IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

In re

SC HEALTHCARE HOLDING, LLC et al.,

Debtors.1

Chapter 11

Case No. 24-10443 (TMH)

Jointly Administered

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

PLEASE TAKE NOTICE OF THE FOLLOWING:

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

ORIGINAL SCHEDULES OF ASSETS AND LIABILITES AND STATEMENT OF FINANCIAL AFFAIRS

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

AMENDED SCHEDULES AND STATEMENTS

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

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



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

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

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

AMENDED SCHEDULES BAR DATE

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

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

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

GLOBAL NOTES

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

RESERVATION OF RIGHTS

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

Dated: April 22, 2025

Wilmington, Delaware

Respectfully submitted,

YOUNG CONAWAY STARGATT & TAYLOR, LLP

/s/ Shella Borovinskaya

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

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Chicago, IL 60601

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and

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200 Park Avenue

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

Email: chardman@winston.com

Counsel for the Debtors and Debtors in Possession

Schedule 1

List of Debtors Subject to Amended Schedules and Amended Statements

Schedule A/B, Part 11 Amendments

CYE Girard HCO, LLC

CYE Monmouth - PHC, Inc.

Lebanon HCO, LLC

Midwest Health Operations, LLC

Petersen Health & Wellness, LLC

Petersen Health Business, LLC

Petersen Health Care - Farmer City, LLC

Petersen Health Care - Illini, LLC

Petersen Health Care - Roseville, LLC

Petersen Health Care II, Inc.

Petersen Health Care Management, LLC

Petersen Health Care VIII, LLC

Petersen Health Care, Inc.

Petersen Health Enterprises, LLC

Petersen Health Group, LLC

Petersen Health Network, LLC

Petersen Health Properties, LLC

Petersen Health Quality, LLC

Petersen Health Systems, Inc.

Petersen Management Company, LLC

Petersen MT3, LLC

Piper HCO, LLC

SABL, LLC

SJL Health Systems, Inc.

Sullivan HCO, LLC

Tarkio HCO, LLC

Tuscola HCO, LLC

Westside HCO, LLC

XCH, LLC

Schedule A/B, Part 55 Amendments

Knoxville & Pennsylvania, LLC

Petersen Health Care II, Inc.

Petersen Health Systems, Inc.

Schedule E/F Amendments

CYE Girard HCO, LLC

CYE Kewanee- PHC, Inc.

CYE Knoxville - PHC, Inc.

CYE Monmouth - PHC, Inc.

Effingham HCO, LLC

El Paso - PHC, Inc

Kewanee HCO, LLC

Knoxville & Pennsylvania, LLC

Legacy - PHC Inc.

Marigold - PHC Inc.

Midwest Health Operations, LLC

Midwest Health Properties, LLC

North Aurora HCO, LLC

Petersen Health & Wellness, LLC

Petersen Health Business, LLC

Petersen Health Care - Farmer City, LLC

Petersen Health Care - Illini, LLC

Petersen Health Care - Roseville, LLC

Petersen Health Care II, Inc.

Petersen Health Care Management, LLC

Petersen Health Care VIII, LLC

Petersen Health Care, Inc.

Petersen Health Enterprises, LLC

Petersen Health Group, LLC

Petersen Health Network, LLC

Petersen Health Properties, LLC

Petersen Health Quality, LLC

Petersen Health Systems, Inc.

Petersen Management Company, LLC

Polo - PHC, Inc.

SABL, LLC

SJL Health Systems, Inc.

War Drive, LLC

XCH, LLC

Schedule G Amendments

Aledo HCO, LLC

Arcola HCO, LLC

Aspen HCO, LLC

Bement HCO, LLC

Betty's Garden HCO, LLC

Casey HCO, LLC

Collinsville HCO, LLC

CYE Bradford HCO, LLC

CYE Bushnell HCO, LLC

CYE Girard HCO, LLC

CYE Knoxville HCO, LLC

CYE Monmouth HCO, LLC

CYE Sullivan HCO, LLC

CYE Walcott HCO, LLC

Decatur HCO, LLC

Eastview HCO, LLC

Effingham HCO, LLC

Havana HCO, LLC

Jonesboro, LLC

Kewanee HCO, LLC

Knoxville & Pennsylvania, LLC

Lebanon HCO, LLC

Macomb, LLC

McLeansboro HCO, LLC

Midwest Health Operations, LLC

Midwest Health Properties, LLC

North Aurora HCO, LLC

Petersen Health & Wellness, LLC

Petersen Health Business, LLC

Petersen Health Care - Farmer City, LLC

Petersen Health Care - Illini, LLC

Petersen Health Care - Roseville, LLC

Petersen Health Care II, Inc.

Petersen Health Care III, LLC

Petersen Health Care Management, LLC

Petersen Health Care V, LLC

Petersen Health Care VII, LLC

Petersen Health Care XI, LLC

Petersen Health Care, Inc.

Petersen Health Enterprises, LLC

Petersen Health Group, LLC

Petersen Health Network, LLC

Petersen Health Properties, LLC

Petersen Health Quality, LLC

Petersen Health Systems, Inc.

Petersen Management Company, LLC

Petersen MT, LLC

Petersen MT3, LLC

Piper HCO, LLC

Pleasant View HCO, LLC

Prairie City HCO, LLC

Robings HCO, LLC

Rosiclare HCO, LLC

Royal HCO, LLC

SABL, LLC

SC Healthcare Holding, LLC

Shangri La HCO, LLC

Shelbyville HCO, LLC

SJL Health Systems, Inc.

South Elgin, LLC

Sullivan HCO, LLC

Swansea HCO, LLC

Tarkio HCO, LLC

Tuscola HCO, LLC

Twin HCO, LLC

Vandalia HCO, LLC

Village Kewanee HCO, LLC

War Drive, LLC

Watseka HCO, LLC

Westside HCO, LLC

XCH, LLC

SOFA Part 2, Question 4 Amendments

Midwest Health Operations, LLC

Petersen Health & Wellness, LLC

Petersen Health Care - Illini, LLC

Petersen Health Care - Roseville, LLC

Petersen Health Care II, Inc.

Petersen Health Care Management, LLC

Petersen Health Network, LLC

Petersen Health Systems, Inc.

Petersen Management Company, LLC

SABL, LLC

SJL Health Systems, Inc.

XCH, LLC

IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

In re

SC HEALTHCARE HOLDING, LLC et al.,

Debtors.1

Chapter 11

Case No. 24-10443 (TMH)

Jointly Administered

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

INTRODUCTION

On March 20, 2024 (the "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

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

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

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

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

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

SPECIFIC ADDITIONAL DISCLOSURES WITH RESPECT TO AMENDED SCHEDULES AND STATEMENTS

Schedule A/B

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

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

Schedule E/F

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

Schedule G

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

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

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

Statement of Financial Affairs

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

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

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EXHIBIT A

Amended Schedules

IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

In re:

SC HEALTHCARE HOLDING, LLC, et al.,

Debtors. 1

Chapter 11

Case No. 24-10443 (TMH)

(Jointly Administered)

AMENDED SCHEDULES OF ASSETS AND LIABILITIES FOR KEWANEE HCO, LLC (CASE NO. 24-10578)

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: Kewanee HCO, LLC

United States Bankruptcy Court for the: District of Delaware

Case number (if known): 24-10578 (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		
Schedule A/B: Assets–Real and Personal Property (Official Form 206A/B)		
1a. Real property:	\$	0.00
Copy line 88 from Schedule A/B		0.00
1b. Total personal property:		
Copy line 91A from Schedule A/B	\$	4,107,067.77
1c. Total of all property:		
Copy line 92 from Schedule A/B	\$	4,107,067.77
Part 2: Summary of Liabilities 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)		3,933,640.78
Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D	\$	3,933,040.76
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)		
3a. Total claim amounts of priority unsecured claims:		1 007 10
Copy the total claims from Part 1 from line 5a of Schedule E/F	<u> </u>	1,397.16
3b. Total amount of claims of nonpriority amount of unsecured claims:		
Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F	+\$	2,736,919.52
4. Total liabilities		
Lines 2 + 3a + 3b	\$	6,671,957.46

Fill in this information to identify the case:
Debtor Name: In re : Kewanee HCO, LLC
United States Bankruptcy Court for the: District of Delaware
Case number (if known): 24-10578 (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
.1 Priority cred	Priority creditor's name and mailing address IDPH/CMS		As of the petition filing date, the claim is: Check all that apply.	\$1,100.00	\$1,100.00
Creditor Name			_ ☐ Contingent		
			☐ Unliquidated		
Creditor's Notice r	name		 □ Disputed		
535 West Jeffe	erson 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 of the No	to offset?
Specify Code	e subsection o	of PRIORITY unsecur	ed	□ Yes	
claim: 11 U.S	.C. § 507(a) (8)				

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or:	Kewanee H	Case number (if known): 24-10578						
_	Name							
	-		d mailing address	As of the petition filing date, the claim is	s: \$	297.16	_ \$	297.16
	ternal Rever	nue Service		Check all that apply.				
Cre	editor Name			☐ Contingent				
_				☐ Unliquidated				
Cre	editor's Notice	name		☐ Disputed				
56	69 West Mor	roe Street, Suite	1100	_				
Ad	ldress			Basis for the claim:				
_				Taxes				
	hicago	IL	60675	_				
Cit	ty	State	ZIP Code	=				
Co	ountry			_				
Da	ate or date	s debt was inc	urred					
Va	arious			_				
	ast 4 digits umber	of account			Is the claim s ☑ No	ubject	to offset?	
Sı	pecify Cod	e subsection o	of PRIORITY unsecu	red	□ Yes			

claim: 11 U.S.C. § 507(a) (<u>8</u>)

Part 2:

List All Creditors with NONPRIORITY Unsecured Claims

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

				Amount of claim	
Nonpriority creditor's name and mailing address Accurate Biometrics			As of the petition filing date, the claim is: Check all that apply.	\$	31.2
Creditor Name	511100		☐ Contingent		
			· ·		
Creditor's Notice n	ame		Unliquidated		
			☐ Disputed		
500 Park Boule	vard		Basis for the claim:		
Address			Trade Payable	_	
Suite 1260					
Itasca	IL	60143			
City	State	ZIP Code			
Country					
Date or dates	debt was incurr	ed	Is the claim subject to offset?		
Various			✓ No		
Last 4 digits	of account		□ Yes		
Nonpriority c		nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	1,003.2
Creditor Name			□ Contingent		
			☐ Unliquidated		
Creditor's Notice na	ame		· □ Disputed		
671 Ohio Pike			Basis for the claim:		
Address			Trade Payable		
Suite K				_	
Cincinnati	ОН	45245-2136			
City	State	ZIP Code			
Country					
Date or dates	s debt was incurr	ed	Is the claim subject to offset?		
Various Various			✓ No		
Last 4 digits of account			□ Yes		
number					

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or: Kewanee HCO, LLC			Case number (if known):	n): 24-10578		
Name						
Nonpriority creditor's name and mailing address		and mailing address	As of the petition filing date, the claim is:	\$	2,755.8	
Biotech X- Ray Creditor Name	Inc		Check all that apply.			
Crounds reality			☐ Contingent			
			☐ Unliquidated			
Creditor's Notice n	ame		☐ Disputed			
1065 Executive	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 dates	s debt was incurr	red	Is the claim subject to offset?			
Various			☑ No			
Last 4 digits	of account		□ Yes			
Black Hawk Co		and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	1,442.0	
Creditor Name			☐ Contingent			
			☐ Unliquidated			
Creditor's Notice n	ame		□ Disputed			
605 East Churc	ch St		Basis for the claim:			
Address			Trade Payable	_		
Address						
Address						
Kewanee	<u>IL</u>	61443				
	IL State	61443 ZIP Code				
Kewanee City Country	State	ZIP Code	le the claim publicat to effect?			
Kewanee City Country Date or dates		ZIP Code	Is the claim subject to offset?			
Kewanee City Country	State	ZIP Code	Is the claim subject to offset? ☑ No ☐ Yes			

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or: Kewanee HCO, LLC			e HCO, LLC Case number (if know			
Name			with an altitude name and mailing address.			
Nonpriority creditor's name and mailing address C J Signs			As of the petition filing date, the claim is: Check all that apply.	\$	300.0	
Creditor Name						
			☐ Contingent			
Creditor's Notice na	ame		Unliquidated			
			☐ Disputed			
4024 SW Adam	ns Street		Basis for the claim:			
Address			Trade Payable	_		
Peoria	<u>IL</u>	61605	<u></u>			
City	State	ZIP Code				
Country	4-14	1	Is the claim subject to offset?			
	s debt was incurr	ed	✓ No			
Various Last 4 digits	of account		□ Yes			
_						
number						
		nd mailing address	As of the petition filing date, the claim is:	\$	23.9	
Cardiovascular	Maritime DO					
Creditor Name	Medicine PC		Check all that apply.			
Creditor Name	Medicine PC		Check all that apply. ☐ Contingent			
Creditor Name Creditor's Notice na			□ Contingent			
			☐ Contingent ☐ Unliquidated			
Creditor's Notice na			□ Contingent □ Unliquidated □ Disputed	_		
Creditor's Notice no			☐ Contingent ☐ Unliquidated ☐ Disputed ☐ Basis for the claim:	_		
Creditor's Notice no	name	52805-0428	☐ Contingent ☐ Unliquidated ☐ Disputed ☐ Basis for the claim:	_		
PO Box 428 Address	name	52805-0428 ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed ☐ Basis for the claim:	-		
PO Box 428 Address Davenport City Country	IA State	ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: Trade Payable	_		
PO Box 428 Address Davenport City Country Date or dates	name	ZIP Code	□ Contingent □ Unliquidated □ Disputed Basis for the claim: Trade Payable Is the claim subject to offset?	_		
PO Box 428 Address Davenport City Country	IA State	ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: Trade Payable	_		

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Croditor Name Croditor's Notice name PO Box 70219 Address Philadeliphia PA 19176-0219 Clty State ZIP Code State Country Date or dates debt was incurred Various Last 4 digits of account number Nonpriority creditor's name and mailling address Constellation New Energy Creditor Name Gas Division LLC Salves PO Box 5473 Country Date or dates debt was incurred State claim subject to offset? No Pes Check all that apply. Creditor Name Disputed Basis for the claim: Trade Payable Contingent Disputed Basis for the claim: Trade Payable Country Date or dates debt was incurred State Claim subject to offset?	or: Kewanee HCO, LLC Name					
Creditor's Notice name PO Box 70219 Address Philadelphia PA 19176-0219 Crountry Date or dates debt was incurred Various Last 4 digits of account number Nonpriority creditor's name and mailing address Constellation New Energy Creditor Notice name Gas Division LLC Address PO Box 5473 Country Date or dates debt was incurred Is the claim subject to offset? As of the petition filing date, the claim is: \$ 25,148.1 Check all that apply. Condingent Unliquidated Disputed Basis for the claim: Trade Payable Sales Payable Sales Payable Sales Sales Sales Paya	Nonpriority cre	editor's name a	nd mailing address		\$	779.0
Creditor's Notice name PO Box 70219 Address Philadelphia PA 19176-0219 City State Zip Code Philadelphia or dates debt was incurred Various Country Nonpriority creditor's name and mailing address Constellation New Energy Creditor Name Cass Division LLC Address PO Box 5473 Country Date or dates debt was incurred Is the claim subject to offset? Check all that apply. Check all tha				Check all that apply.		
Disputed PO Box 70219 Basis for the claim: Trade Payable Po Box 70219 Basis for the claim: Trade Payable Philadelphia PA	Creditor Name			☐ Contingent		
PO Box 70219 Address Philadelphia PA 19176-0219 City State ZIP Code Country Date or dates debt was incurred Various Condition State Subject to offset? As of the petition filing date, the claim is: \$ 25,148,85 Check all that apply. Creditor's name and mailing address Constellation New Energy Creditor Name Gas Division LLC Address PO Box 5473 City State ZIP Code Country Date or dates debt was incurred State Claim subject to offset? As of the petition filing date, the claim is: \$ 25,148,85 Check all that apply. Creditor's Notice name Creditor's Notice name Gas Division LLC Basis for the claim: Trade Payable Country Date or dates debt was incurred Is the claim subject to offset? Is the claim subject to offset?				Unliquidated		
Address	Creditor's Notice nan	ne		☐ Disputed		
Philadelphia PA 19176-0219 City State ZIP Code State Stat	PO Box 70219			Basis for the claim:		
Country Date or dates debt was incurred Various Last 4 digits of account number Nonpriority creditor's name and mailing address Constellation New Energy Creditor's Notice name Gas Division LLC Address PO Box 5473 Croul Stream IL 60197-5473 City State Country Date or dates debt was incurred Various Is the claim subject to offset? No Calim Subject to offset? Various Is the claim subject to offset? Various Is the claim subject to offset?	Address			Trade Payable	_	
Country Date or dates debt was incurred Various Last 4 digits of acount number Nonpriority creditor's name and mailing address Constellation New Energy Creditor's Notice name Gas Division LLC Address PO Box 5473 Croul Stream IL 60197-5473 City State Country Date or dates debt was incurred Various Is the claim subject to offset? No Calim Subject to offset? Various Is the claim subject to offset? Various 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 Constellation New Energy Creditor Name Creditor's Notice name Gas Division LLC Address PO Box 5473 City Slate Country Date or dates debt was incurred Various Is the claim subject to offset? No No No No No No No No No N	Philadelphia	PA	19176-0219			
Date or dates debt was incurred Various Last 4 digits of account number Nonpriority creditor's name and mailing address Constellation New Energy Creditor Name Creditor Name Creditor's Notice name Gas Division LLC Address PO Box 5473 City State Country Date or dates debt was incurred Sthe claim subject to offset? Ves	City	State	ZIP Code			
Various	Country					
Last 4 digits of account number Nonpriority creditor's name and mailing address Constellation New Energy Creditor Name Creditor's Notice name Gas Division LLC Address PO Box 5473 Clay State Country Date or dates debt was incurred Various PYes As of the petition filing date, the claim is: \$ 25,148.3 Check all that apply. Check all that apply. Contingent Disputed Basis for the claim: Trade Payable Trade Payable Is the claim subject to offset?		lebt was incurr	red			
Nonpriority creditor's name and mailing address Constellation New Energy Creditor Name Creditor's Notice name Gas Division LLC Address PO Box 5473 Carol Stream IL 60197-5473 City State ZIP Code State						
Nonpriority creditor's name and mailing address Constellation New Energy Check all that apply. Creditor's Notice name Creditor's Notice name Gas Division LLC Address PO Box 5473 City State Country Date or dates debt was incurred Various As of the petition filing date, the claim is: \$ 25,148.5 Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Trade Payable IL State IL 60197-5473 State Is the claim subject to offset? No	Last 4 digits of account					
Constellation New Energy Creditor Name Creditor Name Creditor's Notice name Creditor's Not	_			_ 100		
Creditor's Notice name Gas Division LLC Address PO Box 5473 Carol Stream City Country Date or dates debt was incurred Creditor's Notice name Unliquidated Disputed Basis for the claim: Trade Payable Trade Payable IL State IL State IL State IS the claim subject to offset? No	number		nd mailing address		\$	25,148.9
Creditor's Notice name Gas Division LLC Address PO Box 5473 Carol Stream City Country Date or dates debt was incurred Various Disputed Basis for the claim: Trade Payable Trade Payable It description It description Disputed Basis for the claim: Trade Payable It description It description Disputed Basis for the claim: Trade Payable It description It descrip	number Nonpriority cre Constellation Nev	editor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	25,148.9
Gas Division LLC Address PO Box 5473 Carol Stream City State Country Disputed Basis for the claim: Trade Payable Trade Payable IL State IL State State IS the claim subject to offset? No	number Nonpriority cre Constellation Nev	editor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	25,148.
Address PO Box 5473 Carol Stream IL 60197-5473 City State ZIP Code Country Date or dates debt was incurred Various Trade Payable It a for depayable It a for depayable Is the claim subject to offset? No	number Nonpriority cre Constellation New Creditor Name	editor's name a v Energy	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent	\$	25,148.9
PO Box 5473 Carol Stream IL 60197-5473 City State ZIP Code Country Date or dates debt was incurred Various II the Claim subject to offset? No	number Nonpriority cre Constellation New Creditor Name	editor's name a v Energy	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated	\$	25,148.
Carol Stream IL 60197-5473 City State ZIP Code Country Date or dates debt was incurred Various Is the claim subject to offset? ✓ No	number Nonpriority cre Constellation New Creditor Name Creditor's Notice name	editor's name a v Energy	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$	25,148.9
Country Date or dates debt was incurred Various ZIP Code Is the claim subject to offset? No	number Nonpriority cre Constellation New Creditor Name Creditor's Notice nam Gas Division LLC	editor's name a v Energy	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	25,148.9
Country Date or dates debt was incurred Various State ZIP Code Is the claim subject to offset? No	number Nonpriority cre Constellation Nev Creditor Name Creditor's Notice nam Gas Division LLC Address	editor's name a v Energy	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	25,148.9
Date or dates debt was incurred Is the claim subject to offset? Various ✓ No	number Nonpriority cre Constellation Nev Creditor Name Creditor's Notice nam Gas Division LLC Address PO Box 5473	editor's name a		As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	25,148.9
Various ☑ No	Nonpriority cre Constellation New Creditor Name Creditor's Notice nam Gas Division LLC Address PO Box 5473 Carol Stream	editor's name a	60197-5473	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	25,148.9
Validation	number Nonpriority cre Constellation New Creditor Name Creditor's Notice nam Gas Division LLC Address PO Box 5473 Carol Stream City	editor's name a	60197-5473	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	25,148.9
Last 4 digits of account	number Nonpriority cre Constellation New Creditor Name Creditor's Notice nam Gas Division LLC Address PO Box 5473 Carol Stream City Country	editor's name a v Energy ne IL State	60197-5473 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?	\$	25,148.9
	number Nonpriority cre Constellation New Creditor Name Creditor's Notice nam Gas Division LLC Address PO Box 5473 Carol Stream City Country Date or dates of Various	editor's name a v Energy THE State	60197-5473 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?	\$	25,148.9

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or: Kewanee HC	O, LLO		Case number (if known):	: 24-10578			
Name							
Nonpriority cr	editor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	3,543.5		
Datamax			Check all that apply.				
Creditor Name			☐ Contingent				
dba Sumner One							
Creditor's Notice na	ime		□ Disputed				
PO Box 5180							
Address			Basis for the claim: Trade Payable				
				_			
St Louis	MO	63139-0180					
City	State	ZIP Code					
Country							
Date or dates	debt was incurr	ed	Is the claim subject to offset?				
Various			☑ No				
Last 4 digits of	of account		□ Yes				
		nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	7,839.8		
Nonpriority cr Direct Supply Inc Creditor Name		nd mailing address	Check all that apply.	\$	7,839.8		
Direct Supply Inc		nd mailing address	Check all that apply. □ Contingent	\$	7,839.8		
Direct Supply Inc	С	nd mailing address	Check all that apply. □ Contingent □ Unliquidated	\$	7,839.8		
Direct Supply Inc Creditor Name Creditor's Notice na	С	nd mailing address	Check all that apply. Contingent Unliquidated Disputed	\$	7,839.8		
Direct Supply Inc	С	nd mailing address	Check all that apply. □ Contingent □ Unliquidated	\$	7,839.8		
Creditor's Notice na Box 88201	С	nd mailing address	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	7,839.8		
Creditor's Notice na Box 88201	С	nd mailing address	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	7,839.8		
Creditor Name Creditor's Notice na Box 88201 Address	me		Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	7,839.8		
Creditor's Notice na Box 88201 Address Milwaukee	c me	53288	Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	7,839.8		
Creditor's Notice na Box 88201 Address Milwaukee City Country	c me	53288 ZIP Code	Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Is the claim subject to offset?	\$	7,839.8		
Creditor's Notice na Box 88201 Address Milwaukee City Country	C WI State	53288 ZIP Code	Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	7,839.8		

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Dr. Remi Satkauskas Creditor Name Creditor Name Creditor's Notice name Creditor's Notice name Address on File Address City State Country Date or dates debt was incurred Various Last 4 digits of account number Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Is the claim subject to offset? Yes	or: Ke	ewanee HCO,	LLC		Case number (if known):	24-105	578
Dr. Remi Salkauskaus Screditor Name Contingent Unliquidated Disputed Basis for the claim subject to offset? Country Country Date or dates debt was incurred Various Control or Name Country Date or dates debt was incurred Various Control or Name Contro	Na	ame					
Creditor Notice name Contingent Unliquidated Disputed Basis for the claim: Trade Payable	1 Nonp	priority cred	litor's name a	nd mailing address		\$	5,000.00
Creditor's Notice name Address on File Address on File Address on File Address			as		Check all that apply.		
Country Country Date or dates debt was incurred Nonpriority creditor's name and mailing address Frontier Creditor's Notice name PO Box 740407 Address Cincinnati OH 45274-0407 Chy State Cincinnati OH 45274-0407 Chy Country Date or dates debt was incurred Disputed Basis for the claim subject to offset? Disputed Disput	Credito	or Name			□ Contingent		
Address on File Address City State ZIP Code Basis for the claim: Trade Payable Country Date or dates debt was incurred Various Last 4 digits of account number 2 Nonpriority creditor's name and mailing address Frontier Creditor Name Creditor Name Creditor Notice name PO Box 740407 Address Cincinnati OH 45274-0407 City State Cincinnati OH 45274-0407 City State Cincinnati OH 45274-0407 City State Cincinnati OH 45274-0407 City State Cincinnati OH 45274-0407 City State Cincinnati OH Address Cincinna					☐ Unliquidated		
Address on File Trade Payable City State ZIP Code Country Code Country Code Code	Credito	or's Notice name			□ Disputed		
Trade Payable							
Country Date or dates debt was incurred Various Last 4 digits of account number 2 Nonpriority creditor's name and mailling address Frontier Creditor's Notice name PO Box 740407 Address Cincinnati OH 45274-0407 City State Country Date or dates debt was incurred Various Is the claim subject to offset? As of the petition filling date, the claim is: \$ 674.2 Check all that apply.							
Country Date or dates debt was incurred Various Last 4 digits of account number 2 No Creditor Name Creditor's Notice name PO Box 740407 Address Cincinnati OH State As 274-0407 City State Country Date or dates debt was incurred Various Is the claim subject to offset? No Contingent Unliquidated Disputed Basis for the claim: Trade Payable Cincinnati OH State ZiP Code Country Date or dates debt was incurred Various Is the claim subject to offset? No					Trade Payable	-	
Country Date or dates debt was incurred Various Last 4 digits of account number 2 No Creditor Name Creditor's Notice name PO Box 740407 Address Cincinnati OH State As 274-0407 City State Country Date or dates debt was incurred Various Is the claim subject to offset? No Contingent Unliquidated Disputed Basis for the claim: Trade Payable Cincinnati OH State ZiP Code Country Date or dates debt was incurred Various Is the claim subject to offset? No	City		State	7ID Code			
Date or dates debt was incurred Various Last 4 digits of account number 2 Nonpriority creditor's name and mailing address Frontier Creditor Name Creditor's Notice name PO Box 740407 Address Cincinnati City State Country Date or dates debt was incurred Various Is the claim subject to offset? No No No No No No No No No N			State	ZIP Code			
Various		•			Is the claim subject to offset?		
Last 4 digits of account number 2 Nonpriority creditor's name and mailing address Frontier Creditor Name Creditor's Notice name PO Box 740407 Address Cincinnati City City Country Date or dates debt was incurred Possible As of the petition filing date, the claim is: \$ 674.2 Check all that apply. Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Listhe claim subject to offset? No			edt was incurr	ea			
As of the petition filing date, the claim is: \$ 674.2 Nonpriority creditor's name and mailing address Check all that apply.							
As of the petition filing date, the claim is: \$ 674.2 Check all that apply.	Last	4 digits of a	account				
Creditor's Notice name PO Box 740407 Address Cincinnati City Country Date or dates debt was incurred Creditor's Notice name Unliquidated Disputed Basis for the claim: Trade Payable Is the claim subject to offset? No	Fronti	tier	litor's name a	nd mailing address		\$	674.2
Creditor's Notice name PO Box 740407 Address Cincinnati OH	Credito	or Name			☐ Contingent		
PO Box 740407 Address Cincinnati City Country Date or dates debt was incurred Various Disputed Basis for the claim: Trade Payable Is the claim subject to offset? No					☐ Unliquidated		
Address Cincinnati OH State Various Trade Payable Trade Payable Is the claim subject to offset? No	Credito	or's Notice name			☐ Disputed		
Cincinnati OH 45274-0407 City State ZIP Code Country Date or dates debt was incurred Various Is the claim subject to offset? ✓ No	РО В	3ox 740407			Basis for the claim:		
Country Date or dates debt was incurred Various ZIP Code Is the claim subject to offset? ✓ No	Addres	ss			Trade Payable	_	
Country Date or dates debt was incurred Various ZIP Code Is the claim subject to offset? ✓ No							
Country Date or dates debt was incurred Various Is the claim subject to offset? ✓ No	Cincir	innati	ОН	45274-0407			
Date or dates debt was incurred Is the claim subject to offset? Various ✓ No	City		State	ZIP Code			
Various ☑ No					Is the algebra authors to affect 2		
various	Date	or dates de	bt was incurr	ed	-		
Last 4 digits of account							
	Last 4 digits of account				□ Yes		

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otor: Kewanee HCO, LLC			n): 24-10578				
Name	Name						
13 Nonpriority cr Gem Medical Su		and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	271.79		
Creditor Name	ipplies LLC						
			☐ Contingent				
Creditor's Notice na	ıme		Unliquidated				
			☐ Disputed				
730 Anthony Tra	ail		Basis for the claim:				
Address			Trade Payable	-			
Northbrook	<u>IL</u>	60062					
City	State	ZIP Code					
Country	4-1-4		Is the claim subject to offset?				
Various	debt was incurr	rea	✓ No				
Last 4 digits o	of account		□ Yes				
number	n account		_ 150				
14 Nonpriority cr	editor's name a	and mailing address	As of the petition filing date, the claim is:	\$	683.75		
Health Advocate	s Network Inc		Check all that apply.				
Creditor Name			☐ Contingent				
			□ Unliquidated				
Creditor's Notice na	me		□ Disputed				
dba Horizons He	ealthcare		Basis for the claim:				
Address			Trade Payable				
1875 NW Corpo	orate Boulevard, Su	uite 120		-			
Boca Raton	FL	33431					
City	State	ZIP Code					
Country							
Date or dates	debt was incurr	red	Is the claim subject to offset?				
Various			☑ No				
Last 4 digits of	Last 4 digits of account		□ Yes				
number							

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Creditor Name Contingent Unliquidated Disputed Basis for the claim: Trade Payable Country Date or dates debt was incurred Various Last 4 digits of account Law Office of Jeffrey Krumpe Creditor Name			and mailing address	As of the petition filing date, the claim is: \$ 71
Contingent Contingent Unliquidated		olice		Check all that apply.
Disputed Bureau of Investigation Radiness Trade Payable				☐ Contingent
Disputed Basis for the claim: Trade Payable Disputed Basis for the claim: Trade Payable Disputed	Craditaria Nation			Unliquidated
Trade Payable	Creditor's Notice	name		☐ Disputed
Doliet IL 60432-4072 State ZIP Code		estigation		Basis for the claim:
State IL God State	Address			Trade Payable
Country Date or dates debt was incurred Various Last 4 digits of account number Nonpriority creditor's name and mailing address Law Office of Jeffrey Krumpe Creditor Name Creditor's Notice name 110 SW Jeffereson Address Suite 410 Peoria IL 61602 Clty State ZIP Code List the claim subject to offset? Is the claim subject to offset? Uniquidated Disputed Basis for the claim: Litigation Litigation Is the claim subject to offset? Is the claim subject to offset? Is the claim subject to offset?	206 North Chic	cago Street		
Country Date or dates debt was incurred Various Last 4 digits of account Nonpriority creditor's name and mailing address Law Office of Jeffrey Krumpe Creditor's Notice name Creditor's Notice name To SW Jeffrerson Address Suite 410 Peoria IL 61602 City State ZIP Code Disputed Basis for the claim: Littigation Littigation Littigation State Claim subject to offset? Is the claim subject to offset? No No No No No No No Littigation State Claim subject to offset? No No No No No No No No No N	Joliet	IL IL	60432-4072	
Date or dates debt was incurred Is the claim subject to offset? Various ✓ No Last 4 digits of account ✓ Yes Nonpriority creditor's name and mailing address As of the petition filling date, the claim is: \$ Undetermine Check all that apply. Creditor Name ✓ Contingent Creditor's Notice name ✓ Unliquidated T10 SW Jeffereson Basis for the claim: Address Litigation Suite 410 Litigation Peoria IL 61602 City State ZIP Code Is the claim subject to offset? Date or dates debt was incurred ✓ No				
Various	Country			
Last 4 digits of account number Nonpriority creditor's name and mailing address Law Office of Jeffrey Krumpe Creditor Name Creditor Name Creditor's Notice name Creditor's Notice name Creditor's Notice name Disputed Basis for the claim: Litigation Peoria LL Cliy State ZIP Code LI State Litigation Litigation Suite 410 Litigation	Date or date	s debt was incurr	red	-
Nonpriority creditor's name and mailing address Law Office of Jeffrey Krumpe Check all that apply. Creditor Name Creditor's Notice name Creditor's Notice name T10 SW Jeffereson Address Suite 410 Peoria IL 61602 City State ZIP Code Lity State ZIP Code Is the claim subject to offset? Is the claim subject to offset? No	Various			☑ No
Nonpriority creditor's name and mailing address Law Office of Jeffrey Krumpe Creditor Name Creditor Notice name Creditor's Notice name 110 SW Jeffereson Address Suite 410 Peoria IL 61602 City State ZIP Code Country Date or dates debt was incurred 2/6/2024 As of the petition filing date, the claim is: \$ Undetermine Check all that apply. Check all that apply. Check all that apply. Contingent U Unliquidated Disputed Basis for the claim: Litigation Litigation Is the claim subject to offset? No	Last 4 digits	of account		☐ Yes
Creditor Name Creditor's Notice name 110 SW Jeffereson Address Suite 410 Peoria City State Country Date or dates debt was incurred Contingent Unliquidated Disputed Basis for the claim: Litigation Litigation Is the claim subject to offset? No		creditor's name a	and mailing address	As of the petition filing date, the claim is: \$ Undeterm
Creditor's Notice name 110 SW Jeffereson Address Suite 410 Peoria IL State State ZIP Code Country Date or dates debt was incurred 2/6/2024 Unliquidated Unliquidated Disputed Basis for the claim: Litigation Litigation Litigation Siste State Stat		Jeffrey Krumpe		Check all that apply.
Creditor's Notice name 110 SW Jeffereson Address Suite 410 Peoria IL 61602 City State ZIP Code Country Date or dates debt was incurred 2/6/2024 □ Disputed Basis for the claim: Litigation Litigation Litigation Litigation Litig	Creditor Name			☐ Contingent
Disputed Basis for the claim: Litigation Peoria IL 61602 City State ZIP Code Country Date or dates debt was incurred 2/6/2024 □ Disputed Basis for the claim: Litigation Litigation Litigation Litigation				☑ Unliquidated
Address Suite 410 Peoria IL	Creditor's Notice	name		☑ Disputed
Suite 410 Peoria IL 61602 City State ZIP Code Country Date or dates debt was incurred 2/6/2024 Is the claim subject to offset? No	110 SW Jeffer	eson		Basis for the claim:
Peoria IL 61602 City State ZIP Code Country Date or dates debt was incurred 2/6/2024 Is the claim subject to offset? ✓ No	Address			Litigation
Country Date or dates debt was incurred 2/6/2024 State ZIP Code Is the claim subject to offset? ✓ No				
Country Date or dates debt was incurred 2/6/2024 Is the claim subject to offset? No	Suite 410			
Date or dates debt was incurred 2/6/2024 Is the claim subject to offset? ✓ No		IL	61602	
2/6/2024 ☑ No	Peoria			
2012024	Peoria City			
Last 4 digits of account	Peoria City Country	State	ZIP Code	-
	Peoria City Country Date or date 2/6/2024	State	ZIP Code	☑ No

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tor: Kewanee HCO, LLC		Case number (if known): 24-10578		
Name				
7 Nonpriority creditor's n Martin Bros	ame and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	196,007.19
Creditor Name		☐ Contingent		
		☐ Unliquidated		
Creditor's Notice name		☐ Disputed		
400 Viking Bood		Basis for the claim:		
406 Viking Road Address		Trade Payable		
			_	
Cedar Falls IA	50613			
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				
8 Nonpriority creditor's n	ame and mailing address	As of the petition filing date, the claim is:	\$	45,879.85
Mc Kesson Medical- Surgical Creditor Name	al	Check all that apply.		
Creditor Name		☐ Contingent		
		Unliquidated		
Creditor's Notice name		☐ Disputed		
PO Box 630693		Basis for the claim:		
Address		Trade Payable	_	
Cincinnati OH	45263-0693			
City State	ZIP Code			
Country	:d	Is the claim subject to offset?		
Date or dates debt was Various	incurred	✓ No		
Last 4 digits of account		□ Yes		
number				

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Case number (if known): 24-10578			
As of the petition filing date, the claim is: \$	51,858.5		
Check all that apply.			
☐ Contingent			
☐ Unliquidated			
☐ Disputed			
Basis for the claim:			
Trade Payable			
-			
<u></u>			
□ Yes			
As of the petition filing date, the claim is: \$	57,675.03		
Check all that apply.	- ,		
 ☐ Contingent			
Basis for the claim:			
Is the claim subject to offset?			
-			
Is the claim subject to offset? ✓ No Yes			
	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? No Yes As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed		

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Creditor Name PO Box 803817 Address Example Country Date or dates debt was incurred Various Comprise Creditor Name 22 Nonpriority creditor's name and mailing address OSF Saint Luke Medical Center Creditor Name PO Box 1712 Address Trade Payable As of the petition filling date, the claim is: \$ 1,92 Check all that apply. Contingent Unliquidated Creditor Name Creditor Name Disputed Basis for the claim subject to offset? Creditor Name Creditor Name Creditor Name Disputed Basis for the claim: Trade Payable Example Creditor Same Disputed Basis for the claim: Trade Payable Feoria IL 61656-1712 City State ZIP Code Ls the claim subject to offset? Example Creditor Same State ZIP Code Ls the claim subject to offset? Example Country Basis for the claim: Trade Payable Trade Payable Ls the claim subject to offset? Example Country Date or dates debt was incurred Various	or: Kewanee HC	O, LLC		Case number (if known): 24-10578			
Oncology Hematology Associates Check all that apply. Creditor Name Contingent Creditor Name Unliquidated PO Box 803817 Basis for the claim: Address Trade Payable Kansas City MO 64180-3817 City State ZiP Code Date or dates debt was incurred Is the claim subject to offset? Various No Last 4 digits of account Yes 2 Nonpriority creditor's name and mailing address As of the petition filling date, the claim is: \$ 1,92 Corestor Name Check all that apply. Conditional Content Check all that apply. Conditional Content Check all that apply. Conditional Content Check all that apply. Contingent Unliquidated Include Payable Disputed Basis for the claim: Trade Payable Peoria IL 61656-1712 City State ZIP Code Is the claim subject to offset? Various No	Name						
Creditor Notice name Creditor Notice name Uniquidated Uniquidated Disputed Basis for the claim: Trade Payable			and mailing address		\$	149.6	
Creditor's Notice name PO Box 803817 Address Hansas City MO 64180-3817 City State Country Date or dates debt was incurred Various Vanious V		tology Associates		Check all that apply.			
Disputed	Creditor Name			☐ Contingent			
Disputed Basis for the claim: Trade Payable Trade Payabl				☐ Unliquidated			
Trade Payable Trade Payable	Creditor's Notice na	ime		□ Disputed			
Trade Payable	PO Box 803817			Basis for the claim:			
Country Date or dates debt was incurred Various Last 4 digits of account number Nonpriority creditor's name and mailing address OSF Saint Luke Medical Center Creditor Name Creditor Name PO Box 1712 Address Peoria IL 61656-1712 City State ZIP Code Country Date or dates debt was incurred Various Is the claim subject to offset? No No Yes As of the petition filing date, the claim is: \$ 1,92 Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable State ZIP Code Is the claim subject to offset? No				Trade Payable	_		
Country Date or dates debt was incurred Various Last 4 digits of account number Nonpriority creditor's name and mailing address OSF Saint Luke Medical Center Creditor Name Creditor Name PO Box 1712 Address Peoria IL 61656-1712 City State ZIP Code Country Date or dates debt was incurred Various Is the claim subject to offset? No No Yes As of the petition filing date, the claim is: \$ 1,92 Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable State ZIP Code Is the claim subject to offset? No							
Country Date or dates debt was incurred Various Last 4 digits of account number 2 Nonpriority creditor's name and mailing address OSF Saint Luke Medical Center Creditor Name Contingent	Kansas City	MO	64180-3817				
Date or dates debt was incurred Various Last 4 digits of account number No Yes Nonpriority creditor's name and mailing address OSF Saint Luke Medical Center Creditor Name Creditor's Notice name Creditor's Notice name PO Box 1712 Address Peoria IL City State G1656-1712 ZIP Code State Country Date or dates debt was incurred Is the claim subject to offset? No No No No No No No No No N	City	State	ZIP Code				
Various Last 4 digits of account number No Yes No Yes Nonpriority creditor's name and mailing address OSF Saint Luke Medical Center Creditor Name Creditor Name Creditor's Notice name PO Box 1712 Address Peoria IL 61656-1712 City State Country Date or dates debt was incurred Various No No No No No No No No No N	Country						
Last 4 digits of account number Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 1,92	Date or dates	debt was incurr	red	· · · · · · · · · · · · · · · · · · ·			
Number Reference to the petition filing date, the claim is: \$ 1,92 Check all that apply.	Various						
As of the petition filing date, the claim is: \$ 1,92 Sof Saint Luke Medical Center	Last 4 digits of	of account		□ Yes			
formerly Kewanee Hospital Creditor's Notice name PO Box 1712 Address Peoria IL City State Country Date or dates debt was incurred Various Contingent Unliquidated Disputed Dispute	OSF Saint Luke		and mailing address		\$	1,921.3	
Creditor's Notice name PO Box 1712 Address Peoria City Country Date or dates debt was incurred Various Disputed Basis for the claim: Trade Payable Italy Disputed Basis for the claim: Trade Payable Is the claim subject to offset? No	Creditor Name			 ☐ Contingent			
Creditor's Notice name PO Box 1712 Address Peoria IL City State Country Date or dates debt was incurred Various Disputed Basis for the claim: Trade Payable Is the claim subject to offset? No	formerly Kewane	ee Hospital		☐ Unliquidated			
PO Box 1712 Address Trade Payable Peoria IL 61656-1712 City State ZIP Code Country Date or dates debt was incurred Various Basis for the claim: Trade Payable Is the claim subject to offset? No	Creditor's Notice na	ame		 ☐ Disputed			
Address Peoria IL 61656-1712 City State ZIP Code Country Date or dates debt was incurred Various Trade Payable Is the claim subject to offset? ✓ No	PO Box 1712			•			
Peoria IL 61656-1712 City State ZIP Code Country Date or dates debt was incurred Various Is the claim subject to offset? ✓ No							
Country Date or dates debt was incurred Various ZIP Code Is the claim subject to offset? No					_		
Country Date or dates debt was incurred Various ZIP Code Is the claim subject to offset? No	Poorio		64656 4740				
Date or dates debt was incurred Is the claim subject to offset? Various ✓ No							
Various ☑ No	Country						
<u>Various</u>	Date or dates	debt was incur	red	Is the claim subject to offset?			
				✓ No			
=40t 4191t0 V 4000411t	-	of account		 □ Yes			

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3 Nonpriority	creditor's name a	and mailing address	As of the petition filing date, the claim is:	\$	193.83
Patrick Peach Creditor Name			Check all that apply.		
Creditor Name			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice	name		 ☐ Disputed		
135 West Mill S	Street		Basis for the claim:		
Address			Trade Payable	-	
Kewanee	<u>IL</u>	61443			
City	State	ZIP Code			
Country					
Date or date	s debt was incurr	red	Is the claim subject to offset?		
Various			☑ No		
Last 4 digits of account					
number	or account		□ Yes		
number 4 Nonpriority o		and mailing address	As of the petition filing date, the claim is:	\$	20,199.20
number 4 Nonpriority of PEL/VIP		and mailing address		\$	20,199.20
number 4 Nonpriority o		and mailing address	As of the petition filing date, the claim is:	\$	20,199.20
number 4 Nonpriority (PEL/VIP Creditor Name	creditor's name a	and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	20,199.20
number 4 Nonpriority of PEL/VIP	creditor's name a	and mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated	\$	20,199.20
number 4 Nonpriority of PEL/VIP Creditor Name Creditor's Notice of the Performance of t	creditor's name a	and mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent	\$	20,199.20
number 4 Nonpriority (PEL/VIP Creditor Name	creditor's name a	and mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	20,199.20
number 4 Nonpriority of PEL/VIP Creditor Name Creditor's Notice of 9840 Southwest	creditor's name a	and mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$	20,199.20
number 24 Nonpriority (PEL/VIP Creditor Name Creditor's Notice (9840 Southwest Address	creditor's name a		As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	20,199.20
number 24 Nonpriority of PEL/VIP Creditor Name Creditor's Notice of 9840 Southwest	creditor's name a	and mailing address 60453 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	20,199.20
number 24 Nonpriority (PEL/VIP Creditor Name Creditor's Notice (9840 Southwe: Address Oak Lawn	name st Highway	60453	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	20,199.2
number 4 Nonpriority (PEL/VIP Creditor Name Creditor's Notice is 9840 Southwes Address Oak Lawn City Country	name st Highway	60453 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	20,199.2
number 24 Nonpriority (PEL/VIP Creditor Name Creditor's Notice is 9840 Southwes Address Oak Lawn City Country	name st Highway IL State	60453 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	20,199.2

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Name Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: \$	4 607 027 0
		1 607 027 0
		1,697,037.0
Petersen Health Junction, LLC	Check all that apply.	
Creditor Name	☐ Contingent	
	☐ Unliquidated	
Creditor's Notice name	□ Disputed	
129 South 1st Avenue	Basis for the claim:	
Address	Inter Company Loan	
Canton IL 61520	<u></u>	
City State ZIP Code		
Country		
Date or dates debt was incurred	Is the claim subject to offset?	
As of 3/31/2024		
Last 4 digits of account	□ Yes	
Nonpriority creditor's name and mailing address PIPCO Companies LTD	As of the petition filing date, the claim is: \$ Check all that apply.	18,008.3
Creditor Name		
	☐ Contingent	
Creditor's Notice name	Unliquidated	
Oreditor's Notice hame	☐ Disputed	
1409 West Altorfer Drive	Basis for the claim:	
Address	Trade Payable	
Peoria IL 61615		
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	

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tor: Kewanee HCO, LLC			Case number (if known): 24-10578			
Name						
Nonpriority creditor's name and mailing address Point Click Care Technologies Inc			As of the petition filing date, the claim is:	\$	5,914.14	
Point Click Car Creditor Name	re Technologies Inc		Check all that apply.			
Greatal Name			☐ Contingent			
			☐ Unliquidated			
Creditor's Notice r	name		☐ Disputed			
PO Box 67480	2		Basis for the claim:			
Address			Trade Payable	-		
Detroit	MI	48267-4802				
City	State	ZIP Code				
Country			Is the elektropethicates offer O			
	s debt was incurr	red	Is the claim subject to offset? ☑ No			
Various						
Last 4 digits	or account		☐ Yes			
number						
8 Nonpriority o Presto- X	creditor's name a	and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	2,004.00	
Creditor Name						
			☐ Contingent			
Creditor's Notice r	name		Unliquidated			
			☐ Disputed			
PO Box 14095	i		Basis for the claim:			
Address			Trade Payable	-		
Reading	PA	19612				
City	State	ZIP Code				
Country	a daha was !		Is the claim subject to offset?			
	s debt was incurr	rea	is the claim subject to oπset? ☑ No			
Various Last 4 digits of account						
Last 4 digits	of account		account			

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Case number (if known): 24-10578			
	\$	9,500.3	
Check all that apply.			
☐ Contingent			
☐ Unliquidated			
□ Disputed			
·			
	_		
Is the claim subject to offset?			
☑ No			
☐ Yes			
	\$	348,927.7	
Unliquidated			
☐ Disputed			
Basis for the claim:			
Trade Payable	_		
Is the claim subject to offset?			
-			
Is the claim subject to offset? ✓ No — Yes			
	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? No Yes As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	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? No Yes As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	

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or: Kewanee HCO, LLC	Case number (if known): 24-10578		
Name			
Nonpriority creditor's name and mailing address Select Rehabilitation LLC	As of the petition filing date, the claim is: Check all that apply.	\$	228,537.2
Creditor Name	 ☐ Contingent		
	☐ Unliquidated		
Creditor's Notice name	<u> </u>		
DO D. 74005	☐ Disputed Basis for the claim:		
PO Box 71985 Address	Trade Payable		
		_	
Chicago IL 60694-1985			
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			
2 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$	1,000.36
Shadow Fax Projects Creditor Name	Check all that apply.		
Cloud. Haile	☐ Contingent		
	Unliquidated		
Creditor's Notice name	☐ Disputed		
PO Box 347	Basis for the claim:		
Address	Trade Payable	_	
Sullivan IL 61951			
City State ZIP Code			
Country	le the claim subject to offeet?		
Date or dates debt was incurred	Is the claim subject to offset?		
Various	✓ No		
Last 4 digits of account	□ Yes		

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or: Kewanee HCO, LLC			Case number (if known):		
Name					
Nonpriority creditor's name and mailing address Shadow Fax Projects#2		nd mailing address	As of the petition filing date, the claim is:	\$	60.0
Shadow Fax Pr Creditor Name	ojects#2		Check all that apply.		
Greator Hame			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice n	ame		□ Disputed		
Medical Waste	Account		Basis for the claim:		
Address			 Trade Payable		
PO Box 5473		_		_	
Sullivan	IL	61951			
City	State	ZIP Code			
Country					
Date or dates	debt was incurr	ed	Is the claim subject to offset?		
Various			☑ No		
Last 4 digits	of account		☐ Yes		
number					
Nonpriority c	reditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	1,658.3
Stachs Soft Wa	ter Equip Inc		Check all that apply.		
Creditor Name					
			□ Contingent		
			☐ Contingent☐ Unliquidated		
Creditor's Notice na	ame		Unliquidated		
	ame		Unliquidated		
Creditor's Notice notice notice PO Box 612 Address	ame		Unliquidated Disputed		
PO Box 612	ame		☐ Unliquidated ☐ Disputed Basis for the claim:	_	
PO Box 612	iame	61443-0612	☐ Unliquidated ☐ Disputed Basis for the claim:	-	
PO Box 612 Address		61443-0612 ZIP Code	☐ Unliquidated ☐ Disputed Basis for the claim:	_	
PO Box 612 Address	<u>IL</u>		☐ Unliquidated ☐ Disputed Basis for the claim: Trade Payable	_	
PO Box 612 Address Kewanee City Country	<u>IL</u>	ZIP Code	□ Unliquidated □ Disputed Basis for the claim: Trade Payable Is the claim subject to offset?	_	
PO Box 612 Address Kewanee City Country	IL State	ZIP Code	☐ Unliquidated ☐ Disputed Basis for the claim: Trade Payable	_	

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or:	Kewanee HCO, LLC			Case number (if known): 24-10578			
-	Name				_		
5 No	Ionpriority creditor's name and mailing address ri State Fire Protection Inc			As of the petition filing date, the claim is:	\$		180.00
				Check all that apply.			
Cre	editor Name			☐ Contingent			
				☐ Unliquidated			
Cre	editor's Notice nan	ne		□ Disputed			
PO	Box 70			Basis for the claim:			
Add	dress			Trade Payable			
Ne	ewburgh	IN	47629-0070				
City	/	State	ZIP Code				
Co	Country						
Da	Date or dates debt was incurred			Is the claim subject to offset?			
Va	rious			✓ No			
_	st 4 digits of						

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Part 3: List Others to Be Notified About Unsecured Claims

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

Name and mailing	g address		On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
			Line	
Name			□ Not Listed.Explain	
Notice Name				
Street			-	
			-	
City	State	ZIP Code	- -	
Oity	Cicle	211 0000		
Country			-	

Add the amounts of priority and nonpriority unsecured claims.			
		Total of claim amounts	
. Total claims from Part 1	5a.	\$	1,397.16
Total claims from Part 2	5b. +	\$	2,736,919.52

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

Fill in this information to identify the case:

Debtor Name: In re : Kewanee HCO, LLC

United States Bankruptcy Court for the: District of Delaware

Case number (if known): 24-10578 (TMH)

☑ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

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

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

2.	List all contracts and unexpired I	·		State the name and mailing address for all other parties w whom the debtor has an executory contract or unexpired lease		
	2.1 State what the contract or lease is for and the nature	1 State what the contract or lease is for and the nature Facility Application for User ID/Password for		Accelecare Wound Professionals		
	of the debtor's interest	Medical Records Access	Name			
			Notice Name			
			5220 BELFORT RD STE	130		
	State the term remaining		Address			
	List the contract number of any government contract					
			JACKSONVILLE	FL	32256-6018	
			City	State	ZIP Code	
			Country			
	2.2 State what the contract or lease is for and the nature of the debtor's interest	Addendum to Contract	Action Homecare and St	affing, LLC d/b/a Oasi	s Medical Services	
	of the deptor's interest		Attn Administrator			
			Notice Name			
			761 Main St NW, Suite A			
	State the term remaining		Address			
	List the contract number of					
	any government contract					
			Bourbonnais	IL	60914	
			City	State	ZIP Code	
			Country			

	Case	24-10443-1MH DOC 1493	Filed 04/22/25 Page .	39 01 69	
Debtor:	Kewanee HCO, LLC		Case number (if knot	wn): 24-10578	
	Name				
2.3	State what the contract or lease is for and the nature	Addendum to Contract	Action Homecare and S	taffing, LLC d/b/a Oasi	s Medical Services
	of the debtor's interest	riadonidam to Contract	Name		
			Attn Administrator		
			Notice Name		
			761 Main St NW, Suite	A	
	State the term remaining		Address		
	-				
	List the contract number of				
	any government contract				
	any government contract				
			Dourbannois	IL	60914
			Bourbonnais		
			City	State	ZIP Code
			- <u>-</u>		
			Country		
:	State what the contract or				
2.4 leas of t	State what the contract or lease is for and the nature	Business Associate Agreement	Action Homecare and S	taffing, LLC d/b/a Oasi	s Medical Services
	of the debtor's interest		Name		
			Attn Administrator		
			Notice Name		
			761 Main St NW, Suite	Α	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Bourbonnais	IL	60914
			City	State	ZIP Code
			Country		
2.5	State what the contract or lease is for and the nature	Staffing Agreement	Action Homecare and S	taffing, LLC d/b/a Oasi	s Medical Services
	of the debtor's interest	Stanning Agreement	Name	9,	
			Attn Administrator		
			Notice Name		
			761 Main St NW, Suite	A	
	State the term remaining		Address		
	.				
	List the contract number of				
	any government contract				
	any government contract				
			Dougharasia	11	60044
			Bourbonnais	IL	60914
			City	State	ZIP Code
			Country		

	Case	24-10443-1MH DOC 1493	Filed 04/22/25 Page	40 01 69	
Debtor:	Kewanee HCO, LLC		Case number (if kno	own): 24-10578	
	Name				
2.6	State what the contract or lease is for and the nature	Torm Stoffing Agreement	Action Homecare and S	Staffing TTC d/b/a Oasi	s Medical Services
	of the debtor's interest	Term Staffing Agreement	Name		o modical col mode
			Attn Administrator		
			Notice Name		
			761 Main St NW, Suite	Α	
	State the term remaining		Address		
	otato the term remaining				
	List the contract number of				
	any government contract				
			Developeration		00044
			Bourbonnais	IL	60914
			City	State	ZIP Code
			Country		
	State what the contract or				
	State what the contract or lease is for and the nature	Facility Agreement	Aetna Better Health		
•	of the debtor's interest		Name		
			Naciona Nama		
			Notice Name		
			PO Box 818031, F661		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Cleveland	OH	44181
			City	State	ZIP Code
			Country		
	Amended herein: added				
	Ctata what the contract or				
2.8	State what the contract or lease is for and the nature	Statement of Agreement	Alternatives (For the Ol	der Adult, Inc.)	
	of the debtor's interest		Name		
			Notice Name		
			1803 7th Street		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Moline	IL	61265
			City	State	ZIP Code
			,	_1010	0000
			Country		

		24-10443-1MH DOC 1493 FIIE	_	41 01 69	
btor:	Kewanee HCO, LLC		Case number (if kr	24-10578	
	Name State what the contract or				
2.9 I	State what the contract or lease is for and the nature	Nursing Facility Laboratory Agreement		American Health Associ	ates
(of the debtor's interest		Name		
			Notice Name		
			102 East Main Street		
	State the term remaining		Address		
	g				
	List the contract number of				
	any government contract				
			Galesburg	IL	61401
			City	State	ZIP Code
			Country		
	Amended herein: added				
2 10	State what the contract or lease is for and the nature		Decem of Hone Hoon	ion of Illinoin Inc	
ا ۱۰۰۰ ا	lease is for and the nature of the debtor's interest	Addendum to Contract	Beacon of Hope Hospi	ce of Illinois, Inc.	
			Notice Name		
			102 East Main Street,	Suite A	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Galesburg	IL	61401
			City	State	ZIP Code
			Country		
2.11	State what the contract or	Letter of Agreement for Provision of Ancillary	Decem of Hone Hoon	ion of Illinoin Inc	
	lease is for and the nature of the debtor's interest	Service(s)	Beacon of Hope Hospi	ice of fillflois, fric.	
			Beacon of Hope Hospi	ice	
			Notice Name		
			102 East Main Street		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Galesburg	IL	61401
			City	State	ZIP Code
			Country	-	

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Debtor: Kewanee HCO, LLC Name		Case number (if ki	24-10578	
2.12 State what the contract o lease is for and the natur of the debtor's interest	Business Associate Agreement	Beacon of Hope Hosp Name	ice, Inc.	
		Notice Name		
		102 East Main Street		
State the term remaining		Address		
List the contract number	of			
any government contract				
		Galesburg	IL	61401
		City	State	ZIP Code
		Country		
2.13 State what the contract or lease is for and the nature	Addendum to Contract	Inc.	ice, Inc. & Beacon of Ho	ppe Hospice of Illinois
of the debtor's interest		Name		
		Beacon of Hope Hosp Notice Name	ice, Inc.	
		1020 West 35th Stree	t	
State the term remaining		Address		
List the contract number	of			
any government contract				
		Davenport	IA	52806
		City	State	ZIP Code
		Country		
2.14 State what the contract o lease is for and the natur of the debtor's interest	Hospice and Nursing Facility Collaborative Care Agreement	Beacon of Hope Hosp Inc.	ice, Inc. & Beacon of Ho	ppe Hospice of Illinois
of the deptor's interest		Beacon of Hope Hosp	ice Inc	
		Notice Name	100, 1110.	
		1020 West 35th Stree	t	
State the term remaining		Address		
List the contract number	of	-		
any government contract				
		Davenport	IA	52806
		City	State	ZIP Code
		Country		

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Debtor:	Kewanee HCO, LLC		Case number (if k		
	Name State what the centract or				
2.15	State what the contract or lease is for and the nature	Mobile Imaging Service Agreement	BioTech X-ray, Inc		
	of the debtor's interest		Name		
			Attn Tamara Schwart: Notice Name	z, President	
				01- 000	
			1065 Executive Parkv Address	vay Ste.220	
	State the term remaining		Address		
	list the contract number of				
	List the contract number of				
	any government contract				
			St. Louis	MO	63141-6367
			City	State	ZIP Code
			City	State	ZIF Code
			Country		
	Amended herein: added				
	State what the contract or				
2.10	lease is for and the nature	Service Agreement	BioTech X-ray, Inc		
	of the debtor's interest		Name	5	
			Attn Tamara Schwartz	z, President	
\$			1065 Executive Parky	vav Sta 220	
	State the term remaining		Address	vay Ste.220	
	otate the term remaining				
	List the contract number of				
	any government contract				
	any government contract				
			St. Louis	MO	63141-6367
			City	State	ZIP Code
				5.5	
			Country		
	Amended herein: added				
	State what the contract or		Blue Cross Blue Shie	ld of Illinois, a Division of	Health Care Service
2.17	State what the contract or lease is for and the nature	Medicaid Provider Agreement	Corporation		
	of the debtor's interest		Name		
			Notice Name		
			300 East Randolph S	•	
	State the term remaining		Address		
	State the term remaining				
	List the contract number of				
	any government contract				
	any government contract				
			Chicago	IL	60601
			City	State	ZIP Code
			•		
			Country		

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Debtor:	Kewanee HCO, LLC		Case number (if kno		
	Name State what the contract or lease is for and the nature of the debtor's interest	Skilled Nursing Facility Agreement	Blue Cross Blue Shield Corporation	of Illinois, a Division of	Health Care Service
	of the deptor's interest		Hamo		
			Notice Name		
			300 East Randolph St		
	State the term remaining		Address		
	List the contract number of		-		
	any government contract				
	, g				
			Chicago	IL	60601
			City	State	ZIP Code
			Country		
	Amended herein: added				
0.40	State what the contract or				
	State what the contract or lease is for and the nature of the debtor's interest	Renewal Customer Service Agreement	Call One Inc.		
			Notice Name		
;			225 West Wacker Drive	9th Floor	
	State the term remaining		Address	5 0(11 1 1001	
	g				
	List the contract number of				
	any government contract				
			Chicago	IL	60606
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.20	State what the contract or	Enteral Therapy, Urological, Ostomy and		_	
	State what the contract or lease is for and the nature of the debtor's interest	Tracheotomy Supplies and Wound Care Products Agreement	Centrad Healthcare, LL Name	С	
	or the debtor 3 interest	- Agrooment	Attn Michelle C. Korslin	, Sr. VP of Sales & Mar	keting
			Notice Name	-	
			184 Shuman Blvd, Suite	e 130	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Naperville	IL	60563
			City	State	ZIP Code
			Country		

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Debtor:	Kewanee HCO, LLC Name		Case number (if kno		
2.21	State what the contract or lease is for and the nature of the debtor's interest	Services Agreement	Comcast of Illinois/India	ana/Ohio, LLC	
	of the deptor's interest				
			Attn MDU Manager Notice Name		
				W000	
			1500 McConnor Parkwa	ay #200	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Schaumburg	IL	60173
			City	State	ZIP Code
			Country		
2.22	State what the contract or lease is for and the nature		Comcast of Illinois/India	ana/Ohio II C	
	of the debtor's interest	Services Agreement	Name	IIIa/OTIIO, EEO	
			Attn MDU Manager		
			Notice Name		
			1500 McConnor Parkwa	ay #200	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Schaumburg	IL	60173
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.23	State what the contract or lease is for and the nature	Addendum to Contract	Community Hospice of	America d/b/a Hospice	Compassus - NWIL
	of the debtor's interest	Addendam to Contract	Name	·	·
			Attn Executive Director		
			Notice Name		
			Hospice Compassus		
	State the term remaining		Address		
			755 N Henderson St		
	List the contract number of				
	any government contract				
			Galesburg	IL	61401
			City	State	ZIP Code
			Country		

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Debtor: Kewanee HCO, LLC Name		Case number (if kno	own): 24-10578	
2.24 State what the contract or lease is for and the nature	Nursing Facility Hospice, General Inpatient and Respite Care Services Agreement	Community Hospice of America d/b/a Hospice Compass		
of the debtor's interest		Name		
		Attn Executive Director		
		Notice Name		
		Hospice Compassus		
State the term remaining		Address		
		755 N Henderson St		
List the contract number of	of .			
any government contract				
any government contract				
		Galesburg	IL	61401
		City	State	ZIP Code
		Country		
		Country		
2.25 State what the contract or lease is for and the nature	Addendum to Nursing Facility Hospice, General	Community Hospice of	America II C d/b/a Co	mnassus - NWII
of the debtor's interest	Inpatient and Respite Care Services Agreement	Name	7 tilletica, EEO a/b/a Oo	mpassas IVVIL
		Attn Executive Director		
		Notice Name		
		Hospice Compassus Address		
State the term remaining				
		755 N Henderson St		
List the contract number of	ıf			
any government contract				
		Galesburg	IL	61401
		City	State	ZIP Code
		S.i.y	Ciais	2 0000
		Country		
State what the contract or	Long Term Care Facility Outpatient Dialysis			
2.26 State what the contract or lease is for and the nature	Services Coordination Agreement	Dialysis Centers of Am	erica - Illinois, Inc.	
of the debtor's interest		Name		
		Attn Area Manager		
		Notice Name		
		920 Winter St		
State the term remaining		Address		
List the contract number of	of			
any government contract				
, 5				
		Waltham	MA	2451
		City	State	ZIP Code
		Country		

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Debtor:	Kewanee HCO, LLC		Case number (if know	wn): 24-10578	
2.27	State what the contract or lease is for and the nature				
2.21	lease is for and the nature of the debtor's interest	Medical Director Agreement	Dr. Remi Satkauskas		
	of the debtor's interest		. Tamo		
			Notice Name		
			8 Ridge Road		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Kewanee	IL	61443
			City	State	ZIP Code
			Country		
			Country		
	Amended herein: added				
	State what the contract or	Amendment No. 3 to Pharmacy Products and Services			
2.28	lease is for and the nature	Agreement	Enloe Drugs, LLC		
	of the debtor's interest		Name	T.I.D.	
			OMNICARE OF DECAT	UR	
			796 N. SUNNYSIDE RO)AD	
	State the term remaining		Address		
	3				
	List the contract number of				
	any government contract				
			Decatur	IL	62522-1156
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.29	State what the contract or lease is for and the nature	Long Term Care Facility Coordination Agreement for Certain Home Dialysis Related Services	Fresenius Medical Care Kidney Care East Peoria		C d/b/a Fresenius
	of the debtor's interest	Contain Frome Biaryolo Related Convideo	Name		
			Attn Area Manager		
			Notice Name		
	Ctata tha tanna namainina		Fresenius Kidney Care E	East Peoria Home	
	State the term remaining				
	List the contract number of		415 Richland St		
	any government contract				
	a, government contract				
			East Peoria	IL	61611
			City	State	ZIP Code
			Country		

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ebtor:	Kewanee HCO, LLC		Case number (if know	n): 24-10578	
	Name				
2.30	State what the contract or ease is for and the nature	Laboratory Services Agreement	Gamma HealthCare, Inc		
Ċ	of the debtor's interest	<u> </u>	Name		
			Notice Name		
			1717 West Maud		
5	State the term remaining		Address		
ı	List the contract number of				
á	any government contract				
			Poplar Bluff	MO	63901
			City	State	ZIP Code
			S.i,	Ciaio	2 0000
			Country		
			,		
2.31	State what the contract or ease is for and the nature	Laboratora Occiona Armana	Gamma Healthcare, Inc.		
0	of the debtor's interest	Laboratory Services Agreement	Name		
			Notice Name		
			1717 West Maud		
9	State the term remaining		Address		
	ŭ				
ı	List the contract number of				
	any government contract				
	any government contract				
			Poplar Bluff	MO	63901
			City	State	ZIP Code
			Country		
			Country		
	Amended herein: added				
2.32	State what the contract or ease is for and the nature	Dadiology Continue Agraement	Gamma HealthCare, Inc		
0	of the debtor's interest	Radiology Services Agreement	Name	•	
			Notice Name		
			1717 West Maud St.		
5	State the term remaining		Address		
	• · · · · · · · · · · · · · · · · · · ·				
ı	List the contract number of				
	any government contract				
•	any government contract				
			Popler Divit	MO	62004
			Poplar Bluff		63901
			City	State	ZIP Code
			Occupa		
			Country		

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ebtor:	Kewanee HCO, LLC		Case number (if kno	own): 24-10578	
2.33	Name State what the contract or ease is for and the nature	Park a track and a second	Gem Medical Supplies	II.C	
(of the debtor's interest	Purchasing Agreement	Name	,	
			Notice Name		
	State the town vemaining		730 Anthony Trail Address		
•	State the term remaining				
ı	List the contract number of				
a	any government contract				
			Northbrook	IL	60062
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.34 State	State what the contract or ease is for and the nature	Letter re: Request for Consent to Assignment of Facility and Agency Contract for Per Diem	Health Advocates Netw	vork, Inc.	
C	of the debtor's interest		Name		
			Attn Legal Department Notice Name		
			1875 NW Corporate Bl	ud Suito 120	
	State the term remaining		Address	va., Suite 120	
	otato ino torm romaning				
ı	List the contract number of				
í	any government contract				
			Boca Raton	FL	33431
			City	State	ZIP Code
			Country		
	24-4				
2.35	State what the contract or ease is for and the nature	Participating Provider Agreement	Health Alliance Medica	l Plans, Inc.	
C	of the debtor's interest		Name		
			Notice Name		
			301 South Vine St		
;	State the term remaining		Address		
ı	List the contract number of				
á	any government contract				
			Urbana	IL	31801
			City	State	ZIP Code
			Country		
			Country		

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ebtor:	Kewanee HCO, LLC		Case number (if kn	24-10578	
2.36	Name State what the contract or lease is for and the nature of the debtor's interest	Participating Provider Agreement	HealthLink, Inc., an Illinois Corporation Name		
			Notice Name		
			1831 Chestnut St		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			St. Louis	MO	63103
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.37	State what the contract or lease is for and the nature	Addendum to Contract	Helping Hands Home I	Healthcare and Staffing	Agency, LLC
	of the debtor's interest	- tagonia ani to Connact	Name		-
			Attn Jennifer Wilken, R	RN/Director	
			Carle Hospice		
	State the term remaining		Address		
	otato allo torini romanining		1813 West Kirby Ave.		
	List the contract number of				
	any government contract				
			Champaign	IL	61821
			City	State	ZIP Code
			Country		
2.38	State what the contract or lease is for and the nature	Business Associate Agreement	Helping Hands Home I	Healthcare and Staffing	Agency, LLC
	of the debtor's interest	Dusiness Associate Agreement	Name		<u> </u>
			Attn Karen Sedgwick		
			Notice Name		
			111 W. Washington St	reet, Suite 310	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			East Peoria	IL	61611
			City	State	ZIP Code
			Country		

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Debtor:	Kewanee HCO, LLC		Case number (if kno	own): 24-10578		
2.39	Name State what the contract or lease is for and the nature of the debtor's interest	Temporary Staffing Agreement	Helping Hands Home F	Helping Hands Home Healthcare and Staffing Agency, LLC		
			Attn Karen Sedgwick			
			Notice Name			
			111 W. Washington Str	eet, Suite 310		
	State the term remaining		Address			
	List the contract number of					
	any government contract					
	, 3					
			East Peoria	IL	61611	
			City	State	ZIP Code	
			Christin			
			Country			
2.40	State what the contract or lease is for and the nature	Addendum to Contract	Horizons Healthcare A	gency		
	of the debtor's interest	Additional to Contract	Name			
			Notice Name			
			3100 Knoxville Ave Sui	te 216		
	State the term remaining		Address			
	-					
	List the contract number of					
	any government contract					
			Peoria	IL	61603	
			City	State	ZIP Code	
			Country			
2.41	State what the contract or lease is for and the nature		Harimana Haalthaana A			
	lease is for and the nature of the debtor's interest	Business Associate Agreement	Horizons Healthcare Ag	jency		
			Notice Name			
			3100 Knoxville Ave Sui	te 216		
	State the term remaining		Address			
	List the contract number of					
	any government contract					
	-					
			Peoria	IL	61603	
			City	State	ZIP Code	
			Country			
			Country			

or: Kewanee HCO, LLC	e 24-10443-TMH Doc 1493 Filed	04/22/25 Page	52 of 69	
Name				
State what the contract or lease is for and the nature of the debtor's interest	Facility and Agency Contract for Per Diem-Illinois	Horizons Healthcare A	Agency	
of the deptor's interest		Name		
		Notice Name		
		3100 Knoxville Ave S	uite 216	
State the term remaining		Address		
List the contract number o	f			
any government contract				
		Peoria	IL	61603
		City	State	ZIP Code
		Country		
State what the contract or lease is for and the nature	Letter re: Request for Consent to Assignment of Facility and Agency Contract for Per Diem	Horizons Healthcare A	Agency	
of the debtor's interest		Name		
		Notice Name		
		3100 Knoxville Ave S	uite 216	
State the term remaining		Address		
List the contract number o	f			
any government contract				
		Peoria	IL	61603
		City	State	ZIP Code
		Country		
State what the contract or lease is for and the nature	Residential Hospice Care Agreement for Services to	Haaniaa of Illinaia I.I.C	` dha Llarbar Liabt Llaan	iaa
of the debtor's interest	Residents of Nursing Facilities	Name	C, dba Harbor Light Hosp	ice
		Notice Name		
		1N131 County Farm F	Road	
State the term remaining		Address		
List the contract number o	f			
any government contract				
		Winfield	<u>IL</u>	60190
		City	State	ZIP Code
		Country		

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	ewanee HCO, LLC		Case number (if kn	24-10578	
^{2.45} leas	te what the contract or se is for and the nature	Participating Provider Agreement	Humana Inc.		
of th	he debtor's interest		Name		
			Notice Name		
C4-			P.O. Box 1438 Address		
Sta	te the term remaining				
Lie	t the contract number of				
any	y government contract				
			Louisville	KY	40201
			City	State	ZIP Code
			Country		
			,		
A	mended herein: added				
C4-4					
46 leas	te what the contract or se is for and the nature	Special Program Agreement for Rental and Capital	Joerns LLC		
of th	he debtor's interest		Name		
			Attn Chief Strategy Off	icer	
			Notice Name		
			2430 Whitehall Park Di	rive, Suite 100	
Sta	te the term remaining		Address		
	t the contract number of				
any	y government contract				
			01 1 11	110	2222
			Charlotte	NC	28273
			City	State	ZIP Code
			Country		
			Country		
A	mended herein: added				
Stat	te what the contract or se is for and the nature	Memorandum of Agreement	KEPRO		
of th	he debtor's interest	Wemorandam of Agreement	Name		
			Notice Name		
			5700 Lombardo Center	r Drive, Suite 100	
Sta	te the term remaining		Address		
List	t the contract number of				
any	y government contract				
			Seven Hills	OH	44131
			City	State	ZIP Code
			Country		

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ebtor:	Kewanee HCO, LLC		Case number (if known)		
2.48	State what the contract or ease is for and the nature of the debtor's interest	Amended and Restated Therapy Services Agreement	Kindred Rehab Services, I	LLC	
(of the deptor's interest				
			Attn VP, Finance Notice Name		
			Rehab Care		
			Address		
,	State the term remaining				
			680 South Fourth Street		
	List the contract number of				
6	any government contract				
			Louisville	KY	40202
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.49	State what the contract or ease is for and the nature		Livanta, LLC		
	ease is for and the nature of the debtor's interest	Memorandum of Agreement	Name		
			Notice Name		
			10830 Guilford Rd, Suite 3	312	
;	State the term remaining		Address		
ı	List the contract number of				
ŧ	any government contract				
			Annapolis Junction	MD	20701
			City	State	ZIP Code
			Country		
2.50 S	State what the contract or ease is for and the nature	Master Contract for Biohazard Waste	MCKay's Haz-Mat Truck S	Service, Inc.	
C	of the debtor's interest		Name		
			Notice Name		
			PO Box 1444		
;	State the term remaining		Address		
ı	List the contract number of				
ŧ	any government contract				
			Centralia	IL	62801
			City	State	ZIP Code
			Country		

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Debtor:	Kewanee HCO, LLC		Case number (if known):	24-10578	
	Name				
2.51	State what the contract or lease is for and the nature	Prime Vendor Product Supply Agreement	McKesson Medical-Surgical	Minnesota Supply	Inc.
(of the debtor's interest		Name		
			Notice Name		
			8121 Tenth Avenue North		
	State the term remaining		Address		
	g				
	List the contract number of				
	any government contract				
			Golden Valley	MN	55427
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.52	State what the contract or lease is for and the nature	Amendment to Contract	Medical Staffing Solutions, L	LC	
	of the debtor's interest	Autonation to Contract	Name		
					
			Notice Name	_	
	Ctata tha tanna namainin n		8601 N. Kentucky Ave, Suite Address	∌ A	
	State the term remaining				
	List the contract number of				
	any government contract				
	, 9				
			Evansville	IN	47725
			City	State	ZIP Code
			Country		
	A managed at the major and also at				
	Amended herein: added				
2.53	State what the contract or lease is for and the nature	Amondment to Drefessional Continue Agreement	Medical Staffing Solutions, L	I.C.	
	of the debtor's interest	Amendment to Professional Services Agreement	Name		
			Notice Name		
			8601 N. Kentucky Ave, Suite	∍ A	
	State the term remaining		Address		
	list the contract number of				
	List the contract number of				
	any government contract				
			Evansville	IN	47725
			City	State	ZIP Code
			,	2.23	5555
			Country		

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ebtor:	Kewanee HCO, LLC		Case number (if k	nown): 24-10578	
9	Name State what the contract or				
2.54 i	State what the contract or lease is for and the nature	Attachment 1 to Professional Services Agreement	Medical Staffing Solut	ions, LLC	
(of the debtor's interest		Name		
			Notice Name		
			8601 N. Kentucky Ave	Suito A	
	State the term remaining		Address	s, oute A	
,	State the term remaining				
	List the contract number of				
	any government contract				
	any government contract				
			Evansville	IN	47725
				State	ZIP Code
			City	State	ZIF Code
			Country		
			,		
	Amended herein: added				
,	State what the contract or				
	State what the contract or lease is for and the nature	Professional Services Agreement	Medical Staffing Solut	ions, LLC	
(of the debtor's interest		Name		
			Attn Chief Executive C	Officer	
	Otata tha tama manababan		9700 HWY 57N, Suite	• A	
,	State the term remaining		Address		
	Listabe e sudus et usuale en ef				
	List the contract number of				
,	any government contract				
			Evansville	IN	47725
			City	State	ZIP Code
			Country		
			Country		
	Amended herein: added				
	01-1				
2.56	State what the contract or lease is for and the nature	Illinois Ancillary Provider/HCBS Agreement	Meridian Health Plan	of Illinois, Inc.	
	of the debtor's interest		Name		
			N.C. N		
			Notice Name	•	
			333 South Wabash Av	e, Suitte 2900	
	State the term remaining		Address		
	List the contract number of				
•	any government contract				
			Ol.:		2255
			Chicago	<u>IL</u>	60604
			City	State	ZIP Code
			Occupation		
			Country		

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Debtor:	Kewanee HCO, LLC		Case number (if know		
2.57	State what the contract or lease is for and the nature of the debtor's interest	Facility Service Agreement	MFW Healthcare Manag	ement, LLC	
	of the debtor's interest		Name		
			Notice Name		
			230 W. Monroe, Suite 25	540	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Chicago	IL	60606
			City	State	ZIP Code
			Country		
2.58	State what the contract or lease is for and the nature	Facility Service Agreement	Midwest Post Acute Care	e, PLLC	
Ċ	of the debtor's interest		Name		
			Attn Legal Department Notice Name		
			MPAC Healthcare		
	State the term remaining		Address		
	otato ino torm romaning		 2045 W Grand Avenue S	Ste B #28354	
	List the contract number of				
	any government contract				
			Chicago	IL	60612 1577
			Chicago City	State	ZIP Code
			City	State	ZIF Code
			Country		
	Amended herein: added				
2.59	State what the contract or lease is for and the nature	Provider Services Agreement	Molina Healthcare of Illin	ois. Inc. an Illinois Co	rporation
	of the debtor's interest	1 Tovider dervices Agreement	Name		•
			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		

	Case	24-10443-TMH Doc 1493 Filed 0)4/22/25 Page	58 of 69	
Debtor:	Kewanee HCO, LLC		Case number (if kn		
	Name		_		
2 60	State what the contract or lease is for and the nature		Omnicoro		
2.00	lease is for and the nature of the debtor's interest	Amendment No. 2 to Pharmacy Consultant Agreement	Omnicare Name		
	of the debtor's interest				
			Attn Legal Notice Name		
				1 4400	
			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
			Occupation		
			Country		
	Among dod boyoin, addad				
	Amended herein: added				
0.04	State what the contract or				
	State what the contract or lease is for and the nature	Amendment No. 5 to Pharmacy Consultant Agreement	Omnicare		
0	of the debtor's interest		Name		
			Attn Legal		
			Notice Name		
			One CVS Drive Mail Co	ode 1160	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
	7.0				
			Woonsocket	RI	02895
			City	State	ZIP Code
			Country		
	Amended herein: added				
	State what the contract or	Amendment No. 6 to Pharmacy Products and Services			
	lease is for and the nature	Agreement	Omnicare		
	of the debtor's interest		Name		
			Attn Legal		
			Notice Name		
			One CVS Drive Mail Co	ode 1160	
	State the term remaining		Address		
			<u> </u>		
	List the contract number of				
	any government contract		_		
	any government contract				
	any government contract		Moongodist	DI	02005
	any government contract		Woonsocket	RI	02895
	any government contract		Woonsocket	RI State	02895 ZIP Code
	any government contract				

Case	24-10443-TMH Doc 1493 Filed	1 04/22/25 Page	59 of 69	
Debtor: Kewanee HCO, LLC Name		Case number (if kno		
2.63 State what the contract or lease is for and the nature of the debtor's interest	Amendment to Pharmacy Consultant Agreement	Omnicare Name		
of the debtor's interest		Attn Legal		
		Notice Name		
		One CVS Drive Mail Co	ode 1160	
State the term remaining		Address		
List the contract number of				
any government contract				
		Woonsocket	RI	02895
		City	State	ZIP Code
		Country		
Amended herein: added				
2.64 State what the contract or lease is for and the nature	Letter Amendment re: COVID-19 Vaccination Distribution Services	Omnicare		
of the debtor's interest		Name		
		Attn Legal Notice Name		
			- I- 4400	
State the term remaining		One CVS Drive Mail Co	ode 1160	
State the term remaining		Addless		
List the contract number of				
any government contract				
a, government coact				
		Woonsocket	RI	02895
		City	State	ZIP Code
		Country		
Amended herein: added				
2.65 State what the contract or lease is for and the nature		0		
of the debtor's interest	Pharmacy Consultant Agreement	Omnicare Name		
		Attn Legal Notice Name		
		One CVS Drive Mail Co	odo 1160	
State the term remaining		Address	Jue 1100	
List the contract number of				
any government contract				
		Woonsocket	RI	02895
		City	State	ZIP Code
		Country		

	Case	24-10443-TMH Doc 1493 Filed	d 04/22/25 Page	60 of 69	
Debtor:	Kewanee HCO, LLC		Case number (if kn		
	Name				
2.66	State what the contract or lease is for and the nature	Pharmacy Products and Services Agreement	Omnicare		
į	of the debtor's interest	Finalitiacy Froducts and Services Agreement	Name		
			Attn Legal		
			Notice Name		
			One CVS Drive Mail Co	ode 1160	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Woonsocket	RI	02895
			City	State	ZIP Code
			Country		
	Amended herein: added				
			Omnicara Dharmasu at	itha Midwaat II C dha	Omniagra of Kanaga
2.67	State what the contract or lease is for and the nature	Amendment to Pharmacy Consultant Agreement	Omnicare Pharmacy of the Midwest, LLC dba Omnicare of I City		Offilicate of Karisas
	of the debtor's interest	- monanto i namao) concanant igrosmon	Name		
			Notice Name		
			10400 Hickman Mills D	rive, Suite 200	
	State the term remaining		Address		
	List the contract number of		-		
	any government contract				
			Kansas City	MO	64137
			City	State	ZIP Code
			Country		
	Amended herein: added				
	Ctata what the contract on	American describes Discussions Describes and Comities	Omnicare Pharmacy of	the Midwest II C dha	Omnicare of Kansas
2.68	State what the contract or lease is for and the nature	Amendment to Pharmacy Products and Services Agreement	City	the Midwest, LLO aba	Ominicare of Narious
	of the debtor's interest		Name		
			Notice Name		
			10400 Hickman Mills D	rive, Suite 200	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Kansas City	MO	64137
			City	State	ZIP Code
			•		
			Country		

Ca	se 24-10443-TMH Doc 1493 Filed	d 04/22/25 Page	61 01 69	
ebtor: Kewanee HCO, LLC		Case number (if kno	wn): 24-10578	
Name				
2.69 State what the contract lease is for and the natural	or Amendment to Pharmacy Consultant Agreement	Omnicare, Inc.		
of the debtor's interest	Amendment to Final mady consultant Agreement	Name		
		Attn General Counsel		
		Notice Name		
		900 Omnicare Center		
State the term remaining	1	Address		
		201 East Fourth Street		
List the contract number	r of			
any government contra				
, 3	-			
		Cincinnati	ОН	45202
		City	State	ZIP Code
		Country		
		Country		
Amended herein: adde	d			
Timonada norom: aaad	.			
2.70 State what the contract lease is for and the natu	Amendment to Pharmacy Products and Services	Omnicare, Inc.		
of the debtor's interest	re Agreement	Name		
		Attn General Counsel		
		Notice Name		
		900 Omnicare Center		
State the term remaining	1	Address		
		201 East Fourth Street		
List the contract number	r of			
any government contra				
any government contra	•			
		Cincinnati	ОН	45202
		City	State	ZIP Code
		Country		
		Country		
Amended herein: adde	d			
2.71 State what the contract lease is for and the natu	Dharmany Canaultant Agraement	Omnicare, Inc.		
of the debtor's interest	re Pharmacy Consultant Agreement	Name		
		Attn General Counsel		
		Notice Name		
		900 Omnicare Center		
State the term remaining		Address		
		201 East Fourth Street		
List the contract number	r of			
any government contra				
any government contra	•			
		Cinginnati	OH	45000
		Cincinnati	OH	45202
		City	State	ZIP Code
		Country		

		24-10443-TMH Doc 1493 File	J	62 of 69	
ebtor:	Kewanee HCO, LLC Name		Case number (if kno	own): 24-10578	
2.72	State what the contract or lease is for and the nature of the debtor's interest	Pharmacy Products and Services Agreement	Omnicare, Inc. Name		
	or the deptor's interest		Attn General Counsel		
			Notice Name		
			900 Omnicare Center		
	State the term remaining		Address		
	J		201 East Fourth Street		
	List the contract number of				
	any government contract				
			Cincinnati	OH	45202
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.73	State what the contract or lease is for and the nature	Hannital Transfer Assessed	OSF St. Luke Medical	Center	
	of the debtor's interest	Hospital Transfer Agreement	Name		
			Notice Name		
			1051 West South Stree	et	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			V		C4 4 4 2
			Kewanee	IL Otata	61443
			City	State	ZIP Code
			Country		
			,		
	Amended herein: added				
	State what the contract or				
2.74	State what the contract or lease is for and the nature	Hospital Transfer Agreement	Perry Memorial Hospita	al	
	of the debtor's interest		Name		
			Notice Name		
			530 Park Avenue E		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Princeton	IL	61356
					ZIP Code
			City	State	ZIF Code
			City	State	ZIP Code

Reverse HOO_LLC Reverse HO		Case	24-10443-TMH Doc 1493 Fi	iled 04/22/25 Page	e 63 of 69	
2.76 State what the contract or of the debtor's interest of any government contract or of the debtor's interest of the de	Debtor:	Kewanee HCO, LLC				
State the term remaining List the contract number of any government contract 2.78 State what the contract or of the debtor's interest List the contract number of any government contract 2.78 State what the contract or of the debtor's interest List the contract number of any government contract 2.78 State what the contract or of the debtor's interest List the contract number of any government contract 2.77 State what the contract or of the debtor's interest Amended herein: added 2.77 State what the contract or of the debtor's interest Amended herein: added 2.77 State what the contract or of the debtor's interest Amended herein: added 2.77 State what the contract or of the debtor's interest Amended herein: added 2.77 State what the contract or of the debtor's interest Amended herein: added 2.77 State what the contract or of the debtor's interest Amended herein: added 2.77 State what the contract or of the debtor's interest Amended herein: added 2.77 State what the contract or of the debtor's interest Amended herein: added 2.77 State what the contract or of the debtor's interest Amended herein: added 2.77 State what the contract or or and the nature of the debtor's interest Amended herein: added 2.77 State what the contract or or and the nature of any government contract or or or any government contract or						
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State the term remaining List the contract number of any government contract Chicago IL 60858 21P Cod		of the debtor's interest	independent Contractor Agreement			
State the term remaining List the contract number of any government contract Chicago IL 60858 21P Cod						
State the term remaining List the contract number of any government contract Chicago IL 60656				Notice Name		
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List the contract number of any government contract Chicago IL 60656		State the term remaining				
Chicago IL 60658		· ·				
Chicago IL 60656		List the contract number of				
Chicago IL 60656		any government contract				
2.76 State what the contract or lease is for and the nature of the debtor's interest List the contract number of any government contract Amended herein: added 2.77 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 2.77 lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract State the term remaining List 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 Omaha NE 68106		, 0				
2.76 State what the contract or lease is for and the nature of the debtor's interest List the contract number of any government contract Amended herein: added 2.77 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 2.77 lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract State the term remaining List 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 Omaha NE 68106				Chicago	IL	60656
2.76 State what the contract or lease is for and the nature of the debtor's interest State the term remaining Hospice Service Agreement Preferred Home Health Care Midwest Name Notice Name 150 W SOUTH ST						
2.76 State what the contract or lease is for and the nature of the debtor's interest Hospice Service Agreement Name Notice Name 150 W SOUTH ST Address Kewanee IL 61443 City State (City State To and the nature of the debtor's interest Billing Amended herein: added 2.77 State what the contract or lease is for and the nature of the debtor's interest Billing State the term remaining List the contract or lease is for and the nature of the debtor's interest Address List the contract number of any government contract State the term remaining List the contract number of any government contract Omaha NE 68106-				City	Olalo	211 0000
2.76 State what the contract or lease is for and the nature of the debtor's interest Hospice Service Agreement Name Notice Name 150 W SOUTH ST Address Kewanee IL 61443 City State (City State To and the nature of the debtor's interest Billing Amended herein: added 2.77 State what the contract or lease is for and the nature of the debtor's interest Billing State the term remaining List the contract or lease is for and the nature of the debtor's interest Address List the contract number of any government contract State the term remaining List the contract number of any government contract Omaha NE 68106-				Country		
of the debtor's interest Notice Name						
of the debtor's interest Notice Name	2.76	State what the contract or	Hagning Convice Agreement	Preferred Home Healt	th Care Midwest	
State the term remaining List the contract number of any government contract Kewanee IL 61443 City State State		of the debtor's interest	HOSPICE Service Agreement			
State the term remaining List the contract number of any government contract Kewanee IL 61443 City State State						
State the term remaining List the contract number of any government contract Kewanee				Notice Name		
List the contract number of any government contract Kewanee IL 61443 City State State State State Country				150 W SOUTH ST		
Amended herein: added 2.77 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 Domaha Kewanee IL 61443 61443 61443 61443 61443 61443		State the term remaining		Address		
Amended herein: added 2.77 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 Domaha Kewanee IL 61443 61443 61443 61443 61443 61443						
Kewanee IL 61443		List the contract number of				
Amended herein: added 2.77 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 Presto-X Name Notice Name 4521 Leavenworth Street Address Cmaha NE 68106		any government contract				
Amended herein: added 2.77 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 Presto-X Name Notice Name 4521 Leavenworth Street Address Cmaha NE 68106						
Amended herein: added 2.77 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 Countr				Kewanee	IL	61443
Amended herein: added 2.77 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 Omaha Net 68106-				City	State	ZIP Code
Amended herein: added 2.77 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 Omaha Net 68106-						
2.77 State what the contract or lease is for and the nature of the debtor's interest Billing Presto-X Name Notice Name 4521 Leavenworth Street Address List the contract number of any government contract Omaha NE 68106-				Country		
2.77 State what the contract or lease is for and the nature of the debtor's interest Billing Presto-X Name Notice Name 4521 Leavenworth Street Address List the contract number of any government contract Omaha NE 68106-						
of the debtor's interest Name Notice Name 4521 Leavenworth Street Address List the contract number of any government contract Omaha NE 68106-		Amended herein: added				
of the debtor's interest Name Notice Name 4521 Leavenworth Street Address List the contract number of any government contract Omaha NE 68106-		State what the contract or				
Notice Name 4521 Leavenworth Street Address List the contract number of any government contract Omaha Notice Name 4521 Leavenworth Street Address	2.77	lease is for and the nature	Billing			
State the term remaining List the contract number of any government contract Omaha NE 68106-	•	of the debtor's interest		Name		
State the term remaining List the contract number of any government contract Omaha NE 68106-				Notice Name		
State the term remaining List the contract number of any government contract Omaha NE 68106-						
List the contract number of any government contract Omaha NE 68106-		04-4-41-4-4			eet	
Omaha NE 68106-		State the term remaining		Address		
Omaha NE 68106-		List the contract number of				
Omaha NE 68106-						
		any government contract				
City State ZIP Cod						68106-1437
				City	State	ZIP Code
Country				Country		

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ebtor:	Kewanee HCO, LLC		Case number (if know		
2.78	Name State what the contract or lease is for and the nature	Multi-Facility Supply and Services Agreement	Pulmonary Exchange, Lt	d. aka PEL/VIP	
(of the debtor's interest		Name		
			Attn Raymond Kalinsky Notice Name		
			9840 SW Hwy.		
;	State the term remaining		Address		
	List the contract number of				
;	any government contract				
			Oak Lawn	IL	60453
			City	State	ZIP Code
			Country		
	Amended herein: added				
	State what the contract or ease is for and the nature	Amended and Restated Therapy Services Agreement	RehabCare Group East,	LLC	
,	of the debtor's interest		Name Attn VP, Finance		
			Notice Name		
			680 South Fourth Street		
;	State the term remaining		Address		
	list the contract number of				
	List the contract number of any government contract				
	, goro				
			Louisville	KY	40202
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.80	State what the contract or lease is for and the nature	Second Amended and Restated and Reaffirmed Guaranty Agreement	RehabCare Group East,	LLC	
	of the debtor's interest	Guaranty Agreement	Name		
			Attn Chief Financial Office	cer	
			680 South Fourth Street		
;	State the term remaining		Address		
	List the contract number of				
;	any government contract				
			Louisville	KY	40202
			City	State	ZIP Code
			Country		

Debtor:		24-10443-1MH Doc 1493 File	d 04/22/25 Page Case number (if kr	65 0f 69	
	Name				
2.81	State what the contract or lease is for and the nature of the debtor's interest	Protocol and Agreement of Hospice Services	Sarah Bush Lincoln Health Center d/b/a Sarah Bush Lincoln Hosp		
	or the debter of interest		Attn Post Acute Care I	Director	
			Sarah Bush Lincoln Ho	osnice	
	State the term remaining		Address	ээргээ	
			1004 Health Center Dr	rive, Suite 202	
	List the contract number of				
	any government contract				
			Mattoon	IL	61938
			City	State	ZIP Code
			Country		
	Amended herein: added				
	State what the contract or lease is for and the nature	Amendment to Pharmaceutical Product Rebate Agreement	Smith & Nephew, Inc.		
	of the debtor's interest		Name Attn Company Secreta	nn/	
			Notice Name	шу	
			1450 E. Brooks Road		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Managhia	TNI	20440
			Memphis City	TN State	38116 ZIP Code
			Country		
	Amended herein: added				
2.83	State what the contract or lease is for and the nature	Rebate Agreement	Smith & Nephew, Inc.		
	of the debtor's interest		Name		
			Attn Company Secreta	nry	
	State the term remaining		1450 E. Brooks Road Address		
	List the contract number of				
	any government contract				
			Memphis	TN	38116
			City	State	ZIP Code
			Country		

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ebtor:	Kewanee HCO, LLC Name		Case number (if kno	own): 24-10578	
2.84	State what the contract or lease is for and the nature	EpicCare Link Site Level Agreement	Southern Illinois Hospit	al Services	
•	of the debtor's interest				
			Attention Rex P. Budde)	
			1239 E. Main St.		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Carbondale	IL	62902
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.85	State what the contract or lease is for and the nature	Residential Hospice Agreement with Nursing Facility	Transitions Hospice		
Ċ	of the debtor's interest	1 dointy	Name		
			Attn Tim Scully, V.P.		
			Notice Name		
			12040 Raymond Court		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Huntley	IL	60142
			City	State	ZIP Code
			Country		
2.86	State what the contract or lease is for and the nature	Addendum to Agreement	Vitas Healthcare Corpo	oration of Illinois	
•	of the debtor's interest		Name		
			Attn General Manager		
			Notice Name		
			105 Marquette Street, S	Suite A	
	State the term remaining		Address		
	List the contract number of	·			
	any government contract				
			LaSalle	<u>IL</u>	61301
			City	State	ZIP Code
			Country		

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Debtor:			Case number (if known):	24-10578	
2.87	Name State what the contract or lease is for and the nature Agreement for Nursing Facility Services		Vitas Healthcare Corporation of Illinois		
	of the debtor's interest		Name		
			Attn General Manager		
			Notice Name		
			105 Marquette Street, Suite	A	
	State the term remaining		Address		
	List the contract number of any government contract				
			LaSalle	IL	61301
			City	State	ZIP Code
			Country		

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Fill in this information to identify the case:					
Debtor Name: In re : Kewanee HCO, LLC					
United States Bankruptcy Court for the: District of Delaware					
Case number (if known): 24-10578 (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

De	ciaratio	on and Sig	nature					
			or officer, or an authorized agent of the resentative of the debtor in this case	ne corporation; a member or an authorized agent of the partnership; or another				
I ha	I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:							
	Schedule	e A/B: Assets	s–Real and Personal Property (Official	al Form 206A/B)				
	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)							
	Schedule	e E/F: Credito	ors Who Have Unsecured Claims (O	rfficial Form 206E/F)				
	Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)							
	Schedule	e H: Codebto	ors (Official Form 206H)					
	Summar	y of Assets a	and Liabilities for Non-Individuals (Off	ficial Form 206Sum)				
	Amended	d Schedule	Schedule E/F: Creditors Who Have Summary of Assets and Liabilities	e Unsecured Claims, Schedule G: Executory Contracts and Unexpired Leases, for Non-Indiviudals				
	Chapter	11 or Chapte	er 9 Cases: List of Creditors Who Ha	ve the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)				
	Other do	cument that i	requires a declaration					
I de	clare unde	er penalty of p	perjury that the foregoing is true and	correct.				
Executed on 04/22/2025			5	★ / 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