          |
|        | Name  |   | <del>_</del>                 |          |          |
| 2.93   | State what the contract or lease is for and the nature of the debtor's interest | Amended and Restated Therapy Services Agreement | RehabCare Group East, LLC    | <u> </u> |          |
|        |   |   | Attn VP, Finance             |          |          |
|        |   |   | Notice Name                  |          |          |
|        |   |   | 680 South Fourth Street      |          |          |
| :      | State the term remaining  |   | Address                      |          |          |
|        | List the contract number of   |   |                              |          |          |
| ;      | any government contract   |   |                              |          |          |
|        |   |   | Louisville                   | KY       | 40202    |
|        |   |   | City                         | State    | ZIP Code |
|        |   |   | Country                      |          |          |
|        |   |   | ,                            |          |          |
|        | Amended herein: added   |   |                              |          |          |
| 2.94   | State what the contract or lease is for and the nature                          | Second Amended and Restated and Reaffirmed      | RehabCare Group East, LLC    | 3        |          |
|        | of the debtor's interest  | Guaranty Agreement                              | Name                         |          |          |
|        |   |   | Attn Chief Financial Officer |          |          |
|        |   |   | Notice Name                  | -        |          |
|        |   |   | 680 South Fourth Street      |          |          |
| ;      | State the term remaining  |   | Address                      |          |          |
|        |   |   |                              |          |          |
| I      | List the contract number of   |   |                              |          |          |
| ;      | any government contract   |   |                              |          |          |
|        |   |   | Louisville                   | KY       | 40202    |
|        |   |   | City                         | State    | ZIP Code |
|        |   |   | Country                      |          |          |
|        |   |   |                              |          |          |
|        | Amended herein: added   |   |                              |          |          |
| 2 95   | State what the contract or lease is for and the nature                          |   | Decell'e Pel Inc             |          |          |
|        | lease is for and the nature<br>of the debtor's interest                         | Peritoneal Dialysis Coordination Agreement      | Renal Life Link, Inc.        |          |          |
|        | or the debtor 3 interest  |   | Attn Group General Counsel   | 1        |          |
|        |   |   | Notice Name                  |          |          |
|        |   |   | d/b/a Mount Vernon Dialysis  |          |          |
|        | State the term remaining  |   | Address                      |          |          |
|        |   |   | c/o DaVita Inc.              |          |          |
|        | List the contract number of   |   | <u> </u>                     |          |          |
| ;      | any government contract   |   | 2000 16th Street             |          |          |
|        |   |   | Denver                       | СО       | 80202    |
|        |   |   | City                         | State    | ZIP Code |
|        |   |   | Country                      |          |          |
|        |   |   |                              |          |          |

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|---------|---|---|--|-------------------------|----------------------|
| Debtor: |   |   | Case number (if kno                      | own): 24-10528          |                      |
| 2.96    | Name State what the contract or lease is for and the nature                     | Nursing Facility Services Agreement Routine<br>Hospice and Palliative Care (Illinois) | Residential Hospice of Southern Illinois |                         |                      |
|         | of the debtor's interest  |   | Name                                     |                         |                      |
|         |   |   | Attention Administrator Notice Name      |                         |                      |
|         |   |   | 4215 State Route 159                     |                         |                      |
|         | State the term remaining  |   | Address                                  |                         |                      |
|         | g   |   |  |                         |                      |
|         | List the contract number of   |   |  |                         |                      |
|         | any government contract   |   |  |                         |                      |
|         |   |   |  |                         |                      |
|         |   |   | Glen Carbon                              | IL                      | 62034                |
|         |   |   | City                                     | State                   | ZIP Code             |
|         |   |   | Country                                  |                         |                      |
|         | Amended herein: added   |   |  |                         |                      |
|         | State what the contract or  |   |  |                         |                      |
| 2.97    | State what the contract or lease is for and the nature of the debtor's interest | Amendment to Nursing Facility Hospice Agreement                                       | Sarah Bush Lincoln He                    | alth Center d/b/a Sarah | Bush Lincoln Hospice |
|         | of the debtor's interest  |   | Attn Post Acute Care D                   | irector                 |                      |
|         |   |   | Notice Name                              | il Cotol                |                      |
|         |   |   | 1004 Health Center Dri                   | ve, Suite 202           |                      |
|         | State the term remaining  |   | Address                                  |                         |                      |
|         |   |   |  |                         |                      |
|         | List the contract number of   |   |  |                         |                      |
|         | any government contract   |   |  |                         |                      |
|         |   |   | Mattoon                                  | IL                      | 61938                |
|         |   |   | City                                     | State                   | ZIP Code             |
|         |   |   |  |                         |                      |
|         |   |   | Country                                  |                         |                      |
|         | Amended herein: added   |   |  |                         |                      |
| 2 08    | State what the contract or  |   | Ossah Bresh Liver Iv III                 | alth Oastan dillair     | Doob Constallations  |
| 2.50    | lease is for and the nature of the debtor's interest                            | Protocol and Agreement of Hospice Services  | Sarah Bush Lincoln He Name               | aith Center d/b/a Sarar | Bush Lincoln Hospice |
|         |   |   | Attn Post Acute Care D                   | virector                |                      |
|         |   |   | Notice Name                              |                         |                      |
|         |   |   | Sarah Bush Lincoln Ho                    | spice                   |                      |
|         | State the term remaining  |   | Address                                  |                         |                      |
|         |   |   | 1004 Health Center Dri                   | ve, Suite 202           |                      |
|         | List the contract number of   |   |  |                         |                      |
|         | any government contract   |   |  |                         |                      |
|         |   |   | Mattoon                                  | IL                      | 61938                |
|         |   |   | City                                     | State                   | ZIP Code             |
|         |   |   | Country                                  |                         |                      |

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|--------|--|--|--|----------------------|----------|
| ebtor: | Petersen Health Care, Inc.   |  | Case number (if kr                                       | own): 24-10528       |          |
| 2.99   | Name State what the contract or lease is for and the nature of the debtor's interest | Protocol and Agreement for the Provision of<br>Hospice Services and Inpatient Respite Care | Sarah Bush Lincoln Health Center dba Lincolnland Hospice |                      |          |
|        | of the deptor's interest   |  | Attn Post Acute Care I                                   | Director             |          |
|        |  |  | Notice Name  | Director             |          |
|        |  |  | Lincolnland Hospice o                                    | f Sarah Bush Lincoln |          |
|        | State the term remaining   |  | Address  |                      |          |
|        | Ū  |  | 1004 Health Center Di                                    | rive, Suite 202      |          |
|        | List the contract number of  |  |  | <u> </u>             |          |
|        | any government contract  |  |  |                      |          |
|        |  |  |  |                      |          |
|        |  |  | Mattoon  | IL                   | 61938    |
|        |  |  | City   | State                | ZIP Code |
|        |  |  | Country  |                      |          |
| 2.100  | State what the contract or lease is for and the nature                               | Agreement for Professional Services  | Sheppard, Morgan & S                                     | Schwaab, Inc.        |          |
|        | of the debtor's interest   | Agreement for Frederichal Corvince   | Name   |                      |          |
|        |  |  | Consulting Engineers                                     |                      |          |
|        |  |  | Notice Name  |                      |          |
|        |  |  | 215 Market Street  |                      |          |
|        | State the term remaining   |  | Address  |                      |          |
|        |  |  | PO Box E   |                      |          |
|        | List the contract number of  |  |  |                      |          |
|        | any government contract  |  |  |                      |          |
|        |  |  | Alton  | IL                   | 82002    |
|        |  |  | City   | State                | ZIP Code |
|        |  |  | Country  |                      |          |
|        | Amended herein: added  |  |  |                      |          |
| 2.101  | State what the contract or lease is for and the nature                               | Amendment to Pharmaceutical Product Rebate<br>Agreement                                    | Smith & Nephew, Inc.                                     |                      |          |
|        | of the debtor's interest   |  | Name   |                      |          |
|        |  |  | Attn Company Secreta  Notice Name                        | ıry                  |          |
|        |  |  | 1450 E. Brooks Road                                      |                      |          |
|        | State the term remaining   |  | Address  |                      |          |
|        | List the contract number of  |  |  |                      |          |
|        | any government contract  |  |  |                      |          |
|        |  |  | Memphis  | TN                   | 38116    |
|        |  |  | City   | State                | ZIP Code |
|        |  |  | Country  |                      |          |
|        |  |  |  |                      |          |

| Name   |  |                          |              |                   |
|--|--|--------------------------|--------------|-------------------|
| O2 State what the contract or lease is for and the nature          |  | Cmith O Nanhau I         |              |                   |
| of the debtor's interest   | Rebate Agreement                       | Smith & Nephew, Inc.     |              |                   |
| or the depter of interest  |  | Attn Company Secreta     | rv           |                   |
|  |  | Notice Name              | · y          |                   |
|  |  | 1450 E. Brooks Road      |              |                   |
| State the term remaining   |  | Address                  |              |                   |
| Ū  |  |                          |              |                   |
| List the contract number of  | f                                      |                          |              |                   |
| any government contract  |  |                          |              |                   |
| , 0  |  |                          |              |                   |
|  |  | Memphis                  | TN           | 38116             |
|  |  | City                     | State        | ZIP Code          |
|  |  | City                     | Otato        | 211 0000          |
|  |  | Country                  |              |                   |
|  |  |                          |              |                   |
| Amended herein: added  |  |                          |              |                   |
| Ctata what the contract or   |  |                          |              |                   |
| O3 State what the contract or lease is for and the nature          | EpicCare Link Site Level Agreement     | Southern Illinois Hospit | tal Services |                   |
| of the debtor's interest   |  | Name                     |              |                   |
|  |  | Attention Rex P. Budde   | 9            |                   |
|  |  | Notice Name              |              |                   |
|  |  | 1239 E. Main St.         |              |                   |
| State the term remaining   |  | Address                  |              |                   |
|  |  |                          |              |                   |
| List the contract number of  | f                                      |                          |              |                   |
| any government contract  |  |                          |              |                   |
|  |  |                          |              |                   |
|  |  | Carbondale               | <u> </u> L   | 62902             |
|  |  | City                     | State        | ZIP Code          |
|  |  |                          |              |                   |
|  |  | Country                  |              |                   |
| Amended herein: added  |  |                          |              |                   |
| Amended nerein. added  |  |                          |              |                   |
| State what the contract or   |  | Sumner One Leasing [     | Divinion     |                   |
| <sup>04</sup> lease is for and the nature of the debtor's interest | Copier / Printer Maintenance Agreement | Name                     | DIVISION     |                   |
| 0  |  |                          |              |                   |
|  |  | Notice Name              |              |                   |
|  |  | 6691 Manchester Aver     | nue          |                   |
| State the term remaining   |  | Address                  |              |                   |
|  |  |                          |              |                   |
| List the contract number of  | f                                      |                          |              |                   |
| List the contract number of  |  |                          |              |                   |
|  |  |                          |              |                   |
| any government contract  |  |                          |              |                   |
|  |  | St Louis                 | MO           | 63139             |
|  |  | St. Louis                | MO State     | 63139             |
|  |  | St. Louis City           | MO State     | 63139<br>ZIP Code |

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|---|--|------------------------|-----------------------|-------------------|
| tor: Petersen Health Care, Inc.                           |  | Case number (if kn     | own): 24-10528        |                   |
|   |  |                        |                       |                   |
| O5 State what the contract or lease is for and the nature | Lease Agreement                                    | Sumner One Leasing I   | Division              |                   |
| of the debtor's interest                                  |  | Name                   |                       |                   |
|   |  | Notice Name            |                       |                   |
|   |  | P.O. Box 5180          |                       |                   |
| State the term remaining                                  |  | Address                |                       |                   |
| otate the term remaining                                  |  | <del></del>            |                       |                   |
| List the contract number of                               | f  |                        |                       |                   |
| any government contract                                   |  |                        |                       |                   |
| any government contract                                   |  |                        |                       |                   |
|   |  | St. Louis              | MO                    | 63139             |
|   |  | City                   | State                 | ZIP Code          |
|   |  | City                   | State                 | ZIF Code          |
|   |  | Country                |                       |                   |
|   |  | •                      |                       |                   |
| Amended herein: added                                     |  |                        |                       |                   |
| Ctata what the contract or                                |  |                        |                       |                   |
| Of lease is for and the nature                            | Lease Agreement                                    | SumnerOne, Inc.        |                       |                   |
| of the debtor's interest                                  |  | Name                   |                       |                   |
|   |  | Attn Secretary/Treasur | er                    |                   |
|   |  | Notice Name            |                       |                   |
|   |  | Sumner Group Inc. Lea  | asing Division        |                   |
| State the term remaining                                  |  | Address                |                       |                   |
|   |  | 6717 Waldemar Ave.     |                       |                   |
| List the contract number of                               | ·f   |                        |                       |                   |
| any government contract                                   |  |                        |                       |                   |
|   |  |                        |                       |                   |
|   |  | St. Louis              | MO                    | 63139             |
|   |  | City                   | State                 | ZIP Code          |
|   |  |                        |                       |                   |
|   |  | Country                |                       |                   |
| Amended herein: added                                     |  |                        |                       |                   |
| Amended nerein. added                                     |  |                        |                       |                   |
| O7 Issue is for and the nature                            | Residential Hospice Care Agreement for Services to | Transitions Hospice Ce | ontral Illinois III C |                   |
| lease is for and the nature of the debtor's interest      | Residents of Nursing Facilities                    | Name                   | antiai illinois, LLO  |                   |
|   |  |                        |                       |                   |
|   |  | Notice Name            |                       |                   |
|   |  | 201 North Randolph St  | reet                  |                   |
| State the term remaining                                  |  | Address                |                       |                   |
|   |  |                        |                       |                   |
| List the contract number of                               | f  |                        |                       |                   |
| any government contract                                   |  |                        |                       |                   |
| , ,   |  |                        |                       |                   |
|   |  |                        |                       |                   |
|   |  | Champaign              | IL                    | 61820             |
|   |  | Champaign              |                       |                   |
|   |  | Champaign<br>City      | IL<br>State           | 61820<br>ZIP Code |

|  | 24-10443-1MH DOC 1465 FIIEG C  |                       | 103 01 112                |          |
|--|--|-----------------------|---------------------------|----------|
| Debtor: Petersen Health Care, Inc.                           |  | Case number (if i     | known): 24-10528          |          |
| Name State what the contract of lease is for and the nature  | Residential Hospice Care Agreement for Services to Residents of Nursing Facilities | Transitions Hospice,  | L.L.C                     |          |
| of the debtor's interest                                     |  | Name                  |                           |          |
|  |  | Notice Name           |                           |          |
|  |  | 12040 Raymond Cou     | ırt                       |          |
| State the term remaining                                     |  | Address               |                           |          |
| List the contract number                                     | of   |                       |                           |          |
| any government contract                                      |  |                       |                           |          |
|  |  | Huntley               | IL                        | 60142    |
|  |  | City                  | State                     | ZIP Code |
|  |  | Country               |                           |          |
| Amended herein: added  |  |                       |                           |          |
| 2.109 State what the contract or lease is for and the nature | . Informal Settlement Agreement  | U.S. Department of L  | abor                      |          |
| of the debtor's interest                                     |  | Name                  |                           |          |
|  |  | Occupational Safety a | and Health Administration | 1        |
|  |  |                       | Daine Christa 000         |          |
| State the term remaining                                     |  | 1320 W. Commerce I    | Drive, Suite 800          |          |
| State the term remaining                                     |  |                       |                           |          |
| List the contract number                                     | of   |                       |                           |          |
| any government contract                                      |  |                       |                           |          |
|  |  | Peoria                | IL                        | 61615    |
|  |  | City                  | State                     | ZIP Code |
|  |  | Country               |                           |          |
| 2.110 State what the contract of lease is for and the nature | Informal Settlement Agreement  | U.S. Department of L  | abor                      |          |
| of the debtor's interest                                     |  | Name                  |                           |          |
|  |  | Notice Name           | and Health Administration | 1        |
|  |  | 1320 W. Commerce I    | Drive, Suite 800          |          |
| State the term remaining                                     |  | Address               |                           |          |
| List the contract number                                     | of   |                       |                           |          |
| any government contract                                      |  |                       |                           |          |
|  |  | Peoria                | <u>IL</u>                 | 61615    |
|  |  | City                  | State                     | ZIP Code |
|  |  | Country               |                           |          |

|         |  | 4-10443-TMH Doc 1465 Filed   | 04/22/25   Page 10                                 |                  |          |
|---------|--|--|--|------------------|----------|
| Debtor: |  |  | Case number (if known                              | 24-10528         |          |
| 2.111   | Name State what the contract or lease is for and the nature of the debtor's interest | Agreement for Nursing Facility, Inpatient and Inpatient Respite Services | Vitas Healthcare Corpora Name Attn General Manager | ation Midwest    |          |
|         |  |  | Notice Name  |                  |          |
|         |  |  | 8 Executive Drive, Suite                           | 150              |          |
|         | State the term remaining   |  | Address  |                  |          |
|         | List the contract number of  |  |  |                  |          |
|         | any government contract  |  |  |                  |          |
|         |  |  | Fairview Heights                                   | IL               | 62208    |
|         |  |  | City   | State            | ZIP Code |
|         |  |  | Country  |                  |          |
|         | Amended herein: added  |  |  |                  |          |
| 2.112   | lease is for and the nature  | Agreement for Nursing Facility Services                                  | Vitas Healthcare Corpora                           | tion of Illinois |          |
|         | of the debtor's interest   |  | Name   |                  |          |
|         |  |  | Attn General Manager Notice Name                   |                  |          |
|         |  |  | 105 Marquette Street, Su                           | ite A            |          |
|         | State the term remaining   |  | Address  |                  |          |
|         |  |  |  |                  |          |
|         | List the contract number of  |  |  |                  |          |
|         | any government contract  |  |  |                  |          |
|         |  |  |  |                  |          |
|         |  |  | LaSalle  | IL               | 61301    |
|         |  |  | City   | State            | ZIP Code |
|         |  |  | Country  |                  |          |
| 2.113   | State what the contract or lease is for and the nature                               | Agreement for Nursing Facility, Inpatient and Inpatient Respite Services | Vitas Healthcare Corpora                           | tion of Illinois |          |
|         | of the debtor's interest   |  | Name   |                  |          |
|         |  |  | Attn General Manager Notice Name                   |                  |          |
|         |  |  | 105 Marquette Street, Su                           | ito Δ            |          |
|         | State the term remaining   |  | Address  | ille A           |          |
|         | Otate the term remaining   |  |  |                  |          |
|         | List the contract number of  |  |  |                  |          |
|         | any government contract  |  |  |                  |          |
|         |  |  | LaSalle  | IL               | 61301    |
|         |  |  | City   | State            | ZIP Code |
|         |  |  | Country  |                  |          |

|         | Case 2  | 24-10443-1MH DOC 1465 FIIE0  | 04/22/25 Page        | 105 01 112            |           |
|---------|---|--|----------------------|-----------------------|-----------|
| Debtor: | Petersen Health Care, Inc.                                  |  | Case number (if      | known): 24-10528      |           |
| 2.114   | Name State what the contract or lease is for and the nature | Agreement for Nursing Facility, Inpatient and  | Vitas Healthcare Cor | noration of Illinois  |           |
|         | of the debtor's interest                                    | Inpatient Respite Services   | Name                 | poration of fillinois |           |
|         |   |  | Attn General Manage  | ar                    |           |
|         |   |  | Notice Name          | <u> </u>              |           |
|         |   |  | 105 Marquette Street | t Suite A             |           |
|         | State the term remaining                                    |  | Address              | i, oute /t            |           |
|         | State the term remaining                                    |  |                      |                       |           |
|         | List the contract number of                                 |  |                      |                       |           |
|         | any government contract                                     |  |                      |                       |           |
|         |   |  |                      |                       |           |
|         |   |  | LaSalle              | <u>IL</u>             | 61301     |
|         |   |  | City                 | State                 | ZIP Code  |
|         |   |  | Country              |                       |           |
|         | State what the contract or                                  | Letter re: Nursing Facility Agreement Dated or                                       |                      |                       |           |
| 2.115   | State what the contract or lease is for and the nature      | Amended January 1, 2013 with Vitas   | Vitas Healthcare Cor | poration of Illinois  |           |
|         | of the debtor's interest                                    |  | Name                 |                       |           |
|         |   |  | N.C. N               |                       |           |
|         |   |  | Notice Name          |                       |           |
|         |   |  | 105 Marquette Street | t, Suite A            |           |
|         | State the term remaining                                    |  | Address              |                       |           |
|         |   |  |                      |                       |           |
|         | List the contract number of                                 |  |                      |                       |           |
|         | any government contract                                     |  |                      |                       |           |
|         |   |  | LaSalle              | IL                    | 61301     |
|         |   |  |                      |                       |           |
|         |   |  | City                 | State                 | ZIP Code  |
|         |   |  | Country              |                       |           |
|         | Ctata what the contract or                                  | Letter rev Nursing Facility Agreement Dated or                                       |                      |                       |           |
| 2.116   | State what the contract or lease is for and the nature      | Letter re: Nursing Facility Agreement Dated or<br>Amended January 1, 2013 with Vitas | Vitas Healthcare Cor | poration of Illinois  |           |
|         | of the debtor's interest                                    |  | Name                 |                       |           |
|         |   |  | Notice Name          |                       |           |
|         |   |  | 105 Marquette Street | t, Suite A            |           |
|         | State the term remaining                                    |  | Address              | ·                     |           |
|         | Ū   |  |                      |                       |           |
|         | List the contract number of                                 |  |                      |                       |           |
|         | any government contract                                     |  |                      |                       |           |
|         |   |  | LaSalle              | IL                    | 61301     |
|         |   |  | City                 | State                 | ZIP Code  |
|         |   |  | Ony                  | State                 | 2.11 0000 |
|         |   |  | Country              |                       |           |

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| Debtor: | Petersen Health Care, Inc.   |   | Case number (if kno                            | own): 24-10528 |          |  |
|---------|--|---|--|----------------|----------|--|
|         | Name State what the contract or lease is for and the nature of the debtor's interest | Agreement for Nursing Facility, Inpatient and Inpatient Respite Services            | Vitas Healthcare Corporation of Illinois  Name |                |          |  |
|         |  |   | Attn General Manager                           |                |          |  |
|         |  |   | Notice Name                                    |                |          |  |
|         |  |   | 105 Marquette Street S                         | Suite A        |          |  |
|         | State the term remaining   |   | Address  |                |          |  |
|         | List the contract number of  |   |  |                |          |  |
|         | any government contract  |   |  |                |          |  |
|         |  |   | LaSalle  | IL             | 61301    |  |
|         |  |   | City   | State          | ZIP Code |  |
|         |  |   | Country  |                |          |  |
|         | Amended herein: added  |   |  |                |          |  |
|         | State what the contract or lease is for and the nature                               | Letter Agreement re: Nursing Facility Agreement<br>Dated or Amended January 1, 2013 | Vitas Healthcare Corporation of Illinois       |                |          |  |
| ,       | of the debtor's interest   |   | Name   |                |          |  |
|         |  |   | Notice Name                                    |                |          |  |
|         |  |   | 105 Marquette Street, S                        | Suite A        |          |  |
|         | State the term remaining   |   | Address  |                |          |  |
|         | List the contract number of  |   |  |                |          |  |
|         | any government contract  |   |  |                |          |  |
|         |  |   | LaSalle  | IL             | 61301    |  |
|         |  |   | City   | State          | ZIP Code |  |
|         |  |   | Country  |                |          |  |

| Fill in this information to identify the case:               |  |  |
|--|--|--|
| Debtor Name: In re : Petersen Health Care, Inc.              |  |  |
| United States Bankruptcy Court for the: District of Delaware |  |  |
| Case number (if known): 24-10528 (TMH)                       |  |  |

### Official Form 206H

### **Schedule H: Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

- 1. Does the debtor have any codebtors?
  - ☑ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
  - □ Yes
- In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

|     | Column 1: Codebtor | Column 1: Codebtor |       |          | Column 2: Creditor |                                 |  |
|-----|--------------------|--------------------|-------|----------|--------------------|---------------------------------|--|
|     | Name               | Mailing address    |       |          | Name               | Check all schedules that apply: |  |
| 2.1 |                    |                    |       |          |                    | □D                              |  |
|     |                    | Street             |       |          |                    |                                 |  |
|     |                    |                    |       |          |                    | □ E/F                           |  |
|     |                    |                    |       |          |                    | □G                              |  |
|     |                    |                    |       |          |                    |                                 |  |
|     |                    | City               | State | ZIP Code |                    |                                 |  |
|     |                    | Country            | -     |          |                    |                                 |  |

Official Form 206H Schedule H: Codebtors Page 1 of 1

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| Fill in this information to identify the case:               |
|--|
| Debtor Name: In re : Petersen Health Care, Inc.              |
| United States Bankruptcy Court for the: District of Delaware |
| Case number (if known): 24-10528 (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.

| D                                     | Declaration and signature  |                |  |   |  |  |  |
|---------------------------------------|--|----------------|--|---|--|--|--|
| ind                                   | vidual serv  | ring as a rep  | er officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another presentative of the debtor in this case. |   |  |  |  |
| I na                                  | ive examin   | ed the inforn  | mation in the documents checked below and I have a reasonable belief that the information is true and correct:   |   |  |  |  |
|                                       | ☐ Schedule A/B: Assets–Real and Personal Property (Official Form 206A/B)   |                |  |   |  |  |  |
|                                       | Schedule   | D: Creditors   | rs Who Have Claims Secured by Property (Official Form 206D)  |   |  |  |  |
|                                       | ☐ Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)   |                |  |   |  |  |  |
|                                       | Schedule   | G: Executo     | ory Contracts and Unexpired Leases (Official Form 206G)  |   |  |  |  |
|                                       | ☐ Schedule H: Codebtors (Official Form 206H)   |                |  |   |  |  |  |
|                                       | Summar   | of Assets a    | 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   |   |  |  |  |
|                                       |  |                |  |   |  |  |  |
|                                       |  |                |  |   |  |  |  |
| l de                                  | eclare unde  | r penalty of p | perjury that the foregoing is true and correct.  |   |  |  |  |
| Executed on 04/22/2025 MM / DD / YYYY |  | 04/22/2025     | 5 ★ / s / David R. Campbell  |   |  |  |  |
|                                       |  | MM / DD / Y    | YYYY Signature of individual signing on behalf of debtor   | _ |  |  |  |
|                                       |  | V-1/2/2020     |  |   |  |  |  |
|                                       |  |                |  |   |  |  |  |
|                                       | David R. Campbell  |                |  |   |  |  |  |
|                                       | Printed name   |                |  |   |  |  |  |
|                                       | Authorized Signatory   |                |  |   |  |  |  |
|                                       | Position or relationship to debtor   |                |  |   |  |  |  |

### In re: Petersen Health Care, Inc. Case No. 24-10528

Schedule A/B 47

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

| Year | Make                    | Model    | Identification Number (i.e. VIN, HIN or N-number) | Net book value of debtor's interest (where available) | Valuation method used for current value | Current value of debtor's interest |
|------|-------------------------|----------|---|---|---|------------------------------------|
| 2004 | Chevy Impala            | DL82693  | 2G1WF52EX49312684                                 | Undetermined  | Cost                                    | \$14,000.00                        |
| 2005 | Chrysler Town & Country | DL56973  | 2C4GP54L95R575562                                 | Undetermined  | Cost                                    | \$5,500.00                         |
|      | Dodge Dakota            | 47888S-B | 1D7HE22K85S319503                                 | Undetermined  |   | Undetermined                       |
|      | Chevy 2500 Van          | BL45186  | 1GCGG25V461179446                                 | Undetermined  |   | Undetermined                       |
|      | Dodge Grand Caravan     | BL45129  | 1D4GP24R66B754339                                 | Undetermined  |   | Undetermined                       |
|      | Ford Cargo Van          | DL57337  | 1FTNS24W79DA88626                                 | Undetermined  |   | Undetermined                       |
|      | Ford F150 Supercab 4X4  | 29334S-B | 1FTFX1EV5AKA18435                                 | Undetermined  |   | Undetermined                       |
|      | Ford Edge               | 7848112  | 2FMDK4KC1ABA37578                                 | Undetermined  |   | Undetermined                       |
| 2011 | Ford E-250              | DM80048  | 1FTNS2EW4BDB11798                                 | Undetermined  |   | Undetermined                       |
| 2013 | Ford E250 Extended Van  | DM72304  | 1FTNS2EL1DDA56512                                 | Undetermined  | Cost                                    | \$39,706.60                        |
| 2013 | Mazda 3I                | S171703  | JM1BL1U77D1701244                                 | Undetermined  |   | Undetermined                       |
| 2014 | Mazda UT/CX5            | V115918  | JM3KE2DY5E0417604                                 | Undetermined  |   | Undetermined                       |
| 2014 | Porsche Panamera        |          | WP0AC2A72EL073153                                 | Undetermined  |   | Undetermined                       |
| 2016 | Mazda CX5               | Q126153  | JM3KE4DY3G0758997                                 | Undetermined  |   | Undetermined                       |
| 2016 | VW Toureg               | E543939  | WVGEP9BP2GD000824                                 | Undetermined  |   | Undetermined                       |
| 2017 | Dodge Caravan           | CH97289  | 2C4RDGBG0HR605782                                 | Undetermined  | Cost                                    | \$15,134.00                        |
| 2017 | Dodge Grand Caravan     | 860297   | 2C4RDGBG8HR568223                                 | Undetermined  |   | Undetermined                       |
| 2017 | Ford F-350              | 418454D  | 1FDRF3F68HEB61886                                 | Undetermined  |   | Undetermined                       |
| 2017 | Ford Fusion             | EJ31301  | 3FA6P0D97HR152387                                 | Undetermined  |   | Undetermined                       |
| 2019 | Dodge Caravan           | CK60034  | 2C4RDGBG8KR782488                                 | Undetermined  |   | Undetermined                       |
|      | Mazda CX-5              | DH50846  | JM3KFABM2K0687666                                 | Undetermined  |   | Undetermined                       |
|      | Mazda CX-5              | DH50847  | JM3KFACM7K1687851                                 | Undetermined  |   | Undetermined                       |
|      | Mazda CX-5              | DH50870  | JM3KFABM0K0685589                                 | Undetermined  |   | Undetermined                       |
|      | Ford Transit            | 496531D  | 1FBVU4X86LKB09332                                 | Undetermined  |   | \$56,000.00                        |
|      | Hyundai Palisade        | BZ75907  | KM8R5DHE0LU113830                                 | Undetermined  |   | Undetermined                       |
| 2022 | Chrysler Voyager        | EC79880  | 2C4RC1CG5NR224522                                 | Undetermined  | Cost                                    | \$60,891.53                        |
| 2022 | Chrysler Voyager        | EC79881  | 2C4RC1CG7NR224540                                 | Undetermined  | Cost                                    | \$60,891.53                        |

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### In re: Petersen Health Care, Inc. Case No. 24-10528

Schedule A/B 47

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

| Year | Make             | Model   | Identification Number (i.e. VIN, HIN or N-number) | Net book value of debtor's interest (where available) | Valuation method used for current value | Current value of debtor's interest |
|------|------------------|---------|---|---|---|------------------------------------|
| 2022 | Chrysler Voyager | EC79881 | 2C4RC1CG7NR224540                                 | Undetermined  | Cost                                    | \$60,891.53                        |
| 2022 | Chrysler Voyager | EC79882 | 2C4RC1CG9NR224510                                 | Undetermined  |   | Undetermined                       |
| 2022 | Chrysler Voyager | EC79883 | 2C4RC1CG6NR224366                                 | Undetermined  | Cost                                    | \$60,891.53                        |
| 2022 | Chrysler Voyager | EC79884 | 2C4RC1CG7NR224506                                 | Undetermined  | Cost                                    | \$60,891.53                        |
| 2022 | Mazda CX-5       | DH50845 | JM3KFBCM9N1565339                                 | Undetermined  |   | Undetermined                       |
| 2022 | Mazda CX-5       | DH50864 | JM3KFBCM4N0585973                                 | Undetermined  |   | Undetermined                       |
|      |                  |         | TOTAL:  | Undetermined  | TOTAL:                                  | \$434,798.25                       |

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### In re: Petersen Health Care, Inc. Case No. 24-10528

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

|  |        | Current value of  |                        |
|--|--------|-------------------|------------------------|
| Other property of any kind not already listed        |        | debtor's interest | Amendment              |
| Inter Company Loan - Mark Petersen                   |        | \$3,682,344.35    | Amended herein - added |
| Inter Company Loan - Mark Petersen                   |        | \$10,176,981.24   | Amended herein - added |
| Inter Company Loan - Mark Petersen                   |        | \$4,654,286.52    | Amended herein - added |
| Inter Company Loan - Petersen Companies LLC          |        | \$985,465.45      | Amended herein - added |
| Inter Company Loan - Petersen Health Junction, LLC   |        | \$191,000.00      | Amended herein - added |
| Inter Company Loan - Petersen Health Operations, LLC |        | \$23,899,738.28   | Amended herein - added |
| Inter Company Loan - Petersen Hotels, LLC            |        | \$1,974,675.45    | Amended herein - added |
| Inter Company Loan - Twenty Four Corp, LLC           |        | \$1,539,632.00    | Amended herein - added |
|  | TOTAL: | \$47,104,123.29   |                        |

## EXHIBIT B

### **Amended Statements**

N/A