IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

In re

SC HEALTHCARE HOLDING, LLC et al.,

Debtors.1

Chapter 11

Case No. 24-10443 (TMH)

Jointly Administered

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

PLEASE TAKE NOTICE OF THE FOLLOWING:

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

ORIGINAL SCHEDULES OF ASSETS AND LIABILITES AND STATEMENT OF FINANCIAL AFFAIRS

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

AMENDED SCHEDULES AND STATEMENTS

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

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



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

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

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

AMENDED SCHEDULES BAR DATE

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

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

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

GLOBAL NOTES

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

RESERVATION OF RIGHTS

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

Dated: April 22, 2025

Wilmington, Delaware

Respectfully submitted,

YOUNG CONAWAY STARGATT & TAYLOR, LLP

/s/ Shella Borovinskaya

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

Rodney Square

1000 North King Street

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

Email: amagaziner@ycst.com

sborovinskaya@ycst.com cthompson@ycst.com

and

WINSTON & STRAWN LLP

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

Chicago, IL 60601

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

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

and

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

200 Park Avenue

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

Email: chardman@winston.com

Counsel for the Debtors and Debtors in Possession

Schedule 1

List of Debtors Subject to Amended Schedules and Amended Statements

Schedule A/B, Part 11 Amendments

CYE Girard HCO, LLC

CYE Monmouth - PHC, Inc.

Lebanon HCO, LLC

Midwest Health Operations, LLC

Petersen Health & Wellness, LLC

Petersen Health Business, LLC

Petersen Health Care - Farmer City, LLC

Petersen Health Care - Illini, LLC

Petersen Health Care - Roseville, LLC

Petersen Health Care II, Inc.

Petersen Health Care Management, LLC

Petersen Health Care VIII, LLC

Petersen Health Care, Inc.

Petersen Health Enterprises, LLC

Petersen Health Group, LLC

Petersen Health Network, LLC

Petersen Health Properties, LLC

Petersen Health Quality, LLC

Petersen Health Systems, Inc.

Petersen Management Company, LLC

Petersen MT3, LLC

Piper HCO, LLC

SABL, LLC

SJL Health Systems, Inc.

Sullivan HCO, LLC

Tarkio HCO, LLC

Tuscola HCO, LLC

Westside HCO, LLC

XCH, LLC

Schedule A/B, Part 55 Amendments

Knoxville & Pennsylvania, LLC

Petersen Health Care II, Inc.

Petersen Health Systems, Inc.

Schedule E/F Amendments

CYE Girard HCO, LLC

CYE Kewanee- PHC, Inc.

CYE Knoxville - PHC, Inc.

CYE Monmouth - PHC, Inc.

Effingham HCO, LLC

El Paso - PHC, Inc

Kewanee HCO, LLC

Knoxville & Pennsylvania, LLC

Legacy - PHC Inc.

Marigold - PHC Inc.

Midwest Health Operations, LLC

Midwest Health Properties, LLC

North Aurora HCO, LLC

Petersen Health & Wellness, LLC

Petersen Health Business, LLC

Petersen Health Care - Farmer City, LLC

Petersen Health Care - Illini, LLC

Petersen Health Care - Roseville, LLC

Petersen Health Care II, Inc.

Petersen Health Care Management, LLC

Petersen Health Care VIII, LLC

Petersen Health Care, Inc.

Petersen Health Enterprises, LLC

Petersen Health Group, LLC

Petersen Health Network, LLC

Petersen Health Properties, LLC

Petersen Health Quality, LLC

Petersen Health Systems, Inc.

Petersen Management Company, LLC

Polo - PHC, Inc.

SABL, LLC

SJL Health Systems, Inc.

War Drive, LLC

XCH, LLC

Schedule G Amendments

Aledo HCO, LLC

Arcola HCO, LLC

Aspen HCO, LLC

Bement HCO, LLC

Betty's Garden HCO, LLC

Casey HCO, LLC

Collinsville HCO, LLC

CYE Bradford HCO, LLC

CYE Bushnell HCO, LLC

CYE Girard HCO, LLC

CYE Knoxville HCO, LLC

CYE Monmouth HCO, LLC

CYE Sullivan HCO, LLC

CYE Walcott HCO, LLC

Decatur HCO, LLC

Eastview HCO, LLC

Effingham HCO, LLC

Havana HCO, LLC

Jonesboro, LLC

Kewanee HCO, LLC

Knoxville & Pennsylvania, LLC

Lebanon HCO, LLC

Macomb, LLC

McLeansboro HCO, LLC

Midwest Health Operations, LLC

Midwest Health Properties, LLC

North Aurora HCO, LLC

Petersen Health & Wellness, LLC

Petersen Health Business, LLC

Petersen Health Care - Farmer City, LLC

Petersen Health Care - Illini, LLC

Petersen Health Care - Roseville, LLC

Petersen Health Care II, Inc.

Petersen Health Care III, LLC

Petersen Health Care Management, LLC

Petersen Health Care V, LLC

Petersen Health Care VII, LLC

Petersen Health Care XI, LLC

Petersen Health Care, Inc.

Petersen Health Enterprises, LLC

Petersen Health Group, LLC

Petersen Health Network, LLC

Petersen Health Properties, LLC

Petersen Health Quality, LLC

Petersen Health Systems, Inc.

Petersen Management Company, LLC

Petersen MT, LLC

Petersen MT3, LLC

Piper HCO, LLC

Pleasant View HCO, LLC

Prairie City HCO, LLC

Robings HCO, LLC

Rosiclare HCO, LLC

Royal HCO, LLC

SABL, LLC

SC Healthcare Holding, LLC

Shangri La HCO, LLC

Shelbyville HCO, LLC

SJL Health Systems, Inc.

South Elgin, LLC

Sullivan HCO, LLC

Swansea HCO, LLC

Tarkio HCO, LLC

Tuscola HCO, LLC

Twin HCO, LLC

Vandalia HCO, LLC

Village Kewanee HCO, LLC

War Drive, LLC

Watseka HCO, LLC

Westside HCO, LLC

XCH, LLC

SOFA Part 2, Question 4 Amendments

Midwest Health Operations, LLC

Petersen Health & Wellness, LLC

Petersen Health Care - Illini, LLC

Petersen Health Care - Roseville, LLC

Petersen Health Care II, Inc.

Petersen Health Care Management, LLC

Petersen Health Network, LLC

Petersen Health Systems, Inc.

Petersen Management Company, LLC

SABL, LLC

SJL Health Systems, Inc.

XCH, LLC

IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

In re

SC HEALTHCARE HOLDING, LLC et al.,

Debtors.1

Chapter 11

Case No. 24-10443 (TMH)

Jointly Administered

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

INTRODUCTION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SPECIFIC ADDITIONAL DISCLOSURES WITH RESPECT TO AMENDED SCHEDULES AND STATEMENTS

Schedule A/B

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

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

Schedule E/F

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

Schedule G

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

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

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

Statement of Financial Affairs

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

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

[Remainder of page left intentionally blank]

EXHIBIT A

Amended Schedules

IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

In re:

SC HEALTHCARE HOLDING, LLC, et al.,

Debtors. 1

Chapter 11

Case No. 24-10443 (TMH)

(Jointly Administered)

AMENDED SCHEDULES OF ASSETS AND LIABILITIES FOR PETERSEN HEALTH NETWORK, LLC (CASE NO. 24-10537)

Amended Herein:

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

• Schedule E/F: Creditors Who Have Unsecured

• Schedule G: Executory Contracts and Unexpired Leases

• Summary of Assets and Liabilities for Non-Individuals

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

Fill in this information to identify the case:

Debtor Name: In re: Petersen Health Network, LLC

United States Bankruptcy Court for the: District of Delaware

Case number (if known): 24-10537 (TMH)

☑ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)	
1a. Real property:	
Copy line 88 from Schedule A/B	\$0.00
1b. Total personal property:	
Copy line 91A from Schedule A/B	\$ 14,841,947.88
1c. Total of all property:	
Copy line 92 from Schedule A/B	\$14,841,947.88
art 2: Summary of Liabilities	
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)	0.00
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	\$0.00
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	\$
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	\$ 0.00
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F) 3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of Schedule E/F	
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D	
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F) 3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of Schedule E/F	\$ 56,420.77

Fill in this information to identify the case:

Debtor Name: In re: Petersen Health Network, LLC

United States Bankruptcy Court for the: District of Delaware

Case number (if known): 24-10537 (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	s the debtor have any cash or cash equ	iivalents?			
	lo. Go to Part 2.				
✓ Y	es. Fill in the information below.				
All c	ash or cash equivalents owned or c	Current val	ue of debtor's interes		
2. Casl	h on hand				
	2.1 None			 \$	
3. Chec	cking, savings, money market, or finan	cial brokerage accounts	(Identify all)		
Name	e of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number		
	3.1 BankUnited	Operating	3650	\$	0.00
	3.2 <u>CIBC</u>	Government	3898	 \$	7,747.65
	3.3 <u>CIBC</u>	Non-Government	0538	 \$	1,460.26
	3.4 <u>CIBC</u>	Operating	2852	 \$	92,597.76
	3.5 PNC Bank	Commercial	3645	 \$	3,493.70
	3.6 PNC Bank	Government	2765	\$	24,739.48
	3.7 PNC Bank	Operating	2554	\$	0.00
4. Othe	r cash equivalents (Identify all)				
	4.1 Real Estate Tax Escrow			\$	286,657.05
	4.2 Replacement Reserve			\$	231,612.49

Case 24-10443-TMH Doc 1470 Filed 04/22/25 Page 17 of 151

Debtor: Petersen Health Network, LLC Case number (if known): 24-10537

Name

5. Total of Part 1

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

\$ 648,308.39

Case 24-10443-TMH Doc 1470 Filed 04/22/25 Page 18 of 151

Debtor: Petersen Health Network, LLC Case number (il known): 24-10537

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

9. Total of Part 2.

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

8.2 Prepaid Management Fees

Description, including name of holder of prepayment

8.1 Prepaid Insurance

\$ 565,932.30

562,010.13

3,922.17

Case 24-10443-TMH Doc 1470 Filed 04/22/25 Page 19 of 151 Petersen Health Network, LLC Case number (if known): Debtor: Name Part 3: Accounts receivable 10. Does the debtor have any accounts receivable? $\ \square$ No. Go to Part 4. $\ensuremath{\,\,^{\square}}$ Yes. Fill in the information below. Current value of debtor's 11. Accounts receivable Description face amount doubtful or uncollectible accounts Accounts 11a. 90 days old or less: 8,258,471.61 - \$ 8,258,471.61 Receivables Note: See Global Notes Accounts 11b. Over 90 days old: - \$ Receivables Note: See Global Notes 12. Total of Part 3.

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

8,258,471.61

\$

Case 24-10443-TMH Doc 1470 Filed 04/22/25 Page 20 of 151

Debtor: Petersen Health Network, LLC Case number (if known): 24-10537

Name

Par	t 4: Investments				
13.	Does the debtor own any investments?				
	☑ No. Go to Part 5.				
	$\ \square$ Yes. Fill in the information below.				
			Valuation method used for current value	Current value of debtor's interes	t
14.	Mutual funds or publicly traded stocks not included in Part 1				
	Name of fund or stock:				
				\$	
15.	Non-publicly traded stock and interests in incorporated and un including any interest in an LLC, partnership, or joint venture	incorporated businesses,			
	Name of entity:	% of ownership:			
			-	_ \$	_
16.	Government bonds, corporate bonds, and other negotiable and instruments not included in Part 1 Describe:	d non-negotiable			
				\$	
			_	_ *	_
17.	Total of Part 4.				
	Add lines 14 through 16. Copy the total to line 83.			\$)

Case 24-10443-TMH Doc 1470 Filed 04/22/25 Page 21 of 151

Debtor: Petersen Health Network, LLC Case number (if known): 24-10537

Name

Par	5: Inventory, excluding agricultur	e assets			
18.	Does the debtor own any inventory (excluding ✓ No. Go to Part 6. ✓ Yes. Fill in the information below.	ng agriculture assets))?		
	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 rea	sale	\$		\$
22.	Other inventory or supplies		\$\$		\$\$
23.	. Total of Part 5. Add lines 19 through 22. Copy the total to line 8	M			\$ 0.00
	Add lines 19 tillough 22. Copy the total to line of	74.			\$0.00
24.	Is any of the property listed in Part 5 perisha ☐ No ☐ Yes	ble?			
25.	Has any of the property listed in Part 5 been	purchased within 20	days before the bankruptcy wa	s filed?	
	□ No □ Yes. Description Book value	ue\$	Valuation method	Current value	\$

□ No
□ Yes

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

Case 24-10443-TMH Doc 1470 Filed 04/22/25 Page 22 of 151

Debtor: Petersen Health Network, LLC Case number (if known): 24-10537

Name

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

21.	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 Examples: Livestock, poultry, farm-raised fish	\$		\$\$				
30.	Farm machinery and equipment (Other than titled motor vehicles)) \$		\$				
31.	Farm and fishing supplies, chemicals, and feed	\$		<u> </u>				
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	I Cı	urrent value \$				
36.	Is a depreciation schedule available for any of the property list ☐ No ☐ Yes	ed in Part 6?						
37.	Has any of the property listed in Part 6 been appraised by a pro ☐ No	ofessional within the last year?	•					
	□ Ves							

Case 24-10443-TMH Doc 1470 Filed 04/22/25 Page 23 of 151

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

Debtor:	Petersen Health Network, LLC	Case number (if known):	24-10537	
	Name			

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								
		\$		\$					
40.	Office fixtures								
		\$	-	\$					
41.	Office equipment, including all computer equipment and communication systems equipment and software								
		\$		\$					
42.	Collectibles <i>Examples:</i> Antiques and figurines; paintings,prints books, pictures, or other art objects; china and crystal; stamp, card collections; other collections, memorabilia, or collectibles	s, or other artwork; coin, or baseball							
		\$	-	_ \$					
43.	Total of Part 7.		Г						
	Add lines 39 through 42. Copy the total to line 86.			\$0.00					
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 y	/ear?						
	□ No								

□ Yes

Case 24-10443-TMH Doc 1470 Filed 04/22/25 Page 24 of 151

Debtor: Petersen Health Network, LLC Case number (if known): 2

Name

art	8: Machinery, equipment, and vehicles								
46.	Does the debtor own or lease any machinery, equipment, or vehicles?								
	□ No. Go to Part 9.								
	☑ Yes. Fill in the information below.								
	General description	Net bo	ook value of debtor's	Valuation method used	Current value of debtor's intere				
	Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	(Where	e available)	for current value	Current value of deptor's intere				
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled	l farm ve	ehicles						
	2012 Ford E-250 Extended-DL28168 VIN: 47.1 1FTNS2EWXCDA38826	\$	Undetermined		\$ Undetermine				
	2012 Ford E-250 Extended-DL60976 VIN: 47.2 1FTNS2EW4CDA82031	\$	Undetermined		\$ Undetermine				
	2012 Ford E-250 Extended-DN84727 VIN: 47.3 1FTNS2EW7CDA82038	\$	Undetermined		\$ Undetermine				
	2006 Ford E350-EG85292 VIN: 47.4 1FTSS34L76DA86000	\$	Undetermined		\$Undetermine				
	2015 Ford Bus-138499F VIN: 47.5 1FDWE3FL2FDA27941	\$	Undetermined		\$ Undetermine				
48.	Watercraft, trailers, motors, and related accessories Example floating homes, personal watercraft, and fishing vessels 48.1 None	ples: Bo	ats, trailers, motors,		\$				
49.	Aircraft and accessories								
	49.1 None	\$			\$				
50.	Other machinery, fixtures, and equipment (excluding farm 50.1 None	machin	ery and equipment)	,	\$				
51.	Total of Part 8.				n 0.00				
	Add lines 47 through 50. Copy the total to line 87.				0.00				
52.	Is a depreciation schedule available for any of the propert	y listed	in Part 8?						
	☑ No								
	☐ Yes								
53.	Has any of the property listed in Part 8 been appraised by	a profe	ssional within the last y	year?					

✓ No✓ Yes

Page 25 of 151 Case 24-10443-TMH Doc 1470 Filed 04/22/25 Petersen Health Network, LLC Case number (if known): Debtor: Name Part 9: **Real property** Does the debtor own or lease any real property? ☑ No. Go to Part 10. $\hfill \hfill \hfill$ 55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest **Description and location of property** Net book value of Nature and extent of Valuation method Include street address or other description such as debtor's interest Current value of Assessor Parcel Number (APN), and type of property (for debtor's interest in used for current debtor's interest value property example, acreage, factory, warehouse, apartment or office (Where available) building), if available. 55.1 56. Total of Part 9. Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88. 0.00 \$ 57. Is a depreciation schedule available for any of the property listed in Part 9? □ No □ Yes 58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

□ Yes

Case 24-10443-TMH Doc 1470 Filed 04/22/25 Page 26 of 151

Debtor: Petersen Health Network, LLC

Case number (if known):

4-10537

Name

Part 10:	Intangibles	and intellectual	property
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53.	 □ No. Go to Part 11. ☑ Yes. Fill in the information below. 					
	General description	int	et book value of debtor's erest /here available)	Valuation method used for current value		rrent value of debtor's erest
60.	Patents, copyrights, trademarks, and trade secrets					
	60.1 None	\$_			\$_	
61.	Internet domain names and websites					
	61.1 None	\$_			\$_	
62.	Licenses, franchises, and royalties State of Illinois Department of Public Health License,					
	62.1 Permit, Certification, Registration	_ \$.	Undetermined		\$.	Undetermined
63.	Customer lists, mailing lists, or other compilations					
	63.1 Customer / patient list	\$_	0.00		\$_	Undetermined
0.4						
64.	Other intangibles, or intellectual property	•			Φ.	
	64.1 None	\$_			\$_	
65.	Goodwill					
	65.1 None	\$			\$	
66	Total of Part 10.			Г		
00.	Add lines 60 through 65. Copy the total to line 89.				\$	0.00
67.	Do your lists or records include personally identifiable informat	tion •	of customers (as defined in	11 U.S.C. §§ 101(41A) an	d 10	7)?
	□ No ☑ Yes					
68.	Is there an amortization or other similar schedule available for a No	any c	of the property listed in Par	1107		
	□ Yes					
69.	Has any of the property listed in Part 10 been appraised by a pro	ofes	sional within the last year?			
	☑ No		•			
	□ Yes					

Case 24-10443-TMH Doc 1470 Filed 04/22/25 Page 27 of 151

Debtor: Petersen Health Network, LLC Case number (if known): 24-10537

CDIOI.		

Name

Part 11:	All other assets				
----------	------------------	--	--	--	--

70.		ebtor own any other assets that have sterests in executory contracts and unex			s form.			
	□ No. Go	to Part 12.						
	✓ Yes. Fill	I in the information below.						
								Current value of debtor's
								nterest
71.	Notes rece	ivable						
	Description ((include name of obligor)	Total face amount	doubtful or und	collectible accounts			
	71.1	Employee Advances / Loans	\$ 3,599.8	5 -\$	Undetermined	=	→	\$ 3,599.85
	Description ((include name of obligor)	Total face amount	doubtful or und	collectible accounts	_		
		None	\$	- \$		=	→	\$
						_		
72.	Tax refunds	s and unused net operating losses (I	NOLs)					
	Description	(for example, federal, state, local)	_					
	72.1	None		Tax year _			_ {	
72	Interests in	n insurance policies or annuities						
13.		None						S
	75.1	110110			_		`	
74.	Causes of a	action against third parties (whether filed)	or not a lawsuit					
	74.1	See Global Notes					,	\$
		Nature of claim						
		Amount requested	\$		_			
			*		_			
75.	Other conti every natur	ingent and unliquidated claims or ca re, including counterclaims of the de	uses of action of btor and rights to					
		None						\$
	70.1				_			
		Nature of claim			_			
		Amount requested	\$		_			
76.		itable or future interests in property None					\$	
	70.1	None			_		Φ	
77.		erty of any kind not already listed Ex membership	amples: Season tickets,					
	77.1	See AMENDED A/B 77 Attachment			_		\$	5,365,635.73
70	Total of P					۱		
78.	Total of Pa	Irt 11. 1 through 77. Copy the total to line 90.					\$	5,369,235.58
	, luu iii les /	. anough 11. Oopy the total to line 30.					_ _	3,303,233.36
70	Hae any of t	the property listed in Part 11 been ap	unraised by a profession	al within the lest	voar?			
13.	Mas any or t ✓ No	ше ргорену извеч ш гап 11 вееп ар	praised by a profession	ai within the idst	year:			
	□ Yes							

Case 24-10443-TMH Doc 1470 Filed 04/22/25 Page 28 of 151

Debtor: Petersen Health Network, LLC

Case number (if known):

24-10537

Name

Part 12: Summary

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

	Type of property	 nt value of nal property		Current value of real property	
80.	Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	\$ 648,308.39			
81.	Deposits and prepayments. Copy line 9, Part 2.	\$ 565,932.30			
82.	Accounts receivable. Copy line 12, Part 3.	\$ 8,258,471.61			
83.	Investments. Copy line 17, Part 4.	\$ 0.00			
84.	Inventory. Copy line 23, Part 5.	\$ 0.00			
85.	Farming and fishing-related assets. Copy line 33, Part 6.	\$ 0.00			
86.	Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	\$ 0.00			
87.	Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$ 0.00			
88.	Real property. Copy line 56, Part 9	 		\$0.00	
89.	Intangibles and intellectual property. Copy line 66, Part 10.	\$ 0.00			
90.	All other assets. Copy line 78, Part 11.	\$ 5,369,235.58			
91.	Total. Add lines 80 through 90 for each column91a.	\$ 14,841,947.88	+ 91b.	\$0.00	_
92.	Total of all property on Schedule A/B. Lines 91a + 91b = 92	 			

Fill in this information to identify the case:
Debtor Name: In re: Petersen Health Network, LLC
United States Bankruptcy Court for the: District of Delaware
Case number (if known): 24-10537 (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
ı aıtı.	LISEAU GREGITOIS WITH PRIORITE UNSECURED GIAINIS

- 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 clain	n	Priority ar	nount
Priority creditor's name and mailing address Internal Revenue Service			As of the petition filing date, the claim is: Check all that apply.	\$	56,420.77	\$	56,420.77
Creditor Name	ilue Selvice		_				
			☐ Contingent				
			☐ Unliquidated				
Creditor's Notice	name		☐ Disputed				
569 West Mor	nroe Street, Suite	1100	_				
Address			Basis for the claim:				
			Taxes				
				_			
Chicago	IL	60675	_				
City	State	ZIP Code					
Country			_				
Date or date	es debt was inc	urred					
Various			_				
_	s of account				laim subject	to offset?	
number				☑ No			
Specify Cod	de subsection o	of PRIORITY unsecui	red	☐ Yes			
claim: 11 U.	S.C. § 507(a) (<u>8</u>)						

Part 2:

List All Creditors with NONPRIORITY Unsecured Claims

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

		Amount of claim
1 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$466,502
Charleston HCO, LLC Creditor Name		
	☐ Contingent	
Creditor's Notice name	Unliquidated	
	☐ Disputed	
720 Eighteenth Street	Basis for the claim:	
	Inter Company Loan	_
Okadasta U. 04000		
Charleston IL 61920 City State ZIP Code		
Country		
Date or dates debt was incurred	Is the claim subject to offset?	
As of 3/31/2024	☑ No	
Last 4 digits of account	□ Yes	
Amended herein: added 2 Nonpriority creditor's name and mailing address Cook, Ysursa, Bartholomew, Brauer & Shevlin	As of the petition filing date, the claim is: Check all that apply.	\$ 375,000
Creditor Name	 ☐ Contingent	
	✓ Unliquidated	
Creditor's Notice name	☑ Disputed	
12 West Lincoln Street	Basis for the claim:	
Address	Litigation	_
Belleville		
Belleville Belleville IL 62220		
-		
Belleville IL 62220 City State ZIP Code		
Belleville IL 62220 City State ZIP Code Country Date or dates debt was incurred	Is the claim subject to offset?	
Belleville IL 62220 City State ZIP Code	Is the claim subject to offset? No Yes	

Case 24-10443-TMH Doc 1470 Filed 04/22/25 Page 31 of 151

Nonpriority of Cumberland HO		and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	257,983.2
Creditor Name			□ Contingent		
			☐ Unliquidated		
Creditor's Notice n	name				
00011 4114			☐ Disputed Basis for the claim:		
300 North Marie	etta Street		Inter Company Loan		
			inter Company Loan	_	
Greenup	IL	62428			
City	State	ZIP Code			
Country					
Date or dates debt was incurred As of 3/31/2024			Is the claim subject to offset?		
			☑ No		
As of 3/31/202 Last 4 digits number Amended he	of account		⊠ No □ Yes		
Last 4 digits number Amended he	of account erein: added creditor's name a	and mailing address		\$	Undetermine
Last 4 digits number Amended he Nonpriority c	of account erein: added creditor's name a	and mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply.	\$	Undetermine
Last 4 digits number Amended he Nonpriority c Law Office of Jo	of account erein: added creditor's name a	and mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent	\$	Undetermine
Last 4 digits number Amended he Nonpriority c Law Office of Jo	of account erein: added creditor's name a effrey Krumpe	and mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent ☑ Unliquidated	\$	Undetermine
Last 4 digits number Amended he Nonpriority of Law Office of Ju Creditor Name	of account erein: added creditor's name a effrey Krumpe	and mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed	\$	Undetermine
Last 4 digits number Amended he Nonpriority of Law Office of Jo Creditor Name	of account erein: added creditor's name a effrey Krumpe	and mailing address	As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	Undetermine
Last 4 digits number Amended he Nonpriority of Law Office of Ju Creditor Name Creditor's Notice in	of account erein: added creditor's name a effrey Krumpe	and mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed	\$	Undetermine
Last 4 digits number Amended he Nonpriority of Law Office of Jo Creditor Name Creditor's Notice in 110 SW Jeffered Address	of account erein: added creditor's name a effrey Krumpe		As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	Undetermine
Last 4 digits number Amended he Nonpriority of Law Office of Jo Creditor Name Creditor's Notice in 110 SW Jeffere Address Suite 410	of account erein: added creditor's name a effrey Krumpe mame eson	and mailing address 61602 ZIP Code	As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	Undetermine
Last 4 digits number Amended he Nonpriority of Law Office of Jo Creditor Name Creditor's Notice in 110 SW Jeffere Address Suite 410 Peoria	of account erein: added creditor's name a effrey Krumpe name eson	61602	As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim: Litigation	\$	Undetermine
Last 4 digits number Amended he Nonpriority of Law Office of Jo Creditor Name Creditor's Notice in 110 SW Jeffere Address Suite 410 Peoria City Country	of account erein: added creditor's name a effrey Krumpe name eson	61602 ZIP Code	As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	Undetermine

Case 24-10443-TMH Doc 1470 Filed 04/22/25 Page 32 of 151

Creditor Name			and mailing address	As of the petition filing date, the claim is: \$ 450,0	0.00
Creditor's Notice name West Golf Road Address Suite 1140 Skokie IL 60076 City State ZijP Code Country Date or dates debt was incurred 12/23/2021		Barry G. Doyle		Check all that apply.	
Disputed Mest Golf Road Mest Golf Road Basis for the claim: Litigation				☐ Contingent	
Moline IL 61265 Country Conditrors Notice name IL 61265 City State IL 61265 City	Craditor's Natica	namo		Unliquidated Unliquidated	
Skokie IL 60076 City State 2IP Code State 140	Creditor's Notice	name		☑ Disputed	
Suite 1140 Skokie IL 60076 2IP Code				Basis for the claim:	
Skokie IL 60076 City State 2IP Code Country				Litigation	
Country Date or dates debt was incurred 12/23/2021 Last 4 digits of account number Nonpriority creditor's name and mailing address LawOffice of Jonathan Young Creditor Name Creditor's Notice name 1000-36th Ave Address Moline IL 61265 City State ZIP Code Is the claim subject to offset? Is the claim subject to offset? In No Check all that apply. Contingent Uniquidated Disputed Basis for the claim: Litigation Litigation Is the claim subject to offset?	Suite 1140				
Country Date or dates debt was incurred 12/23/2021 Last 4 digits of account number Nonpriority creditor's name and mailing address LawOffice of Jonathan Young Creditor Name Creditor's Notice name Todath ave Address Moline IL 61265 City State ZIP Code Is the claim subject to offset? Is the claim subject to offset? In No Check all that apply. Contingent Uniquidated Disputed Basis for the claim: Litigation Litigation Is the claim subject to offset?	Skokie	IL	60076		
Date or dates debt was incurred 12/23/2021 Last 4 digits of account number Nonpriority creditor's name and mailing address					
12/23/2021	Country				
Last 4 digits of account number Nonpriority creditor's name and mailing address LawOffice of Jonathan Young Creditor Name Creditor's Notice name Toom Seth Ave Address Moline LL Gitze Country Date or dates debt was incurred F/21/2021 Pes As of the petition filing date, the claim is: \$ Undetermine Check all that apply. Check all t	Date or date	s debt was incur	red	Is the claim subject to offset?	
Nonpriority creditor's name and mailing address LawOffice of Jonathan Young Creditor Name Creditor's Notice name Tion Nonice name Tion Notice name is Tion Notice name Tion Notice name is Tion Notice n	12/23/2021			☑ No	
Nonpriority creditor's name and mailing address LawOffice of Jonathan Young Creditor Name Creditor's Notice name 1000-36th Ave Address Moline LL City State Club 61265 ZIP Code Litigation Litigation List the claim subject to offset? State List the claim subject to offset? No	Last 4 digits	of account		☐ Yes	
Creditor Name Creditor's Notice name 1000-36th Ave Address Moline City State Country Date or dates debt was incurred 5/21/2021 Contingent Unliquidated Disputed Basis for the claim: Litigation Itigation Is the claim subject to offset? No	Nonpriority		and mailing address		mine
Creditor's Notice name 1000-36th Ave Address Moline City Country Date or dates debt was incurred 5/21/2021 Unliquidated Disputed Basis for the claim: Litigation Litigation Is the claim subject to offset? No		bhathan Young			
Disputed Disputed Basis for the claim: Litigation Litigation				•	
1000-36th Ave	Creditor's Notice	name			
Address Moline City State Country Date or dates debt was incurred 5/21/2021 Litigation Litigation IL State S1265 ZIP Code Is the claim subject to offset? ✓ No				·	
Moline IL 61265 City State ZIP Code Country Date or dates debt was incurred Is the claim subject to offset? 5/21/2021 ✓ No		!			
Country Date or dates debt was incurred 5/21/2021 State ZIP Code Is the claim subject to offset? ✓ No				Litigation	
City State ZIP Code Country Date or dates debt was incurred 5/21/2021 State ZIP Code Is the claim subject to offset? No	Moline		61265		
Date or dates debt was incurred 5/21/2021 Is the claim subject to offset? No					
5/21/2021					
0.2172021	Country			le the eleim publication offers.	
Last 4 digits of account		s debt was incur	red	is the claim subject to offset?	
	Date or date	s debt was incuri	red	-	
	Date or date 5/21/2021		red	☑ No	

Case 24-10443-TMH Doc 1470 Filed 04/22/25 Page 33 of 151

Nonpriority cr	reditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	1,543,890.5
Mark Petersen Creditor Name			Check all that apply.		
Creditor Name			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice na	ame		☐ Disputed		
830 W Trailcreek Dr.			Basis for the claim:		
Address			Inter Company Loan	_	
-					
Peoria	<u>IL</u>	61614			
City	State	ZIP Code			
Country					
Date or dates debt was incurred As of 3/31/2024			Is the claim subject to offset?		
			[7] No		
			☑ No		
As of 3/31/2024 Last 4 digits conumber Amended here	of account		☑ No □ Yes		
Last 4 digits of number Amended here Nonpriority cr	of account rein: added reditor's name a	nd mailing address	☐ Yes As of the petition filing date, the claim is:	\$	1,000,000.0
Last 4 digits on number Amended here	of account rein: added reditor's name a	nd mailing address	☐ Yes As of the petition filing date, the claim is: Check all that apply.	\$	1,000,000.0
Last 4 digits of number Amended here Nonpriority or Rehn & Skinner,	of account rein: added reditor's name a	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent	\$	1,000,000.C
Last 4 digits of number Amended here Nonpriority or Rehn & Skinner,	of account rein: added reditor's name a , LLC	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent ☑ Unliquidated	\$	1,000,000.0
Last 4 digits of number Amended here Nonpriority or Rehn & Skinner, Creditor Name	of account rein: added reditor's name a , LLC	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed	\$	1,000,000.C
Last 4 digits of number Amended here Nonpriority or Rehn & Skinner, Creditor Name	of account rein: added reditor's name a , LLC	nd mailing address	As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	1,000,000.0
Last 4 digits of number Amended here Nonpriority or Rehn & Skinner, Creditor Name Creditor's Notice na	of account rein: added reditor's name a , LLC	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed	\$	1,000,000.0
Last 4 digits of number Amended here Nonpriority or Rehn & Skinner, Creditor Name Creditor's Notice na	of account rein: added reditor's name a , LLC	nd mailing address	As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	1,000,000.0
Last 4 digits of number Amended here 8 Nonpriority or Rehn & Skinner, Creditor Name Creditor's Notice nate 5 E. Simmons Standardess	of account rein: added reditor's name a , LLC	nd mailing address	As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	1,000,000.0
Last 4 digits of number Amended here S Nonpriority or Rehn & Skinner, Creditor Name Creditor's Notice nated to be a served or served	rein: added reditor's name a LLC		As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	1,000,000.C
Last 4 digits of number Amended here Nonpriority or Rehn & Skinner, Creditor Name Creditor's Notice nates of E. Simmons Standaress Galesburg Galesburg City Country	of account rein: added reditor's name a , LLC ame threet IL State	61401 ZIP Code	As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim: Litigation	\$	1,000,000.0
Last 4 digits of number Amended here Nonpriority or Rehn & Skinner, Creditor Name Creditor's Notice nates of E. Simmons Standaress Galesburg Galesburg City Country	of account rein: added reditor's name a , LLC ame street	61401 ZIP Code	As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	1,000,000.0

Case 24-10443-TMH Doc 1470 Filed 04/22/25 Page 34 of 151

otor: Petersen Health Network, LLC Name			Case number (if known): 24-10:	
	reditor's name a	and mailing address	As of the petition filing date, the claim is: \$	Undetermine
Sorling Creditor Name			Check all that apply.	
Creditor Name			☐ Contingent	
			✓ Unliquidated	
Creditor's Notice na	ame		✓ Disputed	
1 N Old State Capitol Plaza			Basis for the claim:	
Address			Litigation	
Suite 200				
Springfield	IL	62701		
City	State	ZIP Code		
Country				
Date or dates	s debt was incurr	red	Is the claim subject to offset?	
Various			✓ No	
Last 4 digits	of account		☐ Yes	
	creditor's name a	and mailing address kerman	As of the petition filing date, the claim is: \$ Check all that apply.	150,000.0
			 ✓ Unliquidated 	
Creditor's Notice na	ame			
			□ 5 :	
			☑ Disputed	
225 West Wack	cer Drive		Basis for the claim:	
	ker Drive		•	
Address	ker Drive		Basis for the claim:	
Address Suite 1750	ker Drive	60606	Basis for the claim:	
Address Suite 1750 Suite1750		60606 ZIP Code	Basis for the claim:	
Address Suite 1750 Suite1750 Chicago	<u>IL</u>		Basis for the claim: Litigation	
Address Suite 1750 Suite1750 Chicago City Country Date or dates	<u>IL</u>	ZIP Code	Basis for the claim: Litigation Is the claim subject to offset?	
Suite 1750 Suite1750 Chicago City Country	IL State	ZIP Code	Basis for the claim: Litigation	

number

Case 24-10443-TMH Doc 1470 Filed 04/22/25 Page 35 of 151

or: Petersen Health Network, LLC			Case number (if known): 24-10537					
Name								
Nonpriority	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: \$	600,000.00				
	Taxman, Pollock, Murray, and Bekkerman		Check all that apply.					
Creditor Name			☐ Contingent					
			✓ Unliquidated					
Creditor's Notice	name		☑ Disputed					
225 West Wad	cker Drive		Basis for the claim:					
Address			Litigation					
Suite 1750								
Suite1750								
Chicago	IL	60606						
City	State	ZIP Code						
Country								
Date or date	s debt was incurr	red	Is the claim subject to offset?					
3/31/2022			☑ No					
Last 4 digits	of account		□ Yes					

number

Case 24-10443-TMH Doc 1470 Filed 04/22/25 Page 36 of 151

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
			Line	
Name			☐ Not Listed.Explain	
Notice Name				-
Street				
City	State	ZIP Code		
Country				

Total Amounts of the Priority and Nonpriority Unsecured Claims 5. Add the amounts of priority and nonpriority unsecured claims. Total of claim amounts 5a. Total claims from Part 1 5b. Total claims from Part 2 5c. Total of Parts 1 and 2 5c. \$ 4,899,796.93

Lines 5a + 5b = 5c.

Fill in this information to identify the case: Debtor Name: In re: Petersen Health Network, LLC United States Bankruptcy Court for the: District of Delaware Case number (if known): 24-10537 (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 I	eases	State the name and n whom the debtor has lease	nailing address for al an executory contra	l other parties with ct or unexpired	
	2.1 State what the contract or lease is for and the nature	Address to Bata Observe	AAHCS			
	of the debtor's interest	Addendum re: Rate Change	Name			
			Notice Name			
			3 Parkway North, Suite	201		
	State the term remaining		Address			
	List the contract number of					
	any government contract					
			Deerfield	IL	60015	
			City	State	ZIP Code	
			Country			
	Amended herein: added					
	State what the contract or lease is for and the nature	Addendum to Contract	Action Homecare and S	Staffing, LLC dba Oasis	Medical Services	
	of the debtor's interest		Name			
			Attn Administration			
			Notice Name			
			761 Main St NW, Suite	A		
	State the term remaining		Address			
	List the contract number of					
	any government contract					
			Bourbonnais	<u>IL</u>	60914	
			City	State	ZIP Code	
			Country			

	Case 2	24-10443-TMH	Doc 1470	Filed 04	/22/25 Page 3	39 of 151	
Debtor:	Petersen Health Network, LLC Name	<u> </u>			Case number (if kno		
	State what the contract or lease is for and the nature of the debtor's interest	Staffing Agreement			Action Homecare and S	Staffing, LLC dba Oasis	Medical Services
					Attn Administration		
					Notice Name		
					761 Main St NW, Suite	A	
	State the term remaining				Address		
	List the contract number of						
	any government contract						
					Bourbonnais	<u>IL</u>	60914
					City	State	ZIP Code
					Country		
	Amended herein: added						
	State what the contract or lease is for and the nature	Addendum to Contract			Action Homecare and S	Staffing, LLC, d/b/a Oas	is Medical Services
	of the debtor's interest				Name		
					Attn Administration Notice Name		
					761 Main St NW, Suite	Α	
	State the term remaining				Address		
	3				_		
	List the contract number of						
	any government contract						
					Bourbonnais	IL	60914
					City	State	ZIP Code
					Country		
	Amended herein: added						
2.5	State what the contract or lease is for and the nature	Staffing Agreement			Action Homecare and S	Staffing, LLC, d/b/a Oas	is Medical Services
	of the debtor's interest	Claiming Agreement			Name		
					Attn Administration Notice Name		
					761 Main St NW, Suite	A	
	State the term remaining				Address		
	List the contract number of						
	any government contract						
					Bourbonnais	IL	60914
					City	State	ZIP Code
					Country		
					- 20,		

Debtor:			d 04/22/25 Page 4 Case number (if kno	10 0† 151 _{own):} 24-10537	
	Name				
2.6	State what the contract or lease is for and the nature	Add and one to Operand	Advocate Health Staffir	a LLC	
	of the debtor's interest	Addendum to Contract	Name	9 220	
			Notice Name		
	01-1-11-1-1-1-1		Benefit of RealTime Se	rvices	
	State the term remaining		PO Box 4729		
	List the contract number of				
	any government contract				
	any gerenment contact				
			Winter Park	FL	32793
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.7	State what the contract or lease is for and the nature	Contract Agreement Form	Advocate Health Staffir	ig LLC	
	of the debtor's interest		Name		
			Notice Name		
			Benefit of RealTime Se	nicos	
	State the term remaining		Address	rvices	
	State the term remaining		PO Box 4729		
	List the contract number of				
	any government contract				
			Winter Park	FL	32793
			City	State	ZIP Code
			Country		
			Country		
	Amended herein: added				
	State what the contract or	Letter Agreement re: Notice of Assignment of			
2.8	State what the contract or lease is for and the nature	Accounts by Advocate Health Staffing, LLC to	Advocate Health Staffir	ig LLC	
	of the debtor's interest	Realtime Services, Inc.	Name		
			Notice Name		
			Benefit of RealTime Se	rvices	
	State the term remaining		Address		
	3		PO Box 4729		
	List the contract number of				
	any government contract				
			Winter Park	FL	32793
			City	State	ZIP Code
			Country		
			•		

	Ith Network, LLC		04/22/25 Page Case number (if kr	41 Of 151 nown): 24-10537	
Name State what the lease is for an of the debtor's	contract or d the nature	Facility Agreement	Aetna Better Health Name		
of the debtor s	interest		Name		
			Notice Name		
			PO Box 818031, F661		
State the term	remaining		Address		
List the contra	act number of				
any governme	ent contract				
			Cleveland	ОН	44181
			City	State	ZIP Code
			Country		
Amended he	erein: added				
2.10 State what the	contract or	Facility Services Agreement. Product Participation	Aetna Health Inc., a Pe	ennsylvania Corporation	
of the debtor's		and Signature Sheet	Name	omioyivama corporation	
			Notice Name		
			550 Maryville Centre D	Prive, Suite 300	
State the term	remaining		Address	· · · · · · · · · · · · · · · · · · ·	
List the contra	act number of				
any governme	ent contract				
			St. Louis	MO	63141
			City	State	ZIP Code
			Country		
Amended he	erein: added				
State what the lease is for an	contract or	Addendum to Contract	Aim Laboratories		
of the debtor's	interest	- Addonadiii to Goniidat	Name		
			Notice Name		
			3165 Mckelvey Road		
State the term	remaining		Address		
List the contra	act number of				
any governme	ent contract				
			Bridgeton	MO	63044
			City	State	ZIP Code
			Country		

	Case 2	24-10443-TMH Doc 1470 Filed (04/22/25 Page	42 of 151	
Debtor:	Petersen Health Network, LLC		Case number (if ki	nown): 24-10537	
2.12	State what the contract or lease is for and the nature of the debtor's interest	Laboratory Services Agreement	AIM Laboratories Name		
			Notice Name		
	State the term remaining		3165 McKelvey Road Address		
	List the contract number of				
	any government contract				
			Bridgeton	МО	63044
			City	State	ZIP Code
			Country		
			•		
	Amended herein: added				
2.13	State what the contract or lease is for and the nature	Services Agreement	Aim Laboratories		
	of the debtor's interest		Name		
			Notice Name		
			3165 McKelvey Road		
	State the term remaining		Address		
	List the contract number of				
	any government contract		_		
			Bridgeton	MO	63044
			City	State	ZIP Code
			Country		
	Amended herein: added				
		Address to Control Datases Claffing Assessed			
2.14	State what the contract or lease is for and the nature	Addendum to Contract Between Staffing Agency and Nursing Facility	All American HealthCa	are Services, Inc.	
	of the debtor's interest		Name		
			Notice Name		
			494 Broad Street, Suit	te 302	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Newark	NJ	07102
			City	State	ZIP Code
			Country		

	Case 2	24-10443-TMH Doc 1470 Filed (04/22/25 Page	43 of 151	
Peterser Name	n Health Network, LLC		Case number (if	known): 24-10537	
2.15 State wha lease is fo of the deb	at the contract or or and the nature otor's interest	Healthcare Staffing Agreement	All American HealthC	Care Services, Inc.	
			Notice Name		
			494 Broad St., Suite	302	
State the	term remaining		Address	002	
List the c	ontract number of				
any gove	rnment contract				
			Newark	NJ	07102
			City	State	ZIP Code
			Country		
Amende	ed herein: added				
	at the contract or or and the nature otor's interest	Amendment to Nursing Facility Laboratory Agreement	Amerathon, LLC d/b/s	a American Health Associ	ates
or the dec	otor o interest				
			Notice Name		
			102 East Main Street		
State the	term remaining		Address		
List the c	ontract number of				
any gove	rnment contract				
			Galesburg	IL	61401
			City	State	ZIP Code
			Country		
Amende	ed herein: added				
2.17 State wha	at the contract or or and the nature	Nursing Facility Laboratory Agreement	Amerathon, LLC d/b/s	a American Health Associ	ates
	otor's interest		Name		
			Notice Name		
			102 East Main Street		
State the	term remaining		Address		
List the c	ontract number of				
any gove	rnment contract				
			Galesburg	IL	61401
			City	State	ZIP Code
			Country		
			,		

)4/22/25 Page 4		
ebtor:	Petersen Health Network, LLC	,	Case number (if know	24-10537	
2.18	State what the contract or ease is for and the nature		American Health Associa	atos Inc	
	ease is for and the nature of the debtor's interest	Service Agreement	Name	ates, 111c.	
					
			Notice Name		
	State the term remaining		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				
2.19	State what the contract or lease is for and the nature	Amendment to Contract Between Staffing Agency and	A service and the alth Opens Op		
	ease is for and the nature of the debtor's interest	Nursing Facility	American HealthCare Se	ervices, inc.	
			Notice Name		
			504A Broadway		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
	, ,				
			Seattle	WA	98122
			City	State	ZIP Code
			Country		
	Amended herein: added				
2 20 5	State what the contract or		A consideration of Discontinuous	" 110	
ا ^{۲۰۷} ۷)	lease is for and the nature of the debtor's interest	Amendment to Wound Care Services Agreement	AmeriWound Physicians Name	IL, LLC	
			Notice Name		
			6150 Parkland Blvd., Sui	ite 225	
;	State the term remaining		Address		
	List the contract number of				
	any government contract	-			
			Mayfield Heights	ОН	44124
			City	State	ZIP Code

Debtor:	Petersen Health Network, LLC		d 04/22/25 Page 45 Case number (if known		
2.21	Name State what the contract or lease is for and the nature	Wound Care Services Agreement	AmeriWound Physicians Name	IL, LLC	
	of the debtor's interest				
			Attn Mr. Milton Notice Name		
			6150 Parkland Boulevard	L Suito 225	
	State the term remaining		Address	I, Julie 223	
	List the contract number of				
	any government contract				
			Mayfield Heights	OH	44124
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.22	State what the contract or	Contract for Developmental Training Between	ARROWLEAF DEVELOPMENTAL SERVICES		.
	lease is for and the nature of the debtor's interest	Facility & Developmental Training Program	Name	WEIVINE OFFICIOR	<u>'</u>
			Notice Name		
			POST OFFICE BOX 759		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Golconda	IL	62938
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.23	State what the contract or lease is for and the nature	Loggo Agraement	Ascentium Capital LLC		
	of the debtor's interest	Lease Agreement	Name Name		
			Notice Name		
			23970 HWY 59 N		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Kingwood	TX	77339-1535
			City	State	ZIP Code
			Country		

Debtor:	Case 2 Petersen Health Network, LLC		04/22/25 Page Case number (# /	46 01 151	
	Name	,	— Case Humber (##		
2.24	State what the contract or lease is for and the nature of the debtor's interest	Addendum to Contract	Bespoke Psychiatry Name		
,	or the deptor's interest			MD / Dr. Krushen Pillay, D	0
			Notice Name	, z	
			1203 W Augusta Blvd	Unit #1	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Chicago	IL	60642
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.25	State what the contract or lease is for and the nature	Clinical Services Agreement	Bespoke Psychiatry		
	of the debtor's interest		Name		
			Attn Dr. Jacob Fyda, Notice Name	MD / Dr. Krushen Pillay D	0
			1203 W Augusta Blvd	Unit #1	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Chicago	IL	60642
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.26	State what the contract or lease is for and the nature	Addendum to Clinical Services Agreement Dated as of June 23, 2022	Bio-Behavioral Care S	Solutions, LLC dba Behav	rioral Care Solutions
	of the debtor's interest	0.0010 20, 2022	Name	•	
			Attn Robert A. Cleme Notice Name	nte, Chief Executive Offic	er
			Behavioral Care Solu	tions	
	State the term remaining		Address		
			39465 W. 14 Mile Rd.		
	List the contract number of				
	any government contract				
			Novi	MI	48377
			City	State	ZIP Code
			Country		

Debtor:	Petersen Health Network, LLC)4/22/25 Page Case number (# #	4/ Of 151 24-10537	
2.27	Name State what the contract or lease is for and the nature of the debtor's interest	Amendment to Clinical Services Agreement Dated as of June 23, 2022	Bio-Behavioral Care Solutions, LLC dba Behavioral C		
	of the deptor 3 interest			nte, Chief Executive Offic	cer
			Behavioral Care Solut	tions	
	State the term remaining		Address		
			39465 W. 14 Mile Rd.		
	List the contract number of				
	any government contract				
			Novi	MI	48377
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.28	State what the contract or lease is for and the nature	Mobile Imaging Service Agreement	BioTech X-ray, Inc		
	of the debtor's interest	Mobile imaging dervice Agreement	Name		
			Attn Tamara Schwartz	z, President	
			Notice Name		
			1065 Executive Parkv	vay Ste.220	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			St. Louis	MO	63141-6367
			City	State	ZIP Code
			Country		
	Amended herein: added				
2 20	State what the contract or		D: T 1 V 1		
2.23	lease is for and the nature of the debtor's interest	Service Agreement	BioTech X-ray, Inc Name		
	or the debter of interest		Attn Tamara Schwartz	z. President	
			Notice Name	-, · · · · · · · · · · · · · · · · · · ·	
			1065 Executive Parkv	vay Ste.220	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			St. Louis	MO	63141-6367
			City	State	ZIP Code
			Country		

Debtor:			·IIed 04/22/25 Page Case number (#)	48 0† 151 known): 24-10537	
2.30	Name State what the contract or lease is for and the nature	Mahila Imagina Caniigas Agraement	BioTech X-ray, Inc.		
	of the debtor's interest	Mobile Imaging Services Agreement	Name		
			Attn Tamara Schwart	z, President	
			Notice Name	·	
			1065 Executive Parky	way, Ste. 220	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			St. Louis	MO	63141-6367
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.31	State what the contract or lease is for and the nature	Long Term Care Facility		vices d/b/a BJC Hospice	
	of the debtor's interest		Name		
			Attn Ruth N. Castella	no, Vice President	
			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				
2.32	State what the contract or lease is for and the nature	Medicaid Provider Agreement	Blue Cross Blue Shie Corporation	ld of Illinois, a Division of	Health Care Service
	of the debtor's interest	<u> </u>	Name		
			Notice Name		
			300 East Randolph S	t	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Chicago	IL	60601
			City	State	ZIP Code
			Country		
			,		

Debtor: Petersen Health	Network, LLC		Case number (if k	24-10537	
Name 2.33 State what the collease is for and the	ontract or he nature	Skilled Nursing Facility Agreement	Blue Cross Blue Shiel Corporation	d of Illinois, a Division of	Health Care Service
of the debtor's in		Same a state of grade and	Name		
			Notice Name		
			300 East Randolph S	İ	
State the term re	maining		Address		
List the contract	number of				
any government	contract				
			Chicago	IL	60601
			City	State	ZIP Code
			Country		
Amended herei	n: added				
2.34 State what the co	ontract or	Contractual Agreement Concerning the Training of Basic Nurse Assistant Program	Board of Trustees Lin	coln Land Community C	ollege District #526
of the debtor's in	ne nature iterest	Dasic Nurse Assistant Program	Name	Com Lana Community C	Silogo Biotilot #020
			Nation Manage		
			Notice Name		
State the term re	mainina		5250 Shepherd Rd. Address		
State the term re	manning	-			
List the contract	number of				
any government					
			Springfield	IL	62703
			City	State	ZIP Code
			Country		
Amended herei	in: added				
State what the co	ontract or				
2.35 State what the co lease is for and the of the debtor's in		Renewal Customer Service Agreement	Call One Inc.		
			Notice Name		
			225 West Wacker Driv	ve 8th Floor	
State the term re	maining		Address		
List the contract	number of		-		
any government	contract				
			Chicago	<u>IL</u>	60606
			City	State	ZIP Code
			Country		
			Country		

ebtor:	Case 2 Petersen Health Network, LLC		Filed 04/22/25 Page 5 Case number (if knot)	0 of 151 _{vn):} 24-10537	
	Name				
2.36	State what the contract or ease is for and the nature	Addendum to Contract	Camillus Staffing, LLC of	l/b/a Nextaff	
(of the debtor's interest	Addendum to Contract	Name	, b, a rextan	
			Notice Name		
			11101 Switzer Rd. Suite	110	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Overland Park	KS	66210
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.37	State what the contract or lease is for and the nature	Fee Schedule for Temp Services	Camillus Staffing, LLC of	l/b/a Nextaff	
	of the debtor's interest	ree ochedule for Temp Services	Name		
			Notice Name		
			11101 Switzer Rd. Suite	110	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Overland Park	KS	66210
			City	State	ZIP Code
			Country		
			Country		
	Amended herein: added				
2.38	State what the contract or lease is for and the nature	Addendum to Contract	Camillus Staffing, LLC of	/b/a Nextaff Group, LL	C
(of the debtor's interest		Name		
			Notice Name		
			11101 Switzer Rd., Suite	e 110	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Overland Park	KS	66210
			City	State	ZIP Code

	Case 2	24-10443-TMH Doc 1470 Filed 0)4/22/25 Page 5:	1 of 151	
Debtor:	Petersen Health Network, LLC		Case number (if know		
2.39	State what the contract or lease is for and the nature of the debtor's interest	Amendment to Hospice General Inpatient Agreement	Celtic Hospice & Palliativ	ve Care Services of S.	IL, LLC
			Attn Administrator		
			Notice Name		
			150 Scharberry Lane		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Mars	PA	16046
			City	State	ZIP Code
			Country		
	Amended herein: added				
	State what the contract or lease is for and the nature	Hospice General Inpatient Agreement	Celtic Hospice & Palliative Care Services of S. IL, LLC Name		IL, LLC
	of the debtor's interest				
			Attn Administrator Notice Name		
			150 Scharberry Lane		
S	State the term remaining		Address		
	otate the term remaining		_		
	List the contract number of				
	any government contract		_		
	, 0				
			Mars	PA	16046
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.41	State what the contract or lease is for and the nature	Hospice Inpatient Residential (Routine) Agreement	Celtic Hospice & Palliativ	ve Care Services of S.	IL, LLC
	of the debtor's interest	Troopioo inpationi reodiaonitai (reodino) regroomone	Name		
			Attn Administrator Notice Name		
			150 Scharberry Lane		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Mars	PA	16046
			City	State	ZIP Code
			Country		

Debtor:			04/22/25 Page 5 Case number (if kno	52 of 151 _{own):} 24-10537	
Debioi.	Name	,	— Case Humber (II kilo		
2.42	State what the contract or lease is for and the nature of the debtor's interest	Enteral Therapy, Urological, Ostomy and Tracheotomy Supplies and Wound Care Products Agreement	Centrad Healthcare, LL	С	
	of the debtor's interest	Agreement	Attn Michelle C. Korslin	Sr VP of Sales & Mar	ketina
			Notice Name	, or or oaroo a mar	Koting
			184 Shuman Blvd, Suite	e 130	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Naperville	<u>IL</u>	60563
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.43	State what the contract or		Clay County Health De	nartment	
	lease is for and the nature of the debtor's interest	Service Agreement	Name	partinent	
			Notice Name		
			601 East 12th Street		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Flora	IL	62839
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.44	State what the contract or lease is for and the nature	Clay County Health Department Hospice Agreement	Clay County Health De	partment Hospice	
	of the debtor's interest		Name		
			Notice Name		
	Ctata tha tanna namainin n		601 East 12th Street Address		
	State the term remaining				
	List the contract number of				
	any government contract				
			Flora	IL	62839
			City	State	ZIP Code
			Country		
			,		

Debtor:	Case 2 Petersen Health Network, LLC	24-10443-TMH Doc 1470	Filed 04/22/25 Page Case number (#1)	53 of 151 known): 24-10537	
	Name		·	, <u> </u>	
2.45	State what the contract or lease is for and the nature	Hospital Transfer Agreement	Clay County Hospital		
·	of the debtor's interest	nospital transfer Agreement	Name		
			Neder News		
			Notice Name	_	
	State the term remaining		911 Stacey Burk Driv Address	<u> </u>	
	otato the term remaining				
	List the contract number of				
	any government contract				
				_	
			Flora	<u>IL</u>	62839
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.46	State what the contract or lease is for and the nature		Clay County Hospital		
	lease is for and the nature of the debtor's interest	Services Agreement	Name		
			Attn President		
			Notice Name		
\$	Otata tha tanna namababan		911 Stacy Burk Drive Address		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Flora	IL	62839
			City	State	ZIP Code
			Country		
			Country		
	Amended herein: added				
;	State what the contract or				
	State what the contract or lease is for and the nature	Day Programming Contract	Clay County Rehability Name	tation Center, Inc.	
	of the debtor's interest		Name		
			Notice Name		
			530 West Fourth Stre	et	
	State the term remaining		Address		
	List the contract mumber of		PO Box 659		
	List the contract number of any government contract				
	any government contract				
			Flora	IL	62839
			City	State	ZIP Code
			•		
			Country		

		24-10443-TMH	Doc 1470 Fil	ed 04/22/25 Page !	54 of 151	
ebtor:	Petersen Health Network, LLC	;		Case number (if kn	own): 24-10537	
:	Name State what the contract or					
2.48	State what the contract or lease is for and the nature of the debtor's interest	Linkage Agreement		Clay County Rehabilita Name	ation Center, Inc.	
,	or the deptor's interest			Name		
				Notice Name		
				530 West Fourth Stree	t	
	State the term remaining			Address		
				PO Box 659		
	List the contract number of					
	any government contract					
				Flora	IL .	62839
				City	State	ZIP Code
				Country		
	Amended herein: added					
2.49	State what the contract or			O	O - l d - //// '- // - d'	/Mishing LD
	lease is for and the nature of the debtor's interest	Services Agreement		Comcast of California/Colorado/Illinoi Name		/Michigan, LP
				MDU Manager		
				Notice Name		
S				1500 McConnor Parkw	<i>y</i> ay	
	State the term remaining			Address		
	List the contract number of					
	any government contract					
				Schaumburg	IL	60173
				City	State	ZIP Code
				Country		
	Amended herein: added					
2.50	State what the contract or				(01: 11:0	
	lease is for and the nature of the debtor's interest	Services Agreement		Comcast of Illinois/Indi Name	ana/Onio, LLC	
				Attn Regional MDU Sa	les Manager	
				Notice Name		
				1500 McConn or Parky	way	
	State the term remaining			Address		
	List the contract number of					
	any government contract					
				Schaumburg	IL	60173
				City	State	ZIP Code

Debtor:	Petersen Health Network, LLC		d 04/22/25 Page 55 Case number (if known)		
2.51	Name State what the contract or lease is for and the nature	Centrex Service Agreement	Consolidated Communica	tions	
	of the debtor's interest	Certifiex Service Agreement	Name		
			Notice Name		
			121 S. 17th Street		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Mattoon	IL	61938
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.52	State what the contract or lease is for and the nature	T (0 : () :	DirecTV		
	of the debtor's interest	Terms of Service for Institutional Establishments	Name		
			Notice Name		
			PO Box 5006		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Carol Stream	IL	60197-5006
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.53	State what the contract or lease is for and the nature	Bulk Activation & Change Request Form	Dish Network L.L.C.		
	of the debtor's interest		Name		
			Notice Name		
	State the term remaining		4038 Utica Ridge Road Address		
	List the contract number of				
	any government contract				
			Bettindorf	IA	52722
			City	State	ZIP Code
			Country		

ebtor:	Petersen Health Network, LLC		Filed 04/22/25 Page 56 Case number (if known		
2.54	Name State what the contract or lease is for and the nature	Medical Director Agreement	Dr. Donald E. Murray		
(of the debtor's interest		Name		
			Notice Name		
			19781 Beaty Mound Roa	d	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Jerseyville	IL	62052
			City	State	ZIP Code
			Country		
	Amended herein: added				
2 55	State what the contract or lease is for and the nature		Dr. Michael Abeara		
[lease is for and the nature of the debtor's interest	Medical Director Agreement	Dr. Michael Ahearn Name		
			Notice Name		
			519 Elliott Street		
	State the term remaining		Address		
			Suite 1		
	List the contract number of				
	any government contract				
			Kewanee	<u>IL</u>	61443
			City	State	ZIP Code
			Country		
	Amended herein: added				
2 56	State what the contract or lease is for and the nature		Dr. Sunga		
	lease is for and the nature of the debtor's interest	Medical Director Agreement	Name		
			Notice Name		
			PO Box 309		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Rosiclare	IL	62982
			City	State	ZIP Code
			Country		

Debtor				/ OI 151	
200.0	Name				
2.57	lease is for and the nature	Nursing Home Dialysis Transfer Agreement		nc., subsidiary of Da	/ita Inc.
	of the debtor's interest			_	
			Notice Name	OF	
2.58			c/o DaVita Inc		
	State the term remaining				
	otate the term remaining		<u> </u>		
	List the contract number of				
	any government contract		— 6051 Development Drive)	
	, 3				
			Charleston	IL	61920
			City	State	ZIP Code
2.58 Si le of					
			Country		
2.57 Standard Standar					
	Amended herein: added				
2.59	State what the contract or lease is for and the nature	Amendment No. 3 to Pharmacy Products and Services	Estas Davis III O		
2.50	lease is for and the nature of the debtor's interest	Agreement			
	of the debtor 3 interest			IIR	
			Notice Name		
			796 N. SUNNYSIDE RO	AD	
	State the term remaining		Address		
	-				
	List the contract number of				
	any government contract		_		
			Decatur	IL	62522-1156
		emaining t number of t contract Amendment No. 3 to Pharmacy Products and Service Agreement emaining t number of t contract the nature of the nature of the nature of the nature enterest Medical Director Agreement t number of t number of t number of	City	State	ZIP Code
			DVA Renal Healthcare, Inc., subsidiary of Da Vita Inc. Name Attn Facility Administrator Notice Name c/o DaVita Inc. Address Mattoon Dialysis 6051 Development Drive Charleston IL 61920 City State ZIP Cod Country Enloe Drugs, LLC Name OMNICARE OF DECATUR Notice Name 796 N. SUNNYSIDE ROAD Address Decatur IL 62522- City State ZIP Cod Country Erik Englehart Name Notice Name 1310 North Main Street Address Suite 200		
			Country		
	Amended herein: added				
	01-1				
2.59	State what the contract or lease is for and the nature	Medical Director Agreement	Erik Englehart		
	of the debtor's interest		Name		
			N. C. N.		
	Otata tha tanna namababan				
	State the term remaining				
	List the contract number of		Suite 200		
			_		
	any government contract				
		Therein: added the contract or and the nature of ment contract Therein: added the contract or and the nature of ment contract Therein: added the contract or and the nature of ment contract Therein: added the contract or and the nature of an anti-nature of an an	60548		
of Si Li an 2.59 Si le of Si					ZIP Code
			Address Mattoon Dialysis 6051 Development Drive Charleston IL City State Country LC Name OMNICARE OF DECATUR Notice Name 796 N. SUNNYSIDE ROAD Address Decatur City State Country Erik Englehart Name Notice Name 1310 North Main Street Address Suite 200		

	etersen Health Network, LLC		0 04/22/25 Page 5 Case number (if kno	08 Of 151 wn): 24-10537	
2.60 Sta	ame Ite what the contract or se is for and the nature	Medical Director Agreement	Erik Englehart, MD		
of t	the debtor's interest		Name		
			Notice Name		
			1310 North Main Street		
Sta	ate the term remaining		Address		
			Suite 200		
Lis	st the contract number of				
any	y government contract				
			Sandwich	IL	60548
			City	State	ZIP Code
			Country		
Α	Amended herein: added				
2.61 Star leas	te what the contract or se is for and the nature the debtor's interest	Contract for Developmental Training Between Facility & Developmental Training Program	Family Counseling Cen	ter, Inc. Developmental	Training
			Notice Name		
			Post Office Box 759		
Sta	ate the term remaining		Address		
-	g				
Lis	st the contract number of				
any	y government contract				
			Golconda	IL	62938
			City	State	ZIP Code
			Country		
Α	Amended herein: added				
2.62 Sta	ite what the contract or se is for and the nature	Addendum to Contract	Favorite Health Care St	raffing Inc	
of t	the debtor's interest	Addendum to Contract	Name	9,	
			Notice Name		
			7255 W. 98th Terrace -	Bldg.5, Suite 150	
Sta	ate the term remaining		Address		
Lis	st the contract number of				
any	y government contract				
			Overland Park	KS	66212-2215
			City	State	ZIP Code
			Country		

of th State List	te the term remaining the contract or the is for and the nature are debtor's interest the term remaining the contract number of government contract	Addendum to Contract Between Staffing Agency and Nursing Facility	Favorite Healthcare State Name Notice Name 7255 W. 98th Terrace - Address Overland Park		
of th State List	te the term remaining	Nursing Facility	Notice Name 7255 W. 98th Terrace - Address Overland Park	Bldg.5, Suite 150	
List	the contract number of		7255 W. 98th Terrace - Address Overland Park		
List	the contract number of		7255 W. 98th Terrace - Address Overland Park		
List	the contract number of		Address Overland Park		
				KS	
any	government contract			KS	
				KS	
			City		66212-2215
			City	State	ZIP Code
			Country		
An	mended herein: added				
2.64 lease	e what the contract or se is for and the nature	Amendment to Contract	Favorite Healthcare Staffing, Inc.		
of th	ne debtor's interest		Name		
			Notice Name		
			7255 W. 98th Terrace -	Blda 5 Suite 150	
State	te the term remaining		Address	Diag.o, Cuite 100	
			<u> </u>		
List	the contract number of				
any	government contract				
			Overland Park	KS	66212-2215
			City	State	ZIP Code
			Country		
An	mended herein: added				
2.65 lease	e what the contract or e is for and the nature	Nursing Home Rate Agreement	Favorite Healthcare Stat	ffing, Inc.	
- 6 (1)	ne debtor's interest		Name		
			Notice Name	Did. 5. O. 35. 450	
State	te the term remaining		7255 W. 98th Terrace - Address	Bidg.5, Suite 150	
List	the contract number of				
	government contract				
			Overland Park	Ke	66040 0045
			Overland Park City	KS	66212-2215 ZIP Code
			Ony	State	Zii. Code
			Country		

)4/22/25 Page 60	of 151	
Debtor:		;	Case number (if known)	24-10537	
	Name				
2.66	State what the contract or lease is for and the nature	Laboratory Services Agreement	Gamma Healthcare, Inc.		
	of the debtor's interest		Name		
			Notice Name		
			1717 West Maud		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Poplar Bluff	MO	63901
			City	State	ZIP Code
			,		
			Country		
	Amended herein: added				
	Otata subat the accustocation				
2.67	State what the contract or lease is for and the nature	Radiology Services Agreement	Gamma HealthCare, Inc.		
	of the debtor's interest		Name		
			Notice Name		
g			1717 West Maud St.		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Poplar Bluff	MO	63901
			City	State	ZIP Code
			•		
			Country		
	Amended herein: added				
	State what the contract or				
2.68	State what the contract or lease is for and the nature	Lease and Service Agreement and Credit Application	Gateway ProClean, Inc.		
	of the debtor's interest		Name		
			Notice Name		
			2081 Exchange Drive		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			St. Charles	MO	63303
			City	State	ZIP Code
			•		
			Country		

ebtor:	Case 2 Petersen Health Network, LLC		04/22/25 Page 61 Case number (if known):	OT 151 24-10537	
	Name				
2.69	State what the contract or ease is for and the nature		Catavia Des Classa Inc		
2.00 (ease is for and the nature of the debtor's interest	Lease and Service Agreement	Gateway ProClean, Inc.		
			Notice Name		
	Ctata tha tauna nanainin n		2081 Exchange Drive Address		
•	State the term remaining		Addless		
ı	List the contract number of				
i	any government contract				
			St. Charles	MO	63303
			City	State	ZIP Code
			Country		
	Amended herein: added				
0.70 (State what the contract or				
2./0 I	ease is for and the nature of the debtor's interest	Lease and Service Agreement and Credit Application	Gateway ProClean, Inc. Name		
			Notice Name		
			2081 Exchange Drive		
	State the term remaining		Address		
	· ·				
	List the contract number of				
;	any government contract				
			St. Charles	MO	63303
			City	State	ZIP Code
			Country		
	Amended herein: added				
0.74 (State what the contract or				
².′ ' I	ease is for and the nature	Purchasing Agreement	Gem Medical Supplies, LL	<u> </u>	
•	of the deptor's interest				
			Notice Name		
			730 Anthony Trail		
;	State the term remaining		Address		
I	List the contract number of				
t	any government contract				
			Northbrook	IL	60062
					ZIP Code
			City	State	ZIF Coue

	Case 2	24-10443-TMH Doc 1470 F	Filed 04/22/25 Page	e 62 of 151	
Debtor:	Petersen Health Network, LLC		Case number (if	24-10537	
2.72	State what the contract or lease is for and the nature of the debtor's interest	Residential Hospices Care Agreement for Service to Residents Nursing Facilities	Ces Harbor Light Hospice Name)	
			Notice Name		
	State the term remaining		1N131 County Farm Address	Road	
	State the term remaining				
	List the contract number of				
	any government contract				
			Winfield	IL	60190
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.73	State what the contract or lease is for and the nature	Hospital Transfer Agreement	Hardin County Gener	ral	
	of the debtor's interest	Hospital Hansiel Agreement	Name		
			Notice Name		
			6 Ferrell Road		
	State the term remaining		Address		
			PO Box 2467		
	List the contract number of				
	any government contract				
			Rosiclare	IL	62982
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.74	State what the contract or lease is for and the nature	Double in a time of Description Associated	Health Alliance Medic	cal Plans Inc	
	of the debtor's interest	Participating Provider Agreement	Name		
			Notice Name		
			301 South Vine St		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Urbana	IL State	31801 710 Code
			City	State	ZIP Code
			Country		

ebtor:	Petersen Health Network, LLC		-IIed 04/22/25 Page Case number (# k	63 of 151 nown): 24-10537		
2.75	Name State what the contract or lease is for and the nature of the debtor's interest	Consulting Services Agreement	Health Technologies,	Health Technologies, Inc.		
			Attn Carol Sapp, Pres	ident		
			8446 Page Avenue			
	State the term remaining		Address			
	List the contract number of					
	any government contract					
			St. Louis	MO	63130	
			City	State	ZIP Code	
			Country			
	Amended herein: added					
2.76	State what the contract or lease is for and the nature	Participating Provider Agreement	HealthLink, Inc., an III	inois Corporation		
	of the debtor's interest	ranicipating Frovider Agreement	Name			
			Notice Name			
			1831 Chestnut St			
	State the term remaining		Address			
	• • • • • • • • • • • • • • • • • • •					
	List the contract number of					
	any government contract					
			St. Louis	MO	63103	
			City	State	ZIP Code	
			Country			
	Amended herein: added					
2.77	State what the contract or lease is for and the nature	Nursing Facility Agreement	Home Health, LLC db	a ProMedica Hospice		
•	of the debtor's interest		Name			
			Attn Administrator			
			Notice Name			
			6000 East State Stree	et, Suite 100		
	State the term remaining		Address			
	List the contract number of					
	any government contract					
			Rockford	IL	61108	
			City	State	ZIP Code	
			Country			

Debtor:			iled 04/22/25 Page (Case number (if kn)	64 of 151 own): 24-10537		
2.78	Name State what the contract or lease is for and the nature	Add Advanta America	Hospice of Southern III	inois Inc		
	of the debtor's interest	Addendum to Agreement	Name			
			Notice Name			
			305 South Illinois Stree	et		
	State the term remaining		Address			
	List the contract number of					
	any government contract					
			Belleville	<u>IL</u>	62220-2159	
			City	State	ZIP Code	
			Country			
	Amended herein: added					
2.79	State what the contract or lease is for and the nature	Long Term Care Facility Agreement	Hospice of Southern III	Hospice of Southern Illinois, Inc		
	of the debtor's interest		Name			
			Attn Amy L. Richter, Fl	HFMA, CPA, CGMA, ME	BA	
						
	State the term remaining		305 South Illinois Stree	₹		
	State the term remaining					
	List the contract number of					
	any government contract					
	, g					
			Belleville	IL	62220-2159	
			City	State	ZIP Code	
			Country			
	Amended herein: added					
2.80	State what the contract or	Double of the Constitute Assessment	Humana Inc.			
	lease is for and the nature of the debtor's interest	Participating Provider Agreement	Name			
			Notice Name			
			P.O. Box 1438			
	State the term remaining		Address			
	List the contract number of					
	any government contract					
			Louisville	КҮ	40201	
			City	State	ZIP Code	
			Country			

Amended herein: added 2.82 State what the contract or any government contract Amended herein: added 2.83 State what the contract or lease is for and the nature of the debtor's interest Amended herein: added 2.83 State what the contract or lease is for and the nature of the debtor's interest Amended herein: added 2.83 State what the contract or lease is for and the nature of the debtor's interest List the contract number of any government contract Amended herein: added 2.83 State what the contract or lease is for and the nature of the debtor's interest List the contract number of any government contract Amended herein: added 2.84 State what the contract or lease is for and the nature of the debtor's interest Amended herein: added 2.85 State what the contract or lease is for and the nature of the debtor's interest Amended herein: added 2.86 State what the contract or lease is for and the nature of the debtor's interest Amended herein: added 2.87 State what the contract or lease is for and the nature of the debtor's interest Amended herein: added 2.88 State what the contract or lease is for and the nature of the debtor's interest Amended herein: added 2.88 State what the contract or lease is for and the nature of the debtor's interest Amended herein: added 2.88 State what the contract or lease is for and the nature of the debtor's interest Amended herein: added 2.88 State what the contract or lease is for and the nature of the debtor's interest of the debtor's interest or lease is for and the nature of the debtor's interest or lease is for and the nature of the debtor's interest or lease is for and the nature of the debtor's interest or lease is for and the nature of the debtor's interest or lease is for any government or lease is for and the nature of the debtor's interest or lease is for any government	Case botor: Petersen Health Network, L		Filed 04/22/25 Page Case number (#1	65 of 151 known): 24-10537		
Agreement Review Form			Illinois Eastern Comn	nunity Colleges, Olney Co	entral College	
State the term remaining List the contract number of any government contract Amended herein: added 2.867 State what the contract or rease is for and the nature of the debtor's interest List the contract number of any government contract State the term remaining List the contract number of any government contract Amended herein: added 2.867 State what the contract or rease is for and the nature of the debtor's interest Amended herein: added 2.868 State the term remaining List the contract number of any government contract Amended herein: added 2.868 State what the contract or remaining List the contract number of lease is for and the nature of the debtor's interest Amended herein: added Amended herein: added 2.868 State what the contract or rease is for and the nature of the debtor's interest Amended herein: added Amende	lease is for and the nature	Agreement Review Form	Associate Degree Nu	rsing/Practical Nurse Cer	tificate Program	
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Amended herein: added 2.82 State what has contract or any government contract Addendum to Contract Between Staffing Agency and bursing Facility Notice Name			Olney	IL	62450	
Amended herein: added 2.82 State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract Addendum to Contract Between Staffing Agency and Nursing Facility Blinois Institute of Nursing Studies, Inc. Name Notice Name 1603 Sprucewood Drive Address Rockford IL 61107 City State 21P Coc Tourity State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract Staffing Service Agreement Notice Name Notice Name Notice Name 181603 Sprucewood Drive Address State the term remaining List the contract number of any government contract Rockford IL 61107 Name Notice Name 1603 Sprucewood Drive Address Rockford IL 61107 City State 21P Coc			City	State	ZIP Code	
Addendum to Contract Between Staffing Agency and for and the nature of the debtor's interest State the term remaining List the contract number of any government contract Amended herein: added 2.83 State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract Amended herein: added 2.83 State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract Rockford IL 61107 City State Vursing Studies, Inc. Name Notice Name 1603 Sprucewood Drive Address State the term remaining List the contract number of any government contract Rockford IL 61107 Name Notice Name 1603 Sprucewood Drive Address Rockford IL 61107 City State 61107 City State 21P Coc			Country			
of the debtor's interest Name Notice Name 1603 Sprucewood Drive Address	Amended herein: added					
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Amended herein: added 2.83 State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract Rockford IL 61107 City State ZIP Coc	State the term remaining		•			
Amended herein: added 2.83 State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract Rockford IL 61107 City State ZIP Coc						
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Amended herein: added 2.83 State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract City State ZIP Code	any government contract					
Amended herein: added 2.83 State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract Rockford Country			Rockford	IL	61107	
Amended herein: added 2.83 State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract State the term remaining State the term remai			City	State	ZIP Code	
2.83 State what the contract or lease is for and the nature of the debtor's interest Staffing Service Agreement Staffing Service Agreement Illinois Institute of Nursing Studies, Inc. Name Notice Name 1603 Sprucewood Drive Address List the contract number of any government contract Rockford IL 61107 City State Staffing Service Agreement Illinois Institute of Nursing Studies, Inc. Name Notice Name 1603 Sprucewood Drive Address			Country			
of the debtor's interest Notice Name 1603 Sprucewood Drive Address List the contract number of any government contract Rockford City State Notice Name 1603 Sprucewood Drive Address	Amended herein: added					
of the debtor's interest Notice Name 1603 Sprucewood Drive Address List the contract number of any government contract Rockford City State Notice Name 1603 Sprucewood Drive Address	2.83 State what the contract or	Staffing Service Agreement	Illinois Institute of Nu	rsing Studies, Inc.		
State the term remaining List the contract number of any government contract Rockford IL 61107 City State 2IP Coc			Name			
State the term remaining List the contract number of any government contract Rockford IL 61107 City State 2IP Coc			Notice Name			
List the contract number of any government contract Rockford IL 61107 City State ZIP Coc			1603 Sprucewood Dr	rive		
Rockford IL 61107 City State ZIP Coc	State the term remaining		Address			
Rockford IL 61107 City State ZIP Coo	List the contract number of	vf				
City State ZIP Coo	any government contract					
			Rockford	IL	61107	
			City	State	ZIP Code	

	Case 2	24-10443-TMH Doc 1470 Fil	ed 04/22/25 Page 66	of 151		
	Petersen Health Network, LLC	;	Case number (if known).	24-10537		
	tate what the contract or ease is for and the nature f the debtor's interest	Addendum to Contract	In Home Health, LLC dba	In Home Health, LLC dba Promedica Hospice		
O.	Tille debier 3 interest		Attn Administrator			
			Notice Name			
			333 Salem Place Suite 16	5		
s	State the term remaining		Address			
	ist the contract number of					
а	ny government contract					
			Fairview Heights	IL	62208	
			City	State	ZIP Code	
			Country			
	Amended herein: added					
^{2.03} le	tate what the contract or ease is for and the nature	Addendum to Contract Between Hospice Provider Nursing Facility Dated August 14, 2023	In Home Health, LLC dba	ProMedica Hospice		
of	f the debtor's interest		Name			
			Attn Administrator Notice Name			
			333 Salem Place Suite 16	5		
s	State the term remaining		Address			
	· ·	-				
L	ist the contract number of					
а	ny government contract					
			Fair is Hainka		00000	
			Fairview Heights	IL State	62208	
			City	State	ZIP Code	
			Country			
	Amended herein: added					
2.86 S	tate what the contract or ease is for and the nature	Nursing English Agraement	In Home Health, LLC dba	ProMedica Hospice		
of	f the debtor's interest	Nursing Facility Agreement	Name			
			Attn Administrator Notice Name			
			333 Salem Place Suite 16	5		
s	State the term remaining		Address			
L	ist the contract number of					
а	ny government contract					
			Fairview Heights	IL	62208	
			City	State	ZIP Code	
			Country			
			- Country			

Debtor: Petersen Health N			04/22/25 Page Case number (if kr	6/ 0f 151 nown): 24-10537	
Name State what the cor lease is for and the	ntract or le nature erest	Letter of Cooperative Agreement	Intouch Services of LS	SSI	
0. 11.0 10.210. 0 11.1					
			Notice Name		
			1901 First Avenue		
State the term ren	maining		Address		
List the contract r	number of				
any government o	contract				
			Sterling	<u>IL</u>	61081
			City	State	ZIP Code
			Country		
Amended herein	n: added				
2.88 State what the cor	ntract or	Hospital Transfer Agreement	Jersey Community Ho	spital	
of the debtor's int	erest	nospital Hansiel Agreement	Name		
			Notice Name		
Ctata tha tawa wa			400 Maple Summit		
State the term ren	naming				
List the contract r	number of				
any government o	contract				
			Jerseyville	IL	62052
			City	State	ZIP Code
			Country		
Amended herein	n: added				
2.89 State what the cor	ntract or e nature	Special Program Agreement for Rental and Capital	Joerns LLC		
of the debtor's int	erest		Name		
			Attn Chief Strategy Of	ficer	
			Notice Name		
			2430 Whitehall Park D	Prive, Suite 100	
State the term ren	naining		Address		
List the contract r	number of				
any government o	contract				
			Charlotte	NC	28273
			City	State	ZIP Code
			Country		

	Case 2	24-10443-TMH Doc 1470 Filed 0)4/22/25 Page 6	68 of 151	
Debtor:	Petersen Health Network, LLC		Case number (if knot	wn): 24-10537	
2.90	State what the contract or ease is for and the nature	Mamarandum of Agranmant	KEPRO		
0	of the debtor's interest	Memorandum of Agreement	Name		
			Notice Name		
	04-4-40-4		5700 Lombardo Center Address	Drive, Suite 100	
•	State the term remaining		Address ——		
ı	List the contract number of				
a	any government contract				
			Seven Hills	ОН	44131
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.91	State what the contract or ease is for and the nature	Therapy Services Agreement	Kindred Rehab Services	s, Inc. dba RehabCare	
	of the debtor's interest		Name		
			President, RehabCare		
			Notice Name		
			680 South Fourth Street Address	t	
,	State the term remaining		Address ——		
ı	List the contract number of				
a	any government contract		_		
			Louisville	<u>KY</u>	40202
			City	State	ZIP Code
			Country		
2.92 le	State what the contract or ease is for and the nature	Amended and Restated Therapy Services Agreement	Kindred Rehab Services	s, LLC	
C	of the debtor's interest		Name		
			Attn VP, Finance Notice Name		
			Rehab Care		
5	State the term remaining		Address		
	g		680 South Fourth Street	t	
ı	List the contract number of				
ā	any government contract				
			Louisville	KY	40202
			City	State	ZIP Code
			Country		

Debtor:			d 04/22/25 Page 69 Case number (if known)		
2.93	Name State what the contract or lease is for and the nature	Therese Oracine Assessed	Kindred Rehab Services, I	II C. d/b/a	
	of the debtor's interest	Therapy Services Agreement	Name	LLO. u/b/u	
			Attn President, RehabCare	e	
			Notice Name		
			680 South Fourth Street		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Louisville	KY	40202
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.94	State what the contract or lease is for and the nature	Protocol and Agreement for the Provision of Hospice Services and Inpatient Respite Care	Lincolnland Hospice of Sarah Bush Lincoln dba Lincolnland Hosp		
	of the debtor's interest		Name		
			Attn Post Acute Care Dire	ctor and Administrate	or
			Notice Name		
			1004 Health Center Drive,	, Suite 202	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Mattoon	IL	61938
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.95	State what the contract or lease is for and the nature	Memorandum of Agreement	Livanta, LLC		
	of the debtor's interest		Name		
			Notice Name		
			10830 Guilford Rd, Suite 3	312	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Annapolis Junction	MD	20701
			City	State	ZIP Code
			Country		
			Country		

ebtor:	Petersen Health Network, LLC		04/22/25 Page Case number (if kn	70 of 151 24-10537	
2.96	Name State what the contract or ease is for and the nature of the debtor's interest	Letter of Cooperative Agreement	Lutheran Social Services of Illinois Name		
٠	of the debtor's interest		Numo		
			Notice Name		
			1901 First Avenue		
:	State the term remaining		Address		
ı	List the contract number of				
á	any government contract				
			Sterling	IL	61081
			City	State	ZIP Code
			Country		
	Amended herein: added				
	State what the contract or ease is for and the nature	Business Facilities Agreement for CATV, Mediacom Online Services and Mediacom Business Phone	MCC Illinois LLC		
(of the debtor's interest		Name Attn Kimberly Polnitz A	\ <u></u>	
			Notice Name	<u>\</u>	
			Mediacom		
,	State the term remaining		Address		
	_		611 S 4th St		
ı	List the contract number of				
á	any government contract				
			Chillicothe	FL FL	61523
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.98	State what the contract or ease is for and the nature	Martin Ocate at for Bish aread Wests	MCKay's Haz-Mat True	ck Service Inc	
	ease is for and the nature of the debtor's interest	Master Contract for Biohazard Waste	Name	ok dervice, inc.	
			Notice Name		
			PO Box 1444		
;	State the term remaining		Address		
ı	List the contract number of				
	any government contract				
			Centralia	IL	62801
			City	State	ZIP Code
			Country		

	Case 2	24-10443-TMH	Doc 1470	Filed 04	/22/25 Page 7	1 of 151	
Debtor:	Petersen Health Network, LLC Name				Case number (if know		
2.99	State what the contract or lease is for and the nature of the debtor's interest	Prime Vendor Product S	upply Agreement		McKesson Medical-Surgical Minnesota Supply Inc.		
					Notice Name		
					8121 Tenth Avenue Nor	th	
	State the term remaining				Address		
	List the contract number of						
	any government contract						
					Golden Valley	MN	55427
					City	State	ZIP Code
					Country		
	Amended herein: added						
2.100	lease is for and the nature	Addendum to Contract			Medical Solutions, LLC		
	of the debtor's interest				Name		
					Medical Solutions, LLC Notice Name		
					PO Box 850737		
	State the term remaining				Address		
	List the contract number of						
	List the contract number of any government contract				-		
	any geronment communi						
					Minneapolis	MN	55485
					City	State	ZIP Code
					Country		
	Amended herein: added						
2.101	State what the contract or				M 5 10 6 6 0 1 5		
2.101	lease is for and the nature of the debtor's interest	Amendment to Contract			Medical Staffing Solution Name	ns, LLC	
					Notice Name		
					8601 N. Kentucky Ave,	Suite A	
	State the term remaining				Address		
	List the contract number of						
	any government contract				-		
					Evansville	IN	47725
					City	State	ZIP Code
					Country		

	Case 2	24-10443-TMH Doc 1470 Filed	04/22/25 Page 7	72 of 151	
Debtor:	Petersen Health Network, LLC		Case number (if kno		
2.102	State what the contract or lease is for and the nature of the debtor's interest	Amendment to Professional Services Agreement	Medical Staffing Solution	ons, LLC	
			Notice Name		
			8601 N. Kentucky Ave,	Suite A	
	State the term remaining		Address	- Canto / t	
	List the contract number of				
	any government contract				
			Evansville	IN	47725
			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	Attachment 1 to Professional Services Agreement	Medical Staffing Solution	ons, LLC	
	or the deptor 3 interest		1140		
			Notice Name		
			8601 N. Kentucky Ave,	Suite A	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			E	IN I	47705
			Evansville City	INState	ZIP Code
			City	State	ZIF Code
			Country		
	Amended herein: added				
2.104	State what the contract or lease is for and the nature	Professional Services Agreement	Medical Staffing Solution	ons, LLC	
	of the debtor's interest		Name Attn Chief Executive Of	fficer	
			Notice Name	ilicei	
			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		

ebtor: Petersen Health Network,		ed 04/22/25 Page Case number (if kn	/3 Of 151 own): 24-10537	
Name				
2.105 State what the contract or lease is for and the nature	Long Term Care Consultant Agreement	MEDLAB		
of the debtor's interest		Name		
		Teresa Joines Notice Name		
		10114 Woodfield Lane		
State the term remaining		Address		
List the contract number	of			
any government contract				
		St. Louis	МО	63132
		City	State	ZIP Code
		Country		
Amended herein: added				
.106 State what the contract or	MedSTAT Service Agreement	MedSTAT USA LLC		
of the debtor's interest		Name		
		Attn Kevin McKim Notice Name		
		1920 Stanley Gault Pk	wy, Suite 100	
State the term remaining		Address	•	
List the contract number	of			
any government contract				
		Louisville	KY	40223
		City	State	ZIP Code
		Country		
Amended herein: added				
.107 State what the contract or	Hospice Services Agreement	Memorial Home Service	es, NFP	
of the debtor's interest		Name		
		Attn Director, Home He	ealth and Hospice	
		720 North Bond Street		
State the term remaining		Address		
List the contract number	of			
any government contract				
		Springfield	IL	62072
		City	State	ZIP Code
		Country		

	etersen Health Network, LLC		d 04/22/25 Page Case number (if kn	74 of 151 own): 24-10537	
2.108 Stat	lease is for and the nature April 27, 2011		Memorial Home Servic	es. NFP	
Of ti	he debtor's interest		Name		
			Notice Name		
			720 North Bond Street		
Sta	te the term remaining		Address		
List	t the contract number of				
any	government contract				
			Springfield	IL	62702
			City	State	ZIP Code
			Country		
A	mended herein: added				
.109 Stat	te what the contract or se is for and the nature	Hospice Services Agreement	Mercyhealth at Home		
of th	he debtor's interest	Hospice dervices Agreement	Name		
			Attn Dacia Hart		
			Notice Name		
0	to the terms of the s		4223 E State Street Address		
Sta	te the term remaining		Address		
List	t the contract number of				
any	government contract				
			Rockford	IL	61108
			City	State	ZIP Code
			Country		
Λ	mended herein: added				
.110 Stat	te what the contract or se is for and the nature	Illinois Ancillary Provider/HCBS Agreement	Meridian Health Plan o	f Illinois, Inc.	
- 6 41	he debtor's interest		Name		
			Notice Name		
			333 South Wabash Av	e, Suitte 2900	
Sta	te the term remaining		Address		
List	t the contract number of				
	government contract				
			China		00004
			Chicago City	<u>IL</u> State	60604 ZIP Code
				State	211 0000
			Country		
A	mended herein: added				

	Case :	24-10443-TMH Doc 1470 Filed	d 04/22/25 Page	75 of 151	
Debtor:	Petersen Health Network, LLC	3	Case number (if kr	own): 24-10537	
2.111	Name State what the contract or lease is for and the nature of the debtor's interest	Agreement for Podiatry Services	Michael D. Williams, D	PM	
			N.C. N		
			Notice Name 5201 North Oriole Ave		
	State the term remaining		Address		
	List the second second second second				
	List the contract number of any government contract				
	any government contract				
			Chicago	IL	60656
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.112	State what the contract or lease is for and the nature	Medical Director Agreement	Midwest Post Acute C	are Enterprises	
	of the debtor's interest	Wedical Director Agreement	Name		
			Attention Legal Depart	ment	
			MPAC Healthcare		
	State the term remaining		Address		
			2045 W Grand Ave, S	e B #28354	
	List the contract number of				
	any government contract				
			Chicago	IL	60612-1577
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.113	State what the contract or lease is for and the nature	Faculty Coming Americant	Midwest Post-Acute C	are IIC	
	of the debtor's interest	Faculty Service Agreement	Name	210, 220	
			Attn Legal Department	<u> </u>	
			MPAC Healthcare		
	State the term remaining		Address		
	-		2045 W Grand Avenue	Ste B #28354	
	List the contract number of				
	any government contract				
			Chicago	IL	60612-1577
			City	State	ZIP Code
			Country		

Debtor:				76 of 151		
Debior.	Name	,	Case number (if kno	5Wn): 24-10331		
2.114	State what the contract or lease is for and the nature of the debtor's interest	Facility Service Agreement	Midwest Post-Acute Ca	ire, PLLC		
	or the debter of interest		Attn Legal Department			
			Notice Name			
			MPAC Healthcare			
	State the term remaining		Address			
			2045 W Grand Avenue	Ste B #28354		
	List the contract number of					
	any government contract					
			Chicago	IL	60612-1577	
			City	State	ZIP Code	
			Country			
	Amended herein: added					
2.115	State what the contract or		Midwoot Boot Aguto Co	uro BLLC		
	lease is for and the nature of the debtor's interest	Faculty Service Agreement	Name	Midwest Post-Acute Care, PLLC Name		
:			Attn Legal Department			
			Notice Name			
			MPAC Healthcare			
	State the term remaining		Address Cur B (1999) 4			
	List the contract number of		2045 W Grand Avenue	Ste B #28354		
	List the contract number of any government contract					
	any government contract					
			Chicago	IL	60612-1577	
			City	State	ZIP Code	
			Country			
	Amended herein: added					
2.116	State what the contract or lease is for and the nature	Provider Services Agreement	Molina Healthcare of III	inois, Inc, an Illinois Coi	rporation	
	of the debtor's interest		Name			
			Notice Name			
			2001 Butterfield Road,	Suito 750		
	State the term remaining		Address	Suite 750		
	J					
	List the contract number of					
	any government contract					
			Downers Grove	IL	60515	
			City	State	ZIP Code	
			Country			

5 1.				7 of 151	
Debtor:	Petersen Health Network, LLC	,	Case number (if know	wn): 24-10537	
2.117	State what the contract or lease is for and the nature of the debtor's interest	Working Agreements	Montgomery County He	alth Department	
	of the deptor's interest		Name		
			Notice Name		
			11191 Illinois Route 185	5	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Hillsboro	IL	62049
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.118	State what the contract or lease is for and the nature	Fee Schedule for Temp Services	Nextaff		
	of the debtor's interest		Name		
			Notice Name		
			11101 Switzer Road, Su	uite 110	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Overland Park	KS	66210
			City	State	ZIP Code
			Country		
			oody		
	Amended herein: added				
2.119	State what the contract or lease is for and the nature		Novtoff Croup II C		
	lease is for and the nature of the debtor's interest	Addendum to Contract	Nextaff Group, LLC Name		
					
			Notice Name	- 440	
	State the term remaining		11101 Switzer Rd., Suite	e 110	
	otate the term remaining				
	List the contract number of		-		
	any government contract				
			Overland Park	KS	66210
			City	State	ZIP Code
			Country		
	Amended herein: added				

	Case 2	24-10443-TMH Doc 1470 Filed	04/22/25 Page 78	8 of 151	
Debtor	Petersen Health Network, LLC Name	<u> </u>	Case number (if know		
2.120	State what the contract or lease is for and the nature of the debtor's interest	Fee Schedule for Temp Services	Nextaff Group, LLC Name		
			Notice Name		
	State the term remaining		11101 Switzer Road, Sui Address	te 110	
	State the term remaining				
	List the contract number of				
	any government contract				
			Overland Park	KS	66210
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.121	State what the contract or lease is for and the nature	Staffing Service Agreement	Nextaff Group, LLC		
	of the debtor's interest	<u> </u>	Name		
			Notice Name		
			11101 Switzer Rd. Suite	110	
	State the term remaining		Address		
					
	List the contract number of				
	any government contract				
			Overland Park	KS	66210
			City	State	ZIP Code
			Country		
	Amended herein: added				
	State what the contract or				
2.122	State what the contract or lease is for and the nature of the debtor's interest	Staffing Service Agreement	Nextaff Group, LLC,		
	of the debtor 3 interest				
			Notice Name		
			11101 Switzer Rd. Suite	110	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			O code of B. J.		00040
			Overland Park	KS State	66210
			City	State	ZIP Code
			Country		

	Case 2	24-10443-TMH Doc 1470	Filed 04/2	22/25 Page 79 of	151	
Debtor:	Petersen Health Network, LLC Name	;		Case number (if known):	24-10537	
2.123	State what the contract or lease is for and the nature of the debtor's interest	Addendum to Contract		Nurses PRN Health Services of Name	d/b/a Nurses PRN	
			-	N. c. N		
				Notice Name		
	State the term remaining			1101 E. South River St. Address		
	otate the term remaining					
	List the contract number of		-			
	any government contract					
				Appleton	WI	54915
			-	City	State	ZIP Code
			(Country		
	Amended herein: added					
2.124	State what the contract or	Added down to Contract	1	Nurses PRN Health Services o	dha Nurses PRN	
	lease is for and the nature of the debtor's interest	Addendum to Contract		Name		
			7	Notice Name		
				1101 E. South River St.		
	State the term remaining			Address		
	List the contract number of					
	any government contract		-			
				Appleton	WI	54915
			-	City	State	ZIP Code
			7	Country		
	Amended herein: added					
2 125	State what the contract or					
2.120	lease is for and the nature of the debtor's interest	Memorandum of Understanding		Ogle County Health Departme	nt	
				Cherie Rucker Notice Name		
			,	907 West Pines Road		
	State the term remaining			Address		
	List the contract number of		-			
	any government contract					
			_	Oregon	IL	61061
			_	City	State	ZIP Code
			(Country		

	Case 2	24-10443-TMH Doc 1470 Filed 0	4/22/25 Page 8	30 of 151	
Debtor	Petersen Health Network, LLC Name		Case number (if knd		
2.126	State what the contract or lease is for and the nature of the debtor's interest				
			Attn Legal		
			Notice Name		
			One CVS Drive Mail Co	ode 1160	
	State the term remaining		Address		
	List the contract number of		_		
	any government contract				
			Woonsocket	RI	02895
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.127	State what the contract or	Assessment No. 7 to Dhamas an Consultant Assessment	Omnicare		
	lease is for and the nature of the debtor's interest	Amendment No. 5 to Pharmacy Consultant Agreement	Name		
			Attn Legal		
			Notice Name		
			One CVS Drive Mail Co	ode 1160	
	State the term remaining		Address		
	List the contract number of		_		
	any government contract				
			Woonsocket	RI	02895
			City	State	ZIP Code
			Country		
			Country		
	Amended herein: added				
	State what the contract or	Amendment No. 6 to Pharmacy Products and Services			
2.128	lease is for and the nature	Agreement	Omnicare		
	of the debtor's interest		Name		
			Attn Legal Notice Name		
			One CVS Drive Mail Co	ode 1160	
	State the term remaining		Address		
	List the contract number of				
	any government contract	-			
			Woonsocket	RI	02895
			City	State	ZIP Code
			Country		

Ca	se 24-10443-TMH Doc 1470 Filed	04/22/25 Page 8	31 of 151	
Debtor: Petersen Health Networ	k, LLC	Case number (if kno		
2.129 State what the contract lease is for and the natu of the debtor's interest	or Ire Amendment to Pharmacy Consultant Agreement	Omnicare Name		
		Attn Legal		
		Notice Name		
		One CVS Drive Mail Co	ode 1160	
State the term remaining	9	Address		
List the contract number	er of			
any government contra	ct			
		Woonsocket	RI	02895
		City	State	ZIP Code
		Country		
Amended herein: adde	ed			
2.130 State what the contract lease is for and the natu		Omnicare		
of the debtor's interest	Distribution Services	Name		
		Attn Legal		
		Notice Name		
		One CVS Drive Mail Co	ode 1160	
State the term remaining	9	Address		
List the contract number	er of			
any government contra				
, g				
		Woonsocket	RI	02895
		City	State	ZIP Code
		Country		
Amended herein: adde	ed			
2.131 State what the contract lease is for and the natu	or ire Pharmacy Consultant Agreement	Omnicare		
of the debtor's interest	Thamasy consultant rigidement	Name		
		Attn Legal		
		Notice Name		
State the term remainin	_	One CVS Drive Mail Co	ode 1160	
State the term remaining	9			
List the contract number	er of			
any government contra	ct			
		Woonsocket	RI	02895
		City	State	ZIP Code
		Country		

D-1-4				32 of 151	
Debtor:	Petersen Health Network, LLC Name	,	Case number (if kno	wn): 24-10537	
2.132	lease is for and the nature	Pharmacy Products and Services Agreement	Omnicare		
	of the debtor's interest		Name		
			Attn Legal Notice Name		
			One CVS Drive Mail Co	ode 1160	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Woonsocket	RI	02895
			City	State	ZIP Code
			Country		
	Amended herein: added				
0.400	State what the contract or		Omnicare Pharmacy of	the Midwest, LLC dba	Omnicare of Kansas
2.133	State what the contract or lease is for and the nature of the debtor's interest	Amendment to Pharmacy Consultant Agreement	City Name		
			Notice Name		
	Otata di a tama manalalan		10400 Hickman Mills Di	rive, Suite 200	
	State the term remaining				
	List the contract number of		-		
	any government contract	-			
			Kansas City	MO	64137
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.134	State what the contract or lease is for and the nature	Amendment to Pharmacy Products and Services Agreement	Omnicare Pharmacy of City	the Midwest, LLC dba	Omnicare of Kansas
	of the debtor's interest	-	Name		
			Notice Name		
			10400 Hickman Mills Di	rive, Suite 200	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Kanaga City	MO	64427
			Kansas City City	MO State	64137 ZIP Code
			Ony	Glate	Zii. Code
			Country		

			04/22/25 Page 83		
Debtor:	Petersen Health Network, LLC	;	Case number (if known)	24-10537	
2.135	State what the contract or lease is for and the nature of the debtor's interest	Amendment to Pharmacy Consultant Agreement	Omnicare, Inc.		
	or the debter o microst		Attn General Counsel		
			Notice Name		
			900 Omnicare Center		
	State the term remaining		Address		
			201 East Fourth Street		
	List the contract number of				
	any government contract				
			Cincinnati	ОН	45202
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.136	State what the contract or lease is for and the nature	Amendment to Pharmacy Products and Services	Omnicare, Inc.		
2.100	lease is for and the nature of the debtor's interest	Agreement	Name		
			Attn General Counsel		
			Notice Name		
			900 Omnicare Center		
	State the term remaining		Address		
			201 East Fourth Street		
	List the contract number of				
	any government contract				
			Cincinnati	ОН	45202
			City	State	ZIP Code
			,		
			Country		
	Amended herein: added				
2.137	State what the contract or lease is for and the nature		O		
	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		
	State the term remaining		Address		
			201 East Fourth Street		
	List the contract number of				
	any government contract				
			Cincinnati	ОН	45202
			City	State	ZIP Code
			Country		

	Case 2	24-10443-TMH Doc 1470 Filed	04/22/25 Page 8	84 of 151	
Debtor:		>	Case number (if kno		
2.138	Name State what the contract or lease is for and the nature of the debtor's interest	Pharmacy Products and Services Agreement	Omnicare, Inc.		
			Attn General Counsel Notice Name		
			900 Omnicare Center		
	State the term remaining		Address		
			201 East Fourth Street		
	List the contract number of				
	any government contract				
			Cincinnati	ОН	45202
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.139	State what the contract or		One Ctaff Madical Lini	itad Liabilit. Camaaa	
	lease is for and the nature of the debtor's interest	Agreement for Staffing Services	OneStaff Medical, Limi	ted Liability Company	
			Notice Name		
	Otata the tame manadalana		11718 Nicholas Street, Address	Suite 101	
	State the term remaining				
	List the contract number of				
	any government contract				
			Omaha	NE	68154
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.140	State what the contract or lease is for and the nature	Addendum to Contract	Onestaff Medical, LLC		
	of the debtor's interest	- Addonadiii to Ooliiradt	Name		
			Notice Name		
			10802 Farnam Dr., Sui	ite 101	
	State the term remaining		Address		
	_				
	List the contract number of				
	any government contract				
			Omaha	NE	68154
			City	State	ZIP Code
			Country		
			,		

	Case 2	24-10443-TMH Doc 1470 Filed	04/22/25 Page	85 of 151	
Debtor	Petersen Health Network, LLC Name		Case number (if kn	24-10537	
2.141	State what the contract or lease is for and the nature of the debtor's interest	Agreement to Staffing Services	Onestaff Medical, LLC		
			Notice Name	0.11.404	
	State the term remaining		11718 Nicholas Street Address	, Suite 101	
	State the term remaining				
	List the contract number of				
	any government contract				
			Omaha	NE	68154
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.142	State what the contract or lease is for and the nature	Amendment to Agreement for Staffing Services	OneStaff Medical, LLC	;	
	of the debtor's interest	7 Amonamon to 7 groomon to Otaning Convictor	Name		
			Notice Name		
			10802 Farnam Dr., Su	ite 101	
	State the term remaining		Address	101	
	•				
	List the contract number of				
	any government contract				
			Omaha	NE	69454
			Omaha City	NE State	68154 ZIP Code
			Oity	State	Zii Gode
			Country		
	Amended herein: added				
2.143	State what the contract or lease is for and the nature	Amendment to Contract	Onestaff Medical, LLC		
	of the debtor's interest		Name		
			Notice Name		
			10802 Farnam Dr., Su	ite 101	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Omaha	NE	68154
			City	State	ZIP Code
			Country		

Case	24-10443-TMH Doc 1470 Filed (04/22/25 Page 8	36 of 151	
Debtor: Petersen Health Network, I	LC	Case number (if kno		
2.144 State what the contract or lease is for and the nature of the debtor's interest	Addendum to Contract	OptimaLab Inc.		
		Attn Rehan Akhter		
		Notice Name		
		402 West Boughton Ro	ad	
State the term remaining		Address		
List the contract number	of			
any government contract				
		Bolingbrook	<u>IL</u>	60440
		City	State	ZIP Code
		Country		
Amended herein: added				
2.145 State what the contract or lease is for and the nature	REVISED LABORATORY SERVICES AGREEMENT	OptimaLab Inc.		
of the debtor's interest		Name		
		ATT Rehan Akhter Notice Name		
		402 West Boughton Ro	ad	
State the term remaining		Address	du	
g				
List the contract number	of			
any government contract				
		Bolingbrook	il	60440
		City	State	ZIP Code
		Country		
Amended herein: added				
2 146 State what the contract or	One Time Agreement for the Provision of Hospice	OCE HaalthCara Cuata	m dha OCE Haaniaa	
2.146 lease is for and the nature of the debtor's interest	Services	OSF HealthCare Syste Name	in aba OSF Hospice	
		Attn Jason Rodeghero,	President	
		Notice Name		
		Division of OSF Home	Care	
State the term remaining		Address		
		2865 W. Altorfer Dr.		
List the contract number	of			
any government contract				
		Peoria	IL	6161
		City	State	ZIP Code
		Country		

	Case 2	24-10443-TMH Doc 1470 Filed	04/22/25 Page 8	7 of 151	
Debtor	Petersen Health Network, LLC Name		Case number (if know	24-10537	
2.147	State what the contract or lease is for and the nature of the debtor's interest	Independent Contractor Agreement	Podiatry Plus PC Name		
			Notice Name		
			6560 West Higgins		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Chicago	IL	60656
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.148	State what the contract or lease is for and the nature	Independent Contractor Agreement	Podiatry Plus, P.C.		
	of the debtor's interest	macpendent Contractor Agreement	Name		
			Notice Name		
			6560 West Higgins		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Chicago	IL	60656
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.149	State what the contract or lease is for and the nature	Momorandum of Understanding	Prairie Council on Aging		
	of the debtor's interest	Memorandum of Understanding	Name		
			Notice Name		
			800 West State St		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Jacksonville	IL	62650
			City	State	ZIP Code
			Country		

	Case 2	24-10443-TMH Doc 1470 File	ed 04/22/25 Page	88 of 151	
Debtor:		;	Case number (if k	nown): 24-10537	
	Name				
2.150	State what the contract or lease is for and the nature	Addendum to Contract	Preferred Podiatry Gro	oup, P.C.	
	of the debtor's interest		Name		
			President/COO		
			Notice Name		
			168 N. Clinton St., 3rd	l Floor	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Chicago	IL	60661
			City	State	ZIP Code
			Country		
	Amended herein: added				
	Amended Herein. added				
2.151	State what the contract or	Facility Consider Assessment	Preferred Podiatry Gro	nun P.C	
	lease is for and the nature of the debtor's interest	Facility Service Agreement	Name	зар, г. о.	
			Notice Name		
			PO Box 772293		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Detroit	MI	48277-2293
			City	State	ZIP Code
			Country		
	Amended herein: added				
0.450	State what the contract or lease is for and the nature				
2.152	- (1 - - - - - - - - -	Billing	Presto-X Name		
	of the debtor's interest		Name		
			Notice Name		
			4521 Leavenworth Str	reet	
	State the term remaining		Address		
	g				
	List the contract number of		-		
	any government contract				
	, 3-1-1				
			Omaha	NE	68106-1437
			City	State	ZIP Code
			Oity	State	Zii Coue
			Country		
			•		

	Case 2	24-10443-TMH Doc 1470	Filed 04	/22/25 Page	89 of 151	
Debtor	Petersen Health Network, LLC Name	;		Case number (if	known): 24-10537	
2.153	State what the contract or lease is for and the nature of the debtor's interest	Pest Management Service Agreement		Presto-X Name		
				Notice Name		
				4521 Leavenworth St	treet	
	State the term remaining			Address		
	List the contract number of					
	any government contract					
				Omaha	NE	68106-1437
				City	State	ZIP Code
				Country		
	Amended herein: added					
2.154	lease is for and the nature	Addendum to Contract		PRN Health Services, Inc. d/b/a Nurses PRN		
	of the debtor's interest			Name Attn Scott Barribeau,	Salos Managor	
				Notice Name	Odies Mariagei	
				1101 E. South River	St.	
	State the term remaining			Address		
	List the contract number of					
	any government contract			_		
				Appleton	WI	54915
				City	State	ZIP Code
				Country		
	Amended herein: added					
2.155	State what the contract or lease is for and the nature	Amendment to Contract		PRN Health Services	, Inc. d/b/a Nurses PRN	
	of the debtor's interest			Name		
				Attn Scott Barribeau, Notice Name	Sales Manager	
				1101 E. South River	St.	
	State the term remaining			Address		
	List the contract number of					
	any government contract					
				Appleton	WI	54915
				City	State	ZIP Code
				Country		

Case	24-10443-TMH Doc 1470 F	Filed 04/22/25 Page	90 of 151	
otor: Petersen Health Network, LL	.c	Case number (if k		
Name State what the contract or lease is for and the nature of the debtor's interest	Master Staffing Agreement	PRN Health Services,	, Inc. d/b/a Nurses PRN	
or the debtor 3 interest		Scott Barribeau, Sale	s Manager	
		Notice Name		
		1101 E. South River S	St.	
State the term remaining		Address		
List the contract number of	·			
any government contract				
		Appleton	WI	54915
		City	State	ZIP Code
		Country		
Amended herein: added				
State what the contract or lease is for and the nature	Amendment to Contract		, Inc. dba Nurses PRN	
of the debtor's interest		Name		
		Attn Scott Barribeau, Notice Name	Sales Manager	
		1101 E. South River S	St.	
State the term remaining		Address		
,				
List the contract number of		-		
any government contract				
		Appleton	WI	54915
		City	State	ZIP Code
		Country		
Amended herein: added				
State what the contract or lease is for and the nature	Master Staffing Agreement		, Inc. dba Nurses PRN	
of the debtor's interest		Attn Scott Barribeau	Jr., Sales Manager	
		Notice Name	~.	
State the term remaining		1101 E. South River S	St.	
State the term remaining		, idalios		
List the contract number of				
any government contract				
		Appleton	WI	54915
		City	State	ZIP Code
		Country		

	Case 2	24-10443-TMH Doc 1470 Filed	04/22/25 Page	91 of 151	
Debtor:	Petersen Health Network, LLC	;	Case number (if kn		
2.159	State what the contract or lease is for and the nature of the debtor's interest	Contract Confirmation Sheet	PRN Healthcare		
			Notice Name		
			1101 E. South River S	t.	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Appleton	WI	54915
			City	State	ZIP Code
			Country		
			Country		
	Amended herein: added				
2.160	State what the contract or lease is for and the nature	Physician Services Agreement	Provider Vohra Post-A	cute Physicians	
	of the debtor's interest	- Hydiolan Corvidos Agreement	Name		
			Notice Name		
			3601 SW 160th Avenu	io Suito 250	
	State the term remaining		Address	le, Ouite 250	
	g				
	List the contract number of				
	any government contract				
			Miramar	FL	33027
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.161	State what the contract or		Dulmonory Evokongo	Ltd. also DEL A/ID	
2	lease is for and the nature of the debtor's interest	Multi-Facility Supply and Services Agreement	Pulmonary Exchange, Name	LIU. AKA PEL/VIP	
			Attn Raymond Kalinsk Notice Name	у	
			9840 SW Hwy.		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Oak Lawn	IL	60453
			City	State	ZIP Code
			Country		
			-		

Debtor: Petersen Health Netwo		d 04/22/25 Page ! Case number (if kn	92 of 151 lown): 24-10537	
Name State what the contract lease is for and the nate the name of the name o	et or			
of the debtor's interest	ture Podiatric Consultant Agreement	Quality Podiatry Group Name	o, Ltd.	
of the debtor 3 litteres	•	Dr. Sidney Weiser, D.F	P M	
		Notice Name	.171.	
		724 West 31st Street		
State the term remaini	ing	Address		
List the contract numb	ber of			
any government contr	ract			
		Chicago	IL	60616
		City	State	ZIP Code
		Country		
Amended herein: add	ded			
2.163 State what the contract lease is for and the nat	ct or School of Business Agreement with Sponsoring ture Company	Rasmussen College, li	nc.	
of the debtor's interest		Name		
		Attn Susan D. Falotico	, EVP and CFO	
		Notice Name		
		1415 W. 22nd Street		
State the term remaini	ing	Address		
List the contract number				
any government contr	ract			
		Oak Brook	<u>IL</u>	60523
		City	State	ZIP Code
		Country		
Amended herein: add	ded			
2.164 State what the contrac	et or Letter Agreement re: Notice of Assignment of			
of the debtor's interest	ture Accounts by Advocate Health Staffing, LLC to Realtime Services, Inc.	RealTime Services, Inc Name	C	
	Todamino Corvidos, mo.			
		Notice Name		
		PO Box 4729		
State the term remaini	ing	Address		
List the contract number	per of			
any government contr	act			
		Winter Park	FL	32793-4729
		City	State	ZIP Code
		Country		

	Case 2	24-10443-TMH Doc 1470 File	ed 04/22/25 Page 9	3 of 151	
Debtor:	Petersen Health Network, LLC		Case number (if know		
	Name				
2.165	State what the contract or lease is for and the nature	Service Agreement	RecoverCare, LLC		
	of the debtor's interest	Service Agreement	Name		
			Attn General Counsel		
			Notice Name		
			1920 Stanley Gault Pkw	v. Suite 100	
	State the term remaining		Address	<u>,,, cano 100</u>	
	State the term remaining				
	List the contract number of				
	any government contract				
			Laudaudilla	100	40000
			Louisville City	<u>KY</u> State	ZIP Code
			Ony	Otato	Zii Gode
			Country		
0.400	State what the contract or lease is for and the nature				
2.166	lease is for and the nature of the debtor's interest	Rental Agreement	RecoverCare, LLC Name		
	of the deptor's interest				
			General Counsel Notice Name		
				Cita 100	
			1920 Stanley Gault Pkw	y Suite 100	
	State the term remaining		Address		
	List the contract number of				
		-			
	any government contract				
			Louisville	KY	40223
			City	State	ZIP Code
			City	State	ZIF Code
			Country		
	Amended herein: added				
	State what the contract or				
2.167	State what the contract or lease is for and the nature	Rental Service Agreement	RecoverCare, LLC		
	of the debtor's interest		Name		
			Attn General Counsel		
			Notice Name	0 :: 100	
			1920 Stanley Gault Pkw	y, Suite 100	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Louisville	KY Out	40223
			City	State	ZIP Code
			Country		

Cas Debtor: Petersen Health Network,			94 of 151	
Name		Case number (if kno	5wn): 24-10337	
2.168 State what the contract of lease is for and the natur	r e Service Agreement	RecoverCare, LLC		
of the debtor's interest	Gerrice Agreement	Name		
		Attn General Counsel		
		Notice Name		
Chata tha tama mamainin		1920 Stanley Gault Pky Address	w, Suite 100	
State the term remaining				
List the contract number	of			
any government contrac	t			
		Louisville	KY	40223
		City	State	ZIP Code
		Country		
		·		
Amended herein: added	1			
State what the contract of	r Project ECHO COVID-19 Skilled Training Program		ity of New Mexico, for th	ne Health Sciences
2.169 State what the contract of lease is for and the nature of the debtor's interest	e Participation Agreement	Center Name		
of the deptor's interest		Name		
		Notice Name		
		2500 Marble Ave NE		
State the term remaining		Address		
List the sentenct months				
List the contract number				
any government contrac	•			
		Albuquerque	NM	87106
		City	State	ZIP Code
		Country		
Amended herein: added	1			
Ctate what the contract of	_			
2.170 State what the contract of lease is for and the natur	e Therapy Services Agreement	RehabCare		
of the debtor's interest		Name	.	
		Attn President, Rehab(Notice Name	are	
		680 South Fourth Stree	et	
State the term remaining		Address		
List the contract number	of			
any government contrac	t			
		Louisville	KY	40202
		City		ZIP Code
		Спу	State	ZIF Code
		Country		

Case	24-10443-TMH Doc 1470 Fil	ed 04/22/25 Page 9	95 of 151	
btor: Petersen Health Network, LLC	C	Case number (if kn	own): 24-10537	
Name State what the contract or lease is for and the nature of the debtor's interest	Therapy Services Agreement	RehabCare Group Eas	st, Inc.	
		President, RehabCare		
		Notice Name		
		680 South Fourth Stree	et	
State the term remaining		Address		
List the contract number of				
any government contract				
		Louisville	KY	40202
		City	State	ZIP Code
		Country		
Amended herein: added				
State what the contract or lease is for and the nature	Therapy Services Agreement		st, Inc. d/b/a RehabCare	
of the debtor's interest		Name		
		Attn President, Rehabone	Care	
		680 South Fourth Stree	et	
State the term remaining		Address	-	
Link the construct manufacture of				
List the contract number of				
any government contract				
		Louisville	KY	40202
		City	State	ZIP Code
		Country		
Amended herein: added				
173 State what the contract or lease is for and the nature	Therapy Services Agreement	RehabCare Group Eas	st, Inc. dba RehabCare	
of the debtor's interest		Name		
		President, RehabCare Notice Name		
		680 South Fourth Stre	et	
State the term remaining		Address		
List the contract number of				
any government contract				
		Louisville	KY	40202
		City	State	ZIP Code
		Country		

Debtor:	Petersen Health Network, LLC		Coop number (1)		
	Name		Case number (if know	vn): 24-10537	
2.174 le	State what the contract or ease is for and the nature of the debtor's interest	Therapy Services Agreement	RehabCare Group East,	Inc., dba RehabCare	
	ine deptor's interest		Attn President, RehabCa	are	
			Notice Name		
			680 South Fourth Street		
\$	State the term remaining		Address		
L	ist the contract number of				
ā	any government contract				
			Louisville	KY	40202
			City	State	ZIP Code
			,	5.5.0	
			Country		
	Amended herein: added				
	Amerided herein, added				
2.175	State what the contract or ease is for and the nature	Staffing Agency Agreement	RehabCare Group East, Services, Inc.	Inc., dba RehabCare	Group Therapy
	of the debtor's interest	Stanning Agency Agreement	Name		
			Attn General Counsel		
			Notice Name	C.::t- 2200	
	State the term remaining		7733 Forsyth Boulevard Address	, Suite 2300	
· ·	State the term remaining				
L	ist the contract number of				
a	any government contract				
			Clayton	MO	63105
			City	State	ZIP Code
			Country		
	Amended herein: added				
	State what the contract or				
	State what the contract or ease is for and the nature	Amended and Restated Therapy Services Agreement	RehabCare Group East,	LLC	
C	of the debtor's interest		Name		
			Attn VP, Finance Notice Name		
			680 South Fourth Street		
\$	State the term remaining		Address		
ı	_ist the contract number of				
a	any government contract				
			Louisville	KY	40202
			City	State	ZIP Code
			Country		

Debtor:			04/22/25 Page 9 Case number (if kno	97 of 151 wn): 24-10537	
2.177	Name State what the contract or lease is for and the nature	Second Amended and Restated and Reaffirmed Guaranty Agreement	RehabCare Group East	, LLC	
	of the debtor's interest		Name		
			Attn Chief Financial Off Notice Name	cer	
			680 South Fourth Stree	t	
	State the term remaining		Address	•	
	List the contract number of				
	any government contract				
			Louisville	KY	40202
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.178	State what the contract or lease is for and the nature of the debtor's interest	Nursing Home Dialysis Transfer Agreement	Renal Life Link, Inc.		
	of the deptor's interest		Attn Administrator		
			Notice Name		
			Centralia Dialysis		
	State the term remaining		Address		
			1231 State Route 161 E	ast	
	List the contract number of		_		
	any government contract				
			Centralia	IL	62801
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.179	State what the contract or lease is for and the nature	Addendum to Contract Between Hospice Provider and	Residential Hospice of	Southern Illinois	
	of the debtor's interest	Nursing Facility Dated March 4, 2022	Name		
			Notice Name		
			4215 State Route 159		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Glen Carbon	<u>IL</u>	62034
			City	State	ZIP Code
			Country		

	Case 2	24-10443-TMH Doc 1470 Filed	d 04/22/25 Page 9	98 of 151	
Debtor:		<u>; </u>	Case number (if kno	24-10537	
2.180	Name 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 Name	Southern Illinois	
			Attn Administrator		
			Notice Name		
			4215 State Route 159		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Glen Carbon	IL	62034
			City	State	ZIP Code
			Country		
			Country		
	Amended herein: added				
2.181	State what the contract or		Deales He Occurred to 11		
2.101	lease is for and the nature of the debtor's interest	Hospital Transfer Agreement	Rochelle Community Ho	<u> </u>	
			Notice Name		
			900 N. 2nd Street		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Rochelle	IL	61068
			City	State	ZIP Code
			Country		
			Country		
	Amended herein: added				
0.400	State what the contract or	Protocol and Agreement for the Provision of			
2.182	State what the contract or lease is for and the nature of the debtor's interest	Hospice Services and Inpatient Respite Care	Sarah Bush Lincoln Hea	alth Center d/b/a Lincolr	nland Hospice
	or the desice of interest		Attn Post Acute Care D	irector	
			Notice Name		
			Lincolnland Hospice of	Sarah Bush Lincoln	
	State the term remaining		Address	or Cuite 202	
	List the contract number of		1004 Health Center Dri	/e, Suite 202	
	any government contract				
	, 0				
			Mattoon	IL	61938
			City	State	ZIP Code
			Country		
			Country		

	Case 2	24-10443-TMH Doc 1470 Filed	d 04/22/25 Page 9	9 of 151	
ebtor:	Petersen Health Network, LLC		Case number (if know	wn): 24-10537	
2.183	Name State what the contract or lease is for and the nature	Protocol and Agreement of Hospice Services	Sarah Bush Lincoln Hea	alth Center d/b/a Sarah	Bush Lincoln Hospice
	of the debtor's interest	Protocol and Agreement of Flospice Services	Name		
			Attn Post Acute Care Di	rector	
			Notice Name		
			Sarah Bush Lincoln Hos	spice	
	State the term remaining		Address	- Cuita 200	
	List the contract number of		1004 Health Center Driv	/e, Suite 202	
	any government contract				
	any government contract				
			Mattoon	IL	61938
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.184 leas	State what the contract or	Out of the American	Sauk Valley Community	College	
	lease is for and the nature of the debtor's interest	Cooperative Agreement	Name	College	
			Notice Name		
			173 IL Route 2		
	State the term remaining		Address		
		-			
	List the contract number of				
	any government contract				
			Dixon	IL	61021
			City	State	ZIP Code
			Country		
	Amended herein: added				
0.405	State what the contract or				
2.100	lease is for and the nature	Entertain 360 Statement of Work	Sentrics Name		
	of the debtor's interest		Name		
			Notice Name		
			265 Clyde Morris Blvd S	Suite 100	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
	, 3				
			Ormond Beach	FL	32174
			City	State	ZIP Code
			Country		
			•		

Case 24-10443-TMH Doc 1470 Filed 04/22/25 Page 100 of 151	
Debtor: Petersen Health Network, LLC Case number (if known): 24-10537	,
Name 2.186 State what the contract or lease is for and the nature Addendum to Contract Between Hospice Provider and Nursing Facility Serenity Hospice and Home	
of the debtor's interest Name	
Lynette Knodle, CEO	
Notice Name	
1658 S IL Route 2	
State the term remaining Address	
List the contract number of	
List the contract number of	
any government contract	
Oregon IL	61061
	ZIP Code
City State	ZIP Code
Country	
Amended herein: added	
State what the contract or Agreement for Hospice Care for Skilled Nursing	
2.187 lease is for and the nature Facility and Nursing Facility Residents Serenity Hospice and Home	
of the debtor's interest	
Lynette Knodle, CEO Notice Name	
State the term remaining Address	
State the term remaining Address	
List the contract number of	
any government contract	
uny government contract	
Oregon IL	61061
City State	ZIP Code
Oily Oillio	211 0000
Country	
Amended herein: added	
2 199 State what the contract or	
Pospice Care Contract for Nursing Home Facility Serenty Hospice and Home Hospice Care Contract for Nursing Home Facility Serenty Hospice and Home	
of the debtor's interest Name	
Lynette Knodle, CEO Notice Name	
1658 S IL Route 2	
State the term remaining List the contract number of	
State the term remaining Address	
State the term remaining List the contract number of any government contract Address	61061
State the term remaining List the contract number of any government contract Oregon IL	
State the term remaining List the contract number of any government contract Address	61061 ZIP Code

Case 24-10443-TMH Doc 1470 Filed 04/22/25 Page 101 of 151

_C	Case number (if known	24-10537	
Cooperative Agreement	Shawnee Alliance Name		
	Notice Name		
	6355 Brandhorst Drive		
	Address		
f			
	Carterville	<u>IL</u>	62918-980
	City	State	ZIP Code
	Country		
Addendum Agreement for Stoffing Conject	ShiftKev LLC		
Addendum Agreement for Staffing Services	Name		
	Notice Name		
	2816 Thomas Ave #5		
	Address		
f			
	Dallas	TX	75204
	City	State	ZIP Code
	Country		
Addendum to Agreement for Staffing Services for			
Petersen Facilities			
	Name		
	Notice Name		
	2816 Thomas Ave #5		
	Address		
f			
	Dallas	TX	75204
	0"		710.0-1-
	City	State	ZIP Code
•1	of	Cooperative Agreement Cooperative Agreement Notice Name Notice Name 6355 Brandhorst Drive Address Carterville City Country Addendum Agreement for Staffing Services Notice Name 2816 Thomas Ave #5 Address Dallas City Country Addendum to Agreement for Staffing Services for Petersen Facilities Notice Name 2816 Thomas Ave #5 Address Notice Name 2816 Thomas Ave #5 Address	Cooperative Agreement Shawnee Alliance Name Notice Name 6355 Brandhorst Drive Address Carterville City State Country Addendum Agreement for Staffing Services ShiftKey, LLC Name 2816 Thomas Ave #5 Address Addendum to Agreement for Staffing Services for Petersen Facilities Address ShiftKey, LLC Name 2816 Thomas Ave #5 Address Address

	Case 2	4-10443-TMH Doc 1470 Filed (04/22/25 Page 10	2 of 151	
Debtor:	Petersen Health Network, LLC		Case number (if known	1): 24-10537	
2.192	Name State what the contract or lease is for and the nature of the debtor's interest	Amendment to Contract and All Addendums, if any, Between Staffing Agency and Nursing Facility Dated July 7th, 2020	SHIFTKEY, LLC		
	or the debter of interest	- Dated Gdly 7111, 2020	Attn Keith Wicker		
			Notice Name		
			2816 Thomas Ave #5		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Dallas	TX	75204
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.193	lease is for and the nature	Client Service Agreement	ShiftKey, LLC		
	of the debtor's interest		Name		
			Attn Rachel Sargent Notice Name		
			2816 Thomas Ave #5		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Dallas	TX	75204
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.194	State what the contract or		O'dese Me'ess D.D.M		
2.104	lease is for and the nature of the debtor's interest	Podiatric Consultant Agreement	Sidney Weiser, D.P.M. Name		
			Quality Podiatry Group, L	.TD.	
			724 West 31 St Street		
	State the term remaining		Address		
	J				
	List the contract number of				
	any government contract				
			Chicago	IL	60616
			City	State	ZIP Code
			Country		

or: Petersen Health Network, LL	<u> </u>	Case number (if known): 24-10537	
Name				-
State what the contract or lease is for and the nature	Memorandum of Understanding	Sinnissippi Centers Inc.		
of the debtor's interest		Name		
		Notice Name		
		325 Illinois Rt. 2		
State the term remaining		Address		
otate the term remaining				
List the contract number of				
any government contract				
		Dixon	IL	61021
		City	State	ZIP Code
		Country		
Amended herein: added				
Amended herein, added				
State what the contract or lease is for and the nature	Amendment to Pharmaceutical Product Rebate Agreement	Smith & Nephew, Inc.		
of the debtor's interest	Agreement	Name		
		Attn Company Secretary		
		Notice Name		
		1450 E. Brooks Road		
State the term remaining		Address		
List the contract number of				
any government contract				
		Memphis	TN	38116
		City	State	ZIP Code
		Oily	Oldio	211 0000
		Country		
Amended herein: added				
State what the contract or				
lease is for and the nature of the debtor's interest	Rebate Agreement	Smith & Nephew, Inc.		
or the debtor 3 interest		Attn Company Secretary		
		Notice Name		
		1450 E. Brooks Road		
State the term remaining		Address		
				
List the contract number of				
any government contract				
				00440
		Memphis	TN	38116
		City	TN State	ZIP Code

Case 24-10443-TMH Doc 1470 Filed 04/22/25 Page 104 of 151

EpicCare Link Site Level Agreement		al Services	
	Attention Rex P. Budde		
	1239 E. Main St.		
	Address		
ī			
	Carbondale	IL	62902
	City	State	ZIP Code
	Country		
Services Agreement	Springfield Clinic, LLP		
<u></u>	Name		
	Notice Name		
	1025 S. Sixth Street		
	Address		
	PO Box 19248		
	Springfield	IL	62794-9248
	City	State	ZIP Code
	Country		
Agreement To Provide Hospice Services	Order of St. Francis	Hospital, of The Hospit	al Sisters of The Third
	· · · · · · · · · · · · · · · · · · ·		
	Address		
	Effingham	IL	62401
	City	State	ZIP Code
	Services Agreement	Name Attention Rex P. Budde Notice Name 1239 E. Main St. Address Carbondale City Country Services Agreement Springfield Clinic, LLP Name Notice Name 1025 S. Sixth Street Address PO Box 19248 Springfield City Country Agreement To Provide Hospice Services Order of St. Francis Name Notice Name 503 N. Maple St. Address Fig. 1	Attention Rex P. Budde Notice Name 1239 E. Main St. Address Carbondale IL City State Country Services Agreement Springfield Clinic, LLP Name Notice Name 1025 S. Sixth Street Address PO Box 19248 Springfield IL City State Springfield IL City State Effingham IL Effingham IL Effingham IL

Case Debtor: Petersen Health Network, LI		Filed 04/22/25 Page 2 Case number (# K	LO5 of 151 nown): 24-10537			
Name 2.201 State what the contract or lease is for and the nature	Patient Transfer Agreement	St. Anthony's Memoria Order of St. Francis	al Hospital, of the Hospital	al Sisters of the Third		
of the debtor's interest		Name				
		Attn President & CEO				
		Notice Name				
Otata tha tanna namalulu u		St. Anthony's Memoria Address	al Hospital			
State the term remaining						
List the contract number o	.	503 N Maple St				
any government contract						
		Effingham	IL	62401		
		City	State	ZIP Code		
		Country				
Amended herein: added						
2.202 State what the contract or lease is for and the nature	Addendum to Contract Between Staffing Agenc Nursing Facility	ry and StaffMD, LLC a/k/a St	affHealth			
of the debtor's interest	Haronig Faomy	Name				
		Notice Name				
		11175 Cicero Dr., Suit	te 100			
State the term remaining		Address				
	_					
List the contract number o	i					
any government contract						
		Alpharetta	GA	30022		
		City	State	ZIP Code		
		Country		62401 ZIP Code		
Amended herein: added						
2.203 State what the contract or lease is for and the nature	Master Services Agreement	Stellar Private Cable S	ate Cable Systems, Inc.			
of the debtor's interest		Name				
		Notice Name				
		975 E. Tallmadge Ave).			
State the term remaining		Address				
List the contract number o	f					
any government contract						
		Akron	ОН	44310		
		City	State	ZIP Code		
		Country				
		- Country				

	Case 2	4-10443-TMH Doc 1470	Filed 04/2	22/25 Page 100	6 of 151	
Debtor:	Petersen Health Network, LLC	;		Case number (if known)	24-10537	
	Name					
2.204	State what the contract or lease is for and the nature	Equipment Rental Agreement		Swisher		
	of the debtor's interest			Name		
				Notice Name		
				1602 Corporate Drive		
	State the term remaining			Address		
	List the contract number of					
	any government contract					
				Warrensburg	MO	64093
				City	State	ZIP Code
				Country		
	Amended herein: added					
2.205	State what the contract or lease is for and the nature	Favinment Pental Agreement		Swisher International Inc.		
	of the debtor's interest	Equipment Rental Agreement		Name		
				Notice Name		
				1602 Corporate Drive		
	State the term remaining			Address		
	List the contract number of					
	any government contract					
				Warrensburg	MO	64093
				City	State	ZIP Code
				Country		
	Amended herein: added					
2 206	State what the contract or					
	lease is for and the nature	Equipment Rental Agreement		Swisher International, Inc.	•	
	of the deptor's interest			Tamo		
				Notice Name		
				1602 Corporate Drive		
	State the term remaining			Address		
	J					
	List the contract number of					
	any government contract					
	÷ •					
				Warrensburg	МО	64093
				City	State	ZIP Code
				•		
				Country		

Dobtor			Filed 04/22/25 Page 107	OI 151 24-10537	
Debtor:	Name		Case number (if known):		
2.207	State what the contract or		Civiahan latamatian al III a		
2.201	lease is for and the nature of the debtor's interest	Service Agreement	Swisher International, Inc. Name		
			Notice Name		
			1602 Corporate Drive		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Warrensburg	MO	64093
			City	State	ZIP Code
			Country		
	Amended herein: added				
0.000	State what the contract or				
2.208	lease is for and the nature of the debtor's interest	Transfer Agreement	Taylorville Memorial Hospit	al ————	
	of the deptor's interest		Attn President and CEO		
			Notice Name		
			201 East Pleasant Street		
	State the term remaining		Address		
	5				
	List the contract number of				
	any government contract				
	, ,				
			Taylorville	IL	62568
			City	State	ZIP Code
			,		
			Country		
	Amended herein: added				
	State what the contract or		The Board of Trustees of III	inois State Universi	ty on Behalf of its
2.209	State what the contract or lease is for and the nature	Affiliation Agreement	Mennonite College of Nursi		
	of the debtor's interest		Name		
			Attn Heather Winfrey-Richn Notice Name	nan	
			Campus Box 5810		
	State the term remaining		Address		
	State the term remaining				
	List the contract number of				
	any government contract				
	any government contract				
			Normal	IL	61790-5810
			City	State	ZIP Code
			Country		
			Country		

Name				
State what the contract or lease is for and the nature of the debtor's interest	Addendum to Contract Between Hospice Provider and Nursing Facility Dated November 6, 2019	The Carle Foundation Name	Hospital dba Carle Hosp	pice
of the debtor's interest		Attn Jennifer Wilken, F	N/Director	
		Notice Name	III/DII ecioi	
		1813 West Kirby Aven	ue	
State the term remaining		Address		
List the contract number of				
any government contract				
any government contract				
		Champaign	IL	61821
		City	State	ZIP Code
		Country		
Amended herein: added				
State what the contract or	Addendum to Hospice Services Agreement to Provided	Unity Hospice of West	ern Illinois I I C	
of the debtor's interest	Respite Care	Name	em minois elec	
		Notice Name		
		1201 South Seventh S	treet	
State the term remaining		Address		
·		_		
List the contract number of				
any government contract				
		Rochelle	IL	61068
		City	State	ZIP Code
		Country		
Amended herein: added				
State what the contract or lease is for and the nature	Hospice Services Agreement	Unity Hospice of West	ern Illinois LI C	
of the debtor's interest	HOSPICE SELVICES AGREEMENT	Name		
		Attn Administrator		
		Notice Name		
		1201 South Seventh S	treet	
State the term remaining		Address —		
List the contract number of		_		
any government contract				
		Rochelle	IL	61068
		City	State	ZIP Code

Debtor:			1 04/22/25 Page 10! Case number <i>(if known</i>)		
Debioi.	Name	,		24 10007	
2.213	State what the contract or lease is for and the nature of the debtor's interest	Addendum to Hospice Services Agreement	Unity Hospice of Western	Illinois, LLC	
			Notice Name		
			1201 South Seventh Stree	et	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Rochelle	IL	61068
			City	State	ZIP Code
			Country		
	Amended herein: added				
	lease is for and the nature	Non-Hospice Palliative Care Consulting Service Agreement	Unity Hospice of Western	Illinois, LLC	
	of the debtor's interest		Name Attn Administrator		
			Notice Name		
			1201 South Seventh Stree	et	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Rochelle	IL	61068
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.215	State what the contract or lease is for and the nature	Addendum to Contract	Vitas Healthcare Corpora	tion	
	of the debtor's interest	Addendum to Contract	Name		
			Notice Name		
			8 Executive Drive, Suite 1	50	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Fairview Heights	IL	62208
			City	State	ZIP Code
			Country		

Amended herein: added

01-1	A			
State what the contract or lease is for and the nature	Agreement for Nursing Facility, Inpatient and Inpatient Respite Services	Vitas Healthcare Corpora	ation Midwest	
of the debtor's interest		Name		
		Attn General Manager		
		Notice Name		
		8 Executive Drive, Suite	150	
State the term remaining		Address		
List the contract number of	†			
any government contract				
		Fairview Heights	IL	62208
		City	State	ZIP Code
		•		
		Country		
Amended herein: added				
State what the contract or	Letter Agreement re: Nursing Facility Agreement			
17 State what the contract or lease is for and the nature	Dated or Amended January 1, 2013	Vitas Healthcare Corpora	ation of Florida	
of the debtor's interest		Name		
		N. C. M.		
		Notice Name		
		201 S Biscayne Blvd., Su	uite 400	
State the term remaining		Address		
List the contract number of				
any government contract				
		·		
		Miami	FL	33131
		City	State	ZIP Code
		Country		
Amended herein: added				
State what the contract or				
lease is for and the nature	Agreement for Nursing Facility Services	Vitas Healthcare Corpora Name	ation of Illinois	
of the debtor's interest				
		Attn General Manager Notice Name		
		105 Marquette Street, Su	uito A	
State the term remaining		Address	inte A	
State the term remaining		Address		
Databa a suturat usuub sa si				
List the contract number of				
any government contract				
		LaSalle	IL	61301
		City	State	ZIP Code
		City	State	ZIP Code

61301 ZIP Code
ZIP Code
04004
61301
ZIP Code
61301
61301 ZIP Code

Name	; 	Case number (if kr	24-10537	
State what the contract or lease is for and the nature	Letter Agreement re: Nursing Facility Agreement Dated or Amended January 1, 2013 with Vitas	Vitas Healthcare Corp	oration of Illinois	
of the debtor's interest	Dated of Americas surfacely 1, 2010 with vide	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				
23 State what the contract or lease is for and the nature	Addendum to Contract	Westways Staffing Se	rvices, Inc.	
of the debtor's interest		Name		
		Thomas L Schulman E Notice Name	:sq	
		600 W Santa Ana Blvo	Suite 955	
State the term remaining		Address		
List the contract number of				
any government contract				
		Santa Ana	CA	92701
		City	State	ZIP Code
		Country		
Amended herein: added				
State what the contract or lease is for and the nature	Agreement for Supplemental Staffing Agencies	Westways Staffing Se	rvices, Inc.	
of the debtor's interest		Name		
		Attn President/CEO Notice Name		
		500 City Parkway Wes	st, Suite 130	
State the term remaining		Address		
List the contract number of				
any government contract				
		Orange	CA	92868
		City	State	ZIP Code

Case 24-10443-TMH Doc 1470 Filed 04/22/25 Page 113 of 151

Debtor:	Petersen Health Network, LLC		Case number (if know.	n): 24-10537	
	Name				
2.225	State what the contract or lease is for and the nature	Amendment to Contract	Westways Staffing Service	ces, Inc.	
	of the debtor's interest	- International to Germania	Name		
			Thomas L Schulman Esc	1	
			Notice Name		
			600 W Santa Ana Blvd S	uite 955	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Santa Ana	CA	92701
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.226	State what the contract or lease is for and the nature				
	lease is for and the nature of the debtor's interest	Rental Agreement	ZOLL Name		
	or the deptor's interest		Name		
			Notice Name		
			121 Gamma Drive		
	State the term remaining		Address		
	State the term remaining				
	List the contract number of				
	any government contract				
	, ,				
			Pittsburgh	PA	15238-3495
			City	State	ZIP Code
			Country		

Amended herein: added

Case 24-10443-TMH Doc 1470 Filed 04/22/25 Page 114 of 151

Fill in this information to identify the case:
Debtor Name: In re : Petersen Health Network, LLC
United States Bankruptcy Court for the: District of Delaware
Case number (if known): 24-10537 (TMH)

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

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

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

D	eclaratio	n and sig	_j nature	
ind	vidual serv	ring as a rep	er officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another presentative of the debtor in this case.	
I na	ive examin	ed the inforn	mation in the documents checked below and I have a reasonable belief that the information is true and correct:	
	Schedule	e A/B: Assets	s-Real and Personal Property (Official Form 206A/B)	
	Schedule	D: Creditors	rs Who Have Claims Secured by Property (Official Form 206D)	
	Schedule	e E/F: Credito	tors Who Have Unsecured Claims (Official Form 206E/F)	
	Schedule	G: Executo	ory Contracts and Unexpired Leases (Official Form 206G)	
	Schedule	H: Codebto	ors (Official Form 206H)	
	Summar	of Assets a	and Liabilities for Non-Individuals (Official Form 206Sum)	
☑	Amended	d Schedule	Schedule A/B: Assets-Real and Personal Property, Schedule E/F: Creditors Who Have Unsecured Claims, Schedule G: Executory Contracts and Unexpired Leases, Summary of Assets and Liabilities for Non-Individuals	
	Chapter	11 or Chapte	er 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)	
	Other do	cument that	requires a declaration	
l de	eclare unde	r penalty of p	perjury that the foregoing is true and correct.	
Exe	ecuted on	04/22/2025	5 ★ / s / David R. Campbell	
		MM / DD / Y	YYYY Signature of individual signing on behalf of debtor	_
			David R. Campbell	
			Printed name	
			Authorized Signatory	
			Position or relationship to debtor	

Case 24-10443-TMH Doc 1470 Filed 04/22/25 Page 115 of 151

In re: Petersen Health Network, LLC Case No. 24-10537

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

	Current value of	
Other property of any kind not already listed	debtor's interest	
Inter Company Loan - Charleston HCO, LLC		Amended herein - added
Inter Company Loan - Cumberland HCO, LLC	\$1,011,279.00	Amended herein - added
Inter Company Loan - Petersen Companies LLC	\$1,682,271.56	Amended herein - added
Inter Company Loan - Petersen Health Operations, LLC	\$106,000.00	Amended herein - added
Inter Company Loan - Petersen Hospitality, LLC		Amended herein - added
Inter Company Loan - Petersen Hotels, LLC	\$1,309,722.91	Amended herein - added
Inter Company Loan - Plaza West Development, LLC	\$495,426.70	Amended herein - added
Inter Company Loan - Twenty Four Corp, LLC	\$40,000.00	Amended herein - added
TOTAL	\$5,365,635.73	

EXHIBIT B

Amended Statements

IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

In re:

SC HEALTHCARE HOLDING, LLC, et al.,

Debtors. 1

Chapter 11

Case No. 24-10443 (TMH)

(Jointly Administered)

AMENDED STATEMENT OF FINANCIAL AFFAIRS FOR PETERSEN HEALTH NETWORK, LLC (CASE NO. 24-10537)

Amended Herein:

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

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

Fill in this information to identify the case:
Debtor Name: In re : Petersen Health Network, LLC
United States Bankruptcy Court for the: District Of Delaware
Case number (if known): 24-10537 (TMH)

☑ Check if this is an amended filing

Official Form 207

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

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

Part	1: Income								
1. G	ross revenue from busines	ss							
	Identify the beginning and may be a calendar year	ending	dates of the debtor's f	iscal y	ear, which		Sources of revenue Check all that apply	(bef	ss revenue ore deductions and lusions)
	From the beginning of the fiscal year to filing date:	From	1/1/2024 MM / DD / YYYY	to -	Filing date	☑	Operating a business Other	_ \$ _	2,614,887.73
	For prior year:	From	1/1/2023 MM / DD / YYYY	to -	12/31/2023 MM / DD / YYYY	_ _ □	Operating a business Other	_ \$ _	16,460,849.56
	For the year before that:	From	1/1/2022 MM / DD / YYYY	to	12/31/2022 MM / DD / YYYY	_ ☑ 	Operating a business Other	\$	15,111,998.53

Case 24-10443-TMH Doc 1470 Filed 04/22/25 Page 119 of 151

Debtor: Petersen Health Network, LLC Case number (if known): 24-1053

Name

2. Non-business revenue

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

□ None

					Description of sources of revenue	Gross revensource (before dedu exclusions)	nue from each
From the beginning of the fiscal year to filing date:	From	1/1/2024 MM / DD / YYYY	to	Filing date	Interest	\$	0.00
For prior year:	From	1/1/2023 MM / DD / YYYY	to	12/31/2023 MM / DD / YYYY	Interest	\$	2,028.35
For the year before that:	From	1/1/2022 MM / DD / YYYY	to	12/31/2022 MM / DD / YYYY	Interest	\$	7,397.98

	etersen Health Network, LLC	DUC 1470	Filed 04/22/25 F	mber (if known):	24-10537
Nar	me				
	List Contain Townstons Made Defens Fills	(D ((
2:	List Certain Transfers Made Before Fili				
Cert	ain payments or transfers to creditors wi	thin 90 days befor	e filing this case		
filing	payments or transfers-including expense rei this case unless the aggregate value of all every 3 years after that with respect to case	property transferred	to that creditor is less than \$	employee co 37,575 . (This	mpensation, within 90 days before amount may be adjusted on 4/0
□ N	None				
	Creditor's name and address	Dates	Total amount or value		ns for payment or transfer all that apply
3.1	1 See SOFA 3 Attachment		\$		Secured debt
	Creditor's Name				Unsecured loan repayments
					Suppliers or vendors
	Street				Services
					Other
	City State ZIP Code				
	Country				
	Payments or other transfers of property	made within 1 yea	r before filing this case tha	t benefited a	any insider
	Payments or other transfers of property List payments or transfers, including expen guaranteed or cosigned by an insider unles \$7,575. (This amount may be adjusted on adjustment.) Do not include any payments and their relatives; general partners of a pa any managing agent of the debtor. 11 U.S. None Insider's Name and Address	se reimbursements is the aggregate val 4/01/25 and every 3 listed in line 3. Insiduting the state of the second of	made within 1 year before fi ue of all property transferred years after that with respect ers include officers, directors d their relatives; affiliates of th	ling this case to or for the to cases filed , and anyone ne debtor and	on debts owed to an insider or benefit of the insider is less thar don or after the date of in control of a corporate debtor
41	List payments or transfers, including expen guaranteed or cosigned by an insider unles \$7,575. (This amount may be adjusted on adjustment.) Do not include any payments and their relatives; general partners of a pa any managing agent of the debtor. 11 U.S. None Insider's Name and Address	se reimbursements is the aggregate val 4/01/25 and every 3 listed in line 3. Insiduting the state of the second of	made within 1 year before fi ue of all property transferred years after that with respect ers include officers, directors d their relatives; affiliates of the	ling this case to or for the to cases filed , and anyone ne debtor and	e on debts owed to an insider or benefit of the insider is less than d on or after the date of s in control of a corporate debtor d insiders of such affiliates; and
	List payments or transfers, including expending guaranteed or cosigned by an insider unless \$7,575. (This amount may be adjusted on adjustment.) Do not include any payments and their relatives; general partners of a partners of a partners of the debtor. 11 U.S. Do None	se reimbursements is the aggregate val 4/01/25 and every 3 listed in line 3. Insiduting the state of the second of	made within 1 year before fi ue of all property transferred years after that with respect ers include officers, directors d their relatives; affiliates of th	ling this case to or for the to cases filed , and anyone ne debtor and	e on debts owed to an insider or benefit of the insider is less than d on or after the date of s in control of a corporate debtor d insiders of such affiliates; and
	List payments or transfers, including expen guaranteed or cosigned by an insider unles \$7,575. (This amount may be adjusted on a adjustment.) Do not include any payments and their relatives; general partners of a pa any managing agent of the debtor. 11 U.S. Insider's Name and Address See Amended SOFA 4 Attachment Insider's Name	se reimbursements is the aggregate val 4/01/25 and every 3 listed in line 3. Insiduting the state of the second of	made within 1 year before fi ue of all property transferred years after that with respect ers include officers, directors d their relatives; affiliates of the	ling this case to or for the to cases filed , and anyone ne debtor and	e on debts owed to an insider or benefit of the insider is less than d on or after the date of s in control of a corporate debtor d insiders of such affiliates; and
	List payments or transfers, including expen guaranteed or cosigned by an insider unles \$7,575. (This amount may be adjusted on a adjustment.) Do not include any payments and their relatives; general partners of a pa any managing agent of the debtor. 11 U.S. In None Insider's Name and Address See Amended SOFA 4 Attachment	se reimbursements is the aggregate val 4/01/25 and every 3 listed in line 3. Insiduting the state of the second of	made within 1 year before fi ue of all property transferred years after that with respect ers include officers, directors d their relatives; affiliates of the	ling this case to or for the to cases filed , and anyone ne debtor and	e on debts owed to an insider or benefit of the insider is less than d on or after the date of s in control of a corporate debtor d insiders of such affiliates; and
	List payments or transfers, including expen guaranteed or cosigned by an insider unles \$7,575. (This amount may be adjusted on a adjustment.) Do not include any payments and their relatives; general partners of a pa any managing agent of the debtor. 11 U.S. Insider's Name and Address See Amended SOFA 4 Attachment Insider's Name	se reimbursements is the aggregate val 4/01/25 and every 3 listed in line 3. Insiduting the state of the second of	made within 1 year before fi ue of all property transferred years after that with respect ers include officers, directors d their relatives; affiliates of the	ling this case to or for the to cases filed , and anyone ne debtor and	e on debts owed to an insider or benefit of the insider is less than d on or after the date of s in control of a corporate debtor d insiders of such affiliates; and
	List payments or transfers, including expen guaranteed or cosigned by an insider unles \$7,575. (This amount may be adjusted on a adjustment.) Do not include any payments and their relatives; general partners of a pa any managing agent of the debtor. 11 U.S. None Insider's Name and Address See Amended SOFA 4 Attachment Insider's Name Street	se reimbursements is the aggregate val 4/01/25 and every 3 listed in line 3. Insiduting the state of the second of	made within 1 year before fi ue of all property transferred years after that with respect ers include officers, directors d their relatives; affiliates of the	ling this case to or for the to cases filed , and anyone ne debtor and	e on debts owed to an insider or benefit of the insider is less than d on or after the date of s in control of a corporate debtor d insiders of such affiliates; and
	List payments or transfers, including expen guaranteed or cosigned by an insider unles \$7,575. (This amount may be adjusted on a adjustment.) Do not include any payments and their relatives; general partners of a pa any managing agent of the debtor. 11 U.S.t	se reimbursements is the aggregate val 4/01/25 and every 3 listed in line 3. Insiduting the state of the second of	made within 1 year before fi ue of all property transferred years after that with respect ers include officers, directors d their relatives; affiliates of the	ling this case to or for the to cases filed , and anyone ne debtor and	e on debts owed to an insider or benefit of the insider is less than d on or after the date of s in control of a corporate debtor d insiders of such affiliates; and

Debtor:	Petersen Hea	Case 24-10443-TMF	H Doc 1470	Filed 04/22/25	5 Page 121 (ase number (if known):	of 151 24-10537	
	Name				-		
5. F	Repossessior	ns, foreclosures, and returns					
		of the debtor that was obtained osure sale, transferred by a deed					
	☑ None						
C	reditor's Nam	e and Address	Description of	the Property	Date	Value of prop	erty
	5.1					\$	
	Creditor's N	ame					
	Street						
	Officer						
	City	State ZIP Code					
	Oity	State Eli Gode					
	Country						
	2-1-11-						
	Setoffs						
(or, including a bank or financial i vithout permission or refused to r					
[□ None						
	Creditor	's Name and Address	Description of the	action creditor took	Date action was tak	ken Amount	
	6.1 Bed Tax		Offset with Medicai	d		\$	624,908.38
	Creditor's N	Name					
	Street		_				

Last 4 digits of account number: XXXX-

City

Country

State

ZIP Code

Case 24-10443-TMH Doc 1470 Filed 04/22/25 Page 122 of 151 Petersen Health Network, LLC Debtor: Case number (if known). Name **Legal Actions or Assignments** Part 3: 7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case. □ None Case title Nature of case Court or agency's name and address Status of case Pending 7.1 See SOFA 7 Attachment Name On appeal Concluded Street Case number City State ZIP Code Country Assignments and receivership

Country

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

✓ None Custodian's name and address **Description of the Property** Value 8.1 Custodian's name Court name and address Case title Street Name Case number Street City State ZIP Code

Date of order or assignment

City

Country

State

ZIP Code

Case 24-10443-TMH Doc 1470 Filed 04/22/25 Page 123 of 151

Debtor: Petersen Health Network, LLC Case number (if known): 24-10537

Name

Part 4: Certain Gifts and Charitable Contributions

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

✓ None

	Recipient's nam	e and addre	ess	Description of the gifts or contributions	Dates given	Value
.1						\$
	Creditor's Name					
	Street			_		
	City	State	ZIP Code	_		
	Country			_		
	Recipient's relat	ionship to de	ebtor			

Case 24-10443-TMH Doc 1470 Filed 04/22/25 Page 124 of 151

Debtor: Petersen Health Network, LLC Case number (if known): 24-10537

Name

Part 5: Certain Losses

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

☐ None

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

A ransomware cyber attack which occurred in 10.1 October 2023, ultimately led to the loss of large quantities of data and signficant consulting fees

Case 24-10443-TMH Doc 1470 Filed 04/22/25 Page 125 of 151

Debtor: Petersen Health Network, LLC Case number (if known): 24-1053

Name

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

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

✓ None

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
1.1				\$
	Address			
	Street			
	City State ZIP Code			
	Country			
	Email or website address			
	Who made the payment, if not debtor?			

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

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

Do not include transfers already listed on this statement.

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

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

Case 24-10443-TMH Doc 1470 Filed 04/22/25 Page 126 of 151

Debtor: Petersen Health Network, LLC Case number (if known): 24-10537

Name

13. Transfers not already listed on this statement

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

✓ None

Who receiv	ed transfer?		Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
1				-	\$
Address					
Street					
City	State	ZIP Code			
Country	·	·			
Relationshi	p to Debtor				

ZIP Code

State

City

Country

Filed 04/22/25 Case 24-10443-TMH Doc 1470 Page 128 of 151

Debtor: Petersen Health Network, LLC Case number (if known):

Name

Part 8: **Health Care Bankruptcies**

5. I	Health	Care	ban	krup	tcies
------	--------	------	-----	------	-------

Is	the	debtor	primarily	engaged ir	n offerina	services	and	facilities	for:

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

	Facility Name	and Address		Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1	Whispering Oal	ks Care Cente	r	Skilled Nursing Facility	174
	Facility Name			- Camba Halang Falany	
	201 Spring Stre	eet		Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?
	Street			-	Check all that apply:
					☐ Electronically
	Rosiclare	IL	62982	_	☑ Paper
	City	State	ZIP Code	_	·
	Country			_	
	Facility Name	and Address		Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.2	Willow Rose Re	ehab & Health	Care	Skilled Nursing Facility	1.002
	Facility Name				
	410 Fletcher			Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?
	Street				Check all that apply:
				_	☐ Electronically
	Jerseyville	IL	62052		☑ Paper
	City	State	ZIP Code	_	
	Country			_	
	Facility Name	and Address		Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.3	Flora Gardens	Care Center		Skilled Nursing Facility	1,511
	Facility Name				
	701 Shadwell A	venue		Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?
	Street			PCC Electronic	Check all that apply:
					✓ Electronically
	Flora	IL	62839	_	☑ Paper
	City	State	ZIP Code	_	
	Country			_	

Case 24-10443-TMH Doc 1470 Filed 04/22/25 Page 129 of 151 Petersen Health Network, LLC Debtor: Case number (if known). Name If debtor provides meals and Nature of the business operation, including type of services **Facility Name and Address** housing, number of patients in the debtor provides debtor's care 15.4 Rochelle Gardens Care Center Skilled Nursing Facility 1,623 Facility Name Location where patient records are maintained (if different from How are records kept? facility address). If electronic, identify any service provider. 1021 Caron Road Street **PCC Electronic** Check all that apply: ☑ Electronically ☑ Paper Rochelle IL 61068 City State ZIP Code Country If debtor provides meals and Nature of the business operation, including type of services **Facility Name and Address** housing, number of patients in the debtor provides debtor's care Rochelle Rehabilitaiton & Health Care 15.5 Center Skilled Nursing Facility 763 Facility Name Location where patient records are maintained (if different from How are records kept? facility address). If electronic, identify any service provider. 900 North 3rd Street Street Check all that apply: **PCC Electronic** ☑ Electronically ☑ Paper Rochelle IL 61068 State ZIP Code City Country If debtor provides meals and Nature of the business operation, including type of services **Facility Name and Address** housing, number of patients in the debtor provides debtor's care Nokomis Rehabilitation & Health Care 15.6 Center Skilled Nursing Facility 838 Facility Name Location where patient records are maintained (if different from How are records kept? facility address). If electronic, identify any service provider. 505 Stevens Street Street **PCC Electronic** Check all that apply: Electronically $\sqrt{}$ ☑ Paper Nokomis IL 62075

City

Country

State

ZIP Code

Case 24-10443-TMH Doc 1470 Filed 04/22/25 Page 130 of 151 Debtor: Petersen Health Network, LLC Case number (if known): Name Personally Identifiable Information Part 9: 16. Does the debtor collect and retain personally identifiable information of customers? Medical and Billing Information Does the debtor have a privacy policy about that information? □ No Yes 17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit? ☐ No. Go to Part 10. ☑ Yes. Does the debtor serve as plan administrator? ☑ No. Go to Part 10. ☐ Yes. Fill in below: Employer identification number of the plan Name of plan

EIN:

17.1

□ No□ Yes

Has the plan been terminated?

Case 24-10443-TMH Doc 1470 Filed 04/22/25 Page 131 of 151

Debtor: Petersen Health Network, LLC Case number (if known): 24-1050

Name

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

18. Closed financial accounts

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

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

☐ None

Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Name	_XXXX	☐ Checking☐ Savings☐ Money market☐ Brokerage		\$
City State ZIP Code	-	☐ Brokerage ☐ Other		
Country				

19. Safe deposit boxes

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

✓ None

INOII	C					
	Depository inst	itution name and a	address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
19.1						□ No
	Name					
	Street			-		☐ Yes
				Address		
	City	State	ZIP Code	-		
	Country					
19.2						□ No
	Name					E V.
	Street			-		☐ Yes
				-		
				Address		
	City	State	ZIP Code			
	Country			-		

Case 24-10443-TMH Doc 1470 Filed 04/22/25 Page 132 of 151 Debtor: Petersen Health Network, LLC Case number (if known): Name 20. Off-premises storage List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business. ☐ None Does debtor still have it? Facility name and address Names of anyone with access to it Description of the contents 20.1 See Global Notes □ No Name ☐ Yes Street

Address

ZIP Code

City

Country

State

Case 24-10443-TMH Doc 1470 Filed 04/22/25 Page 133 of 151

Debtor: Petersen Health Network, LLC Case number (if known): 24-10537

Name

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

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

□ None

	Owner 5 manne	and addres	SS	Location of the property	Description of the property	Value
_	See Global Note Name	S				\$
S	Street			-		
7	City	State	ZIP Code	-		

ebtor:	Peterse	Case 24-1044 en Health Network, LLC	I3-TMH	Doc 1470	Filed 04/22	/25 Page 134 of 151 Case number (if known): 24-10537	
	Name						
Part 1	12: De	etails About Environmenta	I Information	n			
or th	e purpo	se of Part 12, the following of	lefinitions app	oly:			
		mental law means any statutess of the medium affected (a				on, contamination, or hazardous mate	erial,
		ans any location, facility, or prowned, operated, or utilized		ding disposal site	s, that the debtor n	ow owns, operates, or utilizes or that	the debtor
		ous material means anything ilarly harmful substance.	that an envir	onmental law defi	nes as hazardous o	or toxic, or describes as a pollutant, co	ontaminant,
Repo	rt all no	tices, releases, and procee	edings know	n, regardless of	when they occurr	ed.	
5	☑ No	debtor been a party in any Provide details below.	judicial or a	dministrative pro	oceeding under ar	ny environmental law? Include settle	ements and orders
_		Case title	Court or	agency name and	addross	Nature of the case	Status of case
	22.1	case title	Court of	agency name and	auuress	Nature of the case	☐ Pending
			Name				☐ On appeal
							□ Concluded
			Street			_	
	C	Case Number				_	
	_		City	State	ZIP Code	_	
			Country			_	
		governmental unit otherw	vise notified	the debtor that th	ne debtor may be	liable or potentially liable under or	in violation of
	☑ No						
	□ Yes.	. Provide details below.					
	s	Site name and address		Governmental u	unit name and	Environmental law, if known	Date of notice
	23.1			-			_
	N	ame		Name			

State

ZIP Code

ZIP Code

City

Country

City

Country

State

Filed 04/22/25 Page 135 of 151 Case 24-10443-TMH Doc 1470 Debtor: Petersen Health Network, LLC Case number (if known):

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

✓ No

 $\ \square$ Yes. Provide details below.

	Site name a	and address		Governmen	ntal unit name	e and address	Environmental law, if known	Date of notice
1.1	Name			Name				_
	Street			Street				
	City	State	ZID Codo	City	State	ZIP Code		
	Country	State	ZIP Code	Country	State	ZIP Code		

Case 24-10443-TMH Doc 1470 Filed 04/22/25 Page 136 of 151 Petersen Health Network, LLC Debtor: Case number (if known): Name Details About the Debtor's Business or Connections to Any Business Other businesses in which the debtor has or has had an interest List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case.Include this information even if already listed in the Schedules. ✓ None **Employer Identification number Business name and address** Describe the nature of the business Do not include Social Security number or ITIN. 25.1 EIN: Name Dates business existed То Street City State ZIP Code Country 26. Books, records, and financial statements 26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case. □ None Name and Address Dates of service 26a.1 Petersen Health Care Management, LLC From To 830 West Trailcreek Dr. Street Peoria IL 61614 City State ZIP Code Country List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial 26b. statement within 2 years before filing this case. □ None

Name and Add	dress		Dates	of service		
Petersen Healt Name	hcare Management, N	Mark Petersen	From	12/22/2011	То	Present
830 West Traile Street	creek Dr.					
Peoria	IL	61614				
City	State	ZIP Code				
Country						

26b.

Filed 04/22/25 Case 24-10443-TMH Doc 1470 Page 137 of 151 Petersen Health Network, LLC Case number (if known): Debtor: Name 26b.2 Ginoli & Company 2002 Present From То Name 7625 N University St. Street Peoria IL 61614 City State ZIP Code Country 26b.3 Clifton, Larson, Allen 2012 Present From То Name 301 SW Adams St. Street Suite 1000 Peoria IL 61602 State ZIP Code City Country 26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed. □ None If any books of account and records are unavailable, explain why Name and address 26c.1 Getzler Henrich and Associates Name 295 Madison Ave Street Floor 20 New York NY 10023 City State ZIP Code Country If any books of account and records are Name and address unavailable, explain why 26c.2 Ginoli & Company Name 7625 N University St. Street Peoria IL 61614 State ZIP Code City

Country

Case 24-10443-TMH Doc 1470 Filed 04/22/25 Page 138 of 151 Petersen Health Network, LLC Debtor: Case number (if known). Name If any books of account and records are Name and address unavailable, explain why 26c.3 Petersen Healthcare Management, Mark Petersen Name 830 West Trailcreek Dr. Street IL Peoria 61614 City State ZIP Code Country If any books of account and records are Name and address unavailable, explain why 26c.4 Clifton, Larson, Allen Name 301 SW Adams St. Street Suite 1000 Peoria IL 61602 City State ZIP Code Country 26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case. ☐ None Name and address Name Street

State

ZIP Code

City

Country

Debtor:	Pete	Case 2 ersen Health Network, L		13-TMH	Doc 1470	Filed		5 Page 1 ase number (if know	39 of 151 m): 24-1053	
07 1	Name									
27. lı	nvent	tories								
F	lave a	any inventories of the	e debtor's p	property beer	n taken within 2 ye	ars before	filing this cas	se?		
I	☑ No)								
1	□ Ye	es. Give the details a	bout the tw	o most recen	nt inventories.					
		Name of the persor	n who supe	rvised the ta	king of the invento		Date of Inventory	The dollar a other basis)	mount and ba of each inve	asis (cost, market, or ntory
								_ \$		
		Name and address records	of the pers	on who has p	possession of inv	entory				
	27.1	Name								
		Name								
		Street								
		City	State		ZIP Code					
		Country								
		ne debtor's officers e in control of the c					, members i	in control, con	trolling shar	reholders, or other
		Name		Addres	ss			osition and Nat	ure of any	% of interest, if any
	28.1	Mark B. Petersen		830 We	est Trailcreek Dr.,	Peoria, IL 6	S1614 N	lanager		99%
	28.2	MBP Partner, LLC		830 We	est Trailcreek Dr.,	Peoria, IL 6	61614 M	1ember		1%
i	n cor	ntrol of the debtor,								partners, members
	☑ No	0								
	□ Ye	es. Identify below.								
		Name		Address			Position a	nd Nature of	Period during	ng which position or

29.1

From _____ To ____

Debtor:	Peter	Case 24-10443-TMH D	oc :	1470	Filed 04		Page 140 number (if known):	of 151 24-10537
	Name							
30.	Payme	ents, distributions, or withdrawals credited	or giv	en to insi	ders			
		1 year before filing this case, did the debtor proper, loans, credits on loans, stock redemptions, a				n any form, ii	ncluding salary	other compensation, draws,
	☑ Yes	s. Identify below.						
		Name and address of recipient		Amount of or description value of p	otion and	Dates		Reason for providing the value
	30.1	See SOFA Question 4						
		Name						
		Street						
		City State ZIP Code						
		Country						
		Relationship to debtor						
31.	Within	n 6 years before filing this case, has the deb	tor b	een a mer	nber of any	consolidate	ed group for ta	ax purposes?
	□ No							
	☑ Yes	s. Identify below.						
		Name of the parent corporation			Employer	dentificatio	n number of the	e parent corporation
	31.1	Mark Petersen			EIN: XXX->	xx-3791		
32.	Withi	n 6 years before filing this case, has the de	btor a	s an emp	loyer been	responsible	for contributi	ng to a pension fund?
	☑ No							
	□ Ye	es. Identify below.						
		Name of the pension fund		E	Emplover Ide	entification n	umber of the p	ension fund
	32.1				EIN:			
	02.1	·						

Case 24-10443-TMH Doc 1470 Filed 04/22/25 Page 141 of 151

Yes

WA	RNING Ba	ankruptcy fraud is a seri	ous crime. Making a false statemer	nt, concealing property, or	obtaining money or property by fraud in
con	nection with	a bankruptcy case can	result in fines up to \$500,000 or im	prisonment for up to 20 ye	ears, or both.
18 L	J.S.C.§§ 15	2, 1341, 1519, and 3571			
I hav	ve examined	d the information in this	Statement of Financial Affairs and	any attachments and have	e a reasonable belief that the information is true and correct.
I de	clare under	penalty of perjury that th	ne foregoing is true and correct.		
Exe	cuted on	04/22/2025			
		MM / DD / YYYY			
×	/s/David	d R. Campbell		Printed name	David R. Campbell
	Signature	of individual signing on	behalf of the debtor		
	Position or	relationship to debtor	Authorized Signatory		
Are	additiona	l pages to <i>Statemen</i>	t of Financial Affairs for Non-	Individuals Filing for I	Bankruptcy (Official Form 207) attached?
	No				

Case 24-10443-TMH Doc 1470 Filed 04/22/25 Page 142 of 151

In re: Petersen Health Network, LLC Case No. 24-10537

Attachment 3

0	Allered	Alberta	O'thi	01-1-	70.0	Date	Total amount or	Reason for payment or transfer (e.g. Secured debt, Unsecured loan repayments, Suppliers or vendors,
Creditor's name	Address 1	Address 2	City	State	Zip	Date	value	Services, or Other)
AllShifts Healthcare Services Inc	PO Box 952038		Cleveland	OH	44193	3/15/2024	\$936.00	
AllShifts Healthcare Services Inc	PO Box 952038		Cleveland	OH	44193	3/15/2024	\$5,412.00	Vendor
AllShifts Healthcare Services Inc	PO Box 952038		Cleveland	OH	44193	3/15/2024	\$6,348.00	Vendor
Ameren Illinois	PO Box 88034		Chicago	IL 	606801034	3/1/2024	\$4,059.17	Vendor
Ameren Illinois	PO Box 88034		Chicago	IL	606801034	3/1/2024	\$4,059.17	Vendor
Arrowleaf	300 Red Bud Lane		Vienna	IL	62995	1/17/2024	\$16,535.58	Vendor
Arrowleaf	300 Red Bud Lane		Vienna	IL	62995	1/17/2024	\$16,535.58	
Arrowleaf	300 Red Bud Lane		Vienna	IL	62995	1/18/2024	\$12,976.10	Vendor
Arrowleaf	300 Red Bud Lane		Vienna	IL	62995	1/18/2024	\$12,976.10	
Ascentium Capital	Dept #3059	PO Box 11407	Birmingham	AL	35246-3059	1/3/2024	\$620.31	Vendor
Ascentium Capital	Dept #3059	PO Box 11407	Birmingham	AL	35246-3059	1/3/2024	\$644.53	Vendor
Ascentium Capital	Dept #3059	PO Box 11407	Birmingham	AL	35246-3059	1/3/2024	\$1,264.84	Vendor
Ascentium Capital	Dept #3059	PO Box 11407	Birmingham	AL	35246-3059	1/17/2024	\$1,381.66	Vendor
Ascentium Capital	Dept #3059	PO Box 11407	Birmingham	AL	35246-3059	1/17/2024	\$1,381.66	Vendor
Ascentium Capital	Dept #3059	PO Box 11407	Birmingham	AL	35246-3059	1/24/2024	\$620.31	Vendor
Ascentium Capital	Dept #3059	PO Box 11407	Birmingham	AL	35246-3059	1/24/2024	\$620.31	Vendor
Ascentium Capital	Dept #3059	PO Box 11407	Birmingham	AL	35246-3059	2/26/2024	\$644.53	Vendor
Ascentium Capital	Dept #3059	PO Box 11407	Birmingham	AL	35246-3059	2/26/2024	\$644.53	Vendor
Ascentium Capital	Dept #3059	PO Box 11407	Birmingham	AL	35246-3059	3/1/2024	\$620.31	Vendor
Ascentium Capital	Dept #3059	PO Box 11407	Birmingham	AL	35246-3059	3/1/2024	\$620.31	Vendor
CIBC	830 West Trailcreek Dr		Peoria	IL	61614	12/29/2023	\$7,356.73	Bank Fees
CIBC	830 West Trailcreek Dr		Peoria	IL	61614	1/17/2024	\$9,178.37	Bank Fees
CIBC	830 West Trailcreek Dr		Peoria	IL	61614	2/21/2024	\$413.47	Bank Fees
CIBC	830 West Trailcreek Dr		Peoria	IL	61614	3/19/2024	\$10,932.25	Bank Fees
City of Flora	PO Box 249	131 East 2nd Street	Flora	IL	62839	12/27/2023	\$6,793.90	Vendor
City of Flora	PO Box 249	131 East 2nd Street	Flora	IL	62839	12/27/2023	\$6,793.90	Vendor
City of Flora	PO Box 249	131 East 2nd Street	Flora	IL	62839	1/24/2024	\$19,092.57	Vendor
City of Flora	PO Box 249	131 East 2nd Street	Flora	IL	62839	1/24/2024	\$19,092.57	Vendor
City of Flora	PO Box 249	131 East 2nd Street	Flora	IL	62839	2/22/2024	\$15,198,20	
City of Flora	PO Box 249	131 East 2nd Street	Flora	IL	62839	2/22/2024	\$15,198.20	
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	12/22/2023	\$449.79	Vendor
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	12/22/2023	\$616.63	
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	12/22/2023	\$1,066.42	Vendor
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	1/14/2024	\$119.85	
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	1/14/2024	\$119.85	
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	1/19/2024	\$447.51	Vendor
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	1/19/2024	\$613.30	
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	1/19/2024	\$1,060.81	Vendor
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	1/24/2024	\$119.85	
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	1/24/2024	\$119.85	Vendor
Comcast Cable Comcast Cable	PO Box 70219		Philadelphia	PA				
COITICASI CADIE	1 O DOX 10219		rilladelprila	PA	191760219	2/13/2024	\$119.85	Vendor

Case 24-10443-TMH Doc 1470 Filed 04/22/25 Page 143 of 151

In re: Petersen Health Network, LLC Case No. 24-10537

Attachment 3

Creditor's name	Address 1	Address 2	City	State	Zip	Date	Total amount or value	Reason for payment or transfer (e.g. Secured debt, Unsecured loan repayments, Suppliers or vendors, Services, or Other)
Comcast Cable	PO Box 70219	Addiess 2	Philadelphia	PA	191760219	2/13/2024	\$119.85	· · · · · · · · · · · · · · · · · · ·
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	2/13/2024	\$239.70	
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	2/19/2024	\$460.91	
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	2/19/2024	\$613.26	
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	2/19/2024	\$1,074.17	Vendor
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	3/14/2024	\$119.85	
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	3/14/2024	\$119.85	
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	3/14/2024	\$239.70	
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	3/19/2024	\$460.91	
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	3/19/2024	\$631.64	
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	3/19/2024	\$1,092.55	
DIRECTV	PO Box 5006		Carol Stream	IL	601975006	12/20/2023	\$535.25	
DIRECTV	PO Box 5006		Carol Stream	IL	601975006	12/20/2023	\$535.25 \$535.25	
DIRECTV	PO Box 5006		Carol Stream	IL	601975006	1/17/2024	\$535.25 \$529.00	
DIRECTV	PO Box 5006		Carol Stream	IL IL	601975006	1/17/2024	\$529.00 \$529.00	
DIRECTV	PO Box 5006		Carol Stream					
DIRECTV	PO Box 5006		Carol Stream	IL.	601975006	1/23/2024	\$638.75	
				IL	601975006	1/23/2024	\$638.75	
DIRECTV	PO Box 5006		Carol Stream	IL	601975006	2/19/2024	\$1,191.03	
DIRECTV	PO Box 5006		Carol Stream	IL 	601975006	2/19/2024	\$1,191.03	
DIRECTV	PO Box 5006		Carol Stream	IL	601975006	2/20/2024	\$1,102.05	
DIRECTV	PO Box 5006		Carol Stream	IL	601975006	2/20/2024	\$1,102.05	
Illinois American Water	PO Box 6029		Carol Stream	IL	601976029	1/24/2024	\$791.41	Vendor
Illinois American Water	PO Box 6029		Carol Stream	IL	601976029	1/24/2024	\$3,032.07	Vendor
Illinois American Water	PO Box 6029		Carol Stream	IL	601976029	1/24/2024	\$3,823.48	
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	12/29/2023	\$4,582.83	
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	12/29/2023	\$34,641.64	
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	12/29/2023	\$42,473.64	
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	12/29/2023	\$42,680.02	
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	12/29/2023	\$53,698.85	
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	12/29/2023	\$57,143.78	
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	12/29/2023	\$235,220.76	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	1/8/2024	\$1,260.27	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	1/8/2024	\$10,182.02	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	1/8/2024	\$15,856.76	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	1/8/2024	\$16,085.82	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	1/8/2024	\$17,767.75	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	1/8/2024	\$20,223.23	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	1/8/2024	\$81,375.85	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	2/5/2024	\$1,686.91	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	2/5/2024	\$13,473.99	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	2/5/2024	\$14,011.67	Vendor

Case 24-10443-TMH Doc 1470 Filed 04/22/25 Page 144 of 151

In re: Petersen Health Network, LLC Case No. 24-10537

Attachment 3

Creditor's name	Address 1	Address 2	City	State	Zip	Date	Total amount or value	Reason for payment or transfer (e.g. Secured debt, Unsecured loan repayments, Suppliers or vendors, Services, or Other)
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	2/5/2024	\$15,508.63	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	2/5/2024	\$17,405.76	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	2/5/2024	\$18,451.26	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	2/5/2024	\$80,538.22	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/7/2024	\$568.79	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/7/2024	\$2,319.09	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/7/2024	\$4,697.24	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/7/2024	\$5,020.41	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/7/2024	\$5,041.04	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/7/2024	\$5,925.64	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/7/2024	\$23,572.21	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/18/2024	\$1,285.05	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/18/2024	\$8,515.93	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/18/2024	\$9,785.96	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/18/2024	\$12,569.88	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/18/2024	\$12,649.59	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/18/2024	\$12,889.08	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/18/2024	\$57,695.49	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	ОН	452630693	1/5/2024	\$548.67	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	ОН	452630693	1/5/2024	\$2,095.91	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	ОН	452630693	1/5/2024	\$2,345.30	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	ОН	452630693	1/5/2024	\$3,679.85	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	ОН	452630693	1/5/2024	\$4,021.82	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	ОН	452630693	1/5/2024	\$4,989.88	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	ОН	452630693	1/5/2024	\$17,681.43	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	ОН	452630693	2/6/2024	\$3,169.92	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	ОН	452630693	2/6/2024	\$12,362.35	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	ОН	452630693	2/6/2024	\$13,482.48	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	ОН	452630693	2/6/2024	\$16,073.77	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	ОН	452630693	2/6/2024	\$16,392.17	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	ОН	452630693	2/6/2024	\$18,444.83	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	ОН	452630693	2/6/2024	\$79,925.52	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	ОН	452630693	3/6/2024	\$474.41	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	ОН	452630693	3/6/2024	\$1,809.19	
McKesson Medical-Surgical	PO Box 630693		Cincinnati	ОН	452630693	3/6/2024	\$2,014.73	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	ОН	452630693	3/6/2024	\$2,437.03	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	ОН	452630693	3/6/2024	\$2,590.73	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	ОН	452630693	3/6/2024	\$9,326.09	
Mechanical Service Inc	1144 Monmouth Boulevard		Galesburg	IL	61401	2/7/2024	\$7,026.37	Vendor
Mechanical Service Inc	1144 Monmouth Boulevard		Galesburg	IL	61401	2/7/2024	\$7,026.37	

Case 24-10443-TMH Doc 1470 Filed 04/22/25 Page 145 of 151

In re: Petersen Health Network, LLC Case No. 24-10537

Attachment 3

			5 1.				Total amount or	Reason for payment or transfer (e.g. Secured debt, Unsecured loan repayments, Suppliers or vendors,
Creditor's name	Address 1	Address 2	City	State	Zip	Date	value	Services, or Other)
		12800 South Ridgelande						
MPACE	Dr. Zaman	Avenue Suite E	Palos Heights	IL	60463	1/22/2024	\$1,500.00	Vendor
MPACE	Dr. Zaman	12800 South Ridgelande Avenue Suite E	Doloo Hoimhta	l	00.400	4 /00 /000 4	0.4 500 00	
WPACE	Dr. Zaman	Avenue Suite E	Palos Heights	IL	60463	1/22/2024	\$1,500.00	Vendor
		12800 South Ridgelande						
MPACE	Dr. Zaman	Avenue Suite E	Palos Heights	IL	60463	2/7/2024	\$2,600.00	Vendor
MDACE	Da 70man	12800 South Ridgelande	Doloo Hoimhta	l	00.400	0/7/0004		
MPACE	Dr. Zaman	Avenue Suite E	Palos Heights	IL	60463	2/7/2024	\$4,500.00	Vendor
		12800 South Ridgelande						
MPACE	Dr. Zaman	Avenue Suite E	Palos Heights	IL	60463	2/7/2024	\$7,100.00	Vendor
Nurses PRN	1101 East South River Street		Appleton	WI	54915	1/12/2024	\$15,271.75	Vendor
Nurses PRN	1101 East South River Street		Appleton	WI	54915	1/12/2024	\$16,589.25	Vendor
Nurses PRN	1101 East South River Street		Appleton	WI	54915	1/12/2024	\$31,861.00	Vendor
Nurses PRN	1101 East South River Street		Appleton	WI	54915	1/31/2024	\$5,716.50	Vendor
Nurses PRN	1101 East South River Street		Appleton	WI	54915	1/31/2024	\$8,364.63	Vendor
Nurses PRN	1101 East South River Street		Appleton	WI	54915	1/31/2024	\$14,081.13	Vendor
Nurses PRN	1101 East South River Street		Appleton	WI	54915	2/23/2024	\$8,890.75	Vendor
Nurses PRN	1101 East South River Street		Appleton	WI	54915	2/23/2024	\$16,705.50	Vendor
Nurses PRN	1101 East South River Street		Appleton	WI	54915	2/23/2024	\$25,596.25	Vendor
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	1/3/2024	\$84.36	Vendor
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	1/3/2024	\$137.16	Vendor
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	1/3/2024	\$1,220.12	Vendor
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	1/3/2024	\$1,876.76	Vendor
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	1/3/2024	\$2,657.37	Vendor
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	1/3/2024	\$4,443.62	Vendor
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	1/3/2024	\$10,419.39	Vendor
Rick Gaa	830 West Trailcreek Dr		Peoria	IL	61614	1/3/2024	\$5,000.00	Vendor
Rick Gaa	830 West Trailcreek Dr		Peoria	IL	61614	1/3/2024	\$5,000.00	Vendor
Rochelle Municipal Utilities	PO Box 456	333 Lincoln Highway	Rochelle	IL	61068	2/5/2024	\$9,938.76	Vendor
Rochelle Municipal Utilities	PO Box 456	333 Lincoln Highway	Rochelle	IL	61068	2/5/2024	\$17,875.28	Vendor
Rochelle Municipal Utilities	PO Box 456	333 Lincoln Highway	Rochelle	IL	61068	2/5/2024	\$27,814.04	Vendor
Russell C Simon	Chapter 13 Trustee	PO Box 1898	Memphis	TN	38101	1/5/2024	\$816.26	Vendor
Russell C Simon	Chapter 13 Trustee	PO Box 1898	Memphis	TN	38101	1/5/2024	\$816.26	Vendor
Russell C Simon	Chapter 13 Trustee	PO Box 1898	Memphis	TN	38101	1/17/2024	\$900.00	Vendor
Russell C Simon	Chapter 13 Trustee	PO Box 1898	Memphis	TN	38101	1/17/2024	\$900.00	Vendor
Russell C Simon	Chapter 13 Trustee	PO Box 1898	Memphis	TN	38101	1/31/2024	\$900.00	
Russell C Simon	Chapter 13 Trustee	PO Box 1898	Memphis	TN	38101	1/31/2024	\$900.00	Vendor
Russell C Simon	Chapter 13 Trustee	PO Box 1898	Memphis	TN	38101	2/16/2024	\$900.00	Vendor

Case 24-10443-TMH Doc 1470 Filed 04/22/25 Page 146 of 151

In re: Petersen Health Network, LLC Case No. 24-10537

Attachment 3

Creditor's name	Address 1	Address 2	City	State	Zip	Date	Total amount or value	Reason for payment or transfer (e.g. Secured debt, Unsecured loan repayments, Suppliers or vendors, Services, or Other)
Russell C Simon	Chapter 13 Trustee	PO Box 1898	Memphis	TN	38101	2/16/2024	\$900.00	
Russell C Simon	Chapter 13 Trustee	PO Box 1898	Memphis	TN	38101	2/29/2024	\$900.00	
Russell C Simon	Chapter 13 Trustee	PO Box 1898	Memphis	TN	38101	2/29/2024	\$900.00	
Russell C Simon	Chapter 13 Trustee	PO Box 1898	Memphis	TN	38101	3/15/2024	\$900.00	
Russell C Simon	Chapter 13 Trustee	PO Box 1898	Memphis	TN	38101	3/15/2024	\$900.00	
Select Rehabilitation LLC	PO Box 71985	1 0 20x 1000	Chicago	IL	606941985	1/2/2024	\$1,874.72	
Select Rehabilitation LLC	PO Box 71985		Chicago	IL.	606941985	1/2/2024	\$4,756.13	
Select Rehabilitation LLC	PO Box 71985		Chicago	IL.	606941985	1/2/2024	\$7,006.26	
Select Rehabilitation LLC	PO Box 71985		Chicago	IL	606941985	1/2/2024	\$8,953.66	
Select Rehabilitation LLC	PO Box 71985		Chicago	IL	606941985	1/2/2024	\$13,548.28	
Select Rehabilitation LLC	PO Box 71985		Chicago	IL	606941985	1/2/2024	\$36,139.05	
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	1/2/2024	\$220.00	
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	1/23/2024	\$550.21	Vendor
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	1/23/2024	\$550.21 \$550.21	Vendor
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	1/23/2024	\$646.72	
Shadow Fax Projects	PO Box 347		Sullivan	_		+		
Shadow Fax Projects Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	1/23/2024	\$1,967.14	
,	PO Box 347		Sullivan	IL 	61951	2/19/2024	\$220.00	
Shadow Fax Projects				IL	61951	2/19/2024	\$230.00	
Shadow Fax Projects	PO Box 347		Sullivan Sullivan	IL	61951	2/19/2024	\$550.21	Vendor
Shadow Fax Projects	PO Box 347			IL 	61951	2/19/2024	\$572.22	
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	2/19/2024	\$1,572.43	
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	3/4/2024	\$220.00	
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	3/4/2024	\$230.00	
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	3/4/2024	\$550.21	Vendor
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	3/4/2024	\$632.22	
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	3/4/2024	\$1,165.42	
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	3/4/2024	\$2,797.85	
State Disbursement Unit	PO Box 5400		Carol Stream	IL	60197	1/5/2024	\$317.50	
State Disbursement Unit	PO Box 5400		Carol Stream	IL	60197	1/5/2024	\$317.50	
State Disbursement Unit	PO Box 5400		Carol Stream	IL	60197	1/17/2024	\$142.57	
State Disbursement Unit	PO Box 5400		Carol Stream	IL	60197	1/17/2024	\$317.50	
State Disbursement Unit	PO Box 5400		Carol Stream	IL	60197	1/17/2024	\$428.07	Vendor
State Disbursement Unit	PO Box 5400		Carol Stream	IL	60197	1/17/2024	\$888.14	Vendor
State Disbursement Unit	PO Box 5400		Carol Stream	IL	60197	1/31/2024	\$142.57	Vendor
State Disbursement Unit	PO Box 5400		Carol Stream	IL	60197	1/31/2024	\$317.50	Vendor
State Disbursement Unit	PO Box 5400		Carol Stream	IL	60197	1/31/2024	\$411.15	Vendor
State Disbursement Unit	PO Box 5400		Carol Stream	IL	60197	1/31/2024	\$871.22	Vendor
State Disbursement Unit	PO Box 5400		Carol Stream	IL	60197	2/16/2024	\$142.57	Vendor
State Disbursement Unit	PO Box 5400		Carol Stream	IL	60197	2/16/2024	\$317.50	Vendor
State Disbursement Unit	PO Box 5400		Carol Stream	IL	60197	2/16/2024	\$326.02	Vendor
State Disbursement Unit	PO Box 5400		Carol Stream	IL	60197	2/16/2024	\$786.09	Vendor

Case 24-10443-TMH Doc 1470 Filed 04/22/25 Page 147 of 151

In re: Petersen Health Network, LLC Case No. 24-10537

Attachment 3

Creditor's name	Address 1	Address 2	City	State	Zip	Date	Total amount or value	Reason for payment or transfer (e.g. Secured debt, Unsecured loan repayments, Suppliers or vendors, Services, or Other)
State Disbursement Unit	PO Box 5400		Carol Stream	IL	60197	2/29/2024	\$142.57	Vendor
State Disbursement Unit	PO Box 5400		Carol Stream	IL	60197	2/29/2024	\$317.50	Vendor
State Disbursement Unit	PO Box 5400		Carol Stream	IL	60197	2/29/2024	\$439.15	Vendor
State Disbursement Unit	PO Box 5400		Carol Stream	IL	60197	2/29/2024	\$899.22	Vendor
State Disbursement Unit	PO Box 5400		Carol Stream	IL	60197	3/15/2024	\$142.57	Vendor
State Disbursement Unit	PO Box 5400		Carol Stream	IL	60197	3/15/2024	\$317.50	Vendor
State Disbursement Unit	PO Box 5400		Carol Stream	IL	60197	3/15/2024	\$371.27	Vendor
State Disbursement Unit	PO Box 5400		Carol Stream	IL	60197	3/15/2024	\$831.34	Vendor
SumnerOne	PO Box 5180		St Louis	МО	63139-0180	1/8/2024	\$425.64	Vendor
SumnerOne	PO Box 5180		St Louis	МО	63139-0180	1/8/2024	\$448.39	Vendor
SumnerOne	PO Box 5180		St Louis	МО	63139-0180	1/8/2024	\$549.07	Vendor
SumnerOne	PO Box 5180		St Louis	МО	63139-0180	1/8/2024	\$623.45	Vendor
SumnerOne	PO Box 5180		St Louis	МО	63139-0180	1/8/2024	\$861.75	Vendor
SumnerOne	PO Box 5180		St Louis	МО	63139-0180	1/8/2024	\$971.59	Vendor
SumnerOne	PO Box 5180		St Louis	МО	63139-0180	1/8/2024	\$3,879.89	Vendor
SumnerOne	PO Box 5180		St Louis	МО	63139-0180	2/2/2024	\$450.78	Vendor
SumnerOne	PO Box 5180		St Louis	МО	63139-0180	2/2/2024	\$542.10	Vendor
SumnerOne	PO Box 5180		St Louis	МО	63139-0180	2/2/2024	\$569.19	Vendor
SumnerOne	PO Box 5180		St Louis	МО	63139-0180	2/2/2024	\$885.07	Vendor
SumnerOne	PO Box 5180		St Louis	МО	63139-0180	2/2/2024	\$974.36	Vendor
SumnerOne	PO Box 5180		St Louis	МО	63139-0180	2/2/2024	\$3,421.50	Vendor
Wente Plumbing & Fire Protection	PO Box 447		Effingham	IL	62401-0447	2/29/2024	\$3,972.24	Vendor
Wente Plumbing & Fire Protection	PO Box 447		Effingham	IL	62401-0447	2/29/2024	\$3,972.24	Vendor

Case 24-10443-TMH Doc 1470 Filed 04/22/25 Page 148 of 151

In re: Petersen Health Network, LLC Case No. 24-10537

AMENDED Attachment 4

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

						Total amount			
nsider's name	Address 1	City	State	7in		or value	Reasons for payment or transfer	Relationship to debtor	Amended
*Please reference Global Notes for additional					Date	or value	reasons for payment of transier	relationship to debtor	Ameriaea
Ticase reference Global Notes for additional	145 E. Division Street,		ritarion	CIS					
JLP Systems, Inc.*	Kewanee, IL 61443	Kewanee	IL	61443	12/1/2023	96,000,00	Intercompany Transfer	Related Entity	
Mark B. Petersen	830 West Trailcreek Dr.			61614	3/28/2023		MBP BB - repay loan	Owner	
	830 West Trailcreek Dr.			61614	10/18/2023	\$55,000.00		Owner	
	830 West Trailcreek Dr.			61614	1/3/2024	\$3,200.00		Owner	
Mark B. Petersen	830 West Trailcreek Dr.			61614	1/3/2024		Bill - Rick Gaa	Owner	
	830 West Trailcreek Dr.			61614	1/3/2024		Mark Petersen	Owner	
				61614	1/17/2024				
	830 West Trailcreek Dr.						Mark Petersen	Owner	
Petersen Health Care - Illini, LLC*	1315 Curt Dr.		IL	61821	9/6/2023		Intercompany Transfer	Related Entity	
Petersen Health Care - Illini, LLC*	1315 Curt Dr.			61821	10/25/2023		Intercompany Transfer	Related Entity	
Petersen Health Care - Illini, LLC*	1315 Curt Dr.		IL	61821	11/24/2023		Intercompany Transfer	Related Entity	
Petersen Health Care - Illini, LLC*	1315 Curt Dr.			61821	1/2/2024		Intercompany Transfer	Related Entity	
Petersen Health Care - Illini, LLC*	1315 Curt Dr.		IL	61821	1/11/2024		Intercompany Transfer	Related Entity	
Petersen Health Care - Illini, LLC*	1315 Curt Dr.			61821	1/18/2024		Intercompany Transfer	Related Entity	
Petersen Health Care - Illini, LLC*	1315 Curt Dr.			61821	1/24/2024		Intercompany Transfer	Related Entity	
Petersen Health Care - Illini, LLC*	1315 Curt Dr.			61821	3/15/2024		Intercompany Transfer	Related Entity	
Petersen Health Care - Roseville, LLC*	145 S. Chamberlain St.			61473	4/12/2023		Intercompany Transfer	Related Entity	
	203 East Monroe Street		IL	62420	5/9/2023	\$90,000.00		Related Entity	
	830 West Trailcreek Dr.	Peoria	IL	61614	4/13/2023	\$1,337.15	V00300Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	4/13/2023	\$1,337.15	V00300Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	4/13/2023	\$4,380.00	V00300Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	4/13/2023	\$4,380.00	V00300Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	5/11/2023	\$1,708.13	V00300Petersen Health Care Management	Related Entity	
	830 West Trailcreek Dr.	Peoria	IL	61614	5/11/2023	\$1,708.13	V00300Petersen Health Care Management	Related Entity	
	830 West Trailcreek Dr.			61614	6/8/2023		V00300Petersen Health Care Management	Related Entity	
	830 West Trailcreek Dr.		ĪL	61614	6/8/2023		V00300Petersen Health Care Management	Related Entity	
	830 West Trailcreek Dr.			61614	6/8/2023		V00300Petersen Health Care Management	Related Entity	
	830 West Trailcreek Dr.			61614	6/8/2023		V00300Petersen Health Care Management	Related Entity	
	830 West Trailcreek Dr.			61614	6/8/2023		V00300Petersen Health Care Management	Related Entity	
	830 West Trailcreek Dr.			61614	6/8/2023		V00300Petersen Health Care Management	Related Entity	
	830 West Trailcreek Dr.		IL I	61614	7/13/2023		V00300Petersen Health Care Management	Related Entity	
	830 West Trailcreek Dr.			61614	7/13/2023	* /	V00300Petersen Health Care Management	Related Entity	
	830 West Trailcreek Dr.		IL IL	61614	7/13/2023			Related Entity	
							V00300Petersen Health Care Management		
	830 West Trailcreek Dr.			61614	7/13/2023		V00300Petersen Health Care Management	Related Entity	
	830 West Trailcreek Dr.		IL	61614	8/10/2023		V00300Petersen Health Care Management	Related Entity	
	830 West Trailcreek Dr.		IL	61614	8/10/2023		V00300Petersen Health Care Management	Related Entity	
	830 West Trailcreek Dr.		IL	61614	8/17/2023		V00300Petersen Health Care Management	Related Entity	
	830 West Trailcreek Dr.			61614	8/17/2023		V00300Petersen Health Care Management	Related Entity	
	830 West Trailcreek Dr.		IL .	61614	9/14/2023		V00300Petersen Health Care Management	Related Entity	
	830 West Trailcreek Dr.			61614	9/14/2023		V00300Petersen Health Care Management	Related Entity	
	830 West Trailcreek Dr.			61614	9/14/2023		V00300Petersen Health Care Management	Related Entity	
	830 West Trailcreek Dr.			61614	9/14/2023		V00300Petersen Health Care Management	Related Entity	
	830 West Trailcreek Dr.			61614	9/14/2023		V00300Petersen Health Care Management	Related Entity	
	830 West Trailcreek Dr.		IL	61614	9/14/2023		V00300Petersen Health Care Management	Related Entity	
	830 West Trailcreek Dr.			61614	10/12/2023		V00300Petersen Health Care Management	Related Entity	
	830 West Trailcreek Dr.	Peoria	IL	61614	10/12/2023		V00300Petersen Health Care Management	Related Entity	
etersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	10/12/2023	\$1,092.00	V00300Petersen Health Care Management	Related Entity	
etersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	10/12/2023	\$1,092.00	V00300Petersen Health Care Management	Related Entity	
etersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	10/29/2023	\$40,000.00	Intercompany Transfer	Related Entity	
	830 West Trailcreek Dr.		IL	61614	11/1/2023		Intercompany Transfer	Related Entity	
	830 West Trailcreek Dr.			61614	11/9/2023		V00300Petersen Health Care Management	Related Entity	
	830 West Trailcreek Dr	Peoria	IL I	61614	11/9/2023	\$837.00	I VUU3UUPetersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr. 830 West Trailcreek Dr.		IL IL	61614 61614	11/9/2023 11/9/2023		V00300Petersen Health Care Management V00300Petersen Health Care Management	Related Entity Related Entity	

Case 24-10443-TMH Doc 1470 Filed 04/22/25 Page 149 of 151

In re: Petersen Health Network, LLC Case No. 24-10537

AMENDED Attachment 4

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

					т	otal amount			
Insider's name	Address 1	City	State	7in		r value	Reasons for payment or transfer	Relationship to debtor	Amended
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria		61614	12/6/2023		Intercompany Transfer	Related Entity	Ameriaea
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria		61614	1/2/2024		Intercompany Transfer	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria		61614	1/4/2024		Intercompany Transfer	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria		61614	1/8/2024		Intercompany Transfer	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria		61614	1/9/2024		Intercompany Transfer	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria		61614	1/9/2024		Intercompany Transfer	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria		61614	1/10/2024		V00300Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/10/2024		V00300Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria		61614	1/10/2024		Intercompany Transfer	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria		61614	1/11/2024		V00300Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/11/2024		V00300Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria		61614	1/11/2024		V00300Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria		61614	1/11/2024		V00300Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria		61614	1/11/2024		V00300Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/11/2024		V00300Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/11/2024	\$5,262.00	V00300Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria		61614	1/11/2024		V00300Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria		61614	1/11/2024		Intercompany Transfer	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/17/2024		Intercompany Transfer	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/19/2024		Intercompany Transfer	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/24/2024		Intercompany Transfer	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria		61614	1/25/2024		Intercompany Transfer	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria		61614	2/13/2024		Intercompany Transfer	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	İL	61614	3/14/2024		Intercompany Transfer	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	il.	61614	3/20/2024		Intercompany Transfer	Related Entity	Amended Herein - Removed
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria		61614	5/9/2024		Intercompany Transfer	Related Entity	Amended Herein - Removed
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	il.	61614	5/13/2024		Intercompany Transfer	Related Entity	Amended Herein - Removed
Petersen Health Care VII, LLC*	830 West Trailcreek Dr.	Peoria	İL	61614	3/1/2023		Intercompany Transfer	Related Entity	
Petersen Health Enterprises, LLC*	170 W. Concord Street	Sheldon	İL	60966	12/8/2022		Intercompany Transfer	Related Entity	
Petersen Health Group, LLC*	830 West Trailcreek Dr.	Peoria	İL	61614	5/17/2023		Intercompany Transfer	Related Entity	
,	520 E. Fabyan Parkway,					. ,			
Petersen Health Operations, LLC *	Batavia, IL 60510	Batavia	lıL	60510	4/12/2023	\$175,000.00	Wire To	Related Entity	
	830 West Trailcreek Dr.								
Petersen Health Systems, Inc.*	Peoria	Peoria	liL.	61614	11/1/2023	\$10,000.00	Intercompany Transfer	Related Entity	
,, ,, ,, ,	830 West Trailcreek Dr.		1-		,	* : = , = = = = =			
Petersen Health Systems, Inc.*	Peoria	Peoria	liL.	61614	12/15/2023	\$1,000.00	Intercompany Transfer	Related Entity	
, , , , , , , , , , , , , , , , , , , ,	830 West Trailcreek Dr.		 		,	V .,000.00			
Petersen Health Systems, Inc.*	Peoria	Peoria	IL	61614	12/21/2023	\$5,000.00	Intercompany Transfer	Related Entity	
r etereer riediar eyeteme, mer	830 West Trailcreek Dr.			0.0	12/2 1/2020	ψο,σσσ.σσ	mercempany manere	Troiding Emily	
Petersen Health Systems, Inc.*	Peoria	Peoria	lL	61614	1/9/2024	\$30,000,00	Intercompany Transfer	Related Entity	
r etereer riediar eyeteme, mer	830 West Trailcreek Dr.	1 00.10		0.0	17072021	ψου,σοσ.σο	mercempany manere	Troiding Emily	
Petersen Health Systems, Inc.*	Peoria	Peoria	IL	61614	3/15/2024	\$10,000,00	Intercompany Transfer	Related Entity	
r etereer riediar eyeteme, mer	830 West Trailcreek Dr.	1 00.10		0.0	0/10/2021	ψ.ο,σσσ.σσ	mercempany manere	Troiding Emily	
Petersen Health Systems, Inc.*	Peoria	Peoria	₩	61614	3/20/2024	\$15,000,00	Intercompany Transfer	Related Entity	Amended Herein - Removed
r etereer riediar eyeteme, mer	830 West Trailcreek Dr.	1 00.10		0.0	0/20/2021	ψ.ο,σσσ.σσ	mercempany manere	Troiding Emily	7 mioriaea i iorem - i temevea
Petersen Health Systems, Inc.*	Peoria	Peoria	₽	61614	3/20/2024	\$25,000,00	Intercompany Transfer	Related Entity	Amended Herein - Removed
Petersen Hotels, LLC*	1 AmericInn Way	Monmouth		61462	5/1/2023		Intercompany Transfer	Related Entity	7 milenaeu i ierem 1 terrie reu
Petersen Hotels, LLC*	1 AmericInn Way	Monmouth		61462	1/2/2024	\$16,000.00			Amended Herein - Added
Petersen Hotels, LLC*	1 American Way	Monmouth		61462	1/4/2024	\$130,000.00			Amended Herein - Added
Petersen Hotels, LLC*	1 Americinn Way	Monmouth		61462	1/8/2024		Intercompany Transfer	Related Entity	
Petersen Hotels, LLC*	1 American Way	Monmouth		61462	1/9/2024		Intercompany Transfer	Related Entity	
Plaza West Development, LLC*	7601 N. Orange Prairie Rd	Peoria		61615	1/2/2024		Plaza West		Amended Herein - Added
Plaza West Development, LLC*	7601 N. Orange Prairie Rd	Peoria		61615	1/9/2024		Intercompany Transfer	Related Entity	Amonded Herein - Added
SJL Health Systems, Inc.*	900 South Chestnut Street	Pana	iL	62557	9/6/2023		Intercompany Transfer	Related Entity	
Twenty Four Corp, LLC*	830 West Trailcreek Dr.	Peoria		61614	5/1/2023		Twenty Four Corp, LLC - Intercompany Loan	Troiding Linky	Amended Herein - Added
I WEITY I OUI OUIP, LLO	1000 WEST HAIIGIEER DI.	II colla	III.	01014	3/1/2023	ψηυ,υυυ.υυ	I worky i our corp, LLC - intercompany Loan		Amended Herein - Added

Case 24-10443-TMH Doc 1470 Filed 04/22/25 Page 150 of 151

In re: Petersen Health Network, LLC

Case No. 24-10537

AMENDED Attachment 4

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

Total amount										
Insider's name	Address 1	City	State	Zip	Date		Reasons for payment or transfer	Relationship to debtor	Amended	
Twenty Four Corp, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	10/13/2023	\$10,000.00	Intercompany Transfer	Related Entity		
Twenty Four Corp, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/17/2024	\$80,000.00	Intercompany Transfer	Related Entity		
Twenty Four Corp, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/18/2024	\$15,000.00	Intercompany Transfer	Related Entity		
Undetermined*					5/1/2023	\$45,000.00	Intercompany Transfer	Related Entity	Amended Herein - Removed	
Undetermined*					4/4/2024	\$69,100.00	Intercompany Transfer	Related Entity	Amended Herein - Removed	
Undetermined*					5/13/2024	\$84,000.00	Intercompany Transfer	Related Entity	Amended Herein - Removed	

Case 24-10443-TMH Doc 1470 Filed 04/22/25 Page 151 of 151

In re: Petersen Health Network, LLC Case No. 24-10537

Attachment 7

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

Case Title	Case number	Nature of case	Court name	Court address 1	Court City	Court State	Court Zip	Status of case (e.g. Pending, On appeal, Concluded)
Colleen Quinlisk Siau, as Independent Administrator to Collect for the Estate of Phyllis Weigel, deceased vs.								
Watseka HCO, LLC, an Illinois Limited Liability Company d/b/a Watseka Rehabilitation & Health Care Center, Petersen Health Care Management, LLC, an Illinois Limited Liability Company, and Petersen Health Care III,								
LLC, an Illinois Limited Liability Company (defendants) Petersen Health Care III, Inc., an Illinois corporation								
(Respondent in Discovery).	2022-LA-3	NHCA and WD Cdiff	4th Judicial Circuit Court of III	111 Chestnut Street	Louisville	IL	62858	
Lori Simmons, as Independent Administrator of the Estate of Patricia McGill v. Petersen Health Junction, LLC, an Illinois limited liability company, d/b/a Kewanee Care Home	2017-L-7	WD/malnutrition/pressure injury/dehydration	Knox County Circuit Court	200 South Cherry Street	Galesburg	IL	61401	
Lori Simmons, as Independent Administrator of the Estate of Patricia McGill v. Petersen Health Junction, LLC,		,,						
an Illinois limited liability company, d/b/a Kewanee Care Home	2017-L-4	WD/fall w/ hip fracture	4th Judicial Circuit Court of III	111 Chestnut Street	Louisville	IL	62858	
SAMANTHA WEBER, Plaintiff, v PETERSEN HEALTH NETWORK, LLC d/b/a FLORA GARDENS CARE			Equal Employment					
CENTER, Defendant.	3:23-cv-02344	Undeterminable	Opportunity Comission	131 M Street	NE Washington DC		20507	
SELECT REHABILITATION, LLC PLAINTIFF V. MIDWEST HEALTH OPERATIONS, LLC; PETERSEN HEALTH CARE - FARMER CITY, LLC; PETERSEN HEALTH CARE - ILLINI, LLC; PETERSEN HEALTH CARE - OZARK, LLC; PETERSEN HEALTH CARE - WESTSIDE, LLC; PETERSEN HEALTH CARE - WESTSIDE, LLC; PETERSEN HEALTH CARE - ROSEVILLE, LLC; PETERSEN HEALTH CARE VI, LLC; PETERSEN HEALTH CARE VI, LLC; PETERSEN HEALTH CARE VI, LLC; PETERSEN HEALTH CARE VI, LLC; PETERSEN HEALTH CARE VI, LLC; PETERSEN HEALTH OPERATIONS III, LLC; PETERSEN HEALTH OPERATIONS, LLC; PETERSEN HEALTH QUALITY, LLC; PETERSEN MANAGEMENT COMPANY, LLC; SIL HEALTH SYSTEMS, INC.; ALEDO HCO, LLC; ARCOLA HCO, LLC; CASEY HCO, LLC; CHARL ESTON HCO, LLC; COLLINSVILLE HCO, LLC; CUMBERLAND HCO, LLC; CASEY HCO, LLC; CASEY HCO, LLC; CASEY HCO, LLC; EFFINGHAM HCO, LLC; LC; KEWANEE HCO, LLC; LEBANON HCO, LLC; MCLEANSBORO HCO, LLC; NORTH AURORA HCO, LLC; PETERSEN HEALTH BUSINESS, LLC; PETERSEN HEALTH JUNCTION, LLC; PLEASANT VIEW HCO, LLC; PRAIRIE CITY HCO, LLC; ROBINGS HCO, LLC; ROSICLARE HCO, LLC; SHELBYVILLE HCO, LLC; SULLIVAN HCO, LLC; SWANSEA HCO, LLC; TARKIO HCO, LLC; TUSCOLA HCO, LLC; SHELBYVILLE HCO, LLC; SULLIVAN HCO, LLC; WATSEKA HCO, LLC; AND WESTSIDE HCO, LLC, DEFENDANTS	2024-LA-0000030	Undeterminable	10th Judicial Circuit Court of	324 Main St. Ste. 215	Peoria	IL	61602	Pending
Velma White, as Independent Administrator of the Estate of Ray White, deceased v. Petersen Health Care II, Inc., and Illinois corporation, d/b/a Sullivan Rehabilitation & Health Care Center	2021-L-10	NHCA WD Unidentified UTI Sepsis	4th Judicial Circuit Court of III	111 Chestnut Street	Louisville	IL	62858	
Velma White, as Independent Administrator of the Estate of Ray White, deceased v. Petersen Health Care II,	2021-L-10	отт образа	Tan Gadiciai Gircuit Godit (ii iii	111 Onestitut Otteet	Logisville	ii.	02000	
Inc., and Illinois corporation, d/b/a Sullivan Rehabilitation & Health Care Center	2021-L-614	NHCA Pressure injury	Madison County Circuit Court	155 N. Main Street	Edwardsville	IL	62025	
Wayne Washington, as Independent Administrator for the Estate of Vera Washington, deceased v. Petersen Health Care II, Inc., an Illinois corporation d/b/a Watseka Rehabilitation & Health Care Center	2022-LA-161	Undeterminable	10th Judicial Circuit Court of III	324 Main St. Ste. 215	Peoria	IL	61602	