

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE

In re

SC HEALTHCARE HOLDING, LLC *et al.*,

Debtors.<sup>1</sup>

Chapter 11

Case No. 24-10443 (TMH)

Jointly Administered

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

**PLEASE TAKE NOTICE OF THE FOLLOWING:**

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

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

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

**AMENDED SCHEDULES AND STATEMENTS**

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

<sup>1</sup> 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](http://www.kccllc.net/Petersen).

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



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

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

### **AMENDED SCHEDULES BAR DATE**

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

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

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

### **GLOBAL NOTES**

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

### **RESERVATION OF RIGHTS**

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

Dated: April 22, 2025  
Wilmington, Delaware

Respectfully submitted,

**YOUNG CONAWAY STARGATT & TAYLOR,  
LLP**

*/s/ Shella Borovinskaya*

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*Counsel for the Debtors and Debtors in Possession*

**Schedule 1**

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

**Schedule A/B, Part 11 Amendments**

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

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

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

**Schedule E/F Amendments**

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

**Schedule G Amendments**

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

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

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

**SOFA Part 2, Question 4 Amendments**

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

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

**In re**

**SC HEALTHCARE HOLDING, LLC *et al.*,  
  
Debtors.<sup>1</sup>**

Chapter 11

Case No. 24-10443 (TMH)

Jointly Administered

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

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**INTRODUCTION**

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

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

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<sup>1</sup> 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](http://www.kccllc.net/Petersen).

<sup>2</sup> 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”),<sup>3</sup> 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.<sup>4</sup> 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

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

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

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

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

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

## **SPECIFIC ADDITIONAL DISCLOSURES WITH RESPECT TO AMENDED SCHEDULES AND STATEMENTS**

### **Schedule A/B**

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

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

### **Schedule E/F**

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

### **Schedule G**

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

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

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

### **Statement of Financial Affairs**

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

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

*[Remainder of page left intentionally blank]*

**EXHIBIT A**

**Amended Schedules**

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

In re:

SC HEALTHCARE HOLDING, LLC, *et al.*,  
Debtors.<sup>1</sup>

Chapter 11

Case No. 24-10443 (TMH)

(Jointly Administered)

**AMENDED SCHEDULES OF ASSETS AND LIABILITIES FOR  
PETERSEN HEALTH CARE, INC. (CASE NO. 24-10528)**

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Amended Herein:

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

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

Debtor Name: In re : Petersen Health Care, 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****Part 1: Summary of Assets****1. Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B* .....

\$ 0.00

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

\$ 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****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

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

\$ 440.00

**3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F* .....

+ \$ 2,446,065.95

**4. Total liabilities**

Lines 2 + 3a + 3b .....

\$ 6,514,522.67

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

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

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

2.1 None \$ \_\_\_\_\_

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

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number		
3.1 CIBC	Operating	4609	\$	222,420.78
3.2 CIBC	Operating	0304	\$	21,433.36

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

4.1 Real Estate Tax Escrow \$ 169,133.86

**5. Total of Part 1**

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

\$ 412,988.00

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

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

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

Current value of debtor's interest

**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1 None \$

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

Description, including name of holder of prepayment

8.1 Prepaid Insurance \$ 81,242.39

8.2 Prepaid Management Fees \$ 4,229,693.31

8.3 Vendor Security Deposit Receivable \$ 4,034.00

**9. Total of Part 2.**

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

\$ 4,314,969.70

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

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

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

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

	Description	face amount	doubtful or uncollectible accounts		
11a. 90 days old or less:	Accounts Receivables	\$ 10,391,623.85	- \$	=..... →	\$ 10,391,623.85

*Note: See Global Notes*

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

*Note: See Global Notes***12. Total of Part 3.**

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

\$ 10,391,623.85
------------------

Debtor: Petersen Health Care, Inc.

Case number (if known):

24-10528

Name

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

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

Valuation method used  
for current value

Current value of debtor's interest

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

Name of fund or stock:

14.1 None \$

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

Name of entity:

% of ownership:

15.1 Petersen Health Junction, LLC 99.00% \$ Undetermined

15.2 SABL, LLC 19.10% \$ Undetermined

15.3 SC Healthcare Holding, LLC 19.10% \$ Undetermined

15.4 Sunset HCC, LLC 100.00% \$ Undetermined

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

Describe:

16.1 None \$

**17. Total of Part 4.**

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

\$ 0.00

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

**Part 5: Inventory, excluding agriculture assets****18. Does the debtor own any inventory (excluding agriculture assets)?**

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

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

**23. Total of Part 5.**

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

\$ 0.00

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

- ☐ No
- ☐ Yes

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

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

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

- ☐ No
- ☐ Yes

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

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

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

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

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

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

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

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

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

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

- ☐ No
- ☐ Yes

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

- ☐ No
- ☐ Yes

Debtor: Petersen Health Care, Inc.

Case number (if known):

24-10528

Name

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

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

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

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

## 39. Office furniture

39.1 Total FFE from Balance Sheet	\$ 26,266.65	Net Book Value	\$ 26,266.65
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## 40. Office fixtures

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

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

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

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

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

## 43. Total of Part 7.

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

\$ 26,266.65
--------------

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

- ☒ No
- ☐ Yes

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

- ☒ No
- ☐ Yes

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

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

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

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

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

47.1 See Schedule A/B 47 Attachment	\$ Undetermined		\$ 434,798.25
47.2 None	\$		\$

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

48.1 See Schedule A/B 48 Attachment	\$ Undetermined		\$ Undetermined
48.2 1998 Rettig Ent (trailer)-Rettig Ent (trailer) VIN: 4JMF5111XW1001167	\$ Undetermined		\$ Undetermined
48.3 2005 Rettig Ent (trailer)-Rettig Ent (trailer) VIN: 4JMUN131951019265	\$ Undetermined		\$ Undetermined
48.4 2004 Load Trailer (trailer)-Load Trailer (trailer) VIN: 4ZEHH101241725119	\$ Undetermined		\$ Undetermined
48.5 2021 Jet Ski Trailer GC27-Jet Ski Trailer GC27 VIN: 5KTWS1510MF538707	\$ Undetermined		\$ Undetermined
48.6 2021 SeaDoo 30MC-SeaDoo 30MC VIN: YDV37424L021	\$ Undetermined		\$ Undetermined
48.7 2021 SeaDoo 30ME-SeaDoo 30ME VIN: YDV29892L021	\$ Undetermined		\$ Undetermined

**49. Aircraft and accessories**

49.1 None	\$		\$
-----------	----	--	----

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

50.1 None	\$		\$
-----------	----	--	----

**51. Total of Part 8.**

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

\$ 434,798.25

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

- ☒ No
- ☐ Yes

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

- ☒ No
- ☐ Yes

Debtor: Petersen Health Care, Inc.

Case number (if known):

24-10528

Name

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

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

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

Description and location of property		Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.					
55.1	Courtyard Estates of Canton - 160 E. Walnut Street, Canton, IL 61520	Owned	\$ 4,044,717.02		\$ Undetermined
55.2	House - 131 E Morningside Dr Peoria, IL	Owned	\$ Undetermined		\$ Undetermined
55.3	Riverview Estates - 200 North Schrader, Havana, IL 62644	Owned	\$ 335,437.42		\$ Undetermined
55.4	This is a mixed use building - 1233 E. Sciota Ave, Peoria Heights, IL 61616	Owned	\$ Undetermined		\$ Undetermined

**56. Total of Part 9.**

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

\$ 0.00

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

- ☒ No
- ☐ Yes

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

- ☒ No
- ☐ Yes

Debtor: Petersen Health Care, Inc.

Case number (if known):

24-10528

Name

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

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

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

**66. Total of Part 10.**

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

\$ 0.00

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

- ☐ No
- ☒ Yes

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

- ☒ No
- ☐ Yes

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

- ☒ No
- ☐ Yes

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

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

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

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

Current value of debtor's interest

**71. Notes receivable**

Description (include name of obligor)	Total face amount	doubtful or uncollectible accounts	
71.1 Employee Advances / Loans	\$ 150.00	- \$ Undetermined	=..... → \$ 150.00
71.2 None	\$	- \$	=..... → \$

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

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

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

73.1 Life Insurance Policy: 151223331	\$ Undetermined
---------------------------------------	-----------------

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

74.1 See Global Notes	\$
Nature of claim	
Amount requested	\$

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

75.1 None	\$
Nature of claim	
Amount requested	\$

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

76.1 None	\$
-----------	----

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

77.1 See AMENDED A/B 77 Attachment	\$ 47,104,123.29
------------------------------------	------------------

**78. Total of Part 11.**

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

\$ 47,104,273.29

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

- ☐ No
- ☐ Yes

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

**Part 12: Summary**

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

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

**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 Unsecured Claims

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

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

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

Total claim	Priority amount
\$ 440.00	\$ 440.00

## 2.1 Priority creditor's name and mailing address

Internal Revenue Service

Creditor Name

Creditor's Notice name

569 West Monroe Street, Suite 1100

Address

Chicago IL 60675  
City State ZIP Code

Country

## Date or dates debt was incurred

Various

Last 4 digits of account number

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

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

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

## Basis for the claim:

Taxes

Is the claim subject to offset?

- ☒ No
- ☐ Yes

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

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

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

ADAM DENNING

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

**Date or dates debt was incurred**

4/23/2024

**Last 4 digits of account**

number

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

Undetermined

*Check all that apply.*☐ Contingent☒ Unliquidated☒ Disputed**Basis for the claim:**

Worker's Comp

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

ALBERT BENSON

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

**Date or dates debt was incurred**

9/14/2023

**Last 4 digits of account**

number

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

102,457.93

*Check all that apply.*☐ Contingent☒ Unliquidated☒ Disputed**Basis for the claim:**

Worker's Comp

**Is the claim subject to offset?**☒ No☐ Yes

Debtor: Petersen Health Care, Inc.

Case number (if known):

24-10528

Name

## 3.3 Nonpriority creditor's name and mailing address

ALEXIS HALL

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

## Date or dates debt was incurred

11/15/2023

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$ 120.05

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## 3.4 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

11/20/2023

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$ 440.84

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## Is the claim subject to offset?

☒ No☐ Yes

Debtor: Petersen Health Care, Inc.

Case number (if known):

24-10528

Name

## 3.5 Nonpriority creditor's name and mailing address

AMBER STEAGALL

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

## Date or dates debt was incurred

5/5/2023

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$ 332.77

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## 3.6 Nonpriority creditor's name and mailing address

ASHLEY HAMMITT

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

## Date or dates debt was incurred

7/14/2023

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$ 13,882.90

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## Is the claim subject to offset?

☒ No☐ Yes

Debtor: Petersen Health Care, Inc.

Case number (if known):

24-10528

Name

## 3.7 Nonpriority creditor's name and mailing address

ASHLEY HOLT SCHULT

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

## Date or dates debt was incurred

9/14/2023

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$ 96.44

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## 3.8 Nonpriority creditor's name and mailing address

BARBARA SHEPHARD

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

## Date or dates debt was incurred

8/1/2023

Last 4 digits of account  
number

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

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## Is the claim subject to offset?

☒ No☐ Yes

Debtor: Petersen Health Care, Inc.

Case number (if known):

24-10528

Name

## 3.9 Nonpriority creditor's name and mailing address

BLAIR TATE

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

## Date or dates debt was incurred

5/30/2023

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$ 15,133.00

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## 3.10 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

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$ 619.71

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## Is the claim subject to offset?

☒ No☐ Yes

Debtor: Petersen Health Care, Inc.

Case number (if known):

24-10528

Name

## 3.11 Nonpriority creditor's name and mailing address

BRANDI SPALDING

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

## Date or dates debt was incurred

9/11/2023

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$ 1,846.23

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## 3.12 Nonpriority creditor's name and mailing address

BRITTANY DUTTON

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

## Date or dates debt was incurred

10/31/2023

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$ 23,847.03

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## Is the claim subject to offset?

☒ No☐ Yes

Debtor: Petersen Health Care, Inc.

Case number (if known):

24-10528

Name

## 3.13 Nonpriority creditor's name and mailing address

CARRIE CASTILLO

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

## Date or dates debt was incurred

4/3/2024

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$ 4,025.00

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## 3.14 Nonpriority creditor's name and mailing address

CASSANDRA SWORDS

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

## Date or dates debt was incurred

10/6/2023

Last 4 digits of account  
number

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

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## Is the claim subject to offset?

☒ No☐ Yes

Debtor: Petersen Health Care, Inc.

Case number (if known):

24-10528

Name

## 3.15 Nonpriority creditor's name and mailing address

CHARLOTTE DORIAN

Creditor Name

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

As of the petition filing date, the claim is: \$ 18,786.62

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## 3.16 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

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$ 1,828.60

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## Is the claim subject to offset?

☒ No☐ Yes

Debtor: Petersen Health Care, Inc.

Case number (if known):

24-10528

Name

## 3.17 Nonpriority creditor's name and mailing address

CHRISTABEL GARVIN

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

## Date or dates debt was incurred

7/25/2023

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$ 101,013.50

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## 3.18 Nonpriority creditor's name and mailing address

DAISY MAST

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

## Date or dates debt was incurred

7/25/2023

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$ 338.23

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## Is the claim subject to offset?

☒ No☐ Yes

Debtor: Petersen Health Care, Inc.

Case number (if known):

24-10528

Name

## 3.19 Nonpriority creditor's name and mailing address

DAISY MAST

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

## Date or dates debt was incurred

7/25/2023

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$ 338.23

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## 3.20 Nonpriority creditor's name and mailing address

DEBRA DAVIS

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

## Date or dates debt was incurred

9/15/2023

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$ 379,089.20

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## Is the claim subject to offset?

☒ No☐ Yes

Debtor: Petersen Health Care, Inc.

Case number (if known):

24-10528

Name

## 3.21 Nonpriority creditor's name and mailing address

DEBRA TREADWAY

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

## Date or dates debt was incurred

4/13/2023

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$ 3,443.38

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## 3.21 Nonpriority creditor's name and mailing address

DEMETRA RUFFIN

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

## Date or dates debt was incurred

11/8/2023

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$ 10,068.20

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## Is the claim subject to offset?

☒ No☐ Yes

Debtor: Petersen Health Care, Inc.

Case number (if known):

24-10528

Name

## 3.23 Nonpriority creditor's name and mailing address

DESIREE SPAIN

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

## Date or dates debt was incurred

9/22/2023

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$ 17,001.34

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## 3.24 Nonpriority creditor's name and mailing address

DETRA TUCKER

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

## Date or dates debt was incurred

5/9/2024

Last 4 digits of account  
number

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

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## Is the claim subject to offset?

☒ No☐ Yes

Debtor: Petersen Health Care, Inc.

Case number (if known):

24-10528

Name

## 3.25 Nonpriority creditor's name and mailing address

DOMINIC KARIBIAN

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

## Date or dates debt was incurred

8/1/2023

Last 4 digits of account  
number

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

Undetermined

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## 3.26 Nonpriority creditor's name and mailing address

GLENN CARPENTER

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

## Date or dates debt was incurred

9/30/2023

Last 4 digits of account  
number

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

1,158.35

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## Is the claim subject to offset?

☒ No☐ Yes

Debtor: Petersen Health Care, Inc.

Case number (if known):

24-10528

Name

## 3.27 Nonpriority creditor's name and mailing address

HAILEY HARDY

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

## Date or dates debt was incurred

6/9/2023

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$ 170.51

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## 3.28 Nonpriority creditor's name and mailing address

JACK FISCHER

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

## Date or dates debt was incurred

8/28/2023

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$ 1,059.18

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## Is the claim subject to offset?

☒ No☐ Yes

Debtor: Petersen Health Care, Inc.

Case number (if known):

24-10528

Name

## 3.29 Nonpriority creditor's name and mailing address

JAMES BULLA

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

## Date or dates debt was incurred

5/23/2023

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$ 142.98

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## 3.29 Nonpriority creditor's name and mailing address

JENNIFER VAUGHN

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

## Date or dates debt was incurred

10/12/2023

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$ 953.00

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## Is the claim subject to offset?

☒ No☐ Yes

Debtor: Petersen Health Care, Inc.

Case number (if known):

24-10528

Name

## 3.31 Nonpriority creditor's name and mailing address

JESSICA DAVIS

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

## Date or dates debt was incurred

11/20/2023

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$ 1,293.43

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## 3.32 Nonpriority creditor's name and mailing address

JESSICA MCFARLAND

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

## Date or dates debt was incurred

2/7/2024

Last 4 digits of account  
number

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

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## Is the claim subject to offset?

☒ No☐ Yes

Debtor: Petersen Health Care, Inc.

Case number (if known):

24-10528

Name

## 3.33 Nonpriority creditor's name and mailing address

KAMI FREEMAN

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

## Date or dates debt was incurred

9/29/2023

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$ 45,457.57

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## 3.34 Nonpriority creditor's name and mailing address

KAMI MEANS

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

## Date or dates debt was incurred

3/12/2024

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$ 23,000.01

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## Is the claim subject to offset?

☒ No☐ Yes

Debtor: Petersen Health Care, Inc.

Case number (if known):

24-10528

Name

## 3.35 Nonpriority creditor's name and mailing address

KAREN SALL

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

## Date or dates debt was incurred

9/7/2023

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$ 321.10

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## 3.36 Nonpriority creditor's name and mailing address

KARRI PAINTER

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

## Date or dates debt was incurred

10/26/2023

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$ 1,373.45

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## Is the claim subject to offset?

☒ No☐ Yes

Debtor: Petersen Health Care, Inc.

Case number (if known):

24-10528

Name

## 3.37 Nonpriority creditor's name and mailing address

KATELYN MATZNICK

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

## Date or dates debt was incurred

11/15/2023

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$ 422.35

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## 3.38 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

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$ 368.04

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## Is the claim subject to offset?

☒ No☐ Yes

Debtor: Petersen Health Care, Inc.

Case number (if known):

24-10528

Name

## 3.39 Nonpriority creditor's name and mailing address

KATHRYN LESTER

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

## Date or dates debt was incurred

5/22/2023

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$ 6,320.57

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## 3.40 Nonpriority creditor's name and mailing address

KATIE FUOSS

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

## Date or dates debt was incurred

10/5/2023

Last 4 digits of account  
number

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

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## Is the claim subject to offset?

☒ No☐ Yes

Debtor: Petersen Health Care, Inc.

Case number (if known):

24-10528

Name

## 3.41 Nonpriority creditor's name and mailing address

KAYLYN ROHN

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

## Date or dates debt was incurred

11/8/2023

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$ 2,444.31

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## 3.42 Nonpriority creditor's name and mailing address

KYLEIGH HOWARD

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

## Date or dates debt was incurred

4/4/2024

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$ 9,607.00

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## Is the claim subject to offset?

☒ No☐ Yes

Debtor: Petersen Health Care, Inc.

Case number (if known):

24-10528

Name

## 3.43 Nonpriority creditor's name and mailing address

LAURIE PERSINGER

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

## Date or dates debt was incurred

9/7/2023

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$ 71,992.44

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## Is the claim subject to offset?

☒ No☐ Yes

## 3.44 Nonpriority creditor's name and mailing address

Law Office of Jeffrey Krumpe

Creditor Name

Creditor's Notice name

110 SW Jeffereson

Address

Suite 410

Peoria

IL

61602

City

State

ZIP Code

Country

## Date or dates debt was incurred

2/6/2024

Last 4 digits of account  
number

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

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Litigation

## Is the claim subject to offset?

☒ No☐ Yes

Debtor: Petersen Health Care, Inc.

Case number (if known):

24-10528

Name

## 3.45 Nonpriority creditor's name and mailing address

Levin &amp; Perconti

Creditor Name

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

8/15/2017

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$ 875,000.00

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Litigation

## 3.46 Nonpriority creditor's name and mailing address

Levin &amp; Perconti

Creditor Name

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

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$ 150,000.00

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Litigation

## Is the claim subject to offset?

☒ No☐ Yes

Debtor: Petersen Health Care, Inc.

Case number (if known):

24-10528

Name

## 3.47 Nonpriority creditor's name and mailing address

LILLY BAYS

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

## Date or dates debt was incurred

7/6/2023

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$ 2,418.05

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## 3.48 Nonpriority creditor's name and mailing address

LINDA JACKSON

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

## Date or dates debt was incurred

11/27/2023

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$ 8,150.00

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## Is the claim subject to offset?

☒ No☐ Yes

Debtor: Petersen Health Care, Inc.

Case number (if known):

24-10528

Name

## 3.49 Nonpriority creditor's name and mailing address

LISA OSBORN

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

## Date or dates debt was incurred

5/16/2023

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$ 50,778.35

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## 3.50 Nonpriority creditor's name and mailing address

LISA PETERS

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

## Date or dates debt was incurred

8/8/2023

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$ 4,290.12

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## Is the claim subject to offset?

☒ No☐ Yes

Debtor: Petersen Health Care, Inc.

Case number (if known):

24-10528

Name

## 3.51 Nonpriority creditor's name and mailing address

MARGARET WISNASKY

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

## Date or dates debt was incurred

8/23/2023

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$ 2,680.58

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## Is the claim subject to offset?

☒ No☐ Yes

## 3.52 Nonpriority creditor's name and mailing address

MELISSA CARNEY

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

## Date or dates debt was incurred

7/5/2023

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$ 32,245.65

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## Is the claim subject to offset?

☒ No☐ Yes

Debtor: Petersen Health Care, Inc.

Case number (if known):

24-10528

Name

## 3.53 Nonpriority creditor's name and mailing address

MIRANDA TSCHOPP

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

## Date or dates debt was incurred

11/27/2023

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$ 341.33

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## 3.54 Nonpriority creditor's name and mailing address

MORGAN LECKNER

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

## Date or dates debt was incurred

12/18/2023

Last 4 digits of account  
number

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

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## Is the claim subject to offset?

☒ No☐ Yes

Debtor: Petersen Health Care, Inc.

Case number (if known):

24-10528

Name

## 3.55 Nonpriority creditor's name and mailing address

PAIGE ORLANDI

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

## Date or dates debt was incurred

6/9/2023

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$ 6,347.98

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## 3.56 Nonpriority creditor's name and mailing address

PAM HARRIS

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

## Date or dates debt was incurred

4/3/2024

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$ 7,625.00

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## Is the claim subject to offset?

☒ No☐ Yes

Debtor: Petersen Health Care, Inc.

Case number (if known):

24-10528

Name

## 3.57 Nonpriority creditor's name and mailing address

PATRICIA DEUSHANE

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

## Date or dates debt was incurred

9/26/2023

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$ 56,424.96

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## Is the claim subject to offset?

☒ No☐ Yes

## 3.58 Nonpriority creditor's name and mailing address

Petersen Health Operations, LLC

Creditor Name

Creditor's Notice name

830 W Trailcreek Dr.

Address

Peoria

IL

61614

City

State

ZIP Code

Country

## Date or dates debt was incurred

As of 3/31/2024

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$ 500.00

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

## Basis for the claim:

Inter Company Loan

## Is the claim subject to offset?

☒ No☐ Yes

Amended herein: added

Debtor: Petersen Health Care, Inc.

Case number (if known):

24-10528

Name

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

Petersen Healthcare VII, LLC

Creditor Name

Creditor's Notice name

830 W Trailcreek Dr.

Address

Peoria

IL

61614

City

State

ZIP Code

Country

**Date or dates debt was incurred**

As of 3/31/2024

**Last 4 digits of account****number***Amended herein: added***As of the petition filing date, the claim is:** \$ 300,000.00*Check all that apply.*☐ Contingent☐ Unliquidated☐ Disputed**Basis for the claim:**

Inter Company Loan

3.60 **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

**Last 4 digits of account****number****As of the petition filing date, the claim is:** \$ 1,429.89*Check all that apply.*☐ Contingent☒ Unliquidated☒ Disputed**Basis for the claim:**

Worker's Comp

**Is the claim subject to offset?**☒ No☐ Yes

Debtor: Petersen Health Care, Inc.

Case number (if known):

24-10528

Name

## 3.61 Nonpriority creditor's name and mailing address

SHAWNA MANN

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

## Date or dates debt was incurred

11/29/2023

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$ 4,196.83

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## 3.62 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

8/21/2023

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$ 2,192.96

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## Is the claim subject to offset?

☒ No☐ Yes

Debtor: Petersen Health Care, Inc.

Case number (if known):

24-10528

Name

## 3.63 Nonpriority creditor's name and mailing address

SHERRY TRUSTY

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

## Date or dates debt was incurred

11/20/2023

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$ 6,175.00

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## Is the claim subject to offset?

☒ No☐ Yes

## 3.64 Nonpriority creditor's name and mailing address

Sorling

Creditor Name

Creditor's Notice name

1 N Old State Capitol Plaza

Address

Suite 200

Springfield

IL

62701

City

State

ZIP Code

Country

## Date or dates debt was incurred

Various

Last 4 digits of account  
number

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

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Litigation

## Is the claim subject to offset?

☒ No☐ Yes

Debtor: Petersen Health Care, Inc.

Case number (if known):

24-10528

Name

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

Sorling

Creditor Name

Creditor's Notice name

1 N Old State Capitol Plaza

Address

Suite 200

Springfield

IL

62701

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account**

number

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

Undetermined

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed**Basis for the claim:**

Litigation

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

Sorling

Creditor Name

Creditor's Notice name

1 N Old State Capitol Plaza

Address

Suite 200

Springfield

IL

62701

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account**

number

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

Undetermined

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed**Basis for the claim:**

EEOC

**Is the claim subject to offset?**☒ No☐ Yes

Debtor: Petersen Health Care, Inc.

Case number (if known):

24-10528

Name

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

SUSAN EASTER

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

**Date or dates debt was incurred**

6/14/2023

**Last 4 digits of account  
number****As of the petition filing date, the claim is:** \$ 19,207.72*Check all that apply.*☐ Contingent☒ Unliquidated☒ Disputed**Basis for the claim:**

Worker's Comp

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

TAINESHA BONNER

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

**Date or dates debt was incurred**

5/5/2023

**Last 4 digits of account  
number****As of the petition filing date, the claim is:** \$ 49,277.94*Check all that apply.*☐ Contingent☒ Unliquidated☒ Disputed**Basis for the claim:**

Worker's Comp

**Is the claim subject to offset?**☒ No☐ Yes

Debtor: Petersen Health Care, Inc.

Case number (if known):

24-10528

Name

## 3.69 Nonpriority creditor's name and mailing address

TERESA CLIFTON

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

## Date or dates debt was incurred

6/12/2023

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$ 677.69

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## 3.70 Nonpriority creditor's name and mailing address

THOMAS MCCAULEY

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

## Date or dates debt was incurred

8/10/2023

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$ 2,337.41

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Worker's Comp

## Is the claim subject to offset?

☒ No☐ Yes

Debtor: Petersen Health Care, Inc.

Case number (if known):

24-10528

Name

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

VERNA HOFFMAN

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

**Date or dates debt was incurred**

4/29/2024

**Last 4 digits of account**

number

**As of the petition filing date, the claim is:** \$ 2,975.00*Check all that apply.*☐ Contingent☒ Unliquidated☒ Disputed**Basis for the claim:**

Worker's Comp

**Is the claim subject to offset?**☒ No☐ Yes

**Part 3:** List Others to Be Notified About Unsecured Claims

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

Name and mailing address

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

Last 4 digits of account number, if any

Name

Line

☐ Not Listed.Explain

Notice Name

Street

City

State

ZIP Code

Country

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

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

		Total of claim amounts
5a. Total claims from Part 1	5a.	\$ 440.00
5b. Total claims from Part 2	5b. +	\$ 2,446,065.95
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	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 leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease****2.1 State what the contract or lease is for and the nature of the debtor's interest**

Accelecure Professional Services Agreement

Accelecure Wound Professionals of Kansas, P.A.

Name

Notice Name

10900 NE 4th Street, Suite 1900

Address

**State the term remaining****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 of the debtor's interest**

Professional Services Agreement

Accelecure Wound Professionals of Kansas, P.A.

Name

Notice Name

10900 NE 4th Street, Suite 1900

Address

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

Bellevue

WA

98004

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

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

Global Master Services Agreement

ADP, LLC

Name

Attn General Counsel

Notice Name

One ADP Boulevard

Address

MS 425

State the term remaining

List the contract number of any government contract

Roseland

NJ

07068

City

State

ZIP Code

Country

Amended herein: added

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

Amendment to Nursing Facility Laboratory Agreement

Amerathon, LLC d/b/a American Health Associates

Name

Notice Name

102 East Main Street

Address

State the term remaining

List the contract number of any government contract

Galesburg

IL

61401

City

State

ZIP Code

Country

Amended herein: added

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

Recruiting Agreement

Aspen Associates Group, LLC

Name

Notice Name

26 West Dry Creek Circle, Suite 500

Address

State the term remaining

List the contract number of any government contract

Littleton

CO

80120

City

State

ZIP Code

Country

Amended herein: added

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

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

Mobile Imaging Service Agreement

BioTech X-ray, Inc

Name

Attn Tamara Schwartz, President

Notice Name

1065 Executive Parkway Ste.220

State the term remaining

Address

List the contract number of any government contract

St. Louis

MO

63141-6367

City

State

ZIP Code

Country

Amended herein: added

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

Service Agreement

BioTech X-ray, Inc

Name

Attn Tamara Schwartz, President

Notice Name

1065 Executive Parkway Ste.220

State the term remaining

Address

List the contract number of any government contract

St. Louis

MO

63141-6367

City

State

ZIP Code

Country

Amended herein: added

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

Amendment of Agreement Between Business Associates and BioTech X-ray, Inc.

BioTech X-ray, Inc.

Name

Attn President

Notice Name

1065 Executive Parkway, Ste. 220

State the term remaining

Address

List the contract number of any government contract

St. Louis

MO

63141-6367

City

State

ZIP Code

Country

Amended herein: added

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

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

Mobile Imaging Services Agreement

BioTech X-ray, Inc.

Name

Attn Tamara Schwartz, President

Notice Name

1065 Executive Parkway, Ste.220

State the term remaining

Address

List the contract number of any government contract

St. Louis

MO

63141-6367

City

State

ZIP Code

Country

Amended herein: added

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

Long Term Care Facility Agreement

BJC Home Care Services dba BJC Hospice

Name

Ruth N. Castellano

Notice Name

9890 Clayton Rd.

State the term remaining

Address

List the contract number of any government contract

St. Louis

MO

63124

City

State

ZIP Code

Country

Amended herein: added

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

Renewal Customer Service Agreement

Call One Inc.

Name

Notice Name

225 West Wacker Drive 8th Floor

State the term remaining

Address

List the contract number of any government contract

Chicago

IL

60606

City

State

ZIP Code

Country

Amended herein: added

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

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

Bulk Services Agreement

Comcast of Illinois/Indiana/Ohio, LLC

Name

Attn Regional MDU Sales Manager

Notice Name

1500 McConn or Parkway

Address

State the term remaining

List the contract number of any government contract

Schaumburg

IL

60173

City

State

ZIP Code

Country

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

Installation and Services Agreement

Comcast of Illinois/Indiana/Ohio, LLC

Name

Attn MDU Manager

Notice Name

1500 McConnor Parkway #200

Address

State the term remaining

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 of the debtor's interest**

Services Agreement

Comcast of Illinois/Indiana/Ohio, LLC

Name

Attn MDU Manager

Notice Name

1500 McConnor Parkway #200

Address

State the term remaining

List the contract number of any government contract

Schaumburg

IL

60173

City

State

ZIP Code

Country

*Amended herein: added*

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 of the debtor's interest**

Platinum Premier Maintenance Agreement

Courtyard Estates Canton

Name

Notice Name

2nd Ave &amp; Walnut St

Address

State the term remaining

List the contract number of any government contract

Canton

IL

61520

City

State

ZIP Code

Country

Amended herein: added

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

Biomedical Waste Courier for the Purpose of Treatment and Disposal Agreement

Danner Medical

Name

Notice Name

1717 West Maud St.

Address

State the term remaining

List the contract number of any government contract

Poplar Bluff

MO

63901

City

State

ZIP Code

Country

Amended herein: added

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

Information Use and Disclosure Agreement

E\*Healthline.com, Inc.

Name

Notice Name

2450 Venture Oaks Way, #100

Address

State the term remaining

List the contract number of any government contract

Sacramento

CA

95833

City

State

ZIP Code

Country

Amended herein: added

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

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

Amendment No. 3 to Pharmacy Products and Services Agreement

Enloe Drugs, LLC

Name

OMNICARE OF DECATUR

Notice Name

796 N. SUNNYSIDE ROAD

Address

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

Decatur

IL

62522-1156

City

State

ZIP Code

Country

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

Addendum to Contract

Favorite Healthcare Staffing, Inc.

Name

Notice Name

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

Address

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

Overland Park

KS

66212-2215

City

State

ZIP Code

Country

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

Amendment to Supplemental Staffing Agreement

Favorite Healthcare Staffing, Inc.

Name

Notice Name

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

Address

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

Overland Park

KS

66212-2215

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

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

Rate Agreement

Favorite Healthcare Staffing, Inc.

Name

Notice Name

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

Address

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

Overland Park

KS

66212-2215

City

State

ZIP Code

Country

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

Addendum to Contact

Gale Healthcare Solutions, LLC

Name

Attn Chief Administrative Officer

Notice Name

3101 W Dr. Martin Luther King Jr. Blvd, Suite 200

Address

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

Tampa

FL

33635

City

State

ZIP Code

Country

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

Amendment to Customer Staffing Agreement

Gale Healthcare Solutions, LLC

Name

Attn Chief Administrative Officer

Notice Name

3101 W Dr. Martin Luther King Jr. Blvd, Suite 200

Address

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

Tampa

FL

33635

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

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 D/B/A Danner Medical Waste  
Name

Notice Name

1717 West Maud St.

Address

State the term remaining

List the contract number of any government contract

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 of the debtor's interest**

Clinical Laboratory Services Agreement

Gamma HealthCare, Inc.  
Name

Notice Name

1717 West Maud

Address

State the term remaining

List the contract number of any government contract

Poplar Bluff

MO

63901

City

State

ZIP Code

Country

Amended herein: added

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

Laboratory Services Agreement

Gamma Healthcare, Inc.  
Name

Notice Name

1717 West Maud

Address

State the term remaining

List the contract number of any government contract

Poplar Bluff

MO

63901

City

State

ZIP Code

Country

Amended herein: added

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

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

Radiology Services Agreement

Gamma HealthCare, Inc.

Name

Notice Name

1717 West Maud St.

Address

State the term remaining

List the contract number of any government contract

Poplar Bluff

MO

63901

City

State

ZIP Code

Country

Amended herein: added

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

Lease and Service Agreement

Gateway ProClean, Inc.

Name

Notice Name

2081 Exchange Drive

Address

State the term remaining

List the contract number of any government contract

St. Charles

MO

63303

City

State

ZIP Code

Country

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

Lease and Service Agreement

Gateway ProClean, Inc.

Name

Notice Name

2081 Exchange Drive

Address

State the term remaining

List the contract number of any government contract

St. Charles

MO

63303

City

State

ZIP Code

Country

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

2.30 **State what the contract or lease is for and the nature of the debtor's interest**Lease and Service Agreement and Credit ApplicationGateway ProClean, Inc.

Name

Notice Name

2081 Exchange Drive

Address

**State the term remaining****List the contract number of any government contract**St. CharlesMO63303

City

State

ZIP Code

Country

2.31 **State what the contract or lease is for and the nature of the debtor's interest**Lease and Service Agreement and Credit ApplicationGateway ProClean, Inc.

Name

Notice Name

2081 Exchange Drive

Address

**State the term remaining****List the contract number of any government contract**St. CharlesMO63303

City

State

ZIP Code

Country

2.32 **State what the contract or lease is for and the nature of the debtor's interest**Lease and Service AgreementGateway Proclean, Inc.

Name

Notice Name

2081 Exchange Drive

Address

**State the term remaining****List the contract number of any government contract**St. CharlesMO63303

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

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

Purchasing Agreement

Gem Medical Supplies, LLC

Name

Notice Name

730 Anthony Trail

Address

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

Northbrook

IL

60062

City

State

ZIP Code

Country

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

Residential Hospice Care Agreement for Services to Residents of Nursing Facilities

Hospice of Illinois LLC, dba Harbor Light Hospice

Name

Notice Name

1N131 County Farm Road

Address

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

Winfield

IL

60190

City

State

ZIP Code

Country

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

Standard Service Agreement (Assisted Living Facility)

Insight Communications Midwest, LLC

Name

Notice Name

3517 N. Dries Lane

Address

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

Peoria

IL

61604

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

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

Addendum to Contract Between Staffing Agency and Nursing Facility

Interim HealthCare of Downstate Illinois  
Name

Notice Name

1223 W. Pioneer Parkway

Address

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

Peoria

IL

61615

City

State

ZIP Code

Country

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

Health Care Staffing Agreement

Interim HealthCare of Downstate Illinois  
Name

Notice Name

1223 W. Pioneer Parkway

Address

**State the term remaining****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 of the debtor's interest**

Amended and Restated Therapy Services Agreement

Kindred Rehab Services, LLC  
Name

Attn VP, Finance

Notice Name

Rehab Care

Address

680 South Fourth Street

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

Louisville

KY

40202

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

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

Master Retail Electricity and Purchase Agreement

Kona Energy, LLC

Name

Attn Contracts

Notice Name

8127 Mesa Dr., Suite B206-241

Address

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

Austin

TX

78759

City

State

ZIP Code

Country

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

Non-Disclosure Agreement

LBMC W Squared, LLC

Name

Notice Name

201 Franklin Road, Suite 400

Address

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

Brentwood

TN

37027

City

State

ZIP Code

Country

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

Transfer Agreement

Mason District Hospital

Name

Notice Name

PO Box 530

Address

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

Havana

IL

62644530

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

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

Master Contract for Biohazard Waste

MCKay's Haz-Mat Truck Service, Inc.

Name

Notice Name

PO Box 1444

Address

State the term remaining

List the contract number of any government contract

Centralia

IL

62801

City

State

ZIP Code

Country

Amended herein: added

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

Prime Vendor Product Supply Agreement

McKesson Medical-Surgical Minnesota Supply Inc.

Name

Notice Name

8121 Tenth Avenue North

Address

State the term remaining

List the contract number of any government contract

Golden Valley

MN

55427

City

State

ZIP Code

Country

Amended herein: added

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

MDU Agreement for CATV and Mediacom Online Services

Mediacom Iowa, LLC

Name

Notice Name

1 Mediacom Way

Address

State the term remaining

List the contract number of any government contract

Mediacom Park

NY

10918

City

State

ZIP Code

Country

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

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

Amendment to Contract

Medical Staffing Solutions, LLC

Name

Notice Name

8601 N. Kentucky Ave, Suite A

Address

State the term remaining

List the contract number of any government contract

Evansville

IN

47725

City

State

ZIP Code

Country

Amended herein: added

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

Amendment to Professional Services Agreement

Medical Staffing Solutions, LLC

Name

Notice Name

8601 N. Kentucky Ave, Suite A

Address

State the term remaining

List the contract number of any government contract

Evansville

IN

47725

City

State

ZIP Code

Country

Amended herein: added

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

Attachment 1 to Professional Services Agreement

Medical Staffing Solutions, LLC

Name

Notice Name

8601 N. Kentucky Ave, Suite A

Address

State the term remaining

List the contract number of any government contract

Evansville

IN

47725

City

State

ZIP Code

Country

Amended herein: added

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

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

Professional Services Agreement

Medical Staffing Solutions, LLC

Name

Attn Chief Executive Officer

Notice Name

9700 HWY 57N, Suite A

State the term remaining

Address

List the contract number of any government contract

Evansville

IN

47725

City

State

ZIP Code

Country

Amended herein: added

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

Rental as a Service Agreement

MediLogix, LLC

Name

Notice Name

1512 Larimer Street, Suite 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 of the debtor's interest**

Amendment No. 2 to Pharmacy Consultant Agreement

Omnicare

Name

Attn Legal

Notice Name

One CVS Drive Mail Code 1160

State the term remaining

Address

List the contract number of any government contract

Woonsocket

RI

02895

City

State

ZIP Code

Country

Amended herein: added

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

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

Name

Attn Legal

Notice Name

One CVS Drive Mail Code 1160

Address

**State the term remaining****List the contract number of any government contract**WoonsocketRI02895

City

State

ZIP Code

Country*Amended herein: added*2.52 **State what the contract or lease is for and the nature of the debtor's interest**Amendment No. 6 to Pharmacy Products and Services AgreementOmnicare

Name

Attn Legal

Notice Name

One CVS Drive Mail Code 1160

Address

**State the term remaining****List the contract number of any government contract**WoonsocketRI02895

City

State

ZIP Code

Country*Amended herein: added*2.53 **State what the contract or lease is for and the nature of the debtor's interest**Amendment to Pharmacy Consultant AgreementOmnicare

Name

Attn Legal

Notice Name

One CVS Drive Mail Code 1160

Address

**State the term remaining****List the contract number of any government contract**WoonsocketRI02895

City

State

ZIP Code

Country*Amended herein: added*

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

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

Omnicare

Name

Attn Legal

Notice Name

One CVS Drive Mail Code 1160

**State the term remaining**

Address

**List the contract number of any government contract**

Woonsocket

RI

02895

City

State

ZIP Code

Country

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

Pharmacy Consultant Agreement

Omnicare

Name

Attn Legal

Notice Name

One CVS Drive Mail Code 1160

**State the term remaining**

Address

**List the contract number of any government contract**

Woonsocket

RI

02895

City

State

ZIP Code

Country

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

Pharmacy Products and Services Agreement

Omnicare

Name

Attn Legal

Notice Name

One CVS Drive Mail Code 1160

**State the term remaining**

Address

**List the contract number of any government contract**

Woonsocket

RI

02895

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

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

Amendment to Pharmacy Consultant Agreement

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

Name

Notice Name

10400 Hickman Mills Drive, Suite 200

Address

State the term remaining

List the contract number of any government contract

Kansas City

MO

64137

City

State

ZIP Code

Country

Amended herein: added

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

Amendment to Pharmacy Products and Services Agreement

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

Name

Notice Name

10400 Hickman Mills Drive, Suite 200

Address

State the term remaining

List the contract number of any government contract

Kansas City

MO

64137

City

State

ZIP Code

Country

Amended herein: added

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

Amendment to Pharmacy Consultant Agreement

Omnicare, Inc.

Name

Attn General Counsel

Notice Name

900 Omnicare Center

Address

State the term remaining

List the contract number of any government contract

201 East Fourth Street

Cincinnati

OH

45202

City

State

ZIP Code

Country

Amended herein: added

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

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

Amendment to Pharmacy Products and Services Agreement

Omnicare, Inc.

Name

Attn General Counsel

Notice Name

900 Omnicare Center

Address

201 East Fourth Street

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

Cincinnati

OH

45202

City

State

ZIP Code

Country

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

Pharmacy Consultant Agreement

Omnicare, Inc.

Name

Attn General Counsel

Notice Name

900 Omnicare Center

Address

201 East Fourth Street

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

Cincinnati

OH

45202

City

State

ZIP Code

Country

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

Pharmacy Products and Services Agreement

Omnicare, Inc.

Name

Attn General Counsel

Notice Name

900 Omnicare Center

Address

201 East Fourth Street

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

Cincinnati

OH

45202

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

2.63 **State what the contract or lease is for and the nature of the debtor's interest**Deductible Reimbursement AgreementOneBeacon Insurance Group LLC

Name

Notice Name

601 Carlson Parkway

Address

**State the term remaining****List the contract number of any government contract**MinnetonkaMN55305

City

State

ZIP Code

Country

*Amended herein: added*2.64 **State what the contract or lease is for and the nature of the debtor's interest**Addendum to Contract Between Laboratory and Nursing FacilityOptimaLab, Inc.

Name

ATT Rehan Akhter

Notice Name

402 West Boughton Road

Address

**State the term remaining****List the contract number of any government contract**BolingbrookIL60440

City

State

ZIP Code

Country

*Amended herein: added*2.65 **State what the contract or lease is for and the nature of the debtor's interest**Revised Laboratory Service AgreementOptimaLab, Inc.

Name

Attn Rehan Akhter

Notice Name

402 West Boughton Road

Address

**State the term remaining****List the contract number of any government contract**BolingbrookIL60440

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

2.66 **State what the contract or lease is for and the nature of the debtor's interest**Revised Laboratory Services AgreementOptimaLab, Inc.

Name

Rehan Akhter

Notice Name

402 West Boughton Road

Address

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

City

IL

State

60440

ZIP Code

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

Name

Notice Name515 Warrrenville Road

Address

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

City

IL

State

60532

ZIP Code

Country2.68 **State what the contract or lease is for and the nature of the debtor's interest**Consulting AgreementPharmacy Price Management, LLC

Name

Attn Morton Cohen, CEO

Notice Name

1330 Locust Lane

Address

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

City

IL

State

60025

ZIP Code

Country*Amended herein: added*

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

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

Name

Pinnacle Financial Partners

Notice Name

21 Platform Way S. Suite 2300

Address

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

City

TN

State

37203

ZIP Code

Country*Amended herein: added*2.70 **State what the contract or lease is for and the nature of the debtor's interest**BillingPresto-X

Name

Notice Name4521 Leavenworth Street

Address

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

City

NE

State

68106-1437

ZIP Code

Country*Amended herein: added*2.71 **State what the contract or lease is for and the nature of the debtor's interest**Multi-Facility Supply and Services AgreementPulmonary Exchange, Ltd. aka PEL/VIP

Name

Attn Raymond Kalinsky

Notice Name

9840 SW Hwy.

Address

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

City

IL

State

60453

ZIP Code

Country*Amended herein: added*

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

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

Physiatry and Readmission Prevention Services Agreement

Puzzle Management Group, LLC

Name

Notice Name

607 Shelby St Ste 700-1356

Address

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

Detroit

MI

48226

City

State

ZIP Code

Country

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

Rental Agreement

RecoverCare, LLC

Name

Attn General Counsel

Notice Name

1920 Stanley Gault Pkwy, Suite 100

Address

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

Louisville

KY

40223

City

State

ZIP Code

Country

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

Rental Agreement

RecoverCare, LLC

Name

Attn General Counsel

Notice Name

1920 Stanley Gault Pkwy, Suite 100

Address

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

Louisville

KY

40223

City

State

ZIP Code

Country

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

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

Name

Attn General Counsel

Notice Name

1920 Stanley Gault Pkwy, Suite 100

Address

**State the term remaining****List the contract number of any government contract**LouisvilleKY40223

City

State

ZIP Code

Country2.76 **State what the contract or lease is for and the nature of the debtor's interest**Service AgreementRecoverCare, LLC

Name

Attn General Counsel

Notice Name

1920 Stanley Gault Pkwy, Suite 100

Address

**State the term remaining****List the contract number of any government contract**LouisvilleKY40223

City

State

ZIP Code

Country2.77 **State what the contract or lease is for and the nature of the debtor's interest**Service AgreementRecoverCare, LLC

Name

Attn General Counsel

Notice Name

1920 Stanley Gault Pkwy, Suite 100

Address

**State the term remaining****List the contract number of any government contract**LouisvilleKY40223

City

State

ZIP Code

Country

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

2.78 **State what the contract or lease is for and the nature of the debtor's interest**Rental AgreementRecoverCare, LLC

Name

General Counsel

Notice Name

1920 Stanley Gault Pkwy Suite 100

Address

**State the term remaining****List the contract number of any government contract**LouisvilleKY40223

City

State

ZIP Code

Country*Amended herein: added*2.79 **State what the contract or lease is for and the nature of the debtor's interest**Service AgreementRecoverCare, LLC

Name

Attn General Counsel

Notice Name

1920 Stanley Gault Pkwy Suite 100

Address

**State the term remaining****List the contract number of any government contract**LouisvilleKY40223

City

State

ZIP Code

Country*Amended herein: added*2.80 **State what the contract or lease is for and the nature of the debtor's interest**Therapy Services AgreementRehab Care Group East, Inc., dba RehabCare

Name

President, RehabCare

Notice Name

680 South Fourth Street

Address

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

City

State

ZIP Code

Country*Amended herein: added*

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

2.81 **State what the contract or lease is for and the nature of the debtor's interest**Business Associate AgreementRehabCare Group East, Inc.

Name

President, RehabCare

Notice Name

680 South Fourth Street

Address

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

City

State

ZIP Code

Country2.82 **State what the contract or lease is for and the nature of the debtor's interest**Business Associate AgreementRehabCare Group East, Inc.

Name

President, RehabCare

Notice Name

680 South Fourth Street

Address

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

City

State

ZIP Code

Country2.83 **State what the contract or lease is for and the nature of the debtor's interest**Business Associate AgreementRehabCare Group East, Inc.

Name

President, RehabCare

Notice Name

680 South Fourth Street

Address

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

City

State

ZIP Code

Country

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

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

Rehabilitation Therapy Services Agreement

RehabCare Group East, Inc.

Name

Attn General Counsel

Notice Name

7733 Forsyth Boulevard Suite 2300

**State the term remaining**

Address

**List the contract number of any government contract**

St. Louis

MO

63105

City

State

ZIP Code

Country

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

Therapy Services Agreement

RehabCare Group East, Inc.

Name

President, RehabCare

Notice Name

680 South Fourth Street

**State the term remaining**

Address

**List the contract number of any government contract**

Louisville

KY

40202

City

State

ZIP Code

Country

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

Therapy Services Agreement

RehabCare Group East, Inc. dba RehabCare

Name

President, RehabCare

Notice Name

680 South Fourth Street

**State the term remaining**

Address

**List the contract number of any government contract**

Louisville

KY

40202

City

State

ZIP Code

Country

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

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

Therapy Services Agreement

RehabCare Group East, Inc. dba RehabCare

Name

President, RehabCare

Notice Name

680 South Fourth Street

**State the term remaining**

Address

**List the contract number of any government contract**

Louisville

KY

40202

City

State

ZIP Code

Country

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

Therapy Services Agreement

RehabCare Group East, Inc. dba RehabCare

Name

President, RehabCare

Notice Name

680 South Fourth Street

**State the term remaining**

Address

**List the contract number of any government contract**

Louisville

KY

40202

City

State

ZIP Code

Country

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

Therapy Services Agreement

RehabCare Group East, Inc. dba RehabCare

Name

President, RehabCare

Notice Name

680 South Fourth Street

**State the term remaining**

Address

**List the contract number of any government contract**

Louisville

KY

40202

City

State

ZIP Code

Country

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

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

Therapy Services Agreement

RehabCare Group East, Inc. dba RehabCare

Name

President, RehabCare

Notice Name

680 South Fourth Street

Address

**State the term remaining****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 of the debtor's interest**

Therapy Services Agreement

RehabCare Group East, Inc. dba RehabCare

Name

President, RehabCare

Notice Name

680 South Fourth Street

Address

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

Louisville

KY

40202

City

State

ZIP Code

Country

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

Therapy Services Agreement

RehabCare Group East, Inc. dba RehabCare

Name

President, RehabCare

Notice Name

680 South Fourth Street

Address

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

Louisville

KY

40202

City

State

ZIP Code

Country

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

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

Name

Attn VP, Finance

Notice Name

680 South Fourth Street

Address

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

City

State

ZIP Code

Country*Amended herein: added*2.94 **State what the contract or lease is for and the nature of the debtor's interest**Second Amended and Restated and Reaffirmed Guaranty AgreementRehabCare Group East, LLC

Name

Attn Chief Financial Officer

Notice Name

680 South Fourth Street

Address

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

City

State

ZIP Code

Country*Amended herein: added*2.95 **State what the contract or lease is for and the nature of the debtor's interest**Peritoneal Dialysis Coordination AgreementRenal Life Link, Inc.

Name

Attn Group General Counsel

Notice Name

d/b/a Mount Vernon Dialysis

Address

**State the term remaining****List the contract number of any government contract**c/o DaVita Inc.2000 16th StreetDenverCO80202

City

State

ZIP Code

Country*Amended herein: added*

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

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

Nursing Facility Services Agreement Routine Hospice and Palliative Care (Illinois)

Residential Hospice of Southern Illinois

Name

Attention Administrator

Notice Name

4215 State Route 159

Address

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

Glen Carbon

IL

62034

City

State

ZIP Code

Country

*Amended herein: added*2.97 **State what the contract or lease is for and the nature of the debtor's interest**

Amendment to Nursing Facility Hospice Agreement

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

Name

Attn Post Acute Care Director

Notice Name

1004 Health Center Drive, Suite 202

Address

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

Mattoon

IL

61938

City

State

ZIP Code

Country

*Amended herein: added*2.98 **State what the contract or lease is for and the nature of the debtor's interest**

Protocol and Agreement of Hospice Services

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

Name

Attn Post Acute Care Director

Notice Name

Sarah Bush Lincoln Hospice

Address

1004 Health Center Drive, Suite 202

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

Mattoon

IL

61938

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

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

Protocol and Agreement for the Provision of Hospice Services and Inpatient Respite Care

Sarah Bush Lincoln Health Center dba Lincolnland Hospice

Name

Attn Post Acute Care Director

Notice Name

Lincolnland Hospice of Sarah Bush Lincoln

Address

1004 Health Center Drive, Suite 202

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

Mattoon

IL

61938

City

State

ZIP Code

Country

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

Agreement for Professional Services

Sheppard, Morgan &amp; Schwaab, Inc.

Name

Consulting Engineers

Notice Name

215 Market Street

Address

PO Box E

**State the term remaining****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 of the debtor's interest**

Amendment to Pharmaceutical Product Rebate Agreement

Smith &amp; Nephew, Inc.

Name

Attn Company Secretary

Notice Name

1450 E. Brooks Road

Address

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

Memphis

TN

38116

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

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

Rebate Agreement

Smith &amp; Nephew, Inc.

Name

Attn Company Secretary

Notice Name

1450 E. Brooks Road

Address

State the term remaining

List the contract number of any government contract

Memphis

TN

38116

City

State

ZIP Code

Country

Amended herein: added

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

EpicCare Link Site Level Agreement

Southern Illinois Hospital Services

Name

Attention Rex P. Budde

Notice Name

1239 E. Main St.

Address

State the term remaining

List the contract number of any government contract

Carbondale

IL

62902

City

State

ZIP Code

Country

Amended herein: added

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

Copier / Printer Maintenance Agreement

Sumner One Leasing Division

Name

Notice Name

6691 Manchester Avenue

Address

State the term remaining

List the contract number of any government contract

St. Louis

MO

63139

City

State

ZIP Code

Country

Amended herein: added

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

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

Lease Agreement

Sumner One Leasing Division

Name

Notice Name

P.O. Box 5180

Address

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

St. Louis

MO

63139

City

State

ZIP Code

Country

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

Lease Agreement

SumnerOne, Inc.

Name

Attn Secretary/Treasurer

Notice Name

Sumner Group Inc. Leasing Division

Address

6717 Waldemar Ave.

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

St. Louis

MO

63139

City

State

ZIP Code

Country

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

Residential Hospice Care Agreement for Services to Residents of Nursing Facilities

Transitions Hospice Central Illinois, LLC

Name

Notice Name

201 North Randolph Street

Address

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

Champaign

IL

61820

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name				
2.108	<b>State what the contract or lease is for and the nature of the debtor's interest</b>	Residential Hospice Care Agreement for Services to Residents of Nursing Facilities	Transitions Hospice, L.L.C	
			Name	
			Notice Name	
			12040 Raymond Court	
	<b>State the term remaining</b>		Address	
	<b>List the contract number of any government contract</b>			
		Huntley	IL	60142
		City	State	ZIP Code
		Country		
	<i>Amended herein: added</i>			
2.109	<b>State what the contract or lease is for and the nature of the debtor's interest</b>	Informal Settlement Agreement	U.S. Department of Labor	
			Name	
			Occupational Safety and Health Administration	
			Notice Name	
			1320 W. Commerce Drive, Suite 800	
	<b>State the term remaining</b>		Address	
	<b>List the contract number of any government contract</b>			
		Peoria	IL	61615
		City	State	ZIP Code
		Country		
2.110	<b>State what the contract or lease is for and the nature of the debtor's interest</b>	Informal Settlement Agreement	U.S. Department of Labor	
			Name	
			Occupational Safety and Health Administration	
			Notice Name	
			1320 W. Commerce Drive, Suite 800	
	<b>State the term remaining</b>		Address	
	<b>List the contract number of any government contract</b>			
		Peoria	IL	61615
		City	State	ZIP Code
		Country		

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name					
2.111	<b>State what the contract or lease is for and the nature of the debtor's interest</b>	Agreement for Nursing Facility, Inpatient and Inpatient Respite Services	Vitas Healthcare Corporation Midwest		
			Name		
			Attn General Manager		
			Notice Name		
			8 Executive Drive, Suite 150		
	<b>State the term remaining</b>		Address		
	<b>List the contract number of any government contract</b>				
			Fairview Heights	IL	62208
			City	State	ZIP Code
			Country		
	<i>Amended herein: added</i>				
2.112	<b>State what the contract or lease is for and the nature of the debtor's interest</b>	Agreement for Nursing Facility Services	Vitas Healthcare Corporation of Illinois		
			Name		
			Attn General Manager		
			Notice Name		
			105 Marquette Street, Suite A		
	<b>State the term remaining</b>		Address		
	<b>List the contract number of any government contract</b>				
			LaSalle	IL	61301
			City	State	ZIP Code
			Country		
2.113	<b>State what the contract or lease is for and the nature of the debtor's interest</b>	Agreement for Nursing Facility, Inpatient and Inpatient Respite Services	Vitas Healthcare Corporation of Illinois		
			Name		
			Attn General Manager		
			Notice Name		
			105 Marquette Street, Suite A		
	<b>State the term remaining</b>		Address		
	<b>List the contract number of any government contract</b>				
			LaSalle	IL	61301
			City	State	ZIP Code
			Country		

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name				
2.114	<b>State what the contract or lease is for and the nature of the debtor's interest</b>	Agreement for Nursing Facility, Inpatient and Inpatient Respite Services	Vitas Healthcare Corporation of Illinois	
			Name	
			Attn General Manager	
			Notice Name	
			105 Marquette Street, Suite A	
<b>State the term remaining</b>			Address	
<b>List the contract number of any government contract</b>				
		LaSalle	IL	61301
		City	State	ZIP Code
		Country		
2.115	<b>State what the contract or lease is for and the nature of the debtor's interest</b>	Letter re: Nursing Facility Agreement Dated or Amended January 1, 2013 with Vitas	Vitas Healthcare Corporation of Illinois	
			Name	
			Notice Name	
			105 Marquette Street, Suite A	
<b>State the term remaining</b>			Address	
<b>List the contract number of any government contract</b>				
		LaSalle	IL	61301
		City	State	ZIP Code
		Country		
2.116	<b>State what the contract or lease is for and the nature of the debtor's interest</b>	Letter re: Nursing Facility Agreement Dated or Amended January 1, 2013 with Vitas	Vitas Healthcare Corporation of Illinois	
			Name	
			Notice Name	
			105 Marquette Street, Suite A	
<b>State the term remaining</b>			Address	
<b>List the contract number of any government contract</b>				
		LaSalle	IL	61301
		City	State	ZIP Code
		Country		

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

2.117 **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 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*2.118 **State what the contract or lease is for and the nature of the debtor's interest**Letter Agreement re: Nursing Facility Agreement  
Dated or Amended January 1, 2013

Vitas Healthcare Corporation of Illinois

Name

Notice Name

105 Marquette Street, 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*

**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 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

**2. 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 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1	<div>Street</div> <div></div> <div></div> <div></div> <div>City State ZIP Code</div> <div>Country</div>		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

**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.**

**Declaration and signature**

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

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

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

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

Executed on 04/22/2025

MM / DD / YYYY

✕ / s / David R. Campbell

\_\_\_\_\_  
Signature of individual signing on behalf of debtor

David R. Campbell

\_\_\_\_\_  
Printed name

Authorized Signatory

\_\_\_\_\_  
Position or relationship to debtor

## In re: Petersen Health Care, 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
2005	Dodge Dakota	47888S-B	1D7HE22K85S319503	Undetermined		Undetermined
2006	Chevy 2500 Van	BL45186	1GCGG25V461179446	Undetermined		Undetermined
2006	Dodge Grand Caravan	BL45129	1D4GP24R66B754339	Undetermined		Undetermined
2009	Ford Cargo Van	DL57337	1FTNS24W79DA88626	Undetermined		Undetermined
2010	Ford F150 Supercab 4X4	29334S-B	1FTFX1EV5AKA18435	Undetermined		Undetermined
2010	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
2019	Mazda CX-5	DH50846	JM3KFABM2K0687666	Undetermined		Undetermined
2019	Mazda CX-5	DH50847	JM3KFACM7K1687851	Undetermined		Undetermined
2019	Mazda CX-5	DH50870	JM3KFABM0K0685589	Undetermined		Undetermined
2020	Ford Transit	496531D	1FBVU4X86LKB09332	Undetermined	Cost	\$56,000.00
2020	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

**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
			<b>TOTAL:</b>	<b>Undetermined</b>	<b>TOTAL:</b>	<b>\$434,798.25</b>

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

AMENDED Schedule A/B 77

Other property of any kind not already listed

Other property of any kind not already listed	Current value of debtor's interest	Amendment
Inter Company Loan - 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
<b>TOTAL:</b>	<b>\$47,104,123.29</b>	

**EXHIBIT B**

**Amended Statements**

**N/A**