IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

In re

SC HEALTHCARE HOLDING, LLC et al.,

Debtors.¹

Chapter 11

Case No. 24-10443 (TMH)

Jointly Administered

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

PLEASE TAKE NOTICE OF THE FOLLOWING:

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

ORIGINAL SCHEDULES OF ASSETS AND LIABILITES AND STATEMENT OF FINANCIAL AFFAIRS

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

AMENDED SCHEDULES AND STATEMENTS

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

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



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

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

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

AMENDED SCHEDULES BAR DATE

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

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

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

GLOBAL NOTES

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

RESERVATION OF RIGHTS

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

Dated: April 22, 2025

Wilmington, Delaware

Respectfully submitted,

YOUNG CONAWAY STARGATT & TAYLOR, LLP

/s/ Shella Borovinskaya

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and

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

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

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

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

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

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

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

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

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

³ 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.

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EXHIBIT A

Amended Schedules

IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

In re:

SC HEALTHCARE HOLDING, LLC, et al.,

Debtors. 1

Chapter 11

Case No. 24-10443 (TMH)

(Jointly Administered)

AMENDED SCHEDULES OF ASSETS AND LIABILITIES FOR EFFINGHAM HCO, LLC (CASE NO. 24-10543)

Amended Herein:

• 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.kcellc.net/Petersen.

Fill in this information to identify the case:

Debtor Name: In re: Effingham HCO, LLC

United States Bankruptcy Court for the: District of Delaware

Case number (if known): 24-10543 (TMH)

☑ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets		
1. Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)		
1a. Real property:		
Copy line 88 from Schedule A/B	\$	0.00
1b. Total personal property:		
Copy line 91A from Schedule A/B	\$	2,857,653.05
1c. Total of all property:		
Copy line 92 from Schedule A/B	\$	2,857,653.05
Part 2: Summary of Liabilities 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D	\$	3,933,640.78
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)		
3a. Total claim amounts of priority unsecured claims:		
Copy the total claims from Part 1 from line 5a of Schedule E/F	\$	79,400.00
3b. Total amount of claims of nonpriority amount of unsecured claims:		
Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F	+\$	1,845,529.22
4. Total liabilities		
Lines 2 + 3a + 3b	\$	5,858,570.00

Fill in this information to identify the case:
Debtor Name: In re : Effingham HCO, LLC
United States Bankruptcy Court for the: District of Delaware
Case number (if known): 24-10543 (TMH)

☑ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1:	List All Creditors with PRIORITY Unsecured Claims

- 1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).
 - ☐ No. Go to Part 2.
 - ✓ Yes. Go to Line 2.
- 2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

				Total claim	Priority amount	
Priority credi	itor's name an	d mailing address	As of the petition filing date, the claim is: Check all that apply.	\$25,000.00	\$\$	0
Creditor Name			_ □ Contingent			
			☐ Unliquidated			
Creditor's Notice r	name		_ □ Disputed			
535 West Jeffe	rson Street					
Address			Basis for the claim:			
			Taxes	-		
Springfield	IL	62761	-			
City	State	ZIP Code				
Country			-			
Date or dates	s debt was inc	urred				
Various			_			
Last 4 digits number	of account			Is the claim subject ☑ No	to offset?	
Specify Code	subsection o	f PRIORITY unsecure	ed	□ Yes		
claim: 11 U.S	.C. § 507(a) (8)					

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	Case number (if known): 24-10543
Name	
Priority creditor's name and mailing address As of the petition filing date, Check all that apply.	the claim is: \$ \$ \$ 25,000.00
Creditor Name	
☐ Unliquidated	
Creditor's Notice name	
535 West Jefferson Street Address Basis for the claim:	
Taxes	
Springfield II 62761	
Springfield IL 62761 City State ZIP Code	
Country	
Date or dates debt was incurred	
Various	
Last 4 digits of account	Is the claim subject to offset?
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? ☑ No □ Yes
number Specify Code subsection of PRIORITY unsecured	☑ No □ Yes
number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address IDPH/CMS Creditor Name As of the petition filing date, of the company to the company of the compan	☑ No □ Yes
number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address IDPH/CMS Creditor Name As of the petition filing date, Check all that apply. Contingent	☑ No □ Yes
Number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address IDPH/CMS Creditor Name Creditor's Notice name Creditor's Notice name Creditor's Notice name Creditor's Notice name Creditor's Notice name	☑ No □ Yes
Number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address IDPH/CMS Creditor Name Creditor's Notice name Creditor's Notice name As of the petition filing date, Check all that apply. Check all that apply. Unliquidated Disputed	☑ No □ Yes
Number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address IDPH/CMS Creditor Name Creditor's Notice name Creditor's Notice name To bisputed Sas of the petition filing date, or Check all that apply. Unliquidated Disputed	☑ No □ Yes
Number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address IDPH/CMS Creditor Name Creditor's Notice name Creditor's Notice name Disputed 535 West Jefferson Street Address As of the petition filing date, Check all that apply. Unliquidated Disputed Basis for the claim:	☑ No □ Yes
Number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address IDPH/CMS Creditor Name Creditor's Notice name Creditor's Notice name To bisputed Sas of the petition filing date, or Check all that apply. Unliquidated Disputed	☑ No □ Yes
Number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address IDPH/CMS Creditor Name Creditor's Notice name Creditor's Notice name Disputed 535 West Jefferson Street Address Basis for the claim: Taxes	☑ No □ Yes
Number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address IDPH/CMS Creditor Name Creditor's Notice name Creditor's Notice name As of the petition filing date, Check all that apply. Unliquidated Unliquidated Disputed 535 West Jefferson Street Address Basis for the claim: Taxes	☑ No □ Yes
Number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address IDPH/CMS Creditor Name Creditor's Notice name Creditor's Notice name Disputed 535 West Jefferson Street Address Basis for the claim: Taxes	☑ No □ Yes
Number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address IDPH/CMS Creditor Name Creditor's Notice name Creditor's Notice name As of the petition filing date, Check all that apply. Unliquidated Unliquidated Disputed 535 West Jefferson Street Address Basis for the claim: Taxes	☑ No □ Yes
Number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address IDPH/CMS Creditor Name Creditor's Notice name Creditor's Notice name Creditor's Notice name Springfield City IL State Springfield As of the petition filing date, and continue that apply. Check all that apply. Check all that apply. Check all that apply. Disputed Springfield Disputed Taxes	☑ No □ Yes
Number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address IDPH/CMS Creditor Name Creditor's Notice name Creditor's Notice name Creditor's Notice name Basis for the claim: Taxes Springfield LL State Country	☑ No □ Yes
Number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address IDPH/CMS Creditor Name Creditor's Notice name Creditor's Notice name Creditor's Notice name Basis for the claim: Taxes Country Date or dates debt was incurred	☑ No □ Yes

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r: Effingham HCO, LLC Name	Case			
Priority creditor's name and mailing address IDPH/CMS	As of the petition filing date, the claim is: \$ Check all that apply.	2	200.00 \$	2,200
Creditor Name	_ □ Contingent			
	☐ Unliquidated			
Creditor's Notice name	_			
	☐ Disputed			
535 West Jefferson Street				
Address	Basis for the claim:			
	Taxes			
0 : 5 : 1	_			
Springfield IL 62761 City State ZIP Code	-			
City State 211 Sode				
Country	_			
Date or dates debt was incurred				
Various				
Last 4 digits of account	_	Is the claim s	subject to offset?	
number		☑ No		
Specify Code subsection of PRIORITY unsecure claim: 11 U.S.C. § 507(a) (8)	ed	□ Yes		
	As of the petition filing date, the claim is: \$ Check all that apply.		.200.00 \$	2,200.
claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address	As of the petition filing date, the claim is: \$ Check all that apply.		.200.00 \$	2,200
claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address IDPH/CMS	As of the petition filing date, the claim is: \$ Check all that apply. Contingent		200.00 \$	2,200
claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address IDPH/CMS	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated		200.00 \$	2,200.
claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address IDPH/CMS Creditor Name Creditor's Notice name	As of the petition filing date, the claim is: \$ Check all that apply. Contingent		200.00 \$	2,200
claim: 11 U.S.C. § 507(a) (<u>8</u>) Priority creditor's name and mailing address IDPH/CMS Creditor Name	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed		200.00 \$	2,200
claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address IDPH/CMS Creditor Name Creditor's Notice name 535 West Jefferson Street	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:		200.00 \$	2,200
claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address IDPH/CMS Creditor Name Creditor's Notice name 535 West Jefferson Street	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed		200.00 \$	2,200
Claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address IDPH/CMS Creditor Name Creditor's Notice name 535 West Jefferson Street Address	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:		200.00 \$	2,200.
Claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address IDPH/CMS Creditor Name Creditor's Notice name 535 West Jefferson Street Address Springfield IL 62761	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:		200.00 \$	2,200.
Claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address IDPH/CMS Creditor Name Creditor's Notice name 535 West Jefferson Street Address Springfield IL 62761	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:		200.00 \$	2,200.
Claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address IDPH/CMS Creditor Name Creditor's Notice name 535 West Jefferson Street Address Springfield IL 62761	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:		200.00 \$	2,200
Creditor's Notice name Springfield City State S	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:		200.00 \$	2,200
Claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address IDPH/CMS Creditor Name Creditor's Notice name 535 West Jefferson Street Address Springfield IL 62761 City State ZIP Code	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:		200.00 \$	2,200
Creditor's Notice name Creditor's Notice name 535 West Jefferson Street Address Springfield City Country Date or dates debt was incurred	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	2.	200.00 \$ subject to offset?	2,200.

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 o Accurate Biome		nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	63.00
Creditor Name			☐ Contingent		
			□ Unliquidated		
Creditor's Notice r	name		· □ Disputed		
500 Park Boule	evard		Basis for the claim:		
Address	5va.u		 Trade Payable		
Suite 1260				_	
Itasca	IL	60143			
City	State	ZIP Code			
Country					
	s debt was incurr	ed	Is the claim subject to offset?		
Various Last 4 digits			☑ No □ Yes		
number					
		nd mailing address	As of the petition filing date, the claim is:	\$	30.13
Andes Healthm Creditor Name	nart Pharmacy		Check all that apply.		
			☐ Contingent		
Creditor's Notice r	name		Unliquidated		
			☐ Disputed		
805 West Faye	ette Avenue		Basis for the claim:		
			Trade Payable	_	
Effingham	IL	62401			
City	State	ZIP Code			
Oity .		211 0000			
Country					
Date or dates	s debt was incurr	ed	Is the claim subject to offset?		
Various			☑ No		
Last 4 digits	of account		□ Yes		
number					

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Name					
Nonpriority	creditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	803.1
Biotech X- Ra	y Inc		Check all that apply.		
Creditor Name			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice	name		□ Disputed		
1065 Executiv	e Parkway Drive		Basis for the claim:		
Address			 Trade Payable		
Suite 220				_	
St Louis	MO	63141-6367			
City	State	ZIP Code			
Country			<u></u>		
Date or date	es debt was incurr	ed	Is the claim subject to offset?		
Various			✓ No		
Last 4 digits	s of account		□ Yes		
number Nonpriority C J Signs		nd mailing address		\$	300.0
number Nonpriority		nd mailing address	☐ Yes As of the petition filing date, the claim is:	\$	300.0
number Nonpriority C J Signs Creditor Name	creditor's name a	nd mailing address	☐ Yes As of the petition filing date, the claim is: Check all that apply.	\$	300.0
number Nonpriority C J Signs	creditor's name a	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent	\$	300.0
number Nonpriority C J Signs Creditor Name	creditor's name a	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated	\$	300.0
number Nonpriority C J Signs Creditor Name Creditor's Notice	creditor's name a	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed	\$	300.0
number Nonpriority C J Signs Creditor Name Creditor's Notice 4024 SW Adai	creditor's name a	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	300.6
number Nonpriority C J Signs Creditor Name Creditor's Notice 4024 SW Adai	creditor's name a	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	300.0
number Nonpriority C J Signs Creditor Name Creditor's Notice 4024 SW Adat Address	name ms Street		□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	300.0
number Nonpriority C J Signs Creditor Name Creditor's Notice 4024 SW Adar Address Peoria	name ms Street	61605	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	300.0
number Nonpriority C J Signs Creditor Name Creditor's Notice 4024 SW Adar Address Peoria City Country	name ms Street	61605 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Disputed Basis for the claim: Trade Payable Is the claim subject to offset?	\$	300.6
number Nonpriority C J Signs Creditor Name Creditor's Notice 4024 SW Adar Address Peoria City Country	name ms Street IL State	61605 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	300.0

number

Official Form 206E/F

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Name					
Nonpriority cre Constellation Nev		nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	22,572.8
Creditor Name	w Energy		☐ Contingent		
			☐ Unliquidated		
Creditor's Notice nar	me		·		
O B::::- 110			☐ Disputed Basis for the claim:		
Gas Division LLC Address	,		Trade Payable		
PO Box 5473				_	
Carol Stream	IL	60197-5473			
City	State	ZIP Code			
Country					
Date or dates	debt was incurr	ed	Is the claim subject to offset?		
Various			☑ No		
Various Last 4 digits of number	f account		☑ No □ Yes		
Last 4 digits of number Nonpriority credit Datamax		nd mailing address		\$	3,495.0
Last 4 digits on number Nonpriority cre		nd mailing address	☐ Yes As of the petition filing date, the claim is:	\$	3,495.0
Last 4 digits of number Nonpriority cropatamax Creditor Name dba Sumner One	editor's name a	nd mailing address	☐ Yes As of the petition filing date, the claim is: Check all that apply.	\$	3,495.0
Last 4 digits of number Nonpriority cropatamax Creditor Name	editor's name a	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent	\$	3,495.0
Last 4 digits of number Nonpriority cropatamax Creditor Name dba Sumner One	editor's name a	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated	\$	3,495.0
Last 4 digits of number Nonpriority creditor Name dba Sumner One Creditor's Notice nar	editor's name a	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed	\$	3,495.0
Last 4 digits of number Nonpriority creditor Name dba Sumner One Creditor's Notice nar	editor's name a	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	3,495.0
Last 4 digits of number Nonpriority creditor Name dba Sumner One Creditor's Notice nar	editor's name a	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	3,495.0
Last 4 digits of number Nonpriority cropatamax Creditor Name dba Sumner One Creditor's Notice nar PO Box 5180 Address	editor's name a		□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	3,495.0
Last 4 digits of number Nonpriority creditor Name Creditor Name dba Sumner One Creditor's Notice nare PO Box 5180 Address St Louis	editor's name a	63139-0180	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	3,495.0
Last 4 digits of number Nonpriority creditor Name Creditor Name dba Sumner One Creditor's Notice nare PO Box 5180 Address St Louis City Country	editor's name a	63139-0180 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Disputed Basis for the claim: Trade Payable Is the claim subject to offset?	\$	3,495.0
Last 4 digits of number Nonpriority creditor Name Creditor Name dba Sumner One Creditor's Notice nare PO Box 5180 Address St Louis City Country	editor's name a	63139-0180 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	3,495.0

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or: Effingha	m HCO, LLC		Case number (if known).	24-10543	
Name					
7 Nonpriori	ty creditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	8,248.1
Direct Supp			Check all that apply.		
Creditor Name	e		☐ Contingent		
			☐ Unliquidated		
Creditor's Not	tice name		□ Disputed		
Box 88201			Basis for the claim:		
Address			Trade Payable		
				-	
Milwaukee	WI	53288			
City	State	ZIP Code			
Country					
	ates debt was incurr	ed	Is the claim subject to offset?		
Various			☑ No		
Last 4 dig	its of account		□ Yes		
Effingham E	ty creditor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	2,661.4
Creditor Name	е		☐ Contingent		
			☐ Unliquidated		
Creditor's Not	tice name		□ Disputed		
100 East F	vergreen Avenue		Basis for the claim:		
Address	- 5 2		 Trade Payable		
PO Box 249	9			-	
Effingham	IL	62401			
City	State	ZIP Code			
Country					
Date or da	ates debt was incurr	ed	Is the claim subject to offset?		
Various			☑ No		
Last 4 dig	its of account		□ Yes		
number					

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Efficient Manne	Nonpriority c	reditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	10.3
Contingent Creditor's Notice name 414 West Virginia Address Box 1169 Effingham IL 62401-2258 City State ZiP Code Country Date or dates debt was incurred Various Last 4 digits of account number Nonpriority creditor's name and mailing address Flynn Sales & Service Inc Creditor's Notice name Creditor's Notice name Creditor's Notice name Creditor's Notice name Jacksonville IL 62650 City State ZiP Code Country Last be claim subject to offset? Check all that apply. Creditor Notice name Disputed Basis for the claim: Trade Payable Is the claim subject to offset? Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Country Last 4 digits of account Trade Payable Sales & Service Inc Check all that apply. Contingent Unliquidated Disputed Londingent Sales & Service Inc Contingent Unliquidated Disputed Londingent Unliquidated Sales for the claim: Trade Payable Country Date or dates debt was incurred Various Last 4 digits of account Sales & Service Inc Contingent Unliquidated Sales Franks Road Address Trade Payable Last 4 digits of account Sales & Service Inc Contingent Unliquidated Sales Franks Road Address Trade Payable			3			
Disputed Basis for the claim: Trade Payable Trade Payable Trade Payable Trade Payable	Creditor Name			□ Contingent		
Ceditor's Notice name 414 West Virginia Address Box 1169 Effingham IL 62401-2258 City Country Date or dates debt was incurred Various Nonpriority creditor's name and mailing address Flynn Sales & Service Inc Creditor's Notice name 1286 Franks Road Address Address Address Basis for the claim: Trade Payable Disputed Basis for the claim subject to offset? No Yes No Yes Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Contingent Unliquidated Disputed Basis for the claim: Trade Payable Contingent Unliquidated Disputed Disp				☐ Unliquidated		
Address Box 1169 Effingham IL 62401-2258 City State ZIP Code Country Date or dates debt was incurred Various Last 4 digits of account number Nonpriority creditor's name and mailing address Flynn Sales & Servic Inc Creditor's Notice name Creditor's Notice name 1286 Franks Road Address Address Jacksonville IL 62650 City Slate ZIP Code Country Date or dates debt was incurred S no Check all that apply. Creditor's name and mailing address Flynn Sales & Sorvic Inc Creditor's Notice name Disputed Basis for the claim: Trade Payable Creditor's Notice name Trade Payable S the claim subject to offset? Esthe claim subject to offset? S the claim subject to offset?	Creditor's Notice na	ame		☐ Disputed		
Address Box 1169 Effingham IL 62401-2258 City State ZIP Code Country Date or dates debt was incurred Various Last 4 digits of account Pyes number Nonpriority creditor's name and mailing address Flynn Sales & Service Inc Creditor Name Creditor Notice name Onliquidated Basis for the claim: Onliquidated Basis for the claim: Trade Payable	414 West Virgin	nia		•		
Effingham IL 62401-2258 City State ZiP Code State		па		<u></u>		
Country Date or dates debt was incurred Various Last 4 digits of account number Nonpriority creditor's name and mailing address Flynn Sales & Service Inc Creditor Name Creditor Name Creditor's Notice name 1286 Franks Road Address Jacksonville IL G2650 Clty State ZIP Code Is the claim subject to offset? Unliquidated Disputed Basis for the claim: Trade Payable Late Claim subject to offset? Is the claim subject to offset?	Box 1169				_	
Country Date or dates debt was incurred Various Last 4 digits of account number Nonpriority creditor's name and mailing address Flynn Sales & Service Inc Creditor Name Creditor Name Creditor's Notice name 1286 Franks Road Address Jacksonville IL G2650 Clty State ZIP Code Is the claim subject to offset? Unliquidated Disputed Basis for the claim: Trade Payable Late Claim subject to offset? Is the claim subject to offset?	Effingham	IL	62401-2258			
Date or dates debt was incurred Various Last 4 digits of account number Nonpriority creditor's name and mailing address Flynn Sales & Service Inc Creditor Name Creditor's Notice name Creditor's Notice name Table Franks Road Address Jacksonville LL 62650 City State ZIP Code List the claim subject to offset? No No No No No No No No No N						
Various	Country					
Last 4 digits of account number Nonpriority creditor's name and mailing address Flynn Sales & Service Inc Creditor Name Creditor's Notice name Creditor's Notice name 1286 Franks Road Address Jacksonville IL 62650 City State ZIP Code State Disputed Basis for the claim: Trade Payable Country Date or dates debt was incurred Various Pyes As of the petition filing date, the claim is: \$ 559.11 Check all that apply. Check all	Date or dates	debt was incurr	ed	Is the claim subject to offset?		
Nonpriority creditor's name and mailing address Flynn Sales & Service Inc Creditor Name Creditor's Notice name 1286 Franks Road Address Jacksonville IL State ZilP Code Country Date or dates debt was incurred Various As of the petition filing date, the claim is: \$ 559.1 Check all that apply. Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Is the claim subject to offset? No				□ N-		
Nonpriority creditor's name and mailing address Flynn Sales & Service Inc Creditor Name Creditor's Notice name Creditor's Notice name 1286 Franks Road Address Jacksonville IL State ZIP Code Country Date or dates debt was incurred Various As of the petition filing date, the claim is: \$ 559.1 Check all that apply. Check all that apply. Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Is the claim subject to offset? No	Various			⊻ N0		
Creditor's Notice name 1286 Franks Road Address Jacksonville City State Country Date or dates debt was incurred Creditor's Notice name Unliquidated Disputed Basis for the claim: Trade Payable IL State State Is the claim subject to offset? No	Last 4 digits	of account				
Creditor's Notice name 1286 Franks Road Address Basis for the claim: Trade Payable Jacksonville City State Country Date or dates debt was incurred Various Unliquidated Disputed Basis for the claim: Trade Payable Is the claim subject to offset? No	Last 4 digits on number Nonpriority c	reditor's name a	nd mailing address	☐ Yes As of the petition filing date, the claim is:	\$	559.1
Creditor's Notice name 1286 Franks Road Address Basis for the claim: Trade Payable Jacksonville Lith City State Country Date or dates debt was incurred Various Disputed Basis for the claim: Trade Payable Is the claim subject to offset? No	Last 4 digits on number Nonpriority con Flynn Sales & S	reditor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	559.1
Basis for the claim: Address Jacksonville City Date or dates debt was incurred Various Basis for the claim: Trade Payable It claim subject to offset? No	Last 4 digits on number Nonpriority con Flynn Sales & S	reditor's name a	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent	\$	559.1
Address Trade Payable Jacksonville IL 62650 City State ZIP Code Country Date or dates debt was incurred Various Trade Payable Is the claim subject to offset? ✓ No	Nonpriority c Flynn Sales & S Creditor Name	reditor's name a Service Inc	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated	\$	559.1
Jacksonville IL 62650 City State ZIP Code Country Date or dates debt was incurred Various Is the claim subject to offset? No	Nonpriority c Flynn Sales & S Creditor Name Creditor's Notice no	reditor's name a Service Inc	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$	559.1
City State ZIP Code Country Date or dates debt was incurred	Nonpriority c Flynn Sales & S Creditor Name Creditor's Notice no	reditor's name a Service Inc	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	559.1
Country Date or dates debt was incurred Various ZIP Code Is the claim subject to offset? ✓ No	Nonpriority c Flynn Sales & S Creditor Name Creditor's Notice no	reditor's name a Service Inc	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	559.1
Country Date or dates debt was incurred Various Is the claim subject to offset? No	Nonpriority c Flynn Sales & S Creditor Name Creditor's Notice notice notice for the second s	ereditor's name a Service Inc		As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	559.1
Date or dates debt was incurred Is the claim subject to offset? Various ✓ No	Last 4 digits on number Nonpriority c Flynn Sales & S Creditor Name Creditor's Notice not 1286 Franks Ro Address Jacksonville	ereditor's name a Service Inc ame pad	62650	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	559.1
Various ✓ No	Last 4 digits on number Nonpriority c Flynn Sales & S Creditor Name Creditor's Notice not 1286 Franks Ro Address Jacksonville	ereditor's name a Service Inc ame pad	62650	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	559.1
valious	Last 4 digits on number Nonpriority c Flynn Sales & S Creditor Name Creditor's Notice notes and the second secon	ereditor's name a Service Inc ame pad IL State	62650 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	559.1
Last 4 digits of account Yes	Last 4 digits on number Nonpriority c Flynn Sales & S Creditor Name Creditor's Notice not 1286 Franks Ro Address Jacksonville City Country Date or dates	ereditor's name a Service Inc ame pad IL State	62650 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Is the claim subject to offset?	\$	559.1

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Guaranteed Ink Creditor Name Creditor Name Creditor's Notice name Creditor's Notice name Creditor's Notice name Creditor's Notice name PO Box 2222 Address Basis for the claim: Trade Payable East Peoria IL City State ZIP Code Country Date or dates debt was incurred Various Last 4 digits of account No Last 4 digits of account number Check all that apply. Contingent Unliquidated Trade Payable Is the claim: Trade Payable Yes	Name				
Creditor's Notice name Creditor's Notice name Creditor's Notice name Creditor's Notice name Country Country Date or dates debt was incurred Nonpriority creditor's name and mailing address Health Technologies Inc Creditor's Notice name State State Address Creditor's Notice name State State As of the petition filling date, the claim is: \$ 3,361 Creditor's Notice name Creditor's Notice name Basis for the claim subject to offset? As of the petition filling date, the claim is: \$ 3,361 Creditor's Notice name Creditor's Notice name Basis for the claim: Trade Payable St. Louis MO Gisp State S	-	editor's name a	nd mailing address		\$ 608.7
Unliquidated Disputed					
Disputed PO Box 2222 Basis for the claim: Trade Payable Trade Payable				•	
Basis for the claim: Trade Payable East Peoria IL 61611 City State ZIP Code State	Creditor's Notice na	ime			
Address Trade Payable East Peoria IL 61611 City State ZIP Code Date or dates debt was incurred	DO Poy 2222			•	
Country Date or dates debt was incurred Various Last 4 digits of account number Nonpriority creditor's name and mailing address Health Technologies Inc Creditor's Notice name Creditor's Notice name 8446 Page Avenue Address St. Louis MO State ZIP Code Is the claim subject to offset? As of the petition filing date, the claim is: \$ 3,366 Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Country Date or dates debt was incurred Is the claim subject to offset?					
Country Date or dates debt was incurred Various Last 4 digits of account number Nonpriority creditor's name and mailing address Health Technologies Inc Creditor's Notice name Creditor's Notice name 8446 Page Avenue Address St. Louis MO State ZIP Code Is the claim subject to offset? As of the petition filing date, the claim is: \$ 3,366 Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Country Date or dates debt was incurred Is the claim subject to offset?					
Country Date or dates debt was incurred Various Last 4 digits of account number Nonpriority creditor's name and mailing address Health Technologies Inc Creditor Name Creditor's Notice name 8446 Page Avenue Address St. Louis MO Glate State Zip Code MO State Zip Code Is the claim subject to offset? No Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable St. Louis MO State Zip Code Is the claim subject to offset?	East Peoria	<u>IL</u>	61611		
Date or dates debt was incurred Various Last 4 digits of account number Nonpriority creditor's name and mailing address Health Technologies Inc Creditor Name Creditor's Notice name 8446 Page Avenue Address St. Louis MO State State As of the petition filing date, the claim is: \$ 3,366 Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Is the claim subject to offset?	City	State	ZIP Code		
Various Last 4 digits of account number Nonpriority creditor's name and mailing address Health Technologies Inc Creditor Name Creditor's Notice name 8446 Page Avenue Address St. Louis MO 63130 Clty State Zip Code Is the claim subject to offset?	Country				
Last 4 digits of account number Yes		debt was incurr	ed	• • • • • • • • • • • • • • • • • • •	
Nonpriority creditor's name and mailing address Health Technologies Inc Creditor Name Creditor's Notice name B446 Page Avenue St. Louis MO 63130 City State ZIP Code Lis the claim subject to offset? As of the petition filling date, the claim is: \$ 3,36i Check all that apply. Check all				⊻ NO	
Creditor's Notice name 8446 Page Avenue Address St. Louis City State MO Address MO Address State Address Louis Country Date or dates debt was incurred Unliquidated Disputed Basis for the claim: Trade Payable It also be payable State Disputed Basis for the claim: Trade Payable	_	of account		□ Yes	
Creditor's Notice name 8446 Page Avenue Address St. Louis City MO State Country Disputed Basis for the claim: Trade Payable State Trade Payable Is the claim subject to offset?	number Nonpriority cr Health Technolo	editor's name a	nd mailing address	As of the petition filing date, the claim is:	\$ 3,366.
B446 Page Avenue Address St. Louis City MO State Country Disputed Basis for the claim: Trade Payable State Trade Payable Is the claim subject to offset?	number Nonpriority cr Health Technolo	editor's name a	nd mailing address	As of the petition filing date, the claim is: S Check all that apply.	\$ 3,366.
Address Trade Payable St. Louis MO 63130 City State ZIP Code Country Date or dates debt was incurred Is the claim subject to offset?	number Nonpriority cr Health Technolo Creditor Name	r editor's name a ogies Inc	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent	\$ 3,366.
St. Louis MO 63130 City State ZIP Code Country Date or dates debt was incurred Is the claim subject to offset?	number Nonpriority cr Health Technolo Creditor Name	r editor's name a ogies Inc	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$ 3,366.
Country Date or dates debt was incurred Is the claim subject to offset?	number Nonpriority cr Health Technolo Creditor Name Creditor's Notice na 8446 Page Aver	reditor's name a ogies Inc	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$ 3,366.:
City State ZIP Code Country Date or dates debt was incurred Is the claim subject to offset?	number Nonpriority cr Health Technolo Creditor Name Creditor's Notice na 8446 Page Aver	reditor's name a ogies Inc	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$ 3,366.
Date or dates debt was incurred Is the claim subject to offset?	number Nonpriority cr Health Technolo Creditor Name Creditor's Notice na 8446 Page Aver Address	reditor's name a		As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$ 3,366.
	number Nonpriority cr Health Technolo Creditor Name Creditor's Notice na 8446 Page Aver Address St. Louis	reditor's name a ogies Inc one	63130	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$ 3,366.
Various ✓ No	number Nonpriority cr Health Technolo Creditor Name Creditor's Notice na 8446 Page Aver Address St. Louis City	reditor's name a ogies Inc one	63130	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Basis for the claim: Trade Payable	\$ 3,366.
Last 4 digits of account	number Nonpriority cr Health Technolo Creditor Name Creditor's Notice na 8446 Page Aver Address St. Louis City Country	reditor's name a agies Inc	63130 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Basis for the claim: Trade Payable Is the claim subject to offset?	\$ 3,366.

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otor: Effingham HCO, LLC Name			Case number (if known):	24-10543	
3 Nonpriority creditor's name and mailing address			As of the petition filing date, the claim is:	\$	497.66
Hospital Sisters Health System IL			Check all that apply.		
Creditor Name			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice name			□ Disputed		
Patient Financ	cial Services		Basis for the claim:		
Address			Trade Payable		
PO Box 13427	,			-	
Springfield	IL	62791			
City	State	ZIP Code			
Country					
Date or date	es debt was incurr	ed	Is the claim subject to offset?		
Various			✓ No		
Last 4 digits	of account		□ Yes		
number 4 Nonpriority of Illinois State Por Creditor Name		nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	860.00
			☐ Contingent		
Creditor's Notice	name		Unliquidated		
			☐ Disputed		
Bureau of Inve	estigation		Basis for the claim:		
	anga Ctroat		Trade Payable	-	
206 North Chic	gago Street				
Joliet	<u>IL</u>	60432-4072			
City	State	ZIP Code			
Country			le the eleim subject to effect0		
Date or date	es debt was incurr	red	Is the claim subject to offset?		
		red	Is the claim subject to offset? ✓ No — Yes		

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15 Nonpriority creditor's name and mailing address Impact Medical Services LLC Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Impact Medical Services Impact Medi	tor: Effingham HCO, LLC Name			Case number (if known):	24-10543	
Impact Medical Services LLC Creditor Name Contingent Unliquidated Disputed Basis for the claim: Trade Payable	5 Nonpriority creditor's name and mailing address			As of the petition filing date, the claim is:	\$	11,200.00
Creditor's Notice name Contingent Unliquidated Disputed Basis for the claim: Trade Payable	Impact Medical Services LLC		-			·
Creditor's Notice name Disputed	Creditor Name			☐ Contingent		
Disputed Basis for the claim: Trade Payable				☐ Unliquidated		
Blue Springs MO 64015-3676 City State ZIP Code Country Date or dates debt was incurred Various Last 4 digits of account Yes Monpriority creditor's name and mailing address Jansens Heating and Air Conditioning Creditor Name 11984 East US Highway 40 Address Effingham IL 62401 City State ZIP Code Basis for the claim: Trade Payable Is the claim subject to offset? No Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	Creditor's Notice name	e		□ Disputed		
Address Blue Springs MO	4004 NWW V	04		•		
Blue Springs MO 64015-3676 City State ZIP Code Country		Street				
Country Date or dates debt was incurred Various Last 4 digits of account number 6 Nonpriority creditor's name and mailing address Jansens Heating and Air Conditioning Creditor Name Creditor's Notice name 11984 East US Highway 40 Address Effingham IL 62401 City State ZIP Code Is the claim subject to offset? No Cyes No Cyes No Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable					_	
Country Date or dates debt was incurred Various Last 4 digits of account number 6 Nonpriority creditor's name and mailing address Jansens Heating and Air Conditioning Creditor Name Creditor's Notice name 11984 East US Highway 40 Address Effingham IL 62401 City State ZIP Code Is the claim subject to offset? No Cyes No Cyes Check all that apply. Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	Pluo Springe	MO	C404E 267G			
Country Date or dates debt was incurred Various Last 4 digits of account number 6 Nonpriority creditor's name and mailing address Jansens Heating and Air Conditioning Creditor Name Creditor's Notice name 11984 East US Highway 40 Address Effingham IL 62401 City State State State State Is the claim subject to offset? No No Creditor Name As of the petition filing date, the claim is: \$ 4 Check all that apply. Check all that apply. Check all that apply. Basis for the claim: Trade Payable						
Date or dates debt was incurred Various Last 4 digits of account number 6 Nonpriority creditor's name and mailing address Jansens Heating and Air Conditioning Creditor Name Creditor's Notice name 11984 East US Highway 40 Address Effingham IL G2401 City State State State State Is the claim subject to offset? No No Check all that apply. Check all that apply. Check all that apply. Check all that apply. Disputed Basis for the claim: Trade Payable	City	State	ZIP Code			
Various	•			Is the claim subject to offset?		
Last 4 digits of account number So Nonpriority creditor's name and mailing address Jansens Heating and Air Conditioning Creditor Name Creditor's Notice name 11984 East US Highway 40 Address Effingham IL Gity State Ge2401 ZIP Code Last 4 digits of account Yes As of the petition filing date, the claim is: \$ 4 Check all that apply. Check all that apply. Check all that apply. Check all that apply. Check a		lebt was incuri	red	•		
Nonpriority creditor's name and mailing address Jansens Heating and Air Conditioning Creditor Name Creditor's Notice name 11984 East US Highway 40 Address Effingham L City State Country As of the petition filing date, the claim is: \$ 4. As of the petition filing date, the claim is: \$ 4. Check all that apply. Check all that apply				<u></u>		
Creditor's Notice name 11984 East US Highway 40 Address Effingham IL 62401 City State ZIP Code Country Contingent Unliquidated Disputed Basis for the claim: Trade Payable	6 Nonpriority cree				\$	448.00
Creditor's Notice name 11984 East US Highway 40 Address Effingham IL 62401 City State ZIP Code Unliquidated Disputed Basis for the claim: Trade Payable	Creditor Name			□ Contingent		
Creditor's Notice name 11984 East US Highway 40 Address Effingham IL 62401 City State ZIP Code Disputed Basis for the claim: Trade Payable				-		
11984 East US Highway 40 Address Trade Payable Effingham IL 62401 City State ZIP Code	Creditor's Notice name	e				
Address Trade Payable Effingham IL 62401 City State ZIP Code	44004 F UCU	:-b		·		
Effingham IL 62401 City State ZIP Code		ignway 40				
City State ZIP Code Country				Trade r ayable	_	
City State ZIP Code Country	Effingham		62401			
Country	-	_				
	,	2	2-30			
		labetana d	4	ls the claim subject to offset?		
7/ No		ept was incuri	rea	•		
Various Last 4 digits of account Various Various Various Various Various Various Various		2000Urt				

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or: Effingham HCO, LLC			Case number (if known):	24-10543	
Name					
7 Nonpriority creditor's name and mailing address			As of the petition filing date, the claim is:	\$	Undetermine
Law Office of Jeffrey Krumpe Creditor Name			Check all that apply.		
Creditor's Notice name 110 SW Jeffereson			☐ Contingent		
			✓ Unliquidated		
			 ☑ Disputed Basis for the claim:		
Address			 Litigation		
Suite 410					
Peoria	IL .	61602			
City	State	ZIP Code	<u> </u>		
Country					
Date or dates d	lebt was incurr	red	Is the claim subject to offset?		
2/6/2024			☑ No		
Last 4 digits of	account		□ Yes		
number Nonpriority cre	editor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	172,724.0
Martin Bros			Check all that apply.		
Creditor Name			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice nam	ne		 ☐ Disputed		
406 Viking Road			Basis for the claim:		
Address			Trade Payable		
Cedar Falls	IA	50613			
City	State	ZIP Code			
Country Date or dates debt was incurred Various Last 4 digits of account			le the claim cubicet to offeet?		
			Is the claim subject to offset? ☑ No		
			E INU		
			☐ Yes		

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or: Effingham HCO, LLC	Case number (if known)	24-10543	
Name			
Nonpriority creditor's name and mailing address Mc Kesson Medical- Surgical	As of the petition filing date, the claim is: Check all that apply.	\$	24,540.02
Creditor Name	 ☐ Contingent		
	☐ Unliquidated		
Creditor's Notice name			
D0.D 000000	☐ Disputed Basis for the claim:		
PO Box 630693 Address	Trade Payable		
	Trade Layable	_	
Cincinnati OH 45263-0693			
City State ZIP Code			
Country			
Date or dates debt was incurred	Is the claim subject to offset?		
Various			
Last 4 digits of account	□ Yes		
number			
Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$	1,912.00
Memorial Medical Center Creditor Name	Check all that apply.		
	☐ Contingent		
Creditor's Notice name	Unliquidated		
Creditor's Notice Hame	☐ Disputed		
701 North First Street	Basis for the claim:		
Address	Trade Payable	_	
Springfield IL 62781-0001			
City State ZIP Code			
Country	le the plain out to the offers		
Date or dates debt was incurred	Is the claim subject to offset? ☑ No		
Various Last 4 digits of account	□ NO □ Yes		

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Name Nonpriority creditor's name and mailing address MPAC Healthcare			As of the petition filing date, the claim is: Check all that apply.	\$	1,113.00
Creditor Nam	Creditor Name		☐ Contingent		
			☐ Unliquidated		
Creditor's No	Creditor's Notice name		· □ Disputed		
PO Box 75	5580		Basis for the claim:		
Address	3300		Trade Payable		
				-	
Chicago	IL	60675-5580			
City	State	ZIP Code			
Country					
Date or d	lates debt was incurr	ed	Is the claim subject to offset?		
Various			☑ No		
Last 4 dig	gits of account		☐ Yes		
number					
	ity creditor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	7,500.00
2 Nonprior MPACE		nd mailing address	Check all that apply. □ Contingent	\$	7,500.00
2 Nonprior MPACE	ne	nd mailing address	Check all that apply. ☐ Contingent ☐ Unliquidated	\$	7,500.00
22 Nonprior MPACE Creditor Nam	ne otice name	nd mailing address	Check all that apply. Contingent Unliquidated Disputed	\$	7,500.00
MPACE Creditor Nam	ne otice name	nd mailing address	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	7,500.00
MPACE Creditor Nam Creditor's No Dr. Zaman Address	ne otice name		Check all that apply. Contingent Unliquidated Disputed	\$	7,500.00
22 Nonprior MPACE Creditor Nam Creditor's No Dr. Zaman Address 1280 South	ne otice name I h Ridgeland eAvenue Su	uite E	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	7,500.00
MPACE Creditor Nam Creditor's No Dr. Zaman Address	ne otice name I h Ridgeland eAvenue Su		Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	7,500.00
22 Nonprior MPACE Creditor Nam Creditor's No Dr. Zaman Address 1280 South	ne bitice name h Ridgeland eAvenue Su	uite E 60463	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	7,500.00
Palos Heig	ne bitice name h Ridgeland eAvenue Su	uite E 60463 ZIP Code	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	7,500.00
22 Nonprior MPACE Creditor Nam Creditor's No Dr. Zaman Address 1280 South Palos Heig City Country	h Ridgeland eAvenue Sughts IL State	uite E 60463 ZIP Code	Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	7,500.0

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otor: Effingham HCO, LLC	Case number (Case number (if known):		
Name				
23 Nonpriority creditor's name and maili	• • •	im is:	\$	32,406.45
Omnicare Creditor Name	Check all that apply.			
Creditor Name	☐ Contingent			
	☐ Unliquidated			
Creditor's Notice name	 □ Disputed			
Department781668	Basis for the claim:			
Address	 Trade Payable			
PO Box 78000				
Detroit MI 4	3278-1668			
	P Code			
Country				
Date or dates debt was incurred	Is the claim subject to offset?			
Various	☑ No			
Last 4 digits of account	□ Yes			
24 Nonpriority creditor's name and mailing PEL/VIP Creditor Name	As of the petition filing date, the clair Check all that apply. Contingent	im is:	\$	9,053.36
Creditor's Notice name	Unliquidated			
	☐ Disputed			
9840 Southwest Highway Address	Basis for the claim:			
Address	Trade Payable			
Ook Louin	M52			
	1453			
City State Z	P Code			
Country	Is the claim subject to offset?			
	Is the claim subject to offset? ☑ No			

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Nonpriority creditor's name and mailing address Personal Safety Corp			As of the petition filing date, the claim is: Check all that apply.	\$	368.6
Creditor's Notice name			□ Contingent		
			-		
			Unliquidated		
			☐ Disputed		
Professional S	Security Corp		Basis for the claim:		
			Trade Payable	_	
PO Box 128					
Hiawatha	IA	52233			
City	State	ZIP Code			
Country					
Date or date	s debt was incurr	ed	Is the claim subject to offset?		
			✓ No		
Various					
Last 4 digits	of account		□ Yes		
	of account				
Last 4 digits number Nonpriority		nd mailing address		\$	1,111,913.
Last 4 digits number Nonpriority	creditor's name a	nd mailing address	☐ Yes As of the petition filing date, the claim is:	\$	1,111,913.
Last 4 digits number Nonpriority Petersen Heal	creditor's name a	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent	\$	1,111,913.
Last 4 digits number Nonpriority Petersen Heal	creditor's name a thcare VII, LLC	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated	\$	1,111,913.
Last 4 digits number Nonpriority Petersen Heal Creditor Name Creditor's Notice	creditor's name a thcare VII, LLC	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$	1,111,913.
Last 4 digits number Nonpriority Petersen Heal Creditor Name	creditor's name a thcare VII, LLC	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	1,111,913.
Last 4 digits number Nonpriority Petersen Heal Creditor Name Creditor's Notice 830 W Trailcre	creditor's name a thcare VII, LLC	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$	1,111,913.
Last 4 digits number Nonpriority Petersen Heal Creditor Name Creditor's Notice 830 W Trailcre	creditor's name a thcare VII, LLC	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	1,111,913.
Last 4 digits number Nonpriority Petersen Heal Creditor Name Creditor's Notice 830 W Trailcre Address	creditor's name a thcare VII, LLC name		□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	1,111,913.
Last 4 digits number Nonpriority Petersen Heal Creditor Name Creditor's Notice 830 W Trailcre Address	creditor's name a thcare VII, LLC	61614	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Inter Company Loan	\$	1,111,913.
Last 4 digits number Nonpriority Petersen Heal Creditor's Notice 830 W Trailcre Address Peoria City Country Date or date	creditor's name a thcare VII, LLC name eek Dr. IL State	61614 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Inter Company Loan Is the claim subject to offset?	\$	1,111,913.
Last 4 digits number Nonpriority Petersen Heal Creditor Name Creditor's Notice 830 W Trailcre Address Peoria City Country	creditor's name a thcare VII, LLC name sek Dr. IL State s debt was incurred.	61614 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Inter Company Loan	\$	1,111,913.

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Name Nonpriority creditor's name and mailing address Point Click Care Technologies Inc			As of the petition filing date, the claim is: \$	3,584.3
Point Click Care Technologies Inc Creditor Name			Check all that apply.	
			☐ Contingent	
			Unliquidated	
Creditor's Notice name			☐ Disputed	
PO Box 674802			Basis for the claim:	
Address			Trade Payable	
Detroit City	MI State	48267-4802 ZIP Code		
Country				
Date or dates	s debt was incurr	red	Is the claim subject to offset?	
Various				
Various Last 4 digits	of account			
	of account		<u></u>	
Last 4 digits number Nonpriority o	creditor's name a	and mailing address	☐ Yes As of the petition filing date, the claim is: \$	1,633.8
Last 4 digits number Nonpriority o			☐ Yes As of the petition filing date, the claim is: \$ Check all that apply.	1,633.8
Last 4 digits number Nonpriority of Prairie Cardiov	creditor's name a		□ Yes As of the petition filling date, the claim is: \$ Check all that apply. □ Contingent	1,633.8
Last 4 digits number Nonpriority of Prairie Cardiov	creditor's name a vascular Consultants		As of the petition filing date, the claim is: \$_Check all that apply. Contingent Unliquidated	1,633.8
Last 4 digits number Nonpriority of Prairie Cardiov Creditor Name	creditor's name a vascular Consultants		□ Yes As of the petition filling date, the claim is: \$ Check all that apply. □ Contingent □ Unliquidated □ Disputed	1,633.8
Nonpriority of Prairie Cardiov Creditor Name Creditor's Notice r	creditor's name a vascular Consultants		□ Yes As of the petition filing date, the claim is: \$ Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	1,633.8
Last 4 digits number Nonpriority of Prairie Cardiov Creditor Name Creditor's Notice r	creditor's name a vascular Consultants		□ Yes As of the petition filling date, the claim is: \$ Check all that apply. □ Contingent □ Unliquidated □ Disputed	1,633.8
Last 4 digits number Nonpriority of Prairie Cardiov Creditor Name Creditor's Notice r PO Box 13427 Address	creditor's name a		□ Yes As of the petition filing date, the claim is: \$ Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	1,633.8
Last 4 digits number Nonpriority of Prairie Cardiov Creditor Name Creditor's Notice r PO Box 13427 Address Springfield	creditor's name a	62791-3427	□ Yes As of the petition filing date, the claim is: \$ Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	1,633.8
Last 4 digits number Nonpriority of Prairie Cardiov Creditor Name Creditor's Notice r PO Box 13427 Address Springfield	creditor's name a		□ Yes As of the petition filing date, the claim is: \$ Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	1,633.8
Last 4 digits number Nonpriority of Prairie Cardiov Creditor Name Creditor's Notice r PO Box 13427 Address Springfield	creditor's name a	62791-3427	□ Yes As of the petition filing date, the claim is: \$ Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	1,633.8
Last 4 digits number Nonpriority of Prairie Cardiov Creditor Name Creditor's Notice r PO Box 13427 Address Springfield City Country	creditor's name a	62791-3427 ZIP Code	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Is the claim subject to offset?	1,633.8
Last 4 digits number Nonpriority of Prairie Cardiov Creditor Name Creditor's Notice r PO Box 13427 Address Springfield City Country	reditor's name a vascular Consultants	62791-3427 ZIP Code	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	1,633.8

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or: Effingham HCO, LLC			Case number (if known):	24-10543	
Name					
9 Nonpriority creditor's name and mailing address Presto- X			As of the petition filing date, the claim is: Check all that apply.	\$	900.0
Creditor Name Creditor's Notice name			□ Contingent		
			☐ Unliquidated		
			☐ Disputed Basis for the claim:		
PO Box 14095 Address			Trade Payable		
				_	
Pooding	PA	19612			
Reading City	State	ZIP Code			
Country			<u></u>		
Date or dates	s debt was incurr	red	Is the claim subject to offset?		
Various					
Last 4 digits	of account		□ Yes		
number					
0 Nonpriority c Proforma	reditor's name a	and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	316.22
Creditor Name					
			☐ Contingent		
Creditor's Notice n	name		Unliquidated		
			☐ Disputed		
PO Box 640814	4		Basis for the claim:		
Address			Trade Payable	-	
		45004.554			
Cincinnati	OH State	45264-0814			
City	State	ZIP Code			
Country					
Date or dates debt was incurred			Is the claim subject to offset?		
Various			✓ No		
Last 4 digits	of account		□ Yes		
number					

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1 Nonpriority creditor's name and mailing address RecoverCare LLC			As of the petition filing date, the claim is: Check all that apply.	\$ 5,415.6
Creditor Name				
			☐ Contingent	
dba Joerns LLC Creditor's Notice name			Unliquidated	
C. Galler, G. Tolliog, James			☐ Disputed	
PO Box 936446			Basis for the claim:	
Address			Trade Payable	
Atlanta		24402 0440		
Atlanta	GA State	31193-6446		
City	State	ZIP Code		
Country				
	s debt was incurr	red	Is the claim subject to offset?	
Various			☑ No	
ŭ	of account		☐ Yes	
number		nd mailing address	As of the petition filing date, the claim is:	\$ 190,893.4
number Nonpriority of RehabCare		nd mailing address		\$ 190,893.4
number Nonpriority		nd mailing address	As of the petition filing date, the claim is:	\$ 190,893.4
number Nonpriority of RehabCare		nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$ 190,893.4
number Nonpriority of RehabCare	creditor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated	\$ 190,893.4
Nonpriority of RehabCare Creditor Name Creditor's Notice of the Company of the C	creditor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated	\$ 190,893.4
number Nonpriority (RehabCare Creditor Name	creditor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$ 190,893.4
Nonpriority of RehabCare Creditor Name Creditor's Notice of PO Box 71985	creditor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$ 190,893.4
Nonpriority of RehabCare Creditor Name Creditor's Notice of PO Box 71985	creditor's name a	nd mailing address 60694-1985	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$ 190,893.4
Nonpriority of RehabCare Creditor Name Creditor's Notice of PO Box 71985 Address	name		As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$ 190,893.4
Nonpriority of RehabCare Creditor Name Creditor's Notice of PO Box 71985 Address Chicago	name	60694-1985	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$ 190,893.4
Nonpriority of RehabCare Creditor Name Creditor's Notice of PO Box 71985 Address Chicago City Country	name	60694-1985 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Basis for the claim: Trade Payable Is the claim subject to offset?	\$ 190,893.4
Nonpriority of RehabCare Creditor Name Creditor's Notice of PO Box 71985 Address Chicago City Country	name IL State	60694-1985 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Basis for the claim: Trade Payable	\$ 190,893.4

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				24-10543	
Name Nonpriority creditor's name and mailing address Select Rehabilitation LLC			As of the petition filing date, the claim is: Check all that apply.	\$	217,511.30
Creditor Name	Creditor Name		□ Contingent		
			☐ Unliquidated		
Creditor's Notice r	Creditor's Notice name		 □ Disputed		
PO Box 71985			Basis for the claim:		
Address			Trade Payable		
		00004.4005			
Chicago	IL 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		
4 Nonpriority creditor's name and mailing address Shadow Fax Projects					
		and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	279.2
4 Nonpriority o Shadow Fax P		and mailing address	Check all that apply. □ Contingent	\$	279.25
4 Nonpriority o Shadow Fax P	rojects	and mailing address	Check all that apply. □ Contingent □ Unliquidated	\$	279.28
Shadow Fax P Creditor Name Creditor's Notice r	rojects	and mailing address	Check all that apply. □ Contingent □ Unliquidated □ Disputed	\$	279.25
Shadow Fax P Creditor Name	rojects	and mailing address	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	279.25
Shadow Fax P Creditor Name Creditor's Notice r PO Box 347	rojects	and mailing address	Check all that apply. □ Contingent □ Unliquidated □ Disputed	\$	279.25
A Nonpriority of Shadow Fax P Creditor Name Creditor's Notice r	rojects	and mailing address	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	279.25
Shadow Fax Portion Name Creditor's Notice rough PO Box 347 Address	name		Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	279.2
A Nonpriority of Shadow Fax P Creditor Name Creditor's Notice of PO Box 347 Address Sullivan	name	61951	Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	279.2
Shadow Fax P Creditor Name Creditor's Notice of PO Box 347 Address Sullivan City Country	name	61951 ZIP Code	Check all that apply. Contingent Unliquidated Basis for the claim: Trade Payable Is the claim subject to offset?	\$	279.2
Shadow Fax P Creditor Name Creditor's Notice of PO Box 347 Address Sullivan City Country	name IL State State	61951 ZIP Code	Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	279.2

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tor: Effingham HCO, LLC			Case number (if known):	24-10543
Name				
5 Nonpriority creditor's name and mailing address			As of the petition filing date, the claim is: \$	154.50
Shadow Fax Projects#2 Creditor Name			Check all that apply.	
			☐ Contingent	
Creditor's Notice r	nomo		Unliquidated	
Creditor's Notice i	lame		☐ Disputed	
Medical Waste	Account		Basis for the claim:	
Address			Trade Payable	
PO Box 5473				
Sullivan	IL	61951		
City	State	ZIP Code		
Country				
Date or date:	s debt was incuri	red	Is the claim subject to offset?	
Various			☑ No	
Last 4 digits	of account		□ Yes	
number				
		and mailing address	As of the petition filing date, the claim is: \$	2,567.88
St. Anthonys M	1em Hospital		Check all that apply.	
			☐ Contingent	
			Unliquidated	
Creditor's Notice r	name		☐ Disputed	
PO Box 25116	i		Basis for the claim:	
Address			Trade Payable	
Salt Lake City	UT	84125		
City	State	ZIP Code		
Country			In the plain publication (% at 0	
	s debt was incuri	red	Is the claim subject to offset?	
Various			☑ No	
Last 4 digits	of account		☐ Yes	
number				

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or: Effingham H	HCO, LLC		Case number (if known):	24-10543			
Name							
7 Nonpriority of	creditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	1,068.3		
The Home Dep	oot Pro		Check all that apply.				
Creditor Name			☐ Contingent				
			☐ Unliquidated				
Creditor's Notice	name		□ Disputed				
13924 Collection	on Center Drive		Basis for the claim:				
Address	<u> </u>		Trade Payable				
				_			
Chicago		60693-0126					
City	State	ZIP Code					
Country							
	s debt was incurr	ed	Is the claim subject to offset?				
Various			☑ No ————————————————————————————————————				
Last 4 digits	of account		□ Yes				
number Nonpriority of Tri State Fire F		nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	1,589.		
Creditor Name			□ Contingent				
			☐ Unliquidated				
Creditor's Notice	name		☐ Disputed				
DO Boy 70			Basis for the claim:				
PO Box 70 Address			Trade Payable				
				_			
Newburgh	IN	47629-0070					
City	State	ZIP Code					
Country	Country						
Date or date	s debt was incurr	ed	Is the claim subject to offset?				
Various			☑ No				
Last 4 digits	of account		□ Yes				
number	number						

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or: Effingha	Effingham HCO, LLC		Case number (if known):	24-10	0543		
Name							
Nonprior	ity creditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	2,360.73		
	mbing & Fire Protection		Check all that apply.				
Creditor Nam	ne		□ Contingent				
			☐ Unliquidated				
Creditor's No	tice name		 □ Disputed				
PO Box 44	7		Basis for the claim:				
Address			Trade Payable				
Effingham	IL	62401-0447					
City	State	ZIP Code					
Country			<u></u>				
Date or d	ates debt was incurr	ed	Is the claim subject to offset?				
Various			✓ No				
Last 4 dig	gits of account		□ Yes				

number

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Part 3: List Others to Be Notified About Unsecured Claims

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

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

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Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims		
5. Add the amounts of priority and nonpriority unsecured claims.		
		Total of claim amounts
5a. Total claims from Part 1	5a.	\$79,400.00
5b. Total claims from Part 2	5b. +	\$ 1,845,529.22
5c. Total of Parts 1 and 2	5c.	\$ 1,924,929.22

Lines 5a + 5b = 5c.

Fill in this information to identify the case: Debtor Name: In re: Effingham HCO, LLC

United States Bankruptcy Court for the: District of Delaware

Case number (if known): 24-10543 (TMH)

☑ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

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

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

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

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Debtor:	Effingham HCO, LLC		Case number (if know		
	Name				
2.3	State what the contract or lease is for and the nature	Wound Care Services Agreement	AmeriWound Physicians	IL, LLC	
	of the debtor's interest	Tround Gard Gardiner Tigrasmonic	Name		
			Attn Mr. Milton		
			Notice Name		
			6150 Parkland Boulevard	d, Suite 225	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Mayfield Heights	ОН	44124
			City	State	ZIP Code
			Country		
	Amended herein: added				
	State what the contract or				
2.4	lease is for and the nature	Mobile Imaging Service Agreement	BioTech X-ray, Inc		
o	of the debtor's interest		Name		
			Attn Tamara Schwartz, F Notice Name	resident	
				01 - 000	
			1065 Executive Parkway	Ste.220	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			St. Louis	MO	63141-6367
			City	State	ZIP Code
			Country		
	Amended herein: added				
	Amended nerein. added				
25	State what the contract or lease is for and the nature		BioTech X-ray, Inc		
	lease is for and the nature of the debtor's interest	Service Agreement	Name		
			Attn Tamara Schwartz, F	resident	
			Notice Name		
			1065 Executive Parkway	Ste.220	
	State the term remaining		Address		
	-				
	List the contract number of				
	any government contract				
	. , 32 :				
			St. Louis	MO	63141-6367
			City	State	ZIP Code
			City	Siale	ZIF COUR
			Country		
			- y ,		

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Debtor:	Effingham HCO, LLC		Case number (if k	nown): 24-10543	
	Name				
2.6	State what the contract or lease is for and the nature	Mobile Imaging Services Agreement	BioTech X-ray, Inc.		
	of the debtor's interest		Name		
			Attn Tamara Schwartz	z, President	
			Notice Name		
			1065 Executive Parkw	/ay, Ste.220	
	State the term remaining		Address		
	Listation and an advantage of				
	List the contract number of				
	any government contract				
			Ot I avia	МО	02444 0207
			St. Louis		63141-6367
			City	State	ZIP Code
			Country		
			Country		
	Amended herein: added				
2.7 S	State what the contract or lease is for and the nature	Medicaid Provider Agreement	Blue Cross Blue Shiel Corporation	Blue Cross Blue Shield of Illinois, a Division of Health Care S	
	of the debtor's interest	Wedicald Flovider Agreement	Name		
			Notice Name		
s			300 East Randolph St		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Chicago	<u> L</u>	60601
			City	State	ZIP Code
			Country		
	Amended herein: added				
	Timonada norom. adada				
2.8	State what the contract or lease is for and the nature	Olithad Marsian Facility Assessment	Blue Cross Blue Shiel Corporation	d of Illinois, a Division of	Health Care Service
	of the debtor's interest	Skilled Nursing Facility Agreement	Name		
			Notice Name		
			300 East Randolph St		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Chicago	IL	60601
			City	State	ZIP Code
			Country		
	Amended herein: added				

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ebtor:			Case number (if known):	24-10543		
	Name State what the contract or					
2.9	State what the contract or lease is for and the nature	Renewal Customer Service Agreement	Call One Inc.			
	of the debtor's interest		Name			
			Notice Name			
			225 West Wacker Drive 8th Fl	loor		
	State the term remaining		Address			
	State the term remaining					
	List the contract number of					
	any government contract					
	any government contract					
			Chicago	IL	60606	
			City	State	ZIP Code	
			City	Giate	Zii Gode	
			Country			
			•			
	Amended herein: added					
	State what the contract or	Enteral Therapy, Urological, Ostomy and				
2.10	lease is for and the nature	Tracheotomy Supplies and Wound Care Products	Centrad Healthcare, LLC			
	of the debtor's interest	Agreement	Name			
			Attn Michelle C. Korslin, Sr. VI	P of Sales & Ma	rketing	
9	01-1-11-1-1		184 Shuman Blvd, Suite 130 Address			
	State the term remaining		Address			
	List the contract number of					
	any government contract					
			Naperville	IL	60563	
			City	State	ZIP Code	
			City	State	ZIF Code	
			Country			
			,			
	Amended herein: added					
	State what the contract or					
2.11	State what the contract or lease is for and the nature	Respiratory Products and Services Agreement	Centrad Healthcare, LLC			
	of the debtor's interest		Name			
			Attn William Korslin, President Notice Name	1		
			184 Shuman Blvd, Suite 130 Address			
	State the term remaining		Address			
	List the contract number of					
	any government contract					
					00500	
			Naperville	IL 	60563	
			City	State	ZIP Code	
			Country			
			Country			
	Amended herein: added					
	,					

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Debtor:	Effingham HCO, LLC		Case number (if know		
	Name				
2.12	State what the contract or lease is for and the nature	Madical Disease Assessment	Dr Arvinder Arora MD		
	lease is for and the nature of the debtor's interest	Medical Director Agreement	Name		
	0. 11.0 402.0. 0 11.10.00.				
			Notice Name		
			401 North Mulberry Stree	et	
	State the term remaining		Address		
	State the term remaining				
	List the contract number of				
	any government contract				
			Effingham	<u> L</u>	62401
			City	State	ZIP Code
			Country		
	State what the contract or	Amendment No. 3 to Pharmacy Products and Services			
	State what the contract or lease is for and the nature	Agreement	Enloe Drugs, LLC		
	of the debtor's interest		Name		
			OMNICARE OF DECAT	UR	
			Notice Name		
			796 N. SUNNYSIDE RO	AD	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Decatur	IL	62522-1156
			City	State	ZIP Code
			Country		
	Amended herein: added				
	• • • • • • • • • • • • • • • • • • • •				
2.14	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
			Oity	Sidle	ZIF Code
			Country		
			Country		

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Debtor:	Effingham HCO, LLC Name		Case number (if kn		
2.15	State what the contract or lease is for and the nature of the debtor's interest	Radiology Services Agreement	Gamma HealthCare, Ir	nc.	
			Notice Name		
			1717 West Maud St.		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Poplar Bluff	MO	63901
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.16	State what the contract or lease is for and the nature	Purchasing Agreement	Gem Medical Supplies	, LLC	
	of the debtor's interest	. a.oaogg.ooo	Name		
			Notice Name		
8			730 Anthony Trail		
	State the term remaining		Address		
	List the second second second second				
	List the contract number of any government contract				
	, g				
			Northbrook	<u>IL</u>	60062
			City	State	ZIP Code
			Country		
	Amended herein: added				
	State what the contract or				
	State what the contract or lease is for and the nature	Participating Provider Agreement	Health Alliance Medica	l Plans, Inc.	
	of the debtor's interest		Name		
			Notice Name		
			301 South Vine St		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Urbana	IL	31801
			City	IL	ZIP Code
			- 7	23	3000
			Country		

btor:	Effingham HCO, LLC	24-10443-1MH Doc 1474 Filed	04/22/25 Page	4/0165 own): 24-10543	
	Name				
2.18	State what the contract or ease is for and the nature	Participating Provider Agreement	HealthLink, Inc., an Illii	nois Corporation	
•	of the debtor's interest		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				
	State what the contract or ease is for and the nature	Residential Hospice Care Agreement for Services to Residents of Nursing Facilities	es to Hospice of Illinois LLC, dba Harbor L		ice
	of the debtor's interest		Name		
			Notice Name		
			1N131 County Farm R	and	
St	State the term remaining		Address	oau	
	State the term remaining				
	List the contract number of				
	any government contract				
			Winfield	<u>IL</u>	60190
			City	State	ZIP Code
			Country		
	Amended herein: added				
.20	State what the contract or ease is for and the nature	Participating Provider Agreement	Humana Inc.		
	of the debtor's interest		Name		
			Notice Name		
			P.O. Box 1438		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Louisville	KY	40201
			City	State	ZIP Code

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ebtor:	Effingham HCO, LLC		Case number (if kno		
2.21	State what the contract or lease is for and the nature of the debtor's interest	Special Program Agreement for Rental and Capital	Joerns LLC Name		
			Attn Chief Strategy Offi	icer	
			Notice Name		
			2430 Whitehall Park Dr	rive, Suite 100	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Charlotte	NC	28273
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.22	State what the contract or lease is for and the nature	Agreement for Infection Prevention Services	Kayli McWhorter		
01	of the debtor's interest		Name		
			Notice Name		
			10057 E Heritage Drive	e	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Effingham	IL	62401
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.23	State what the contract or lease is for and the nature	Memorandum of Agreement	KEPRO		
	of the debtor's interest	Memorandum or Agreement	Name		
			Notice Name		
			5700 Lombardo Center	Drive, Suite 100	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Seven Hills	ОН	44131
			City	State	ZIP Code
			Country		

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Debtor:			Case number (if known):	24-10543	
2.24	Name State what the contract or lease is for and the nature	Amended and Restated Therapy Services Agreement	Kindred Rehab Services, L	LC	
	of the debtor's interest	Amerided and Residied Therapy dervices Agreement	Name		
			Attn VP, Finance		
			Notice Name		
			Rehab Care		
	State the term remaining		Address		
	Hat the contract would be at		680 South Fourth Street		
	List the contract number of		_		
	any government contract				
			Louisville	KY	40202
			City	State	ZIP Code
			Country		
			,		
	Amended herein: added				
2.25	State what the contract or lease is for and the nature	Memorandum of Agreement	Livanta, LLC		
Ć	of the debtor's interest	Memorandum of Agreement	Name		
			Notice Name		
			10830 Guilford Rd, Suite 3	12	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Annapolis Junction	MD	20701
			City	State	ZIP Code
			Country		
2.26	State what the contract or lease 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	Online dervices and wedneson business i none	Name		
			Attn Kimberly Polnitz AE		
			Notice Name		
			Mediacom		
	State the term remaining		Address		
	List the contract number of		611 S 4th St		
	any government contract				
	, goronnant oonnaat				
			Chillicothe	FL	61523
			City	State	ZIP Code
			Country		

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Debtor:	Effingham HCO, LLC		Case number (if kno		
2.27	State what the contract or lease 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			-	
			Attn Kimberly Polnitz All Notice Name	<u> </u>	
			Mediacom		
	State the term remaining		Address		
	State the term remaining		611 S 4th St		
	List the contract number of				
	any government contract				
	any government contract				
			Chillicothe	FL	61523
			City	State	ZIP Code
			Country		
2 29	State what the contract or lease is for and the nature		MOKer le Hee Met Torre	l Occident les	
2.20	lease is for and the nature of the debtor's interest	Master Contract for Biohazard Waste	MCKay's Haz-Mat Truck	K Service, Inc.	
	or the debter o microst				
			Notice Name		
			PO Box 1444		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Centralia	IL	62801
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.29	State what the contract or lease is for and the nature	Prime Vendor Product Supply Agreement	McKesson Medical-Sur	gical Minnesota Supply	Inc.
	of the debtor's interest	- Time Vendor Froduct Supply Agreement	Name	<u> </u>	
			Notice Name		
			8121 Tenth Avenue No	rth	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Golden Valley	MN	55427
			City	State	ZIP Code
			Country		

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btor:	Effingham HCO, LLC		Case number (if known	24-10543	
	Name State what the contract or				
2.30	State what the contract or lease is for and the nature	Amendment to Contract	Medical Staffing Solutions	s, LLC	
	of the debtor's interest		Name		
			Notice Name		
				A	
			8601 N. Kentucky Ave, S	uite A	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Evansville	<u>IN</u>	47725
			City	State	ZIP Code
			Country		
	Amended herein: added				
	Ameridea nerein. addea				
2.31	State what the contract or lease is for and the nature	Amandment to Distancional Carriage Agreement	Medical Staffing Solutions	s II C	
	of the debtor's interest	Amendment to Professional Services Agreement	Name	5, 110	
			Notice Name		
8			8601 N. Kentucky Ave, S	uite A	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Evansville	IN	47725
			City	State	ZIP Code
			Country		
	Amended herein: added				
0 00	State what the contract or				
	lease is for and the nature of the debtor's interest	Attachment 1 to Professional Services Agreement	Medical Staffing Solutions Name	s, LLC	
	or the debtor's interest		Name		
			Notice Name		
			8601 N. Kentucky Ave, S	uite Δ	
	State the term remaining		Address	unto 71	
	otato ino torri romaning				
	List the contract number of				
	any government contract				
	any government contract				
			Evansville	IN	47725
			City	Ctoto	
			City	State	ZIP Code

	Case	24-10443-TMH Doc 1474 F	iled 04/22/25 Page	52 of 65	
Debtor:	Effingham HCO, LLC		Case number (if k		
	Name				
2.33	State what the contract or lease is for and the nature	Drofessional Carriage Agreement	Medical Staffing Solut	tions LLC	
	of the debtor's interest	Professional Services Agreement	Name		
			Attn Chief Executive 0	Officer	
			Notice Name		
			9700 HWY 57N, Suite	e A	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
	any government contract				
			Evenoville	INI	47705
			Evansville	<u>IN</u>	47725
			City	State	ZIP Code
			Country		
	A manufact barrains, a delact				
	Amended herein: added				
2.34	State what the contract or			7.00° - 1	
2.34 I	lease is for and the nature of the debtor's interest	Illinois Ancillary Provider/HCBS Agreement	Meridian Health Plan Name	of Illinois, Inc.	
	or the deptor 5 interest		Name		
			Notice Name		
5			333 South Wabash A	vo Suitto 2000	
	Ctata tha tanna namainin n		Address	ve, Suitle 2900	
	State the term remaining				
	List the contract number of				
	any government contract				
			Chicago	IL	60604
			City	State	ZIP Code
			Country		
	Amended herein: added				
	State what the contract or				
2.35	State what the contract or lease is for and the nature	Medical Director Agreement	Midwest Post Acute C	Care Enterprises	
(of the debtor's interest		Name		
			Attention Legal Depar	tment	
			MPAC Healthcare		
	State the term remaining		Address		
			2045 W Grand Ave, S	Ste B #28354	
	List the contract number of				
	any government contract				
			Chicago	IL	60612-1577
			City	State	ZIP Code
			•		
			Country		
			,		

	Case	24-10443-TMH Doc 1474 Filed (04/22/25 Page 5	3 of 65	
Debtor:	Effingham HCO, LLC		Case number (if know		
	Name		_		
2.36	lease is for and the nature	Facility Service Agreement	Midwest Post-Acute Care	e, PLLC	
	of the debtor's interest		Name		
			Attn Legal Department Notice Name		
			2045 W Grand Avenue S	Ste B #28354	
	State the term remaining		Address		
	List the contract number of				
	any government contract		_		
			Chicago	IL	60612-1577
			City	State	ZIP Code
			Country		
2 37	State what the contract or lease is for and the nature		Malina I laalthaana af Illia	aia laa aa Illiaaia Ca	
(lease is for and the nature of the debtor's interest	Provider Services Agreement	Molina Healthcare of Illin Name	iois, inc, an illinois Co	rporation
	or the debtor 3 interest				
			Notice Name		
			2001 Butterfield Road, S	uite 750	
	State the term remaining		Address		
			_		
	List the contract number of				
	any government contract		_		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
			Downers Grove	IL	60515
			City	State	ZIP Code
			Country		
	Amended herein: added				
	Amended nerein: added				
2 38	State what the contract or lease is for and the nature		0		
2.30	lease is for and the nature of the debtor's interest	Amendment No. 2 to Pharmacy Consultant Agreement	Omnicare Name		
	of the deptor's interest				
			Attn Legal Notice Name		
			One CVS Drive Mail Cod	lo 1160	
	State the term remaining		Address	100	
	State the term remaining				
	List the contract number of				
	any government contract				
			Woonsocket	RI	02895
			City	State	ZIP Code
			- •		
			Country		

	Case	24-10443-TMH Doc 1474 Filed (04/22/25 Page	54 of 65	
Debtor:			Case number (if kno		
2.39	Name State what the contract or lease is for and the nature of the debtor's interest	Amendment No. 5 to Pharmacy Consultant Agreement	Omnicare Name		
	of the deptor'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				
2.40	State what the contract or lease is for and the nature	Amendment No. 6 to Pharmacy Products and Services Agreement	Omnicare		
	of the debtor's interest	rigrooment	Name		
			Attn Legal Notice Name		
			One CVS Drive Mail Co	nde 1160	
	State the term remaining		Address	Jule 1100	
	List the contract number of				
	any government contract				
			Woonsocket	RI	02895
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.41	State what the contract or lease is for and the nature	Amendment to Pharmacy Consultant Agreement	Omnicare		
	of the debtor's interest	Amendment to Fnamiacy 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		

	Case	24-10443-TMH Doc 1474 File			
otor:	Effingham HCO, LLC		Case number (if kno	own): 24-10543	
	Name State what the contract or	Letter Amendment re: COVID-19 Vaccination			
2.42	State what the contract or lease is for and the nature	Distribution Services	Omnicare		
(of the debtor's interest		Name		
			Attn Legal Notice Name		
				ndo 1160	
	Otata tha tama namalulu u		One CVS Drive Mail Co	ode 1160	
	State the term remaining		Address		
	List the second second second second				
	List the contract number of				
	any government contract				
			Woonsocket	RI	02895
			City	State	ZIP Code
			O.I.y	State	2 0000
			Country		
	Amended herein: added				
2.43	State what the contract or lease is for and the nature	Pharmacy Consultant Agreement	Omnicare		
	of the debtor's interest	Filannacy Consultant Agreement	Name		
			Attn Legal		
			Notice Name		
			One CVS Drive Mail Co	ode 1160	
;	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Woonsocket	RI	02895
			City	State	ZIP Code
			Country		
	Amended herein: added				
	State what the contract or				
	State what the contract or lease is for and the nature	Pharmacy Products and Services Agreement	Omnicare		
	State what the contract or lease is for and the nature of the debtor's interest	Pharmacy Products and Services Agreement	Name		
	icase is for affu the flature	Pharmacy Products and Services Agreement	Name Attn Legal		
	icase is for affu the flature	Pharmacy Products and Services Agreement	Name Attn Legal Notice Name		
,	of the debtor's interest	Pharmacy Products and Services Agreement	Name Attn Legal Notice Name One CVS Drive Mail Co	ode 1160	
,	icase is for affu the flature	Pharmacy Products and Services Agreement	Name Attn Legal Notice Name	ode 1160	
,	of the debtor's interest	Pharmacy Products and Services Agreement	Name Attn Legal Notice Name One CVS Drive Mail Co	ode 1160	
,	of the debtor's interest State the term remaining	Pharmacy Products and Services Agreement	Name Attn Legal Notice Name One CVS Drive Mail Co	ode 1160	
,	of the debtor's interest State the term remaining List the contract number of	Pharmacy Products and Services Agreement	Name Attn Legal Notice Name One CVS Drive Mail Co		
,	of the debtor's interest State the term remaining List the contract number of	Pharmacy Products and Services Agreement	Name Attn Legal Notice Name One CVS Drive Mail Co Address Woonsocket	RI	02895
•	of the debtor's interest State the term remaining List the contract number of	Pharmacy Products and Services Agreement	Name Attn Legal Notice Name One CVS Drive Mail Co		02895 ZIP Code

Patricy Patr		Case	24-10443-TMH Doc 1474 Filed	l 04/22/25 Page	56 of 65	
2.46 lease is for and the nature of the debtor's interest of the debtor	Debtor: Effing	gham HCO, LLC		Case number (if kno	wn): 24-10543	
Amendment to Pharmacy Consultant Agreement of the debtor's interest Name				Omnicare Pharmacy of	the Midwest, LLC dba	Omnicare of Kansas
State the term remaining List the contract number of any government contract Amended herein: added 2.46 State what the contract or lease is for and the nature of the debtor's interest List the contract number of any government contract Amendment to Pharmacy Products and Services Agreement Amendment to Pharmacy Products and Services Country Amendment Mills Drive, Suite 200 Anderes Country Amendment Mills Drive, Suite 200 Address Amendment Mills Drive, Suite 200 A			Amendment to Pharmacy Consultant Agreement	City	<u> </u>	
State the term remaining List the contract number of any government contract Amendment to Pharmacy Products and Services of the debtor's interest of the debtor's interest Amendment to Pharmacy Consultant Agreement City Country Amendment to Pharmacy Consultant Agreement Ormicare, Inc. Name Attn Ceneral Counsel Noise Name Sold Ormicare Center Anderess List the contract number of any government contract Affective Affec	of the	debtor's interest		Name		
State the term remaining List the contract number of any government contract Amendment to Pharmacy Products and Services of the debtor's interest of the debtor's interest Amendment to Pharmacy Consultant Agreement City Country Amendment to Pharmacy Consultant Agreement Ormicare, Inc. Name Attn Ceneral Counsel Noise Name Sold Ormicare Center Anderess List the contract number of any government contract Affective Affec				Notice Name		
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Amended herein: added 2.46 State what the contract or lease is for and the nature of the debtor's interest Amended herein: added 2.47 State the term remaining Amendment to Pharmacy Consultant Agreement Amendment to Pharmacy Consultant Agreement Omnicare Pharmacy of the Midwest, LLC dba Omnicare of Kansas City Name Name	State t	ne term remaining		Address		
Amended herein: added 2.46 State what the contract or lease is for and the nature of the debtor's interest Amended herein: added 2.47 State the term remaining Amendment to Pharmacy Consultant Agreement Amendment to Pharmacy Consultant Agreement Omnicare Pharmacy of the Midwest, LLC dba Omnicare of Kansas City Name Name	l ict th	a contract number of				
Amended herein: added 2.46 State what the contract or lease is for and the nature of the debtor's interest Amended herein: added 2.47 State what the contract or lase is for and the nature of the debtor's interest Amendment to Pharmacy Products and Services City Amendment to Pharmacy Products and Services City Nature Address Kansas City Mo 64137 City State What the contract or lease is for and the nature of the debtor's interest Amendment to Pharmacy Consultant Agreement Amendment to Pharmacy Consultant Agreement Nature Natur						
Amended herein: added 2.46 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 2.47 lease is for and the nature of the debtor's interest Amendment to Pharmacy Products and Services Amended herein: added 2.47 lease is for and the nature of the debtor's interest List the contract number of any government contract Amendment to Pharmacy Consultant Agreement of the debtor's interest Amendment to Pharmacy Consultant Agreement of the debtor's interest Amendment to Pharmacy Consultant Agreement of the debtor's interest List the contract or lease is for and the nature of the debtor's interest List the contract number of any government contract City Country Amendment to Pharmacy Consultant Agreement of the debtor's interest City MO 64137 City State Country Amendment to Pharmacy Consultant Agreement of the debtor's interest City Country Country Amendment to Pharmacy Consultant Agreement of the Michwest, LLC dba Omnicare of Kansas City MO 64137 City Country Country Country Country Country	any go	overnment contract				
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Amended herein: added 2.46 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 2.47 State what the contract or lease is for and the nature of the debtor's interest Amended herein: added 2.47 State what the contract or lease is for and the nature of the debtor's interest List the contract number of any government contract or lease is for and the nature of the debtor's interest Amendment to Pharmacy Consultant Agreement Altin General Counsel Notice Name 900 Omnicare Center Address 201 East Fourth Street Cincinneti OH 45202 City State OH 45202 City State OH 45202 Country						
Amended herein: added 2.46 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 Amendment to Pharmacy Products and Services Agreement Address Notice Name 10400 Hickman Mills Drive, Suite 200 Address Kansas City MO 64137 City State what the contract or lease is for and the nature of the debtor's interest Amendment to Pharmacy Consultant Agreement Am				City	State	ZIP Code
Amended herein: added 2.46 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 Amendment to Pharmacy Products and Services Agreement Address Notice Name 10400 Hickman Mills Drive, Suite 200 Address Kansas City MO 64137 City State what the contract or lease is for and the nature of the debtor's interest Amendment to Pharmacy Consultant Agreement Am				Country		
Amendment to Pharmacy Products and Services of the debtor's interest State what the contract or lease is for and the nature of the debtor's interest List the contract number of any government contract Amendment to Pharmacy Products and Services Amendment to Pharmacy Products and Services Address Name 10400 Hickman Mills Drive, Suite 200				ood.n.y		
Amended herein: added 2.47 State what the contract or lease is for and the nature of the debtor's interest Bases is for and the nature of any government contract Amendment to Pharmacy Consultant Agreement Amendment to Pharmacy Consultant Agreement City MO 64137 City 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 List the contract number of any government contract City MO 64137 City State what the contract or lease is for and the nature of the debtor's interest Amendment to Pharmacy Consultant Agreement Antin General Counsel Notice Name 900 Omnicare, Inc. Name Address 201 East Fourth Street Cincinnati OH 45202 City State OH 221P Code	Ame	nded herein: added				
Amended herein: added 2.47 State what the contract or lease is for and the nature of the debtor's interest Bases is for and the nature of any government contract Amendment to Pharmacy Consultant Agreement Amendment to Pharmacy Consultant Agreement City MO 64137 City 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 List the contract number of any government contract City MO 64137 City State what the contract or lease is for and the nature of the debtor's interest Amendment to Pharmacy Consultant Agreement Antin General Counsel Notice Name 900 Omnicare, Inc. Name Address 201 East Fourth Street Cincinnati OH 45202 City State OH 221P Code				O	the Micheles of LLO dies	0
State the term remaining List the contract number of any government contract Amended herein: added Amendment to Pharmacy Consultant Agreement of the debtor's interest State the term remaining List the contract or dase is for and the nature of the debtor's interest State the term remaining List the contract or day government contract The contract or day and the contract or day government contract State the term remaining List the contract number of any government contract Circums Circums Amendment to Pharmacy Consultant Agreement of any government contract Circums Circums Circums Circums Address 201 East Fourth Street Circimati OH 45202 Ciry State 21P Code Country	2.46 State v	what the contract or		City		Omnicare of Kansas
State the term remaining List the contract number of any government contract Amended herein: added 2.47 State what the contract or the debtor's interest State the term remaining List the contract or any government contract Amendment to Pharmacy Consultant Agreement of the debtor's interest State the term remaining List the contract number of any government contract Cincinnati C			rigidement			
State the term remaining List the contract number of any government contract Amended herein: added 2.47 State what the contract or the debtor's interest State the term remaining List the contract or any government contract Amendment to Pharmacy Consultant Agreement of the debtor's interest State the term remaining List the contract number of any government contract Cincinnati C						
State the term remaining List the contract number of any government contract Amended herein: added 2.47 State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract or any government contract State the term remaining List the contract number of any government contract Circumpage Amendment to Pharmacy Consultant Agreement Attn General Counsel Notice Name 900 Omnicare, Inc. Name Attn General Counsel Notice Name 900 Omnicare Center Address 201 East Fourth Street Cincinnati OH 45202 City Country						
List the contract number of any government contract Kansas City MO 64137						
Amended herein: added 2.47 State what the contract or flease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract Cincinnati City MO 64137 City State Domnicare, Inc. Name Attn General Counsel Notice Name 900 Omnicare Center Address 201 East Fourth Street Cincinnati OH 45202 City State Country	State t	he term remaining		Address		
Amended herein: added 2.47 State what the contract or flease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract Cincinnati City MO 64137 City State Domnicare, Inc. Name Attn General Counsel Notice Name 900 Omnicare Center Address 201 East Fourth Street Cincinnati OH 45202 City State Country						
Amended herein: added 2.47 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 Ciny MO 64137 City State Omnicare, Inc. Name Attn General Counsel Notice Name 900 Omnicare Center Address 201 East Fourth Street Cincinnati OH 45202 City State Country	List th	e contract number of				
Amended herein: added 2.47 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 go	overnment contract				
Amended herein: added 2.47 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						
Amended herein: added 2.47 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 Country Count						
Amended herein: added 2.47 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 Amendment to Pharmacy Consultant Agreement Omnicare, Inc.				City	State	ZIP Code
Amended herein: added 2.47 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 Amendment to Pharmacy Consultant Agreement Omnicare, Inc.						
2.47 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 Amendment to Pharmacy Consultant Agreement Omnicare, Inc.				Country		
2.47 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 Amendment to Pharmacy Consultant Agreement Omnicare, Inc.	Ame	nded herein: added				
Amendment to Pharmacy Consultant Agreement Amendment to Pharmacy Consultant Agreement Omnicare, Inc. Name Attn General Counsel Notice Name 900 Omnicare Center Address 201 East Fourth Street Cincinnati OH 45202 City Country	70					
Name Attn General Counsel Notice Name 900 Omnicare Center Address 201 East Fourth Street Cincinnati City State Country	2.47 State v	what the contract or	Amendment to Pharmacy Consultant Agreement	Omnicare, Inc.		
Notice Name 900 Omnicare Center Address 201 East Fourth Street List the contract number of any government contract Cincinnati OH 45202 City State ZIP Code			Amendment to Friannacy Consultant Agreement	,		
State the term remaining Address 201 East Fourth Street List the contract number of any government contract Cincinnati City State Country				Attn General Counsel		
State the term remaining Address 201 East Fourth Street List the contract number of any government contract Cincinnati City Country Country				Notice Name		
List the contract number of any government contract Cincinnati City Country Country				900 Omnicare Center		
List the contract number of any government contract Cincinnati OH 45202 City State ZIP Code Country	State t	he term remaining		Address		
Cincinnati OH 45202 City State ZIP Code Country				201 East Fourth Street		
Cincinnati OH 45202 City State ZIP Code Country	List th	e contract number of				
City State ZIP Code Country	any go	overnment contract				
City State ZIP Code Country						
Country				Cincinnati	ОН	45202
				City	State	ZIP Code
Amandad barain; addad				Country		
		and address to the transfer				

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Debtor:			Case number (if known):	24-10543	
	Name State what the contract or	Amendment to Pharmacy Products and Services			
2.48	State what the contract or lease is for and the nature of the debtor's interest	Agreement	Omnicare, Inc.		
	or the deptor's interest		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				
2.49	State what the contract or lease is for and the nature	Pharmacy Consultant Agreement	Omnicare, Inc.		
	of the debtor's interest		Name		
			Attn General Counsel Notice Name		
			900 Omnicare Center		
8	State the term remaining		Address		
	· ·		201 East Fourth Street		
	List the contract number of				
	any government contract				
			Cincinnati	OH	45202
			City	State	ZIP Code
			Country		
			South		
	Amended herein: added				
0.50	State what the contract or				
2.50	lease is for and the nature	Pharmacy Products and Services Agreement	Omnicare, Inc.		
	of the deptor's interest		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	24-10443-TMH Doc 1474 File	d 04/22/25 Page	58 of 65	
Debtor:	Effingham HCO, LLC		Case number (if k		
	Name				
2.51	State what the contract or lease is for and the nature	Billing	Presto-X		
	of the debtor's interest	Dilling	Name		
			Notice Name		
			4521 Leavenworth Str	eet	
	State the term remaining		Address		
	-				
	List the contract number of				
	any government contract				
	, 9				
			Omaha	NE	68106-1437
			City	State	ZIP Code
			Country		
			Country		
	Amended herein: added				
	, iiii dada ii dadada				
	State what the contract or lease is for and the nature	Dhusisian Comissa Assessed	Provider Vohra Post-A	cute Physicians	
	of the debtor's interest	Physician Services Agreement	Name		
			Notice Name		
\$			3601 SW 160th Avenu	ue, Suite 250	
	State the term remaining		Address		
	-				
	List the contract number of				
	any government contract				
	, 9				
			Miramar	FL	33027
			City	State	ZIP Code
			City	State	ZIF Code
			Country		
			Country		
	Amended herein: added				
2.53	State what the contract or lease is for and the nature	Multi-Facility Supply and Services Agreement	Pulmonary Exchange,	Ltd. aka PEL/VIP	
	of the debtor's interest	watt-r acitity Supply and Services Agreement	Name		
			Attn Raymond Kalinsk	У	
			Notice Name		
			9840 SW Hwy.		
	State the term remaining		Address		
					
	List the contract number of				
	any government contract				
	, 0				
			Oak Lawn	IL	60453
				State	ZIP Code
			City	State	ZIP Code
			Country		
			- Country		

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Debtor:	Effingham HCO, LLC		Case number (if k		
2.54	Name State what the contract or lease is for and the nature	Amended and Restated Therapy Services Agreement	RehabCare Group Ea	st, LLC	
•	of the debtor's interest		Name		
			Attn VP, Finance Notice Name		
			680 South Fourth Stre	eet	
	State the term remaining		Address	<u></u>	
	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	Second Amended and Restated and Reaffirmed Guaranty Agreement	RehabCare Group Ea	st, LLC	
•	of the debtor's interest		Name Attn Chief Financial O	Higgs	
			Notice Name	ilicei	
;			680 South Fourth Stre	eet	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Louisville	KY	40202
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.56	State what the contract or lease is for and the nature	Protocol and Agreement of Hospice Services		ealth Center d/b/a Sarah	Bush Lincoln Hospic
•	of the debtor's interest		Name	D: .	
			Attn Post Acute Care Notice Name	Director	
			Sarah Bush Lincoln H	ospice	
	State the term remaining		Address 1004 Health Center D	rive Cuite 202	
	List the contract number of			rive, Suite 202	
	any government contract				
			Mattoon	IL	61938
			City	State	ZIP Code
			Country		

	Case	24-10443-TMH Doc 1474 Fi	led 04/22/25 Page	60 of 65	
Debtor:			Case number (if kno	24-10543	
2.57	Name 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	rigroomon	Name		
			Attn Company Secretar Notice Name	у	
			1450 E. Brooks Road		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Memphis	TN	38116
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.58	State what the contract or lease is for and the nature	Rebate Agreement	Smith & Nephew, Inc.		
	of the debtor's interest		Name		
			Attn Company Secretar Notice Name	У	
			1450 E. Brooks Road		
	State the term remaining		Address		
	State the term remaining				
	List the contract number of				
	any government contract				
			Memphis	TN	38116
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.59	State what the contract or		Courthous Illinois Lloopit	al Camiran	
	lease is for and the nature of the debtor's interest	EpicCare Link Site Level Agreement	Southern Illinois Hospit Name	ai Services	
			Attention Rex P. Budde	1	
	State the term remaining		1239 E. Main St. Address		
	otate the term remaining				
	List the contract number of				
	any government contract				
			Carbondale	IL	62902
			City	State	ZIP Code
			Country		

Debtor:		24-10443-1MH D0C 1474	Case number (if kr	61 01 65	
	Name				
2.60	State what the contract or lease is for and the nature	Addendum to Contract	Order of St. Francis	l Hospital, of the Hospit	al Sisters of the Third
	of the debtor's interest		Name		
			Notice Name		
	State the term remaining		503 N. Maple St. Address		
	State the term remaining	-			
	List the contract number of				
	any government contract				
			Effingham	<u>IL</u>	62401
			City	State	ZIP Code
			Country		
	Ctata what the contract on		St. Anthony's Memoria	ıl Hospital, of the Hospit	al Sisters of the Third
2.61	lease is for and the nature	Business Associate Agreement	Order of St. Francis	in Floopital, of the Floopit	ar Olotoro or the Trina
	of the debtor's interest		Name		
			Notice Name		
			503 N. Maple St.		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Effingham	IL	62401
			City	State	ZIP Code
			Country		
2.62	State what the contract or lease is for and the nature		St. Anthony's Memoria Order of St. Francis	ll Hospital, of the Hospit	al Sisters of the Third
	of the debtor's interest	Laboratory Services Agreement	Name		
			Notice Name		
			503 N. Maple St.		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Effingham	IL .	62401
			City	State	ZIP Code
			Country		

		24-10443-TMH Doc 1474 Fil	ed 04/22/25 Page 6		
Debtor:	Effingham HCO, LLC Name		Case number (if known	24-10543	
2.63	State what the contract or lease is for and the nature of the debtor's interest	Hospital Transfer Agreement	St. Anthony's Memorial H Order of St. Francis		
	of the debtor 3 interest				
			Notice Name		
			503 N Maple St		
	State the term remaining		Address		
	List the contract number of				
	any government contract	-			
			Effingham	IL	62401
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.64	State what the contract or lease is for and the nature of the debtor's interest	Patient Transfer Agreement	St. Anthony's Memorial H Order of St. Francis Name	Hospital, of the Hospita	al Sisters of the Third
			Notice Name		
			503 North Maple Street		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Effingham	IL	62401
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.65	State what the contract or lease is for and the nature	Burnhis Madical Burnhard and Our instances and	Support Services		
	of the debtor's interest	Durable Medical Product and Service Agreement	Name		
			Notice Name		
			10770 Midwest Industrial	Blvd	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			St. Louis	МО	63132
			City	State	ZIP Code
			Country		

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Debtor: Effingham HCO, LLC	Effingham HCO, LLC		wn): 24-10543	
Name				
2.66 State what the contract	or re Nursing Facility Hospice Services Agreement	The Carle Foundation Hospital, d/b/a Carle Hospice		
of the debtor's interest		Name		
		Attn Jennifer Wilken, RN	N/Director	
		Notice Name		
		Carle Hospice		
State the term remaining	g	Address		
		1813 West Kirby Ave.		
List the contract number of	r of			
any government contract	et			
		Champaign	IL	61821
		City	State	ZIP Code
		Country		

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Fill in this information to identify the case:		
Debtor Name: In re : Effingham HCO, LLC		
United States Bankruptcy Court for the: District of Delaware		
Case number (if known): 24-10543 (TMH)		

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

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

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

Declaration and signature					
individual ser	ving as a repr	resentative of the debtor in this case.	on; a member or an authorized agent of the partnership; or another ave a reasonable belief that the information is true and correct:		
Thave exami	nea the inioni	iation in the documents checked below and the	ave a reasonable belief that the information is true and correct.		
☐ Schedu	edule A/B: Assets–Real and Personal Property (Official Form 206A/B)				
☐ Schedu	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)				
☐ Schedu	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)				
☐ Schedu	le G: Executor	ry Contracts and Unexpired Leases (Official For	rm 206G)		
☐ Schedu	Schedule H: Codebtors (Official Form 206H)				
☐ Summa	Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)				
✓ Amende	nded Schedule Schedule E/F: Creditors Who Have Unsecured Claims, Schedule G: Executory Contracts and Unexpired Leases, Summary of Assets and Liabilities for Non-Individuals				
☐ Chapte	Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)				
☐ Other d	Other document that requires a declaration				
I declare und	ler penalty of p	perjury that the foregoing is true and correct.			
Executed on	on 04/22/2025		/ s / David R. Campbell		
	MM / DD / Y	YYY	Signature of individual signing on behalf of debtor		
			David R. Campbell		
			Printed name		
			Authorized Signatory		
			Position or relationship to debtor		

EXHIBIT B

Amended Statements

N/A