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

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.

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

time of filing of the Statements (the "<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

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and

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

Email: chardman@winston.com

Counsel for the Debtors and Debtors in Possession

Schedule 1

List of Debtors Subject to Amended Schedules and Amended Statements

Schedule A/B, Part 11 Amendments

CYE Girard HCO, LLC

CYE Monmouth - PHC, Inc.

Lebanon HCO, LLC

Midwest Health Operations, LLC

Petersen Health & Wellness, LLC

Petersen Health Business, LLC

Petersen Health Care - Farmer City, LLC

Petersen Health Care - Illini, LLC

Petersen Health Care - Roseville, LLC

Petersen Health Care II, Inc.

Petersen Health Care Management, LLC

Petersen Health Care VIII, LLC

Petersen Health Care, Inc.

Petersen Health Enterprises, LLC

Petersen Health Group, LLC

Petersen Health Network, LLC

Petersen Health Properties, LLC

Petersen Health Quality, LLC

Petersen Health Systems, Inc.

Petersen Management Company, LLC

Petersen MT3, LLC

Piper HCO, LLC

SABL, LLC

SJL Health Systems, Inc.

Sullivan HCO, LLC

Tarkio HCO, LLC

Tuscola HCO, LLC

Westside HCO, LLC

XCH, LLC

Schedule A/B, Part 55 Amendments

Knoxville & Pennsylvania, LLC

Petersen Health Care II, Inc.

Petersen Health Systems, Inc.

Schedule E/F Amendments

CYE Girard HCO, LLC

CYE Kewanee- PHC, Inc.

CYE Knoxville - PHC, Inc.

CYE Monmouth - PHC, Inc.

Effingham HCO, LLC

El Paso - PHC, Inc

Kewanee HCO, LLC

Knoxville & Pennsylvania, LLC

Legacy - PHC Inc.

Marigold - PHC Inc.

Midwest Health Operations, LLC

Midwest Health Properties, LLC

North Aurora HCO, LLC

Petersen Health & Wellness, LLC

Petersen Health Business, LLC

Petersen Health Care - Farmer City, LLC

Petersen Health Care - Illini, LLC

Petersen Health Care - Roseville, LLC

Petersen Health Care II, Inc.

Petersen Health Care Management, LLC

Petersen Health Care VIII, LLC

Petersen Health Care, Inc.

Petersen Health Enterprises, LLC

Petersen Health Group, LLC

Petersen Health Network, LLC

Petersen Health Properties, LLC

Petersen Health Quality, LLC

Petersen Health Systems, Inc.

Petersen Management Company, LLC

Polo - PHC, Inc.

SABL, LLC

SJL Health Systems, Inc.

War Drive, LLC

XCH, LLC

Schedule G Amendments

Aledo HCO, LLC

Arcola HCO, LLC

Aspen HCO, LLC

Bement HCO, LLC

Betty's Garden HCO, LLC

Casey HCO, LLC

Collinsville HCO, LLC

CYE Bradford HCO, LLC

CYE Bushnell HCO, LLC

CYE Girard HCO, LLC

CYE Knoxville HCO, LLC

CYE Monmouth HCO, LLC

CYE Sullivan HCO, LLC

CYE Walcott HCO, LLC

Decatur HCO, LLC

Eastview HCO, LLC

Effingham HCO, LLC

Havana HCO, LLC

Jonesboro, LLC

Kewanee HCO, LLC

Knoxville & Pennsylvania, LLC

Lebanon HCO, LLC

Macomb, LLC

McLeansboro HCO, LLC

Midwest Health Operations, LLC

Midwest Health Properties, LLC

North Aurora HCO, LLC

Petersen Health & Wellness, LLC

Petersen Health Business, LLC

Petersen Health Care - Farmer City, LLC

Petersen Health Care - Illini, LLC

Petersen Health Care - Roseville, LLC

Petersen Health Care II, Inc.

Petersen Health Care III, LLC

Petersen Health Care Management, LLC

Petersen Health Care V, LLC

Petersen Health Care VII, LLC

Petersen Health Care XI, LLC

Petersen Health Care, Inc.

Petersen Health Enterprises, LLC

Petersen Health Group, LLC

Petersen Health Network, LLC

Petersen Health Properties, LLC

Petersen Health Quality, LLC

Petersen Health Systems, Inc.

Petersen Management Company, LLC

Petersen MT, LLC

Petersen MT3, LLC

Piper HCO, LLC

Pleasant View HCO, LLC

Prairie City HCO, LLC

Robings HCO, LLC

Rosiclare HCO, LLC

Royal HCO, LLC

SABL, LLC

SC Healthcare Holding, LLC

Shangri La HCO, LLC

Shelbyville HCO, LLC

SJL Health Systems, Inc.

South Elgin, LLC

Sullivan HCO, LLC

Swansea HCO, LLC

Tarkio HCO, LLC

Tuscola HCO, LLC

Twin HCO, LLC

Vandalia HCO, LLC

Village Kewanee HCO, LLC

War Drive, LLC

Watseka HCO, LLC

Westside HCO, LLC

XCH, LLC

SOFA Part 2, Question 4 Amendments

Midwest Health Operations, LLC

Petersen Health & Wellness, LLC

Petersen Health Care - Illini, LLC

Petersen Health Care - Roseville, LLC

Petersen Health Care II, Inc.

Petersen Health Care Management, LLC

Petersen Health Network, LLC

Petersen Health Systems, Inc.

Petersen Management Company, LLC

SABL, LLC

SJL Health Systems, Inc.

XCH, LLC

IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

In re

SC HEALTHCARE HOLDING, LLC et al.,

Debtors.1

Chapter 11

Case No. 24-10443 (TMH)

Jointly Administered

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

INTRODUCTION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SPECIFIC ADDITIONAL DISCLOSURES WITH RESPECT TO AMENDED SCHEDULES AND STATEMENTS

Schedule A/B

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

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

Schedule E/F

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

Schedule G

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

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

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

Statement of Financial Affairs

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

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

[Remainder of page left intentionally blank]

EXHIBIT A

Amended Schedules

IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

In re:

SC HEALTHCARE HOLDING, LLC, et al.,

Debtors. 1

Chapter 11

Case No. 24-10443 (TMH)

(Jointly Administered)

AMENDED SCHEDULES OF ASSETS AND LIABILITIES FOR PETERSEN MANAGEMENT COMPANY, LLC (CASE NO. 24-10583)

Amended Herein:

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

• Schedule E/F: Creditors Who Have Unsecured

• Schedule G: Executory Contracts and Unexpired Leases

• Summary of Assets and Liabilities for Non-Individuals

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

claims and noticing agent at www.kccllc.net/Petersen.

Fill in this information to identify the case:

Debtor Name: In re: Petersen Management Company, LLC
United States Bankruptcy Court for the: District of Delaware

Case number (if known): 24-10583 (TMH)

☑ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets		
1. Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)		
1a. Real property:		
Copy line 88 from Schedule A/B	\$	0.00
1b. Total personal property:		
Copy line 91A from Schedule A/B	\$	19,614,572.21
1c. Total of all property:		
Copy line 92 from Schedule A/B	\$	19,614,572.21
Part 2: Summary of Liabilities 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D	\$	12,442,517.18
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)		
3a. Total claim amounts of priority unsecured claims:		
Copy the total claims from Part 1 from line 5a of Schedule E/F	\$	595,756.51
3b. Total amount of claims of nonpriority amount of unsecured claims:		
Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F	+\$	1,736,083.85
4. Total liabilities		
Lines 2 + 3a + 3b	\$	14,774,357.54

Fill in this information to identify the case:

Debtor Name: In re: Petersen Management Company, LLC
United States Bankruptcy Court for the: District of Delaware

Case number (if known): 24-10583 (TMH)

Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

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

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

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

art 1:	Cash and cash equivalents				
1. Do e	es the debtor have any cash or cash equ	ivalents?			
	No. Go to Part 2.				
\checkmark	Yes. Fill in the information below.				
All	cash or cash equivalents owned or co	ontrolled by the debtor		Current val	ue of debtor's interes
2. Ca	sh on hand				
	2.1 None				
3. Ch	ecking, savings, money market, or financ	•			
Nan	ne of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number		
	3.1 Huntington	Government	9920	\$	4,190.07
	3.2 Huntington	Operating	9959	\$	23,983.87
	3.3 CIBC	Government	1601	 \$	0.00
	3.4 CIBC	Non-Government	9212	 \$	0.00
	3.5 CIBC	Operating	3015	\$	135,923.89
4. O th	er cash equivalents (Identify all)				
	4.1 None			 \$	
5 T	d of Pout 4				
	al of Part 1	any additional about.\	Cany the total to line 90	\$	164,097.83
Add	lines 2 through 4 (including amounts on	any additional sneets). (Jopy the total to line ou.		

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Debtor: Petersen Management Company, LLC Case number (if known): 24-1058

Name		
art 2: Deposits and prepayments		
6. Does the debtor have any deposits or prepayments?		
□ No. Go to Part 3.		
☑ Yes. Fill in the information below.		
	Current val	ue of debtor's interest
7. Deposits, including security deposits and utility deposits		
Description, including name of holder of deposit		
7.1 None	\$	
8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent		
Description, including name of holder of prepayment		
8.1 Prepaid Insurance	\$	638,130.29
8.2 Prepaid Management Fees	\$	3,487,225.35
8.3 Prepaid Other	\$	6,800.60
9. Total of Part 2.		
Add lines 7 through 8. Copy the total to line 81.	\$	4,132,156.24

Case 24-10443-TMH Doc 1496 Filed 04/22/25 Page 18 of 157 Petersen Management Company, LLC Case number (if known): Debtor: Name Part 3: Accounts receivable 10. Does the debtor have any accounts receivable? $\ \square$ No. Go to Part 4. $\ensuremath{\,\,^{\scalebox{}}}$ Yes. Fill in the information below. Current value of debtor's 11. Accounts receivable Description face amount doubtful or uncollectible accounts Accounts =..... **>** \$ 11,955,556.22 11a. 90 days old or less: 11,955,556.22 - \$ Receivables Note: See Global Notes Accounts 11b. Over 90 days old: - \$ Receivables Note: See Global Notes 12. Total of Part 3.

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

11,955,556.22

\$

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Debtor: Petersen Management Company, LLC Case number (if known): 24-10583

Name 24-10583

Par	t 4: Investments			
13.	Does the debtor own any investments?			
	☑ No. Go to Part 5.			
	$\ \square$ Yes. Fill in the information below.			
			Valuation method used for current value	Current value of debtor's interest
14.	Mutual funds or publicly traded stocks not included in Part 1			
	Name of fund or stock:			
				\$
				
15.	Non-publicly traded stock and interests in incorporated and un including any interest in an LLC, partnership, or joint venture	incorporated businesses,		
	Name of entity:	% of ownership:		
				\$
16.	Government bonds, corporate bonds, and other negotiable and instruments not included in Part 1	d non-negotiable		
	Describe:			
			_	\$
17.	Total of Part 4.		[
	Add lines 14 through 16. Copy the total to line 83.			\$0.00

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Debtor: Petersen Management Company, LLC

Case number (if known):

24-10583

Name

Part 5: Inventory, excluding agriculture assets

18.	✓ No. Go to Part 6. ✓ Yes. Fill in the information below.	ig agriculture assets)			
	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials		. \$		\$
20.	Work in progress		\$		\$
21.	Finished goods, including goods held for res	sale	\$		\$
22.	Other inventory or supplies		\$		\$
23.	Total of Part 5. Add lines 19 through 22. Copy the total to line 8	4.			\$
24.	Is any of the property listed in Part 5 perisha ☐ No ☐ Yes	ble?			
25.	Has any of the property listed in Part 5 been □ No	purchased within 20 o	days before the bankruptcy was	s filed?	
	□ No □ Yes. Description Book valu	ue\$	Valuation method	Current value	\$
26.	Has any of the property listed in Part 5 been □ No □ Yes	appraised by a profe	ssional within the last year?		

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Debtor: Petersen Management Company, LLC Case number (if known): 24-1058

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

Debioi.		,	
	Name		

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

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Debtor: Petersen Management Company, LLC Case number (if known): 24-10583

Name

Par	t 7: Office furniture, fixtures, and equipment; a	nd collectibles		
38.	Does the debtor own or lease any office furniture, fixtures,	equipment, or collectibles?		
	□ No. Go to Part 8.			
	☑ Yes. Fill in the information below.			
	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture			
	39.1 Total FFE from Balance Sheet	\$ 121,608.94	Net Book Value	\$\$
40.	Office fixtures			
	40.1 See Schedule A/B 39	\$		\$
41.	Office equipment, including all computer equipment and communication systems equipment and software			
	41.1 See Schedule A/B 39	\$	-	\$
42.	Collectibles <i>Examples:</i> Antiques and figurines; paintings,prints books, pictures, or other art objects; china and crystal; stamp, card collections; other collections, memorabilia, or collectibles			
	42.1 None	\$	-	\$\$
43.	Total of Part 7.			
	Add lines 39 through 42. Copy the total to line 86.			\$ 121,608.94
44.	Is a depreciation schedule available for any of the property	listed in Part 7?		
	☑ No			
	□ Yes			

✓ No☐ Yes

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

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Debtor:	Petersen Management Company, LLC	Case number (if known):	24-10583	
	Name			

46.	Does the debtor own or lease any machinery, equipment,	or vehicle	s?		
	□ No. Go to Part 9.				
	☑ Yes. Fill in the information below.				
	General description	Net bool	value of debtor's	Valuation method used	Current value of debtor's interes
	Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	(Where a	vailable)	for current value	Current value of deptor's interes
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled	d farm veh	icles		
	2004 Ford Taurus-DL57333 VIN: 47.1 1FAFP58U54A114480	\$	Undetermined	Cost	\$\$5,000.0
	2006 Ford Box Truck-2666133B VIN: 47.2 1FDXE45S66DB17595	\$	Undetermined	_	\$\$ Undetermine
	2019 Dodge Caravan-Ck60035 VIN: 47.3 2C4RDGBG7KR782479	\$	Undetermined		\$ Undetermine
49	Aircraft and accessories				
49.	Aircraft and accessories				
	49.1 None	\$:	\$
50.	Other machinery, fixtures, and equipment (excluding farm	machiner	y and equipment)		
	50.1 See Schedule A/B 39	\$			\$
51.	Total of Part 8.				
	Add lines 47 through 50. Copy the total to line 87.			!	5,000.00
2.	Is a depreciation schedule available for any of the propert	y listed in	Part 8?		
	☑ No				
	☐ Yes				
53.	Has any of the property listed in Part 8 been appraised by	a profess	ional within the last	year?	
	☑ No				
	□ Yes				

Case 24-10443-TMH Doc 1496 Filed 04/22/25 Page 24 of 157 Petersen Management Company, LLC Case number (if known): Debtor: Name Part 9: **Real property** Does the debtor own or lease any real property? ☑ No. Go to Part 10. $\hfill \hfill \hfill$ 55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest **Description and location of property** Net book value of Nature and extent of Valuation method Include street address or other description such as debtor's interest Current value of Assessor Parcel Number (APN), and type of property (for debtor's interest in used for current debtor's interest property value example, acreage, factory, warehouse, apartment or office (Where available) building), if available. 55.1 56. Total of Part 9. Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88. 0.00 \$ 57. Is a depreciation schedule available for any of the property listed in Part 9? □ No □ Yes 58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

□ Yes

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Petersen Management Company, LLC Debtor:

Case number (if known):

24-10583

Name

Part 10: Intangibles and intellectual property	
--	--

59.	Does the debtor have any interests in intangibles or intellectual	property?		
	□ No. Go to Part 11.			
	☑ Yes. Fill in the information below.			
	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets			
	60.1 None	\$		\$
61.	Internet domain names and websites			
	61.1 None	\$		\$
62.	Licenses, franchises, and royalties State of Illinois Department of Public Health License, 62.1 Permit, Certification, Registration	\$ Undetermined		\$ Undetermined
			-	. •
63.	Customer lists, mailing lists, or other compilations			
	63.1 Customer / patient list	\$0.00		\$ Undetermined
64.	Other intangibles, or intellectual property			
	64.1 None	\$		\$
65.	Goodwill			
	65.1 None	\$		\$
00	Total of Part 40		Г	
00.	Total of Part 10. Add lines 60 through 65. Copy the total to line 89.			\$ 0.00
				<u> </u>
67.	Do your lists or records include personally identifiable informat	ion of customers (as defined in	- 11 U.S.C. §§ 101(41A) an	d 107) ?
	□ No			
	☑ Yes			
68.	Is there an amortization or other similar schedule available for a	ny of the property listed in Par	10?	
	☑ No			
	☐ Yes			
69.	Has any of the property listed in Part 10 been appraised by a pro-	ofessional within the last year?		
	☑ No			
	☐ Yes			

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Debtor: Petersen Management Company, LLC Case number (if known): 24-10583

EDIOI.			

Name

Part 11: All other assets

70. [Ooes the de nclude all in	btor own any other assets that heterests in executory contracts and	nave not yet been reported on the unexpired leases not previously	this form? reported on this form.			
	No. Go	to Part 12.					
[✓ Yes. Fill	in the information below.					
						Current val	ue of debtor's
	Notes rece						
		include name of obligor)	Total face amount	doubtful or uncollectible			
	71.1	Employee Advances / Loans	\$	\$ Und	etermined =	* \$	7,693.67
	Description (include name of obligor)	Total face amount	doubtful or uncollectible	e accounts		
	71.2	None	\$	- \$	=	\$	
2.	Tax refunds	s and unused net operating loss	es (NOLs)				
	Description	(for example, federal, state, local)					
	72.1	None		Tax year		\$	
3.	Interests in	insurance policies or annuities					
	73.1	None				\$	
		See Global Notes Nature of claim Amount requested	\$			\$	
		ingent and unliquidated claims o re, including counterclaims of th ns					
	75.1	None				\$	
		Nature of claim					
		Amount requested	\$				
3. ·	Trusts, equ	itable or future interests in prop	erty				
	76.1	None				\$	
, c	Other prope	rty of any kind not already listed	Examples: Season tickets,				
С	,	membership See AMENDED A/B 77 Attachmen	t			\$	3,228,459.3
, o	T-1-1 15	dd			Г		
	Total of Pa	rt 11. 1 through 77. Copy the total to line	00			¢	2 226 452 00
	Auu iines /	i unough 77. Copy the total to line	ಶ0.			\$ 	3,236,152.98
9. F	las any of t	the property listed in Part 11 bee	n appraised by a professional	within the last year?			
[☑ No						
	Yes						

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Debtor: Petersen Management Company, LLC

Name

Case number (if known): 24-10583

Part 12: Summary

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

	Type of property	 ent value of onal property		Current value of real property	
80.	Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	\$ 164,097.83			
81.	Deposits and prepayments. Copy line 9, Part 2.	\$ 4,132,156.24			
82.	Accounts receivable. Copy line 12, Part 3.	\$ 11,955,556.22			
83.	Investments. Copy line 17, Part 4.	\$ 0.00			
84.	Inventory. Copy line 23, Part 5.	\$ 0.00			
85.	Farming and fishing-related assets. Copy line 33, Part 6.	\$ 0.00			
86.	Office furniture, fixtures, and equipment; and collectibles.	\$ 121,608.94			
	Copy line 43, Part 7.				
87.	Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$ 5,000.00			
88.	Real property. Copy line 56, Part 9	 		\$0.00	
89.	Intangibles and intellectual property. Copy line 66, Part 10.	\$ 0.00			
90.	All other assets. Copy line 78, Part 11.	\$ 3,236,152.98			
91.	Total. Add lines 80 through 90 for each column91a.	\$ 19,614,572.21	+ 91b.	\$ 0.00	_
92.	Total of all property on Schedule A/B. Lines 91a + 91b = 92	 			,

Fill in this information to identify the case:
Debtor Name: In re: Petersen Management Company, LLC
United States Bankruptcy Court for the: District of Delaware
Case number (if known): 24-10583 (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.

Dart 1	List All Creditors with PRIORITY Unsecured Claims	
ait i.	List All Greditors with PRIORITT Unsecured Claims	š

- 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 a	mount
Priority cred		nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	595,756.51	\$	595,756.51
Creditor Name	ide del vice		_				
			☐ Contingent				
			☐ Unliquidated				
Creditor's Notice	name		☐ Disputed				
569 West Mor	nroe Street, Suite	1100	_				
Address			Basis for the claim:				
			Taxes				
				_			
Chicago	IL	60675	_				
City	State	ZIP Code					
Country			_				
Date or date	es debt was inc	urred					
Various			_				
Last 4 digits	s of account				aim subject t	to offset?	
number				☑ No			
Specify Cod	le subsection o	of PRIORITY unsecui	red	□ Yes			
claim: 11 U.	S.C. § 507(a) (<u>8</u>)						

Part 2:

List All Creditors with NONPRIORITY Unsecured Claims

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

				Amount of claim	
B.1 Nonpriority cred	ditor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	12,943.98
Creditor Name			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice name	е		□ Disputed		
PO Box 830272			Basis for the claim:		
Address			Trade Payable	_	
Philadelphia	PA	19182			
City	State	ZIP Code			
Country					
Date or dates de	ebt was incurre	ed	Is the claim subject to offset?		
Various					
Last 4 digits of	account		☐ Yes		
number					
		nd mailing address	As of the petition filing date, the claim is:	\$	10,787.73
AmcapFinance - L Creditor Name	.B		Check all that apply.		
Greater Hame			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice name	е		☐ Disputed		
PO Box 1880			Basis for the claim:		
Address			Trade Payable	_	
Minneapolis	MN	55480-1880			
Minneapolis City	MN State	55480-1880 ZIP Code			
·					
City Country Date or dates de	State	ZIP Code	Is the claim subject to offset?		
City	State ebt was incurre	ZIP Code	Is the claim subject to offset? ✓ No — Yes		

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Americal lilinois			nd mailing address	As of the petition filing date, the claim is:	\$	763.5
Contingent Contingent Unliquidated Disputed Basis for the claim: Trade Payable	Ameren Illinois	S		Check all that apply.		
Creditor's Notice name PO Box 88034 Address Trade Payable Chicago IL 60680-1034 City State ZIP Code State Various Pass debt was incurred Various Possible Various Pass and mailing address American Outdoor Services Creditor's Name and mailing address American State Route 29 Address Delevan IL 61734 City State ZIP Cods Basis for the claim: Creditor's Name Address Address Delevan IL 61734 City State ZIP Cods State Calim subject to offset? Country Basis for the claim: Trade Payable State Calim subject to offset? Check all that apply: Contingent Unfliquidated Disputed Delevan IL 61734 City State ZIP Cods State Calim subject to offset? Esthe Claim subject to offset? State Calim subject to offset?	Ordator Name			☐ Contingent		
PO Box 88034 Address Chicago IL 60680-1034 City State 2IP Code State St				☐ Unliquidated		
Trade Payable Chicago L 60680-1034 City State ZIP Code Date or dates debt was incurred Yes Various Yes Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 3,990.00	Creditor's Notice	name		☐ Disputed		
Chicago IL 60680-1034 City State 2IP Code State	PO Box 88034	1		Basis for the claim:		
Country Date or dates debt was incurred Various Last 4 digits of account Nonpriority creditor's name and mailing address American Outdoor Services Creditor Name Creditor Notice name 2944 State Route 29 Address Address Delevan IL G1734 City State State State ZIP Code Is the claim subject to offset? Various	Address			Trade Payable	_	
Country Date or dates debt was incurred Various Last 4 digits of account number Nonpriority creditor's name and mailing address American Outdoor Services Creditor Name Creditor Notice name 2944 State Route 29 Address Delevan IL Delevan IL State Stat						
Country Date or dates debt was incurred Various Last 4 digits of account number Nonpriority creditor's name and mailing address American Outdoor Services Creditor's Notice name Creditor's Notice name Basis for the claim: Trade Payable Delevan IL 61734 City State State Country Date or dates debt was incurred Various Is the claim subject to offset? No No No No State St	Chicago		60680-1034			
Date or dates debt was incurred Various Last 4 digits of account number Nonpriority creditor's name and mailing address American Outdoor Services Creditor Name Creditor Notice name 2944 State Route 29 Address Delevan IL Gity State 2iP Code Country Date or dates debt was incurred Various Is the claim subject to offset? No No Pes No No Pes No No No No No No No No No N	City	State	ZIP Code			
Various	Country					
Last 4 digits of acount number Nonpriority creditor's name and mailing address American Outdoor Services Creditor Name Creditor's Notice name Creditor's Notice name 2944 State Route 29 Address Address Delevan IL Glty State Clty State Clty State Clty State Clty State State Clty State	Date or date	es debt was incurr	ed			
Nonpriority creditor's name and mailing address American Outdoor Services Creditor Name Creditor's Notice name Creditor's Notice name 2944 State Route 29 Address Delevan IL G1734 City State Zip Code Country Date or dates debt was incurred Various As of the petition filing date, the claim is: \$ 3,990.00 Check all that apply. Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable It 61734 Zip Code Is the claim subject to offset? Various	Various					
Creditor's Notice name 2944 State Route 29 Address Delevan City State	Last 4 digits	s of account				
Creditor's Notice name 2944 State Route 29 Address Disputed Basis for the claim: Trade Payable Delevan LL City State Country Date or dates debt was incurred Various Disputed Basis for the claim: Trade Payable Italian Italian State	Last 4 digits number Nonpriority American Outo	creditor's name a	nd mailing address	☐ Yes As of the petition filing date, the claim is:	\$	3,990.0
2944 State Route 29 Address Delevan City Country Date or dates debt was incurred Various Disputed Basis for the claim: Trade Payable It a	Last 4 digits number Nonpriority American Outo	creditor's name a	nd mailing address	☐ Yes As of the petition filing date, the claim is: Check all that apply.	\$	3,990.0
Address Trade Payable Delevan IL 61734 City State ZIP Code Country Date or dates debt was incurred Various Trade Payable	Last 4 digits number Nonpriority American Out Creditor Name	creditor's name a door Services	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent	\$	3,990.0
Delevan IL 61734 City State ZIP Code Country Date or dates debt was incurred Various Is the claim subject to offset? ✓ No	Last 4 digits number Nonpriority American Out Creditor Name	creditor's name a door Services	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated	\$	3,990.0
Country Date or dates debt was incurred Various ZIP Code Is the claim subject to offset? ✓ No	Last 4 digits number Nonpriority American Oute Creditor Name Creditor's Notice	creditor's name a door Services	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed	\$	3,990.0
Country Date or dates debt was incurred Various ZIP Code Is the claim subject to offset? ✓ No	Last 4 digits number Nonpriority American Oute Creditor Name Creditor's Notice	creditor's name a door Services	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	3,990.0
Country Date or dates debt was incurred Various Is the claim subject to offset? No	Last 4 digits number Nonpriority American Oute Creditor Name Creditor's Notice	creditor's name a door Services	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	3,990.0
Date or dates debt was incurred Is the claim subject to offset? Various ✓ No	Last 4 digits number Nonpriority American Oute Creditor Name Creditor's Notice 2944 State Ro Address	creditor's name a door Services name oute 29		□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	3,990.0
Various ☑ No	Last 4 digits number Nonpriority American Oute Creditor Name Creditor's Notice 2944 State Ro Address Delevan	creditor's name a door Services name oute 29	61734	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	3,990.0
Validus	Last 4 digits number Nonpriority American Oute Creditor Name Creditor's Notice 2944 State Ro Address Delevan City	creditor's name a door Services name oute 29	61734	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	3,990.0
	Last 4 digits number Nonpriority American Oute Creditor Name Creditor's Notice 2944 State Ro Address Delevan City Country	creditor's name a door Services name oute 29 IL State	61734 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Disputed Basis for the claim: Trade Payable Is the claim subject to offset?	\$	3,990.0

number

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Name Inpriority creditor's name and mailing address Hossler Auto Plaza ditor Name Do North Main Street diress Inton IL State 61520 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	54.2
Hossler Auto Plaza ditor Name ditor's Notice name DO North Main Street Irress IL 61520	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	54.2
ditor Name ditor's Notice name DO North Main Street Iress Inton IL 61520	☐ Contingent ☐ Unliquidated ☐ Disputed ☐ Basis for the claim:	-	
ditor's Notice name D0 North Main Street Iress Inton IL 61520	☐ Unliquidated☐ Disputed☐ Basis for the claim:	-	
nton IL 61520	☐ Disputed Basis for the claim:	-	
nton IL 61520	Basis for the claim:	-	
nton IL 61520		-	
nton <u>IL</u> 61520	Trade Payable	-	
State ZIP Code			
untry			
te or dates debt was incurred	Is the claim subject to offset?		
rious	☑ No ————————————————————————————————————		
st 4 digits of account	□ Yes		
mber			
onpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 4	140.0
ntral Illinois Pest Management	Check all that apply.	Ψ	-10.0
ditor Name	□ Contingent		
	☐ Unliquidated		
ditor's Notice name	☐ Disputed		
1 Foot Weshington	Basis for the claim:		
1 East Washington Iress	Trade Payable		
		-	
tes City IL 61572			
State ZIP Code			
untry	lo the plaim publicat to effect?		
te or dates debt was incurred	Is the claim subject to offset? ☑ No		
rious			
st 4 digits of account	☐ Yes		

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PO Box 931686 Address Atlanta GA 31193-1686 City State ZiP Code Country Date or dates debt was incurred Various Creditor's name and mailing address Cityof Peorias Stormwater Creditor Notice name PO Box 6390 Address Last Gifeo1-6390 City State IL 61601-6390 City State ZiP Code Date or dates debt was incurred St the claim subject to offset? As of the petition filling date, the claim is: \$ 3,34 Check all that apply. Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Country Date or dates debt was incurred Various Is the claim subject to offset? Is the claim subject to offset?	Nonpriority	creditor's name a	and mailing address	As of the petition filing date, the claim is:	\$	2,275.0				
Contingent Unliquidated Disputed Basis for the claim: Trade Payable Trade Payable Trade		Inc		Check all that apply.						
Disputed	Creditor Name			☐ Contingent						
Disputed Basis for the claim: Trade Payable				Unliquidated						
Address	Creditor's Notice	name		☐ Disputed						
Atlanta GA 31193-1686 City State ZIP Code State	PO Box 93168	36		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 Cityof Peoria- Stormwater Creditor's Notice name PO Box 6390 Address Peoria IL 61601-6390 City State 2IP Code Is the claim subject to offset? No Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Peoria IL 61601-6390 City State ZIP Code Is the claim subject to offset? Is the claim subject to offset? No	Address			Trade Payable	_					
Country Date or dates debt was incurred Various Last 4 digits of account number Nonpriority creditor's name and mailing address Cityof Peoria- Stormwater Creditor's Notice name PO Box 6390 Address Peoria IL 61601-6390 City State 2IP Code Is the claim subject to offset? No Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Peoria IL 61601-6390 City State 2IP Code Is the claim subject to offset? Is the claim subject to offset? No										
Country Date or dates debt was incurred Various Last 4 digits of account number Nonpriority creditor's name and mailing address Cityof Peoriar- Stormwater Creditor's Notice name PO Box 6390 Address Peoria IL 61601-6390 City State ZIP Code Last 4 digits of account State As of the petition filing date, the claim is: \$ 3,30 Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Peoria IL 51801-6390 City State ZIP Code Last 4 digits of account Various Is the claim subject to offset? No	Atlanta	GA	31193-1686							
Date or dates debt was incurred Is the claim subject to offset? Various ✓ No Last 4 digits of account number Yes Nonpriority creditor's name and mailing address As of the petition filling date, the claim is: \$ 3,30 City of Peoria- Stormwater Check all that apply. Creditor's Name Unliquidated Disputed Disputed PO Box 6390 Basis for the claim: Trade Payable Peoria IL 61601-6390 City State ZIP Code State ZIP Code Us the claim subject to offset? Various No	City	State	ZIP Code							
Various	Country									
Last 4 digits of account number Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 3,30		s debt was incurr	red							
Nonpriority creditor's name and mailing address Cityof Peoria- Stormwater Creditor Name Creditor Name Creditor's Notice name PO Box 6390 Address Peoria IL 61601-6390 City State ZIP Code Bate Claim subject to offset? State Claim subject to offset? No										
Nonpriority creditor's name and mailing address Cityof Peoria- Stormwater Creditor Name Creditor's Notice name Creditor's Notice name PO Box 6390 Address Peoria IL 61601-6390 City State ZIP Code Country Date or dates debt was incurred Various As of the petition filing date, the claim is: \$ 3,30 Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Is the claim subject to offset? No	Last 4 digits	of account		⊔ Yes						
Creditor Name Creditor's Notice name Disputed Basis for the claim: Trade Payable Peoria City State Country Date or dates debt was incurred Various Contingent Contingent Contingent Contingent Contingent City Disputed Basis for the claim: Trade Payable Is the claim subject to offset? No	Nonpriority		and mailing address		\$	3,304.8				
Creditor's Notice name PO Box 6390 Address Peoria City Country Date or dates debt was incurred Various Unliquidated Disputed Basis for the claim: Trade Payable IL		Stormwater								
Creditor's Notice name PO Box 6390 Address Peoria City Country Date or dates debt was incurred Various Disputed Basis for the claim: Trade Payable IL 61601-6390 ZIP Code Is the claim subject to offset? No										
PO Box 6390 Address Peoria IL 61601-6390 City State ZIP Code Country Date or dates debt was incurred Various Disputed Basis for the claim: Trade Payable Is the claim subject to offset? No	Creditor's Notice	name		Unliquidated						
Address Peoria IL 61601-6390 City State ZIP Code Country Date or dates debt was incurred Is the claim subject to offset? Various No				·						
Peoria IL 61601-6390 ZIP Code State ZIP Code Is the claim subject to offset? Various No										
Country Date or dates debt was incurred Various State ZIP Code Is the claim subject to offset? No	Address			Trade Payable	_					
City State ZIP Code Country Date or dates debt was incurred Various Is the claim subject to offset?	Paoria		61601-6390							
Date or dates debt was incurred Is the claim subject to offset? Various ✓ No		 -								
Date or dates debt was incurred Is the claim subject to offset? Various ✓ No	Country									
	•	s debt was incur	red	Is the claim subject to offset?						
Leat 4 digite of account	Date or date									
Last 4 digits of account Yes				☑ No						
	Various			☑ No □ Yes						

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Inpriority creditor's name and mailing address fidentialon Site Paper Shredding itor Name South White Oak Road ess IL 61761 State ZIP Code Intry e or dates debt was incurred ous it 4 digits of account inber Inpriority creditor's name and mailing address stellation New Energy itor Name	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: \$	126.9
itor's Notice name South White Oak Road ess Mail	□ Contingent □ Unliquidated □ Disputed Basis for the claim: Trade Payable Is the claim subject to offset? ☑ No □ Yes	
South White Oak Road ess Mail	□ Unliquidated □ Disputed Basis for the claim: Trade Payable Is the claim subject to offset? ☑ No □ Yes	
South White Oak Road ess Mail	□ Disputed Basis for the claim: Trade Payable Is the claim subject to offset? ☑ No □ Yes	
South White Oak Road ess Mail	Basis for the claim: Trade Payable Is the claim subject to offset? ☑ No □ Yes	
mal IL 61761 State ZIP Code Intry e or dates debt was incurred ous It 4 digits of account Inber Inpriority creditor's name and mailing address stellation New Energy iter Name	Is the claim subject to offset? ☑ No □ Yes	
mal IL 61761 State ZIP Code Intry e or dates debt was incurred ous It 4 digits of account inber Inpriority creditor's name and mailing address stellation New Energy itor Name	Is the claim subject to offset? ☑ No □ Yes	
e or dates debt was incurred ous at 4 digits of account nber apriority creditor's name and mailing address stellation New Energy itor Name	☑ No □ Yes	
e or dates debt was incurred ous at 4 digits of account nber apriority creditor's name and mailing address stellation New Energy itor Name	☑ No □ Yes	
e or dates debt was incurred ous tt 4 digits of account nber npriority creditor's name and mailing address stellation New Energy itor Name	☑ No □ Yes	
e or dates debt was incurred ous it 4 digits of account inber inpriority creditor's name and mailing address stellation New Energy itor Name	☑ No □ Yes	
ous It 4 digits of account Inber Inpriority creditor's name and mailing address Instellation New Energy Interval of the state of t	☑ No □ Yes	
nber npriority creditor's name and mailing address stellation New Energy itor Name		
nber npriority creditor's name and mailing address stellation New Energy itor Name		
stellation New Energy itor Name	As of the petition filing date, the claim is: \$	
itor Name		7,249.
	Check all that apply.	
itor's Notice name	☐ Contingent	
itor's Notice name	☐ Unliquidated	
	☐ Disputed	
Division LLC	Basis for the claim:	
ess	Trade Payable	
Box 5473		
ol Stream IL 60197-5473		
State ZIP Code		
ntry		
e or dates debt was incurred	Is the claim subject to offset?	
ous	☑ No	
t 4 digits of account	☐ Yes	

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			A fall and fill have here	•	075 000 0
1 Nonpriority creditor's name and mailing address			As of the petition filing date, the claim is: Check all that apply.	\$	375,000.0
Cook, Ysursa, Bartholomew, Brauer & Shevlin Creditor Name		er & Offeviiri			
Creditor's Notice name 12 W Lincoln St			☐ Contingent		
			✓ Unliquidated		
			Disputed		
			Basis for the claim:		
Address			Litigation	-	
Belleville	<u>IL</u>	62220			
City	State	ZIP Code			
Country					
Date or dates debt was incurred 2/23/2017 Last 4 digits of account			Is the claim subject to offset?		
			☑ No		
			□ Yes		
number					
	creditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	21,779.01
2 Nonpriority of Datamax Creditor Name	creditor's name a	nd mailing address	Check all that apply.	\$	21,779.01
Datamax Creditor Name		nd mailing address	Check all that apply. □ Contingent	\$	21,779.01
Datamax	ne	nd mailing address	Check all that apply. ☐ Contingent ☐ Unliquidated	\$	21,779.01
Datamax Creditor Name dba Sumner Or Creditor's Notice r	ne	nd mailing address	Check all that apply. Contingent Unliquidated Disputed	\$	21,779.01
Datamax Creditor Name dba Sumner Or	ne	nd mailing address	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	21,779.01
Datamax Creditor Name dba Sumner Or Creditor's Notice r	ne	nd mailing address	Check all that apply. Contingent Unliquidated Disputed	\$	21,779.0
Datamax Creditor Name dba Sumner Or Creditor's Notice r	ne	nd mailing address	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	21,779.01
Datamax Creditor Name dba Sumner Or Creditor's Notice r	ne name	63139-0180	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	21,779.0
Datamax Creditor Name dba Sumner Or Creditor's Notice r PO Box 5180 Address	ne name		Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	21,779.0
Datamax Creditor Name dba Sumner Or Creditor's Notice r PO Box 5180 Address St Louis	ne name	63139-0180	Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	21,779.0
Datamax Creditor Name dba Sumner Or Creditor's Notice of PO Box 5180 Address St Louis City Country	ne name	63139-0180 ZIP Code	Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Is the claim subject to offset?	\$	21,779.0
Datamax Creditor Name dba Sumner Or Creditor's Notice of PO Box 5180 Address St Louis City Country	ne name MO State	63139-0180 ZIP Code	Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	21,779.0

number

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Nonpriority creditor's name and mailing address			As of the petition filing date, the claim is: \$	11,526.0		
Fed Ex Creditor Name			Check all that apply.			
			☐ Contingent			
Creditor's Notice	name		Unliquidated			
			☐ Disputed			
PO Box 94515			Basis for the claim:			
Address			Trade Payable			
Palatine	IL	60094-4515				
City	State	ZIP Code				
Country						
	s debt was incurr	red	Is the claim subject to offset? ☑ No			
Various						
Last 4 digits number	or account		☐ Yes			
		nd mailing address	As of the petition filing date, the claim is: \$ Check all that apply.			
Fully Promoted Creditor Name			Спеск ан так арру.			
Creditor Name						
Creditor Name			☐ Contingent			
Creditor Name Creditor's Notice	name		Unliquidated			
	name		Unliquidated ☐ Disputed			
Creditor's Notice			☐ Unliquidated ☐ Disputed Basis for the claim:			
Creditor's Notice of T800 N Somm Address			Unliquidated ☐ Disputed			
Creditor's Notice			☐ Unliquidated ☐ Disputed Basis for the claim:			
Creditor's Notice of T800 N Somm Address		61615	☐ Unliquidated ☐ Disputed Basis for the claim:			
7800 N Somm Address Suite 508	er St	61615 ZIP Code	☐ Unliquidated ☐ Disputed Basis for the claim:			
Creditor's Notice of 7800 N Somm Address Suite 508 Peoria City Country	IL State	ZIP Code	□ Unliquidated □ Disputed Basis for the claim: Trade Payable			
7800 N Somm Address Suite 508 Peoria City Country Date or date	er St	ZIP Code	Unliquidated Disputed Basis for the claim: Trade Payable Is the claim subject to offset?			
Creditor's Notice of 7800 N Somm Address Suite 508 Peoria City Country	IL State	ZIP Code	□ Unliquidated □ Disputed Basis for the claim: Trade Payable			

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or: Petersen Management Company, LLC Name			Case number (if known):	24-10583			
5 Nonpriority creditor's name and mailing address			As of the petition filing date, the claim is:	\$	42,000.0		
Ginoli & Company L T D			Check all that apply.				
Creditor Name			☐ Contingent				
			☐ Unliquidated				
Creditor's Notice name 7625 North University Address			□ Disputed				
			Basis for the claim:				
			Trade Payable				
Suite A				_			
Peoria	IL	61614-8303					
City	State	ZIP Code					
Country							
	debt was incurr	ed	Is the claim subject to offset?				
Various			☑ No				
Last 4 digits	of account		☐ Yes				
number Nonpriority of	reditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	4,682.2		
Greatland Corp		· ·	Check all that apply.	·	,		
Creditor Name			☐ Contingent				
			☐ Unliquidated				
Creditor's Notice n	ame		 ☐ Disputed				
PO Box 1157			Basis for the claim:				
Address			Trade Payable	_			
0		40504 1155					
Grand Rapids	MI	49501-1157					
City	State	ZIP Code					
Country							
Date or dates debt was incurred			Is the claim subject to offset?				
Various			☑ No				
Last 4 digits of account			☐ Yes				
number							

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Petersen Mana			Case number (if known):	24-10583	
Nonpriority cre	editor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	2,963.7
Guaranteed Ink Creditor Name			Check all that apply.		
Creditor Name			☐ Contingent		
			Unliquidated		
Creditor's Notice nan	ne		☐ Disputed		
PO Box 2222			Basis for the claim:		
Address			Trade Payable		
City	State	61611 ZIP Code			
Country					
Date or dates of	lebt was incurr	ed	Is the claim subject to offset?		
Various Last 4 digits of					
number					
Nonpriority cre		nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	3,000.0
Creditor Name	arces internatione	II LLO	□ Contingent		
			☐ Unliquidated		
Creditor's Notice nam	ne		☐ Disputed		
PO Box 1549			Basis for the claim:		
Address			Trade Payable		
Burlington	СТ	6013			
City	State	ZIP Code			
Country					
Date or dates of	lebt was incurr	ed	Is the claim subject to offset?		
Various			✓ No		
Last 4 digits of	account		☐ Yes		
number					

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Name Nonpriority creditor's name and mailing address					
Nonpriority cr	editor's name a	nd mailing address	As of the petition filing date, the claim is:	109.4	
I Tsavvy LLC Creditor Name			Check all that apply.		
Oreditor Name			☐ Contingent		
			Unliquidated		
Creditor's Notice na	me		☐ Disputed		
PO Box 3296			Basis for the claim:		
Address			Trade Payable		
Glen Ellyn City	State	60138 ZIP Code			
Country					
	debt was incurr	red	Is the claim subject to offset?		
Various	_		☑ No ————————————————————————————————————		
Last 4 didits 0	i account		☐ Yes		
Last 4 digits of account					
number					
number Nonpriority cr	editor's name a	nd mailing address	As of the petition filing date, the claim is:	338.	
number	editor's name a	nd mailing address	Check all that apply.	\$338.:	
number Nonpriority cr Illinois American	editor's name a	nd mailing address	Check all that apply. □ Contingent	\$ 338.3	
number Nonpriority cr Illinois American	editor's name a Water	nd mailing address	Check all that apply. □ Contingent □ Unliquidated	338.3	
number Nonpriority cr Illinois American Creditor Name Creditor's Notice na	editor's name a Water	nd mailing address	Check all that apply. ☐ Contingent ☐ Unliquidated ☐ Disputed	§	
number Nonpriority cr Illinois American Creditor Name	editor's name a Water	nd mailing address	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	338.3	
number Nonpriority cr Illinois American Creditor Name Creditor's Notice na PO Box 6029	editor's name a Water	nd mailing address	Check all that apply. ☐ Contingent ☐ Unliquidated ☐ Disputed	\$ 338.3	
number Nonpriority cr Illinois American Creditor Name Creditor's Notice na PO Box 6029	editor's name a Water	nd mailing address	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	§	
number Nonpriority cr Illinois American Creditor Name Creditor's Notice na PO Box 6029 Address	editor's name a Water		Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	§	
Nonpriority cr Illinois American Creditor Name Creditor's Notice na PO Box 6029 Address Carol Stream	editor's name a Water me	60197-6029	Check all that apply. Contingent Unliquidated Basis for the claim: Trade Payable	338.	
Nonpriority cr Illinois American Creditor Name Creditor's Notice na PO Box 6029 Address Carol Stream City Country	editor's name a Water me	60197-6029 ZIP Code	Check all that apply. Contingent Unliquidated Basis for the claim: Trade Payable Is the claim subject to offset?	338.	
Nonpriority cr Illinois American Creditor Name Creditor's Notice na PO Box 6029 Address Carol Stream City Country	editor's name a Water me IL State debt was incurr	60197-6029 ZIP Code	Check all that apply. Contingent Unliquidated Basis for the claim: Trade Payable	338.	

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Name	Nonpriority creditor's name and mailing address				
Nonpriority c		nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	587.9
Creditor Name	<u> </u>		☐ Contingent		
			□ Unliquidated		
Creditor's Notice n	ame		□ Disputed		
2312 SW Adam	ns Street		Basis for the claim:		
Address			Trade Payable		
				_	
Peoria	<u>IL</u>	61602			
City	State	ZIP Code			
Country			Is the claim subject to offset?		
Date or dates	debt was incurr	ed			
Various			✓ No		
	of account				
Last 4 digits	of account		☑ No ☐ Yes		
	of account				
Last 4 digits number Nonpriority c	reditor's name a	nd mailing address	☐ Yes As of the petition filing date, the claim is:	\$	88,934.8
Last 4 digits number	reditor's name a	nd mailing address	☐ Yes As of the petition filling date, the claim is: Check all that apply.	\$	88,934.8
Last 4 digits number Nonpriority c Inovalon Provid	reditor's name a	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent	\$	88,934.8
Last 4 digits number Nonpriority c Inovalon Provid	r editor's name a der Inc	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated	\$	88,934.8
Last 4 digits number Nonpriority c Inovalon Provid Creditor Name	creditor's name a der Inc	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$	88,934.8
Last 4 digits number Nonpriority c Inovalon Provid Creditor Name	creditor's name a der Inc	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	88,934.8
Last 4 digits number Nonpriority c Inovalon Provid Creditor Name Creditor's Notice n	creditor's name a der Inc	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$	88,934.8
Last 4 digits number Nonpriority c Inovalon Provid Creditor Name Creditor's Notice n PO Box 856015 Address	ereditor's name a		□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	88,934.8
Last 4 digits number Nonpriority c Inovalon Provid Creditor Name Creditor's Notice n	creditor's name a der Inc	nd mailing address 55485-6015 ZIP Code	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	88,934.8
Last 4 digits number Nonpriority c Inovalon Provid Creditor Name Creditor's Notice n PO Box 856018 Address	ereditor's name a der Inc hame MN	55485-6015	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	88,934.8
Last 4 digits number Nonpriority c Inovalon Provid Creditor Name Creditor's Notice n PO Box 856018 Address Minneapolis City Country	ereditor's name a der Inc hame MN	55485-6015 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Is the claim subject to offset?	\$	88,934.8
Last 4 digits number Nonpriority c Inovalon Provid Creditor Name Creditor's Notice n PO Box 856018 Address Minneapolis City Country	ereditor's name a der Inc ame MN State	55485-6015 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	88,934.8

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Name	_			
Nonpriority credi Kemper Technology		and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$ 29,826.0
Creditor Name	, cocag		□ Contingent	
			☐ Unliquidated	
Creditor's Notice name			□ Disputed	
302 East Walnut Str	reet		Basis for the claim:	
Address			Trade Payable	
Robinson	IL	62454-0000		
City	State	ZIP Code		
Country				
Date or dates de	bt was incurr	red	Is the claim subject to offset?	
Various			☑ No	
Last 4 digits of a	ccount		☐ Yes	
	.ooount			
number Nonpriority cred	itor's name a	and mailing address	As of the petition filing date, the claim is:	\$ 325,000.
number	itor's name a	and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$ 325,000.0
number Nonpriority credit Kralovec, Jambois 8	itor's name a	and mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent	\$ 325,000.0
number Nonpriority cred Kralovec, Jambois 8	itor's name a & Schwartz	and mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated	\$ 325,000.0
Nonpriority credi Kralovec, Jambois 8 Creditor Name Creditor's Notice name	itor's name a & Schwartz	and mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent	\$ 325,000.0
number Nonpriority credit Kralovec, Jambois & Creditor Name	itor's name a & Schwartz	and mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$ 325,000.0
Nonpriority credi Kralovec, Jambois 8 Creditor Name Creditor's Notice name 60 W Randolph St	itor's name a & Schwartz	and mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$ 325,000.
Nonpriority credi Kralovec, Jambois & Creditor Name Creditor's Notice name 60 W Randolph St Address Floor 4	itor's name a & Schwartz		As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$ 325,000.0
Nonpriority credi Kralovec, Jambois & Creditor Name Creditor's Notice name 60 W Randolph St Address Floor 4 Chicago	itor's name a & Schwartz	60601	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$ 325,000.0
Nonpriority credi Kralovec, Jambois & Creditor Name Creditor's Notice name 60 W Randolph St Address Floor 4	itor's name a & Schwartz		As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$ 325,000.0
Nonpriority credi Kralovec, Jambois 8 Creditor Name Creditor's Notice name 60 W Randolph St Address Floor 4 Chicago City Country	itor's name a & Schwartz	60601 ZIP Code	As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim: Litigation	\$ 325,000.
Nonpriority credi Kralovec, Jambois 8 Creditor Name Creditor's Notice name 60 W Randolph St Address Floor 4 Chicago City Country Date or dates deli	itor's name a & Schwartz	60601 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Litigation Is the claim subject to offset?	\$ 325,000
Nonpriority credi Kralovec, Jambois 8 Creditor Name Creditor's Notice name 60 W Randolph St Address Floor 4 Chicago City Country	itor's name a & Schwartz IL State bt was incurr	60601 ZIP Code	As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim: Litigation	\$ 325,000.

number

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	194 1			_	
Nonpriority Kristina Davis		and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	389.
Creditor Name			□ Contingent		
			☐ Unliquidated		
Creditor's Notice	name				
FOE North On	(" - l -l O(1		☐ DisputedBasis for the claim:		
525 North Camfield Street Address			Trade Payable		
Sullivan	IL	61951			
City	State	ZIP Code			
Country					
Date or date	es debt was incur	red	Is the claim subject to offset?		
Various			☑ No		
Look A district			□ V		
Last 4 digits number	s of account		□ Yes		
number Nonpriority		and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	Undetermin
number Nonpriority Law Office of	creditor's name a	and mailing address	As of the petition filing date, the claim is:	\$	Undetermin
number Nonpriority Law Office of Creditor Name	creditor's name a Jeffrey Krumpe	and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	Undetermin
number Nonpriority Law Office of	creditor's name a Jeffrey Krumpe	and mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent	\$	Undetermin
number Nonpriority Law Office of Creditor Name Creditor's Notice 110 SW Jeffer	creditor's name a Jeffrey Krumpe	and mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated	\$	Undetermin
number Nonpriority Law Office of Creditor Name Creditor's Notice	creditor's name a Jeffrey Krumpe	and mailing address	As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed	\$	Undetermin
number Nonpriority Law Office of Creditor Name Creditor's Notice 110 SW Jeffer	creditor's name a Jeffrey Krumpe	and mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	Undetermin
number Nonpriority Law Office of Creditor Name Creditor's Notice 110 SW Jeffer Address	creditor's name a Jeffrey Krumpe	and mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	Undetermin
number Nonpriority Law Office of Creditor Name Creditor's Notice 110 SW Jeffer Address Suite 410	creditor's name a Jeffrey Krumpe name reson		As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	Undetermin
Nonpriority Law Office of Creditor Name Creditor's Notice 110 SW Jeffer Address Suite 410 Peoria	creditor's name a Jeffrey Krumpe name reson	61602	As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim: Litigation	\$	Undetermin
number Nonpriority Law Office of Creditor Name Creditor's Notice 110 SW Jeffer Address Suite 410 Peoria City Country	creditor's name a Jeffrey Krumpe name reson	61602 ZIP Code	As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim: Litigation Is the claim subject to offset?	\$	Undetermin
number Nonpriority Law Office of Creditor Name Creditor's Notice 110 SW Jeffer Address Suite 410 Peoria City Country	creditor's name a Jeffrey Krumpe name reson IL State es debt was incurr	61602 ZIP Code	As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim: Litigation	\$	Undetermin

number

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Name	nagement Company	··	Case number (if known):	24-10583	
Nonpriority c	reditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	58.7
Lexis Nexis Creditor Name			Check all that apply.		
Oreditor reame			☐ Contingent		
			Unliquidated		
Creditor's Notice na	ame		☐ Disputed		
28544 Network	Place		Basis for the claim:		
Address			Trade Payable		
Chicago City	State	60673-1285 ZIP Code			
Country					
Date or dates	debt was incurr	ed	Is the claim subject to offset?		
Various					
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:	\$	14,763.4
Manpower			Check all that apply.		,
Creditor Name			 ☐ Contingent		
			☐ Unliquidated		
Creditor's Notice na	ame		 □ Disputed		
PO Box 1465			Basis for the claim:		
Address			Trade Payable		
Planmington		61702.1465			
Bloomington City	State	ZIP Code			
Country					
	debt was incurr	red	Is the claim subject to offset?		
Various			☑ No		
Last 4 digits	of account		□ Yes		
number					

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	reditor's name a	and mailing address	As of the petition filing date, the claim is: \$	280.8
Martin Bros Creditor Name			Check all that apply.	
			☐ Contingent	
Creditor's Notice na	ame		Unliquidated	
Oroditor o reditor ric			☐ Disputed	
406 Viking Road	t		Basis for the claim:	
Address			Trade Payable	
Cedar Falls	IA	50613		
City	State	ZIP Code		
Country			Is the claim subject to offset?	
	debt was incurr	red	✓ No	
Various	of account		□ Yes	
Last 4 digits of account				
number				
Nonpriority c		and mailing address	As of the petition filing date, the claim is: \$	3,000.0
		and mailing address	Check all that apply.	3,000.0
Nonpriority co		and mailing address	Check all that apply. ☐ Contingent	3,000.0
Nonpriority co	sulting Inc	and mailing address	Check all that apply. □ Contingent □ Unliquidated	3,000.0
Nonpriority CI McQuellon Cons Creditor Name Creditor's Notice na	sulting Inc	and mailing address	Check all that apply. ☐ Contingent ☐ Unliquidated ☐ Disputed	3,000.0
Nonpriority CI McQuellon Cons Creditor Name Creditor's Notice na 5901 North Kno	sulting Inc	and mailing address	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	3,000.0
Nonpriority Cl McQuellon Cons Creditor Name Creditor's Notice na 5901 North Kno Address	sulting Inc	and mailing address	Check all that apply. ☐ Contingent ☐ Unliquidated ☐ Disputed	3,000.0
Nonpriority CI McQuellon Cons Creditor Name Creditor's Notice na 5901 North Kno	sulting Inc	and mailing address	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	3,000.0
Nonpriority Cl McQuellon Cons Creditor Name Creditor's Notice na 5901 North Kno Address	sulting Inc	and mailing address	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	3,000.0
Nonpriority common McQuellon Considered Treditor's Notice notes 5901 North Knoned Address Suite 2	sulting Inc		Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	3,000.0
Nonpriority consequence of McQuellon Consequen	ame xville Avenue	61614	Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	3,000.0
Nonpriority construction of the construction o	ame xville Avenue	61614 ZIP Code	Check all that apply. Contingent Unliquidated Basis for the claim: Trade Payable Is the claim subject to offset?	3,000.0
Nonpriority construction of the construction o	sulting Inc ame xville Avenue IL State debt was incurr	61614 ZIP Code	Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	3,000.0

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Name Nonpriority creditor's name and mailing address					
Nonpriority cr Midland Paper	reditor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	1,843.4
Creditor Name			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice na	ame		□ Disputed		
1140 Paysphere	Circle		Basis for the claim:		
Address	, G., G., G.		Trade Payable	_	
Chicago	IL	60674			
City	State	ZIP Code			
Country					
	debt was incurr	ed	Is the claim subject to offset?		
Various					
Last 4 digits of	of account		□ Yes		
	number				
		nd mailing address	As of the petition filing date, the claim is:	\$	43,179.0
Midwest Lock & Creditor Name		nd mailing address	Check all that apply.	\$	43,179.0
Midwest Lock &		nd mailing address	Check all that apply. □ Contingent	\$	43,179.0
Midwest Lock &	Alarm	nd mailing address	Check all that apply. □ Contingent □ Unliquidated	\$	43,179.0
Midwest Lock & Creditor Name Creditor's Notice na	Alarm	nd mailing address	Check all that apply. □ Contingent	\$	43,179.0
Midwest Lock & Creditor Name	Alarm	nd mailing address	Check all that apply. Contingent Unliquidated Disputed	\$	43,179.0
Midwest Lock & Creditor Name Creditor's Notice na PO Box 82	Alarm	nd mailing address	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	-	43,179.0
Midwest Lock & Creditor Name Creditor's Notice na PO Box 82	Alarm	62550	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	-	43,179.0
Midwest Lock & Creditor Name Creditor's Notice na PO Box 82 Address	Alarm		Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	-	43,179.0
Midwest Lock & Creditor Name Creditor's Notice na PO Box 82 Address Moweaqua City Country	Alarm IL State	62550 ZIP Code	Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	-	43,179.0
Midwest Lock & Creditor Name Creditor's Notice na PO Box 82 Address Moweaqua City Country Date or dates	Alarm	62550 ZIP Code	Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Is the claim subject to offset?	-	43,179.0
Midwest Lock & Creditor Name Creditor's Notice na PO Box 82 Address Moweaqua City Country	Alarm IL State debt was incurr	62550 ZIP Code	Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	-	43,179.0

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		nd mailing address	As of the petition filing date, the claim is: \$	155.5
P I P Printingand I Creditor Name	Document Service	ces	Check all that apply.	
			☐ Contingent	
Creditor's Notice nam	ie		Unliquidated	
			☐ Disputed	
8325 North Allen I	Road		Basis for the claim:	
Address			Trade Payable	
Peoria	IL	61615		
City	State	ZIP Code		
Country		_	lo the eleim outlinet to effect?	
Date or dates d	lebt was incurr	red	Is the claim subject to offset? ☑ No	
Various			L INO	
Last 4 digits of account			☐ Yes	
Last 4 digits of number	account		□ Yes	
number Nonpriority cre	ditor's name a	and mailing address	As of the petition filing date, the claim is: \$	84.8
number	ditor's name a	and mailing address	As of the petition filing date, the claim is: \$ Check all that apply.	84.8
number Nonpriority cre Peoria Heights Wa	ditor's name a	and mailing address	As of the petition filing date, the claim is: \$Check all that apply.	84.8
number Nonpriority cre Peoria Heights Wa Creditor Name	ditor's name a aterworks	and mailing address	As of the petition filing date, the claim is: \$ Check all that apply.	84.8
number Nonpriority cre Peoria Heights Wa	ditor's name a aterworks	and mailing address	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed	84.8
Nonpriority cre Peoria Heights Wa Creditor Name Creditor's Notice nam 4901 North Prospo	ditor's name a aterworks	and mailing address	As of the petition filing date, the claim is: \$	84.8
Nonpriority cre Peoria Heights Wa Creditor Name Creditor's Notice nam	ditor's name a aterworks	and mailing address	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed	84.8
Nonpriority cre Peoria Heights Wa Creditor Name Creditor's Notice nam 4901 North Prospo	ditor's name a aterworks	and mailing address	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	84.8
number Nonpriority cre Peoria Heights Water Name Creditor's Notice name 4901 North Prospiaddress	ditor's name a aterworks		As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	84.8
Nonpriority cre Peoria Heights Water Street Creditor's Notice name 4901 North Prospitations Address Peoria Heights	ditor's name a aterworks e ect Road	61616	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	84.8
Nonpriority cre Peoria Heights Water Street	ditor's name a aterworks e ect Road IL State	61616 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?	84.8
Nonpriority cre Peoria Heights Water Street	e ect Road IL State	61616 ZIP Code	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	84.

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5 Nonpriority creditor's name and mailing address Peoria Tire & Vulcanizing Creditor Name			As of the petition filing date, the claim is: Check all that apply.	\$	1,491.1
Creditor Name	-		□ Contingent		
			☐ Unliquidated		
Creditor's Notice	name		☐ Disputed		
0004 Novib K			Basis for the claim:		
Address	noxville Avenue		Trade Payable		
				-	
Peoria	IL	61615			
City	State	ZIP Code			
Country					
Date or date	es debt was incurr	ed	Is the claim subject to offset?		
			☑ No		
Various					
	s of account		□ Yes		
Last 4 digits number Nonpriority Petersen Hea		nd mailing address		\$	350,000.0
Last 4 digits number Nonpriority	creditor's name a	nd mailing address	☐ Yes As of the petition filing date, the claim is:	\$	350,000.0
Last 4 digits number Nonpriority Petersen Hea	creditor's name a	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply.	\$	350,000.0
Last 4 digits number Nonpriority Petersen Hea	creditor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated	\$	350,000.0
Last 4 digits number Nonpriority Petersen Hea Creditor Name Creditor's Notice	creditor's name a lth Operations, LLC	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$	350,000.0
Last 4 digits number Nonpriority Petersen Hea Creditor Name	creditor's name a lth Operations, LLC	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated	\$	350,000.0
Last 4 digits number Nonpriority Petersen Hea Creditor Name Creditor's Notice	creditor's name a lth Operations, LLC	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	350,000.6
Last 4 digits number Nonpriority Petersen Hea Creditor Name Creditor's Notice	creditor's name a lth Operations, LLC	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	350,000.0
Last 4 digits number Nonpriority Petersen Hea Creditor Name Creditor's Notice 830 W Trailcre Address	creditor's name a		□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	350,000.0
Last 4 digits number Nonpriority Petersen Hea Creditor Name Creditor's Notice 830 W Trailcre Address	creditor's name a Ith Operations, LLC name eek Dr.	61614	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Inter Company Loan	\$	350,000.6
Last 4 digits number Nonpriority Petersen Hea Creditor Name Creditor's Notice 830 W Trailcre Address Peoria City Country Date or date	creditor's name a Ith Operations, LLC name eek Dr. IL State	61614 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Inter Company Loan Is the claim subject to offset?	\$	350,000.0
Last 4 digits number Nonpriority Petersen Hea Creditor Name Creditor's Notice 830 W Trailcre Address Peoria City Country Date or date As of 3/31/20	creditor's name a Ith Operations, LLC name eek Dr. IL State	61614 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Inter Company Loan	\$	350,000.0

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		nd mailing address	As of the petition filing date, the claim is: \$	1,105.0
Pioneer Snow Creditor Name	Removal		Check all that apply.	
			☐ Contingent	
Creditor's Notice	name		Unliquidated	
			☐ Disputed	
2240 West Tov	wnline Road		Basis for the claim:	
Address			Trade Payable	
Peoria	IL	61615-1545		
City	State	ZIP Code		
Country			Le the eleter cubication official	
	s debt was incurr	red	Is the claim subject to offset? ☑ No	
Various	-6			
Last 4 digits of account				
			☐ Yes	
number			_ 163	
number Nonpriority	creditor's name a	nd mailing address	As of the petition filing date, the claim is: \$	22,464.4
number Nonpriority		nd mailing address	As of the petition filing date, the claim is: \$ Check all that apply.	22,464.4
number Nonpriority Point Click Ca	creditor's name a	nd mailing address	As of the petition filing date, the claim is: \$ Check all that apply. □ Contingent	22,464.4
number Nonpriority Point Click Ca	creditor's name a re Technologies Inc	nd mailing address	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated	22,464.4
number Nonpriority Point Click Cal Creditor Name	creditor's name a re Technologies Inc	nd mailing address	As of the petition filing date, the claim is: \$	22,464.4
Nonpriority of Point Click Cal Creditor Name Creditor's Notice PO Box 67480	creditor's name a re Technologies Inc	nd mailing address	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	22,464.4
number Nonpriority Point Click Cal Creditor Name Creditor's Notice	creditor's name a re Technologies Inc	nd mailing address	As of the petition filing date, the claim is: \$	22,464.4
Nonpriority of Point Click Cal Creditor Name Creditor's Notice PO Box 67480	creditor's name a re Technologies Inc	and mailing address 48267-4802	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	22,464.4
Nonpriority (Point Click Cal Creditor Name Creditor's Notice PO Box 67480 Address	creditor's name a re Technologies Inc		As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	22,464.4
Nonpriority Point Click Cal Creditor Name Creditor's Notice PO Box 67480 Address Detroit	creditor's name a re Technologies Inc name 02 MI	48267-4802	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Basis for the claim: Trade Payable	22,464.4
Nonpriority of Point Click Cal Creditor Name Creditor's Notice PO Box 67480 Address Detroit City Country Date or date	creditor's name a re Technologies Inc name 02 MI	48267-4802 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?	22,464.
Nonpriority of Point Click Cal Creditor's Notice PO Box 67480 Address Detroit City Country	creditor's name a re Technologies Inc name 02 MI State	48267-4802 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Basis for the claim: Trade Payable	22,464.

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Name					
-		nd mailing address	As of the petition filing date, the claim is:	\$	1,000.0
R S M Mc Gladrey Creditor Name			Check all that apply.		
			☐ Contingent		
Creditor's Notice	name		Unliquidated		
			☐ Disputed		
Address on File			Basis for the claim:		
			Trade Payable	-	
City	State	ZIP Code			
Country			In the electron authorities (for 10)		
	es debt was incurr	red	Is the claim subject to offset? ☑ No		
Various Last 4 digits	-6				
	creditor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	467.
			☐ Contingent		
Creditor's Notice	name		Unliquidated		
			☐ Disputed		
PO Box 73449)4		Basis for the claim:		
			Trade Payable	_	
Address					
	IL	60695-1494			
Address	IL State	60695-1494 ZIP Code			
Address					
Chicago City Country		ZIP Code	Is the claim subject to offset?		
Chicago City Country	State	ZIP Code	Is the claim subject to offset? ☑ No		

number

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Petersen Management Company, LLC Name					
Nonpriority creditor's name and mailing address			As of the petition filing date, the claim is:	\$	765.0
Robert G Buffur	m		Check all that apply.		
Creditor Name			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice na	ame		☐ Disputed		
Address on File			Basis for the claim:		
Address			Trade Payable	_	
City	State	ZIP Code			
Country			Is the claim subject to offset?		
	debt was incurr	ed	✓ No		
Various					
	of account		Ves		
Last 4 digits	of account		□ Yes		
	of account		□ Yes		
Last 4 digits on number Nonpriority c	reditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	84,538.8
Last 4 digits on number Nonpriority c		nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	84,538.8
Last 4 digits on number Nonpriority constructions of the second of the	reditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	84,538.8
Last 4 digits on number Nonpriority Control Solver Receivable Creditor Name	reditor's name a ple Solutions LLC	nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	84,538.8
Last 4 digits on number Nonpriority constructions of the second of the	reditor's name a ple Solutions LLC	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$	84,538.8
Nonpriority c S N F Receivab Creditor's Notice na	reditor's name a ple Solutions LLC	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	84,538.8
Nonpriority c S N F Receivab Creditor's Notice na	reditor's name a ple Solutions LLC	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$	84,538.8
Nonpriority c S N F Receivab Creditor's Notice na	reditor's name a ple Solutions LLC	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	84,538.8
Nonpriority c S N F Receivab Creditor's Notice na	reditor's name a ple Solutions LLC	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	84,538.8
Last 4 digits on number Nonpriority construction Name Creditor Name Creditor's Notice name PO Box 216 Address	reditor's name a		As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	84,538.8
Last 4 digits on number Nonpriority con Since Name Creditor Name Creditor's Notice name PO Box 216 Address	reditor's name a ble Solutions LLC ame	33592	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	84,538.8
Last 4 digits on number Nonpriority control of the second	reditor's name a ble Solutions LLC ame	33592 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?	\$	84,538.8
Last 4 digits on number Nonpriority control of the second	reditor's name a ple Solutions LLC ame FL State	33592 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	84,538.8

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or: Petersen M	anagement Company	, LLC	Case number (if known):	24-10583			
Name							
Nonpriority	creditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	131,551.5		
Sage Intacct In	nc		Check all that apply.				
Creditor Name			☐ Contingent				
Dept 3237			☐ Unliquidated				
Creditor's Notice name PO Box 123237			 ☐ Disputed				
			Basis for the claim:				
PO Box 123237 Address			 Trade Payable				
				-			
Dallas	TX	75312-3237					
City	State	ZIP Code					
Country							
Date or date	s debt was incurr	ed	Is the claim subject to offset?				
Various			☑ No				
Last 4 digits	of account		□ Yes				
		nd mailing address	As of the petition filing date, the claim is:	\$	6,400.0		
Sedgwick CMS Creditor Name	S		Check all that apply.				
			☐ Contingent				
			☐ Unliquidated				
Creditor's Notice	name		☐ Disputed				
PO Box 20783	34		Basis for the claim:				
Address			Trade Payable	-			
Dallas	TX	75320-7834					
City	State	ZIP Code					
Country	o dobá waz ima		Is the claim subject to offset?				
Various	s debt was incurr	ea	✓ No				
Last 4 digits	of account						
	OI ACCOUNT		⊔ 1€5				

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Name						
Nonpriority creditor's name and mailing address			As of the petition filing date, the claim is:	\$	601.8	
Shadow Fax Pro	ojects		Check all that apply.			
Creditor Name			☐ Contingent			
			Unliquidated			
Creditor's Notice na	ame		☐ Disputed			
PO Box 347			Basis for the claim:			
Address			Trade Payable	-		
Sullivan	IL	ZIP Code				
Country Date or dates	debt was incurr	red	Is the claim subject to offset?			
Various			☑ No			
Last 4 digits of	of account		□ Yes			
number Nonpriority c	reditor's name a	and mailing address	As of the petition filing date, the claim is:	\$	14,844.4	
Nonpriority co		and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	14,844.	
Nonpriority c		and mailing address		\$	14,844.	
Nonpriority Cl Smartlinx Solution Creditor Name	ons LLC	and mailing address	Check all that apply.	\$	14,844.	
Nonpriority co	ons LLC	and mailing address	Check all that apply. □ Contingent	\$	14,844.4	
Nonpriority Cl Smartlinx Solution Creditor Name	ons LLC	and mailing address	Check all that apply. ☐ Contingent ☐ Unliquidated	\$	14,844.	
Nonpriority cl Smartlinx Solution Creditor Name	ons LLC	and mailing address	Check all that apply. Contingent Unliquidated Disputed	\$	14,844.4	
Nonpriority commends Smartlinx Solution Creditor Name Creditor's Notice name PO Box 22598 Address	ons LLC		Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	14,844.	
Nonpriority commended in the second of the s	ons LLC	10087-2598	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	14,844.4	
Nonpriority commends Smartlinx Solution Creditor Name Creditor's Notice name PO Box 22598 Address	ons LLC		Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	14,844.	
Nonpriority commended in the second of the s	ons LLC	10087-2598	Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	14,844.	
Nonpriority CI Smartlinx Solution Creditor Name Creditor's Notice name PO Box 22598 Address New York City Country Date or dates	ons LLC	10087-2598 ZIP Code	Check all that apply. Contingent Unliquidated Basis for the claim: Trade Payable Is the claim subject to offset?	\$	14,844.	
Nonpriority comments of the second of the se	ons LLC ame NY State debt was incurr	10087-2598 ZIP Code	Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	14,844.	

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r: Petersen Management Company, LLC			, LLC	Case number (if known):		24-10583
Name					_	
7 Nonpriority creditor's name and mailing address			nd mailing address	As of the petition filing date, the claim is:	\$_	Undetermir
Sorling Creditor Na	me			Check all that apply.		
Creditor Na	ille			☐ Contingent		
				✓ Unliquidated✓ Disputed		
Creditor's Notice name 1 N Old State Capitol Plaza						
				Basis for the claim:		
Address				 Litigation		
Suite 200	Suite 200				-	
Springfiel	d IL		62701			
City	Sta	ate	ZIP Code			
Country						
Date or	dates debt w	as incurr	ed	Is the claim subject to offset?		
1/30/2024	1			☑ No		
Last 4 d	igits of accor	unt		□ Yes		
number Nonprio		s name a	nd mailing address	As of the petition filing date, the claim is:	\$	Undetermir
Sorling				Check all that apply.	_	
Creditor Na	me			☐ Contingent		
				✓ Unliquidated		
Creditor's N	otice name			 ☑ Disputed		
1 N Old S	State Capitol Pla	aza		Basis for the claim:		
Address	· ·			 Litigation		
Suite 200					-	
Springfiel	d IL		62701			
City		ate	ZIP Code			
Country						
Date or	dates debt w	as incurr	red	Is the claim subject to offset?		
Various				☑ No		
Last 4 d	igits of accor	unt		□ Yes		
number						

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Nonpriority creditor's name and mailing address Stratus Networks			As of the petition filing date, the claim is: \$	4,442.0
Stratus Networks Creditor Name			Check all that apply.	
			☐ Contingent	
Creditor's Notice nam	e		Unliquidated	
Creation o Hotice Hairi	·		☐ Disputed	
4700 North Prospect Road			Basis for the claim:	
Address Suite 8			Trade Payable	
Poorio Hoighto		61616 6406		
Peoria Heights City	State	EIP Code		
Country			Le the eleter subtract to affect 0	
Date or dates d	ebt was incurr	red	Is the claim subject to offset? ☑ No	
Various			✓ INO	
Last 4 digits of account			□ Yes	
	account		□ Yes	
Last 4 digits of number	account		□ Yes	
number Nonpriority cre		and mailing address	☐ Yes As of the petition filling date, the claim is: \$ Check all that apply.	280.3
number		and mailing address	As of the petition filing date, the claim is: \$ Check all that apply.	280.3
number Nonpriority cre Susan Sullivan		and mailing address	As of the petition filing date, the claim is: \$ Check all that apply. Contingent	280.6
number Nonpriority cre Susan Sullivan	ditor's name a	and mailing address	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated	280.3
Nonpriority cre Susan Sullivan Creditor Name Creditor's Notice name	ditor's name a	and mailing address	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed	280.3
number Nonpriority cre Susan Sullivan Creditor Name	ditor'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:	280.3
number Nonpriority cre Susan Sullivan Creditor Name Creditor's Notice nam 2 Longwood Drive	ditor's name a	and mailing address	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed	280.3
number Nonpriority cre Susan Sullivan Creditor Name Creditor's Notice nam 2 Longwood Drive	ditor'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:	280.3
Nonpriority cre Susan Sullivan Creditor Name Creditor's Notice nam 2 Longwood Drive Address	ditor's name a		As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	280.3
Nonpriority cre Susan Sullivan Creditor Name Creditor's Notice nam 2 Longwood Drive Address Galena City Country	e BL State	61036 ZIP Code	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	280.3
Nonpriority cre Susan Sullivan Creditor Name Creditor's Notice nam 2 Longwood Drive Address Galena City Country Date or dates d	e BL State	61036 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?	280.9
Nonpriority cre Susan Sullivan Creditor Name Creditor's Notice nam 2 Longwood Drive Address Galena City Country	e IL State	61036 ZIP Code	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	280.:

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Creditor's Notice name Contingent Unliquidated Disputed Basis for the claim: Trade Payable			nd mailing address	As of the petition filing date, the claim is: \$	145.0
Creditor's Notice name Goodfield IL 61742 City State Outer Various Country Date or dates debt was incurred Various Nonpriority creditor's name and mailing address Talentcare Creditor's Notice name 1108 Lavaca Street Address Suite110-1111 Austin TX 78701 City State Zip' Code Country Date or dates debt was incurred Various Is the claim subject to offset? Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Is the claim subject to offset? Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Country Basis for the claim: Trade Payable State Zip' Code Country Date or dates debt was incurred Is the claim subject to offset? Siste Claim subject to offset? Siste Claim subject to offset?		es Inc		Check all that apply.	
Disputed Basis for the claim: Trade Payable				☐ Contingent	
Address Basis for the claim: Trade Payable Goodfield IL 61742 City State Table Tabl	Craditaria Nation o			Unliquidated	
Address Frade Payable Trade Payable	Creditor's Notice r	ame		☐ Disputed	
Goodfield City State				Basis for the claim:	
Country Date or dates debt was incurred Various Last 4 digits of acount number Nonpriority creditor's name and mailing address Talentcare Creditor's Notice name Creditor's Notice name As of the petition filing date, the claim is: \$ 2,945.1 Creditor's Notice name Onliquidated	Address			Trade Payable	
Country Date or dates debt was incurred Various Last 4 digits of acount number Nonpriority creditor's name and mailing address Talentcare Creditor's Notice name Creditor's Notice name Address Suite110-111 Austin TX 78701 City State ZIP Code Talent or dates debt was incurred Various Is the claim subject to offset? No State ZIP Code State Calim subject to offset? Unliquidated Disputed Basis for the claim: Trade Payable Country Date or dates debt was incurred Various Is the claim subject to offset? Is the claim subject to offset?	Coodfield		64740		
Date or dates debt was incurred Various Last 4 digits of account number Nonpriority creditor's name and mailing address Talentcare Creditor Name Creditor Name Creditor Notice name Address Suite110-111 Austin TX 78701 City State ZiP Code Talent 2 ZiP Code State Last 4 digits of account Austin of the petition filing date, the claim is: \$ 2,945.1 Country Date or dates debt was incurred State Size Siz					
Various	Country				
Last 4 digits of account number Nonpriority creditor's name and mailing address Talentcare Creditor Name Creditor's Notice name Creditor's Notice name Tinal Lavaca Street Address Suite110-111 Austin TX 78701 City State ZIP Code Talentcare Country Date or dates debt was incurred Various Pyes As of the petition filing date, the claim is: \$ 2,945.1 Check all that apply. Check all that apply. Check all that apply. Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Is the claim subject to offset? No		s debt was incurr	ed		
Nonpriority creditor's name and mailing address Talentcare Creditor Name Creditor Name Creditor's Notice name Creditor's Notice name T108 Lavaca Street Address Suite110-111 Austin TX 78701 City State ZIP Code TAIR TX 78701 Country Date or dates debt was incurred Various As of the petition filing date, the claim is: \$ 2,945.11 Check all that apply. Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Is the claim subject to offset? No					
Nonpriority creditor's name and mailing address Talentcare Creditor Name Creditor Name Creditor's Notice name Country Creditor's Notice name Country Country Date or dates debt was incurred Various As of the petition filing date, the claim is: Check all that apply. Contingent Disputed Basis for the claim: Trade Payable State ZIP Code Is the claim subject to offset? No	Last 4 digits	of account		⊔ Yes	
Talentcare Check all that apply. Creditor Name Creditor's Notice name Disputed Basis for the claim: Trade Payable Trade Payable Country Date or dates debt was incurred Various Contingent Date or dates debt was incurred Contingent Contingent Date or dates debt was incurred Contingent Contin		creditor's name a	nd mailing address	As of the petition filing date, the claim is: \$	2.945.0
Creditor's Notice name T108 Lavaca Street Address Suite110-111 Austin City TX State TRA01 State TY TRA01 State TY TRO04 TO Disputed Basis for the claim: Trade Payable	-		J	·	
Disputed	Creditor Name			□ Contingent	
Disputed Basis for the claim: Trade Payable Austin TX 78701 City State ZIP Code Country Date or dates debt was incurred Various Disputed Basis for the claim: Trade Payable Is the claim subject to offset? No				☐ Unliquidated	
Address Suite110-111 Austin TX 78701 City State ZIP Code Country Date or dates debt was incurred Various Trade Payable Is the claim subject to offset? No	Creditor's Notice r	name		□ Disputed	
Austin TX 78701 City State ZIP Code Country Date or dates debt was incurred Various Trade Payable Trade Payable Is the claim subject to offset? No	1108 Lavaca S	treet		·	
Austin TX 78701 City State ZIP Code Country Date or dates debt was incurred Various Is the claim subject to offset? No	Address			Trade Payable	
Country Date or dates debt was incurred Various ZIP Code Is the claim subject to offset? No	Suite110-111				
Country Date or dates debt was incurred Various Is the claim subject to offset? No	Austin	TX	78701		
Date or dates debt was incurred Is the claim subject to offset? Various ✓ No	City	State	ZIP Code		
Various ☑ No	Country			In the plains publicates = "==10"	
vanous	Date or dates debt was incurred			is the claim subject to offset?	
Last 4 digits of account				☑ No	
	Various				

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		nd mailing address	As of the petition filing date, the claim is: \$	70.0
The Office ofthe Creditor Name	State Fire Marsha	<u> </u>	Check all that apply.	
			☐ Contingent	
Creditor's Notice nar	me		Unliquidated	
Orealter o Holiec Hai			☐ Disputed	
PO Box 3331			Basis for the claim:	
Address			Trade Payable	
Springfield	IL	62708-3331		
City	State	ZIP Code		
Country		_	le the plain outliest to offeet?	
	debt was incurr	red	Is the claim subject to offset? ☑ No	
Various			E INO	
Last 4 digits o	of account			
Last 4 digits o	f account		□ Yes	
number		and mailing address	☐ Yes As of the petition filing date, the claim is: \$	14,257.
number Nonpriority cre Touch Tone Con	editor's name a	and mailing address		14,257.
number Nonpriority cr	editor's name a	and mailing address	As of the petition filing date, the claim is: \$	14,257.
number Nonpriority cr. Touch Tone Con Creditor Name	editor's name a	and mailing address	As of the petition filing date, the claim is: \$ Check all that apply.	14,257.
number Nonpriority cre Touch Tone Con	editor's name a	and mailing address	As of the petition filing date, the claim is: \$ Check all that apply. Contingent	14,257.
number Nonpriority cr. Touch Tone Con Creditor Name	editor's name a	and mailing address	As of the petition filing date, the claim is: \$ Check all that apply. □ Contingent □ Unliquidated	14,257.
Nonpriority cr. Touch Tone Con Creditor Name Creditor's Notice nat	editor's name a	and mailing address	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed	14,257.
Nonpriority cr. Touch Tone Con Creditor Name Creditor's Notice nat PO Box 780593 Address	editor's name a		As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	14,257.
Nonpriority cr. Touch Tone Con Creditor Name Creditor's Notice nat PO Box 780593	editor's name a	and mailing address 19178-0593 ZIP Code	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	14,257.
Nonpriority cr. Touch Tone Con Creditor Name Creditor's Notice nat PO Box 780593 Address Philadelphia	editor's name annmunications	19178-0593	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	14,257.
Nonpriority cr. Touch Tone Con Creditor Name Creditor's Notice nat PO Box 780593 Address Philadelphia City Country	editor's name annmunications	19178-0593 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?	14,257.
Nonpriority cr. Touch Tone Con Creditor Name Creditor's Notice nat PO Box 780593 Address Philadelphia City Country	editor's name annunications me PA State debt was incurr	19178-0593 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	14,257.

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Petersen Management Company, LLC			Case number (if known):	24-10583	
Name Nonpriority creditor's name and mailing address					
Nonpriority creditor's name and mailing address			As of the petition filing date, the claim is:	\$	51,798.2
Trillium Creditor Name			Check all that apply.		
Creditor Name			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice name PO Box 641513			□ Disputed		
			Basis for the claim:		
Address			Trade Payable		
				-	
Detroit	MI	48264-1513			
City	State	ZIP Code			
Country					
	es debt was incurr	ed	Is the claim subject to offset?		
Various					
Last 4 digits	of account		□ Yes		
	creditor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	1,091.9
Tyler Braden Creditor Name					
			☐ Contingent		
Creditor's Notice	nome		Unliquidated		
Creditor's Notice	name		☐ Disputed		
Address on Fil	le		Basis for the claim:		
Address			Trade Payable	_	
City	State	ZIP Code			
Country					
Date or date	s debt was incurr	ed	Is the claim subject to offset?		
Various			✓ No		
Last 4 digits	of account		☐ Yes		
number					

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Nonpriority creditor's name and mailing address UniLink			As of the petition filing date, the claim is: \$ Check all that apply.	209.9
Creditor Name			☐ Contingent	
			-	
Creditor's Notice na	ame		Unliquidated	
			☐ Disputed	
PO Box 18148 Address			Basis for the claim:	
Address			Trade Payable	
Rochester	NY	14618		
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	
_	or account			
number Nonpriority cr	reditor's name a	nd mailing address	As of the petition filing date, the claim is: \$	s26,788.
number	reditor's name a	nd mailing address	As of the petition filing date, the claim is: \$ Check all that apply.	S26,788.
number Nonpriority cr United Group Pr	reditor's name a	nd mailing address	As of the petition filing date, the claim is: \$ Check all that apply.	526,788
number Nonpriority cr United Group Pr	reditor's name a rograms Inc	nd mailing address	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated	s26,788
number Nonpriority cr United Group Pr Creditor Name Creditor's Notice na	reditor's name a rograms Inc	nd mailing address	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed	5 <u>26,788</u> .
number Nonpriority cr United Group Pr Creditor Name Creditor's Notice na	reditor's name a rograms Inc	nd mailing address	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	S26,788
number Nonpriority or United Group Prioreditor Name Creditor's Notice na UGP- Fidelity Prioredity Prioredit	reditor's name a rograms Inc	nd mailing address	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed	5 <u>26,788</u> .
number Nonpriority cr United Group Pr Creditor Name Creditor's Notice na UGP- Fidelity Pr Address 75 Remittance D	reditor's name a rograms Inc ame remium LockBox Drive Suite 1257		As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	5 <u>26,788</u> .
Nonpriority countries of the countries o	reditor's name a rograms Inc	and mailing address 60675-1257 ZIP Code	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	<u>26,788.</u>
Nonpriority or United Group Proceeditor Name Creditor's Notice nature UGP- Fidelity Proceeditors 75 Remittance Control Chicago	reditor's name a rograms Inc ame remium LockBox Drive Suite 1257	60675-1257	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	<u>26,788</u> .
Nonpriority cr United Group Pr Creditor Name Creditor's Notice nature of the control of the credit	reditor's name a rograms Inc ame remium LockBox Drive Suite 1257	60675-1257 ZIP Code	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	S 26,788.
Nonpriority cr United Group Pr Creditor Name Creditor's Notice nature of the control of the credit	reditor's name a rograms Inc ame remium LockBox Drive Suite 1257 IL State	60675-1257 ZIP Code	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Basis for the claim: Trade Payable	26,788.

number

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		and mailing address	As of the petition filing date, the claim is: \$	1,905.8
Creditor Name	Mailing Systems		Check all that apply.	
			□ Contingent	
Creditor's Notice na	ame		Unliquidated	
656 High Point Lane Address			☐ Disputed	
			Basis for the claim:	
Address			Trade Payable	
East Peoria	IL	61611		
City	State	ZIP Code		
Country				
	debt was incuri	red	Is the claim subject to offset?	
Various			☑ No	
Last 4 digits of	or account		□ Yes	
number				
	reditor's name a	and mailing address	As of the petition filing date, the claim is: \$ Check all that apply.	5,161.8
Nonpriority cr Waystar Inc Creditor Name	reditor's name a	and mailing address	Check all that apply.	5,161.8
Waystar Inc	reditor's name a	and mailing address	Check all that apply. ☐ Contingent	5,161.8
Waystar Inc		and mailing address	Check all that apply. □ Contingent □ Unliquidated	5,161.8
Waystar Inc Creditor Name Creditor's Notice na	nme	and mailing address	Check all that apply. Contingent Unliquidated Disputed	5,161.8
Waystar Inc Creditor Name	nme	and mailing address	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	5,161.8
Waystar Inc Creditor Name Creditor's Notice na 1311 Solutions (nme	and mailing address	Check all that apply. Contingent Unliquidated Disputed	5,161.8
Waystar Inc Creditor Name Creditor's Notice na 1311 Solutions (nme	and mailing address	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	5,161.8
Waystar Inc Creditor Name Creditor's Notice na 1311 Solutions (Address	ame Center		Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	5,161.8
Waystar Inc Creditor Name Creditor's Notice na 1311 Solutions (Address Chicago	ome Center	60677-1311	Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	5,161.8
Waystar Inc Creditor Name Creditor's Notice na 1311 Solutions (Address Chicago City Country Date or dates	ome Center	60677-1311 ZIP Code	Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Is the claim subject to offset?	5,161.8
Waystar Inc Creditor Name Creditor's Notice na 1311 Solutions (Address Chicago City Country	Electrical State debt was incurr	60677-1311 ZIP Code	Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	5,161.8

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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	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	Siale	ZIF Code		
Country			-	

Total Amounts of the Priority and Nonpriority Unsecured Claims 5. Add the amounts of priority and nonpriority unsecured claims. Total of claim amounts 5a. Total claims from Part 1 5b. Total claims from Part 2 5b. + \$ 1,736,083.85

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

2,331,840.36

Fill in this information to identify the case: Debtor Name: In re: Petersen Management Company, LLC United States Bankruptcy Court for the: District of Delaware Case number (if known): 24-10583 (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).

List all contracts and unexpired	leases	State the name and ma whom the debtor has a lease	ailing address for al an executory contra	Il other parties with act or unexpired
State what the contract or	Facility Application for User ID/Password for	A seeds see Messed Brefs		
2.1 lease is for and the nature of the debtor's interest	Medical Records Access	Accelecare Wound Profe	essionais	
of the deptor's interest		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		
Amended herein: added				
State what the contract or lease is for and the nature	Addendum to Contract	Action Homecare and St	affing, LLC	
of the debtor's interest	Addendum to Contract	Name	g,	
		Attn Ashley Glover		
		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
			Jiaio	_II 0000
		,		

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State what the contract or				
lease is for and the nature of the debtor's interest	Staffing Agreement	Action Homecare and S	Staffing, LLC	
of the deptor's interest		Attn Ashley Glover		
		Notice Name		
		761 Main St NW, Suite	A	
State the term remaining		Address		
List the contract number o	f			
any government contract	'			
any government contract				
		Bourbonnais	IL	60914
		City	State	ZIP Code
		Country		
Amended herein: added				
State what the contract or lease is for and the nature	T 0. (".)	Action Homecare and S	Staffing II C d/b/a Oasi	is Medical Servic
of the debtor's interest	Term Staffing Agreement	Name	ntanning, ELO d/b/a Oasi	is inedical Servic
		Attn Administration		
		Notice Name		
		761 Main St NW, Suite	A	
State the term remaining		Address		
List the contract number o	ıf			
any government contract				
		Bourbonnais	IL	60914
		Dourbonnais	IL	00914
		Citv	State	ZIP Code
		City	State	ZIP Code
		City	State	ZIP Code
Amended herein: added			State	ZIP Code
	Facility Agreement		State	ZIP Code
Amended herein: added State what the contract or lease is for and the nature of the debtor's interest	Facility Agreement	Country	State	ZIP Code
State what the contract or lease is for and the nature	Facility Agreement	Country Aetna Better Health	State	ZIP Code
State what the contract or lease is for and the nature	Facility Agreement	Aetna Better Health Name	State	ZIP Code
State what the contract or lease is for and the nature	Facility Agreement	Aetna Better Health Name Notice Name	State	ZIP Code
State what the contract or lease is for and the nature of the debtor's interest		Aetna Better Health Name Notice Name PO Box 818031, F661	State	ZIP Code
State what the contract or lease is for and the nature of the debtor's interest State the term remaining		Aetna Better Health Name Notice Name PO Box 818031, F661	State	ZIP Code
State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number o		Aetna Better Health Name Notice Name PO Box 818031, F661	State	ZIP Code

Name				
2.6 State what the contract or lease is for and the nature	Facility Services Agreement. Product Participation and Signature Sheet	Aetna Health Inc., a Per	nnsylvania Corporation	ı
of the debtor's interest		Name		
		Notice Name		
		550 Maryville Centre Dr	ive, Suite 300	
State the term remaining		Address	,	
List the contract number of				
any government contract				
		St. Louis	MO	63141
		City	State	ZIP Code
		Country		
Amended herein: added				
2.7 State what the contract or lease is for and the nature of the debtor's interest	LP Contract	Ag View S, Inc.		
		Name		
		Notice Name		
		22069 US Hwy 34		
State the term remaining		Address		
List the contract number of				
any government contract				
		Princeton	IL	61356
		City	State	ZIP Code
		,		
		Country		
Amended herein: added				
2.8 State what the contract or lease is for and the nature	Statement of Agreement	Alternatives		
of the debtor's interest	<u></u>	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

Name	ompany, LLC			
State what the contract of lease is for and the natur	r	Assessed 110 10 10 1		
lease is for and the natur of the debtor's interest	Nursing Facility Laboratory Agreement	Amerathon, LLC d/b/a Ar	nerican Health Assoc	ates
or the debtor's interest		ranio		
		Notice Name		
		102 East Main Street		
State the term remaining		Address		
List the contract number	of			
any government contrac	t			
		Galesburg	IL	61401
		City	State	ZIP Code
		Country		
Amended herein: added	4			
Amended nerein. added	1			
State what the contract or lease is for and the nature of the debtor's interest	or	AmeriWound Physicians	II IIC	
	Amendment to Wound Care Services Agreement	Name Name		
		Notice Name		
		6150 Parkland Blvd., Sui	te 225	
State the term remaining		Address		
List the contract number	of			
any government contrac	t			
		Mayfield Heights	OH	44124
		City	State	ZIP Code
		Occupation		
		Country		
Amended herein: added				
State what the contract of lease is for and the natur	or Wound Care Services Agreement	AmeriWound Physicians	IL, LLC	
of the debtor's interest		Name		
		Attn Mr. Milton		
		Notice Name		
		6150 Parkland Boulevard	I, Suite 225	
State the term remaining		Address		
Liet the easter of some				
List the contract number				
any government contrac	τ			
		Mayfield Heights	ОН	44124
		City	State	ZID Codo
		City	State	ZIP Code

Dobtor	Case 2 Petersen Management Compa		_	65 Of 15 / nown): 24-10583	
Debtor:	Name	any, LLC	Case number (if ki	100wn): 24-10303	
2.12	State what the contract or lease is for and the nature of the debtor's interest	Lease Agreement	Ascentium Capital LLC		
	or the debtor 3 interest				
			Notice Name		
			23970 HWY 59 N		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Kingwood	TX	77339-1535
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.13	State what the contract or lease is for and the nature	Addendum to Contract	Beacon of Hope Hosp	ice of Illinois. Inc.	
	of the debtor's interest	Addendam to Contract	Name		
			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		
	Amended herein: added				
2.14	State what the contract or lease is for and the nature				
2.14	lease is for and the nature of the debtor's interest	Collaborative Care Agreement	Beacon of Hope Hosp Name	ice 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		

otor: Petersen Manager		24-10443-1MH DOC 1496 any, LLC	Filed 04/22/25 Page Case number (# #	66 01 15 / (mown): 24-10583	
Name					
2.15 State what the con	tract or e nature	Addendum to Contract	Bespoke Psychiatry		
of the debtor's inte	erest		Name		
				MD / Dr. Krushen Pillay, D	00
			Notice Name		
State the term rem	almin a		1203 W Augusta Blvd Address	Unit #1	
State the term rem	iaining				
List the contract n	umber of				
any government c	ontract				
			Chicago	IL	60642
			City	State	ZIP Code
			Country		
Amended herein:	: added				
1.16 State what the contract or lease is for and the nature of the debtor's interest	tract or	Clinical Service Agreement	Bespoke Psychiatry		
	erest	Cililical Service Agreement	Name		
			yda MD/ Dr. Krushen Pilla	ay DO	
			Notice Name		
			1203 W Augusta Blvd	Unit#1	
State the term rem	naining		Address		
List the contract n	umber of				
any government c					
any government c	Ontract				
			Chicago	IL	60642
			City	State	ZIP Code
			Country		
			Country		
Amended herein:	: added				
State what the con	tract or				
lease is for and the of the debtor's inte		Clinical Services Agreement	Bespoke Psychiatry Name		
of the debtor's lift	erest.			yda MD / Dr. Krushen Pill	av DO
			Notice Name	, ad MB / B1. Ridonoli i iii	u, 50
			1203 W Augusta Blvd	Unit #1	
State the term rem	naining		Address		
List the contract n					
any government c	ontract				
			Chicago	IL	60642
			City	State	ZIP Code
			Country		

ebtor: Petersen Management Co	ompany, LLC	Case number (if	known): 24-10583	
Name State what the contract of	or			
2.18 State what the contract of lease is for and the natural	re Mobile Imaging Service Agreement	BioTech X-ray, Inc		
of the debtor's interest		Name	- Described	
		Attn Tamara Schwart Notice Name	z, President	
		1065 Executive Parky	way Ste 220	
State the term remaining	1	Address	way Olc.220	
List the contract number	r of			
any government contrac				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		St. Louis	MO	63141-6367
		City	State	ZIP Code
		,		
		Country		
Amended herein: added	d			
State what the contract of	or			
2.19 State what the contract of lease is for and the nature of the debtor's interest	re Service Agreement	BioTech X-ray, Inc Name		
or the deptor's interest			7 President	
		Notice Name	Attn Tamara Schwartz, President Notice Name	
		1065 Executive Parky	way Ste.220	
State the term remaining	1	Address		
•	·			
List the contract number	r of			
any government contrac	rt			
		St. Louis	MO	63141-6367
		City	State	ZIP Code
		Country		
Amended herein: added	d			
2 20 State what the contract of	or	5: T 1 V 1		
lease is for and the natur	Mobile Imaging Services Agreement	BioTech X-ray, Inc. Name		
or the debter of interest		Attn Tamara Schwart	z President	
		Notice Name	2,1.00.00.11	
		1065 Executive Park	way, Ste.220	
State the term remaining	1	Address		
List the contract number	r of			
any government contrac	et			
		St. Louis	MO	63141-6367
		City	State	ZIP Code
		Country		

				68 of 157	
Debtor: Petersen Manage Name	ment Compa	iny, LLC	Case number (if kr	24-10583	
2.21 State what the college is for and the of the debtor's int	ntract or le nature	Addendum to Contract	Bird in the Hand Staffii	ng, LLC	
or the design of the			Attn Robin Simpson, C Notice Name	Owner	
			614 State Route 116		
State the term rer	naining		Address		
List the contract i	number of				
any government of	contract				
			Metamora	IL	61548
			City	State	ZIP Code
			Country		
Amended hereir	n: added				
2.22 State what the co	ntract or le nature	Staffing Agency Contract	Bird in the Hand Staffi	ng, LLC	
of the debtor's int		Jamig Tigoto, Johnad	Name		
			Notice Name		
			614 State Route 116		
State the term rer	naining		Address		
List the contract i	number of				
any government of					
			Metamora	<u>IL</u>	61548
			City	State	ZIP Code
			Country		
Amended hereir	n: added				
2.23 State what the con lease is for and the of the debtor's int		Medicaid Provider Agreement	Blue Cross Blue Shield Corporation	d of Illinois, a Division of	Health Care Service
or the debter 5 mil	Cicat				
			Notice Name		
			300 East Randolph St Address		
State the term rer	naining		Address		
List the contract i	number of				
any government of	contract				
			Chicago	IL	60601
			City	State	ZIP Code
			Country		

Debtor:	Petersen Management Compa		ed 04/22/25 Page Case number (# k	69 of 157 nown): 24-10583	
	Name State what the contract or lease is for and the nature of the debtor's interest	Skilled Nursing Facility Agreement	Blue Cross Blue Shiel Corporation	d of Illinois, a Division of	Health Care Service
			Notice Name		
			300 East Randolph St		
	State the term remaining		Address	•	
	List the contract number of				
	any government contract				
			Chicago	<u>IL</u>	60601
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.25	State what the contract or lease is for and the nature	Affiliation Agreement	Board of Trustees of E	Eastern Illinois University	
	of the debtor's interest		Name		
			Attention Vice Preside Notice Name	ent of Business Affairs	
			600 Lincoln Ave		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Charleston	<u>IL</u>	61920
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.26	State what the contract or lease is for and the nature	Renewal Customer Service Agreement	Call One Inc.		
	of the debtor's interest	- tonowar outletter outlet visit in the state of the stat	Name		
			Notice Name		
			225 West Wacker Driv	ve 8th Floor	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Chicago	IL	60606
			City	State	ZIP Code
			<u> </u>		
			Country		

Name				
27 State what the contract or lease is for and the nature	Amendment to the Contract and Addendum August 23, 2021	Camillus Staffing , LLC	d/b/a Nextaff Group, Ll	_C
of the debtor's interest		Name		
		Notice Name		
		11101 Switzer Rd. Suite	110	
State the term remaining		Address		
List the contract number of				
any government contract				
		Overland Park	KS	66210
		City	State	ZIP Code
		Country		
Amended herein: added				
State what the contract or lease is for and the nature of the debtor's interest	Addendum to Contract	Camillus Staffing, LLC d	/b/a Nextaff Group, LL	С
	Addendam to Contract	Name	,	
		Notice Name		
		11101 Switzer Rd. Suite	110	
State the term remaining		Address	- 110	
J				
List the contract number of		_		
any government contract				
		Overland Park	KS	66210
		City	State	ZIP Code
		Country		
Amended herein: added				
29 State what the contract or lease is for and the nature	Arrandon ant to Contract	Camilus Staffing, LLC d	/b/a Nextaff Group 110	?
of the debtor's interest	Amendment to Contract	Name	Bra Hoxan Group, EE	
		Notice Name		
		11101 Switzer Rd. Suite	110	
State the term remaining		Address		
List the contract number of				
any government contract				
		Overland Park	KS	66210
		City	State	ZIP Code

ebtor:	Case 2 Petersen Management Compa		d 04/22/25 Page 7 Case number (if know	'1 of 157 _{wn):} 24-10583	
2.30	Name State what the contract or ease is for and the nature	Amendment to Contract and Addendum dated Augus 23, 2021	Camilus Staffing, LLC d	/b/a Nextaff Group, LLo	C
C	of the debtor's interest		Name		
			Notice Name		
			11101 Switzer Rd. Suite	110	
;	State the term remaining		Address		
ı	List the contract number of				
ŧ	any government contract				
			Overland Park	KS	66210
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.31 lease is for and	State what the contract or ease is for and the nature	Purchase of Service Agreement	Care Horizon, Inc.		
	of the debtor's interest		Name		
			Notice Name		
			120 Courthouse Square	.	
	State the term remaining		Address		
	otato tilo tolli rollianing		PO Box 385		
1	List the contract number of				
	any government contract				
			Toledo	IL	62468
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.32	State what the contract or ease is for and the nature	Hospice Inpatient Residential ("Routine") Agreement	Celtic Hospice & Palliati	ve Care Services of S.	IL, LLC
	of the debtor's interest		Name		
			Attn Administrator Notice Name		
			150 Scharberry Lane		
;	State the term remaining		Address		
ı	List the contract number of				
á	any government contract				
			Mars	PA	16046
			City	State	ZIP Code
			Country		

	tersen Management Compa	ny, LLC	Case number (if kn	own): 24-10583	
Nan State 2.33 lease of th	me e what the contract or e is for and the nature he debtor's interest	Enteral Therapy, Urological, Ostomy and Tracheotomy Supplies and Wound Care Products Agreement	Centrad Healthcare, LI	-C	
		<u> </u>	Attn Michelle C. Korslir	n, Sr. VP of Sales & Mar	keting
			184 Shuman Blvd, Suit	te 130	
State	e the term remaining		Address		
List	the contract number of				
any	government contract				
			Naperville	<u>IL</u>	60563
			City	State	ZIP Code
			Country		
An	mended herein: added				
.34 State	e what the contract or e is for and the nature ne debtor's interest	Respiratory Products and Services Agreement	Centrad Healthcare, LL	_C	
Oi tii	e debtor 3 interest		Attn William Korslin, Pr	resident	
			184 Shuman Blvd, Suit	te 130	
State	e the term remaining		Address		
List	the contract number of				
any	government contract				
			Naperville	<u>IL</u>	60563
			City	State	ZIP Code
			Country		
An	mended herein: added				
2.35 State	e what the contract or e is for and the nature	Business Internet, Video and Music Service Agreement	Charter Communicatio	ns, LLC	
	e debtor's interest	- g c c c c c c c.	Name		
			Notice Name		
			12405 Powercourt Driv	re	
State	e the term remaining		Address		
List	the contract number of				
any	government contract				
			St. Louis	МО	63131
			City	State	ZIP Code
			Country		

tor: Petersen Managem	ent Company, LLC	Case number (if kno	own): 24-10583	
Name State what the cont	eract or			_
36 State what the cont lease is for and the	nature Addendum to Contract	Clay County Hospice		
of the debtor's inte	rest	Name		
		Attn Administrator Notice Name		
		601 E. 12th Street		
State the term remain	aining	Address		
List the contract nu				
any government co	ontract			
		Flora	IL .	62839
		City	State	ZIP Code
		Country		
Amended herein:	added			
37 State what the cont lease is for and the	ract or			
lease is for and the of the debtor's inte	nature Hospice Agreement	Clay County Hospice Name		
of the debtor's lifter	iest	Attn President		
		Notice Name		
		911 Stacy Bruk Drive		
State the term rema	aining	Address		
State the term reme				
List the contract nu	umbor of			
any government co	muact			
		Flora	IL	62839
		City	State	ZIP Code
		Country		
		Country		
Amended herein:	added			
38 State what the cont lease is for and the	tract or nature Services Agreement	Clay County Hospice		
of the debtor's inte	rest	Name		
		Attn President		
		Notice Name		
		911 Stacy Burk Drive		
State the term rema	aining	Address		
List the contract nu	umber of			
any government co	ontract			
		Flora	IL	62839
		Citv	State	ZIP Code
		City	State	ZIP Code

	Petersen Management Compa	3117, 220	Case number (if ki	nown): 24-10583	
	Name State what the contract or				
ا ^{39.} م	State what the contract or ease is for and the nature of the debtor's interest	Hospital Transfer Agreement	Clay County Hospital Name		
·	Tillo dobiol o intoloci				
			Notice Name		
			911 Stacey Burk Dr		
5	State the term remaining		Address		
	ist the contract number of				
	any government contract				
·	my government contract				
			Flora	IL	62839
			City	State	ZIP Code
			Country		
	Amended herein: added				
_					
40 le	State what the contract or ease is for and the nature	Services Agreement	Clay County Hospital		
0	f the debtor's interest	-	Name		
			Attn President Notice Name		
			911 Stacy Burk Drive		
Sta	State the term remaining		Address		
	rate and term remaining				
L	ist the contract number of				
а	nny government contract				
			Flora	IL	62839
			City	State	ZIP Code
			Country		
			Country		
	Amended herein: added				
41 S	State what the contract or ease is for and the nature	Addendum to Contract	COMMUNITY HOSPIC COMPASSUS - NWIL	CES OF AMERICA d/b/a	HOSPICE
	f the debtor's interest	- Additional Control	Name		
			Attention Executive Di	rector	
			Notice Name		
	State the term remaining		755 N Henderson Address		
2	State the term remaining				
L	ist the contract number of				
	any government contract				
			-		
			Galesburg	IL	61401
			City	State	ZIP Code

Debtor:			1 04/22/25 Page <i>I</i> Case number <i>(if kno</i>	'5 0† 157 wn): 24-10583	
2.42	Name State what the contract or lease is for and the nature	Nursing Facility Hospice, General Inpatient and Respite Care Services Agreement	Community Hospices of	· America, d/b/a Hospic	e Compassus - NWI
	of the debtor's interest		Name		
			Attention Executive Dire	ector	
			755 N Henderson		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Galesburg	IL	61401
			City	State	ZIP Code
			Country		
	Amended herein: added				
	State what the contract or lease is for and the nature	Addendum to Nursing Facility Hospice, General Inpatient and Respite Care Services Agreement	Community Hospices of	America, LLC d/b/a C	ompassus - NWIL
	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				
	any government contract				
			Galesburg	<u>IL</u>	61401
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.44	State what the contract or lease is for and the nature	Centrex Service Agreement	Consolidated Communi	cations	
	of the debtor's interest	Centrex Service Agreement	Name		
			Notice Name		
			121 S. 17th Street		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Mattoon	IL	61938
			City	State	ZIP Code
			Country		

ebtor:	Case 2 Petersen Management Compa		ed 04/22/25 Page 7 Case number (if kno	76 of 157 _{own):} 24-10583	
2.45 le	Name State what the contract or ease is for and the nature	Purchase Service Agreement	Cumberland Associate:	s	
C	of the debtor's interest	<u>.</u>	Name		
			Notice Name		
			120 Courthouse Square	е	
5	State the term remaining		Address		
			PO Box 385		
L	List the contract number of				
ā	any government contract				
			Toledo	<u>IL</u>	62468
			City	State	ZIP Code
			Country		
	Amended herein: added				
	State what the contract or ease is for and the nature	Purchase of Service Agreement	Cumberland Associate	s, Inc.	
C	of the debtor's interest		Name		
			Notice Name		
Si			120 Courthouse Square	e	
	State the term remaining		Address		
	• • • • • • • • • • • • • • • • • • •		PO Box 385		
ı	List the contract number of		-		
á	any government contract				
			Toledo	<u>IL</u>	62468
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.47	State what the contract or ease is for and the nature	Amendment of Solicitation /Modification of Contract	Department of Veteran	s Affairs NCO 23 - Minr	eapolis
_	of the debtor's interest	Contract	Name		
			Attn Fay Chiappone Notice Name		
			708 S Third St., Suite 2	200E	
\$	State the term remaining		Address		
ı	List the contract number of				
a	any government contract				
			Minneapolis	MN	55415
			City	State	ZIP Code
			Country		

Debtor:	Petersen Management Compa		04/22/25 Page 7 Case number (# know	7 of 157 _{vn): 24-10583}	
2.48	Name State what the contract or lease is for and the nature of the debtor's interest	Terms of Service for Institutional Establishments	DirecTV Name		
	or the deptor 3 interest		Hamo		
			Notice Name		
			PO Box 5006		
	State the term remaining		Address		
	List the contract number of		-		
	any government contract				
			Carol Stream	IL	60197-5006
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.49	State what the contract or lease is for and the nature	Psychiatrist Director Agreement	Dr. Kavuri		
	of the debtor's interest	Psychiatrist Director Agreement	Name		
			Notice Name		
			1770 East Lake Shore D	Prive	
	State the term remaining		Address		
			#208		
	List the contract number of				
	any government contract				
			Decatur	IL	62521
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.50	State what the contract or lease is for and the nature	Medical Director Agreement	Dr. Michael Ahearn		
	of the debtor's interest		Name		
			Notice Name		
			716 Elliott St.		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Kewanee	IL	61443-7200
			City	State	ZIP Code
			Country		

Debtor:		•			
2.51	Name State what the contract or lease is for and the nature	Amendment No. 3 to Pharmacy Products and Services Agreement	Enloe Drugs, LLC		
	of the debtor's interest		Name		
			OMNICARE OF DECAT	UR	
				NA D	
	Ctata tha taum namainin n		796 N. SUNNYSIDE RO	JAD	
	State the term remaining				
	List the contract number of				
	any government contract				
	, g				
			Decatur	IL	62522-1156
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.52	State what the contract or lease is for and the nature		Favorite Healthcare Staffing, Inc.		
	of the debtor's interest	Amendment to Contract	Name		
			Notice Name		
			7255 W. 98th Terrace -	Bldg.5, Suite 150	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Overland Park	KS	66212-2215
			City	State	ZIP Code
			J.,		
			Country		
	Amended herein: added				
2 53	State what the contract or lease is for and the nature		Franklin Hawisen M.D.		
2.00	lease is for and the nature of the debtor's interest	Medical Director Agreement	Franklin Harrison, M.D. Name		
			Notice Name		
			2712 Broadway Street		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Mt Varnes	11	60064
			Mt. Vernon	IL	62864
			City	01-1-	710.0 1
			City	State	ZIP Code

Amended herein: added State what the contract or lease is for and the nature of the debtor's interest Laboratory Services Agreement Laboratory Services Agreement Motice Name 1717 West Maud Address List the contract number of any government contract Poplar Bluff MO 63901					
State the term remaining List the contract number of any government contract Amended herein: added State what the contract or of the debtor's interest List the contract number of any government contract Amended herein: added State what the contract or of the debtor's interest List the contract number of any government contract Amended herein: added State what the contract or of the debtor's interest List the contract number of any government contract Amended herein: added State what the contract number of any government contract List the contract number of any government contract Amended herein: added State what the contract or of the debtor's interest List the contract number of any government contract Amended herein: added State what the contract or of the debtor's interest List the contract number of any government contract or of the debtor's interest List the contract number of any government contract or of the debtor's interest List the contract number of any government contract or of the debtor's interest List the contract number of any government contract or of the debtor's interest Posses is for and the nature of any government contract or of the debtor's interest Amended herein: added State what the contract or and the nature of any government contract or and the nature of any government contract or any government c	State what the contract of lease is for and the nature	Affiliation Agreement for Basic Nurse Assistant Training Program		ollege	
Notice Name Agricult for prive Address	of the debtor's interest				
State the term remaining List the contract number of any government contract Amended herein: added State what the contract or any government contract Tampa Amended herein: added State what the contract or any government contract Amended herein: added State what the contract or any government contract State what the contract or any government contract State what the contract or any government contract or any gover				<u> </u>	
State the term remaining List the contract number of any government contract Fairfield IL 62837					
List the contract number of any government contract Fairfield IL 62837	04-4-41-4-4				
Amended herein: added State what the contract or of the debtor's interest List the contract number of any government contract Amended herein: added State what the contract or of the debtor's interest List the contract number of any government contract Amended herein: added State what the contract number of any government contract List the contract number of any government contract List the contract number of lease is for and the nature of the debtor's interest Amended herein: added State what the contract or lease is for and the nature of the debtor's interest Laboratory Services Agreement Call Tampa FL 30635 City State Call Tampa FL 30635 City State Country Amended herein: added State what the contract or of the debtor's interest Amended herein: added State what the contract or of the debtor's interest Laboratory Services Agreement Amended herein: added State the term remaining Laboratory Services Agreement Amended herein: added State the term remaining Laboratory Services Agreement Amended herein: added State the term remaining Laboratory Services Agreement Address Addre	State the term remaining		Address		
Pairfield IL 62837 City State Customer Staffing Agreement Customer Staffing Agreem					
Fairfield IL 62837 City State IL 62837 City State ZIP Code Tourity Amended herein: added State what the contract or any government contract Amended herein: added State the term remaining List the contract number of any government contract Amended herein: added State the term remaining Amended herein: added State the term remaining List the contract number of any government contract Amended herein: added State what the contract or label 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 State what the contract or label active and the nature of the debtor's interest List the contract number of any government contract Poplar Bluff MO 63901					
Amended herein: added State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract Amended herein: added State what the contract or lease is for and the nature of the debtor's interest Amended herein: added State the term remaining List the contract number of any government contract Amended herein: added State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract Amended herein: added 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 Poplar Bluff MO 63901	any government contract				
Amended herein: added State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract Amended herein: added State what the contract or lease is for and the nature of the debtor's interest Amended herein: added State the term remaining List the contract number of any government contract Amended herein: added State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract Amended herein: added 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 Poplar Bluff MO 63901			Fairfield	II	62837
Amended herein: added 55 lease is for and the nature of the debtor's interest Amended herein: added 56 State what the contract or lease is for and the nature of the debtor's interest Amended herein: added 57 State the term remaining List the contract number of any government contract Amended herein: added 58 State what the contract or lease is for and the nature of the debtor's interest 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 Fig. 33635 City State 200 Country Amended herein: added State what the contract or lease is for and the nature of the debtor's interest Laboratory Services Agreement State the term remaining List the contract number of any government contract Poplar Bluff MO 63901					
Amended herein: added State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract Amended herein: added State what the contract or lease is for and the nature of the debtor's interest Amended herein: added State what the contract or lease is for and the nature of the debtor's interest Laboratory Services Agreement State what the contract or lease is for and the nature of the debtor's interest Laboratory Services Agreement State the term remaining List the contract number of any government contract Poplar Bluff MO 63901			City	State	ZIP Code
State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract Amended herein: added State what the contract or lease is for and the nature of the debtor's interest Amended herein: added State what the contract or lease is for and the nature of the debtor's interest List the contract or lease is for and the nature of the debtor's interest List the contract number of any government contract List the contract number of any government contract Poplar Bluff MO 63901			Country		
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Attn Chief Administrative Officer Notice Name Gale Healthcare Solutions Address 3101 W Dr. Martin Luther King Jr. Blvd, Suite 200 List the contract number of any government contract Tampa FL 33635 City State PL 33635 City State State what the contract or lease is for and the nature of the debtor's interest Laboratory Services Agreement of the debtor's interest List the contract number of any government contract Tampa FL 33635 City State TL 33635 City State	Amended herein: added				
Attn Chief Administrative Officer Notice Name Gale Healthcare Solutions Address 3101 W Dr. Martin Luther King Jr. Blvd, Suite 200 List the contract number of any government contract Tampa FL 33635 City State PL 33635 City State State what the contract or lease is for and the nature of the debtor's interest Laboratory Services Agreement of the debtor's interest List the contract number of any government contract Tampa FL 33635 City State TL 33635 City State	State what the contract or				
State the term remaining List the contract number of any government contract Amended herein: added State what the contract or lease is for and the nature of the debtor's interest List the contract number of any government contract Laboratory Services Agreement of the debtor any government contract Attriction Name Attriction Name And Healthcare Solutions Address Tampa FL 33635 City State ZIP Code Country Amended herein: added State what the contract or lease is for and the nature of the debtor's interest Name Notice Name 1717 West Maud Address List the contract number of any government contract Poplar Bluff MO 63901	bease is for and the nature	Customer Staffing Agreement		ons, LLC	
State the term remaining List the contract number of any government contract Amended herein: added State what the contract or lease is for and the nature of the debtor's interest List the contract number of any government contract List the contract or lease is for and the nature of the debtor interest List the contract number of any government contract List the contract or lease is for and the nature of the debtor's interest List the contract number of any government contract Poplar Bluff MO 63901	of the debtor's interest				
State the term remaining List the contract number of any government contract Address 3101 W Dr. Martin Luther King Jr. Blvd, Suite 200 Tampa FL 33635 City State Amended herein: added State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract State the term remaining List the contract number of any government contract Poplar Bluff MO 63901				ve Officer	
State the term remaining List the contract number of any government contract Tampa Tampa FL 33635 City Country Amended herein: added State what the contract or lease is for and the nature of the debtor's interest Laboratory Services Agreement State the term remaining List the contract number of any government contract Tampa FL 33635 City Country Gamma Healthcare, Inc. Name Notice Name 1717 West Maud Address List the contract number of any government contract Poplar Bluff MO 63901					
List the contract number of any government contract Tampa FL 33635 City State Armended herein: added State what the contract or lease is for and the nature of the debtor's interest Laboratory Services Agreement State the term remaining List the contract number of any government contract For poplar Bluff MO 63901	State the term remaining			ons	
List the contract number of any government contract Tampa	State the term remaining			or King Ir Plyd Suito	200
Amended herein: added State what the contract or lease is for and the nature of the debtor's interest Laboratory Services Agreement State the term remaining List the contract number of any government contract Poplar Bluff MO Address Tampa FL 33635 ZilP Code Tountry Gamma Healthcare, Inc. Name 1717 West Maud Address Poplar Bluff MO 63901	List the contract number	of	3101 W Dr. Martin Luti	ier King Jr. Biva, Suite 2	200
Tampa FL 33635 City State Amended herein: added State what the contract or lease is for and the nature of the debtor's interest Laboratory Services Agreement State the term remaining List the contract number of any government contract Poplar Bluff MO 63901					
Amended herein: added State what the contract or lease is for and the nature of the debtor's interest Laboratory Services Agreement Amended herein: added State what the contract or lease is for and the nature of the debtor's interest Laboratory Services Agreement Notice Name 1717 West Maud Address List the contract number of any government contract Poplar Bluff MO 63901	any government contract				
Amended herein: added State what the contract or lease is for and the nature of the debtor's interest Laboratory Services Agreement Laboratory Services Agreement State the term remaining List the contract number of any government contract Poplar Bluff MO 63901			Tampa	FL	33635
Amended herein: added State what the contract or lease is for and the nature of the debtor's interest Laboratory Services Agreement Camma Healthcare, Inc. Name Notice Name 1717 West Maud Address List the contract number of any government contract Poplar Bluff MO 63901			City	State	ZIP Code
Amended herein: added State what the contract or lease is for and the nature of the debtor's interest Laboratory Services Agreement Camma Healthcare, Inc. Name Notice Name 1717 West Maud Address List the contract number of any government contract Poplar Bluff MO 63901					
State what the contract or lease is for and the nature of the debtor's interest Laboratory Services Agreement Laboratory Services Agreement Address List the contract number of any government contract Poplar Bluff MO Gamma Healthcare, Inc. Name Notice Name 1717 West Maud Address Poplar Bluff MO 63901			Country		
State what the contract or lease is for and the nature of the debtor's interest Laboratory Services Agreement Laboratory Services Agreement Address List the contract number of any government contract Poplar Bluff MO Gamma Healthcare, Inc. Name Notice Name 1717 West Maud Address Poplar Bluff MO 63901	A construction of the construction of a decades				
of the debtor's interest Notice Name 1717 West Maud Address List the contract number of any government contract Poplar Bluff MO 63901	Amended nerein: added				
of the debtor's interest Notice Name 1717 West Maud Address List the contract number of any government contract Poplar Bluff MO 63901	State what the contract or		Commo Hoolthoore In	•	
Notice Name 1717 West Maud Address List the contract number of any government contract Poplar Bluff MO 63901		Laboratory Services Agreement		C.	
State the term remaining List the contract number of any government contract Poplar Bluff MO 63901					
State the term remaining List the contract number of any government contract Poplar Bluff MO 63901			Notice Name		
List the contract number of any government contract Poplar Bluff MO 63901			1717 West Maud		
any government contract Poplar Bluff MO 63901	State the term remaining		Address		
any government contract Poplar Bluff MO 63901					
Poplar Bluff MO 63901	List the contract number	of			
	any government contract				
City State ZIP Code			Poplar Bluff	MO	63901
·				State	ZIP Code
			*		

otor: Petersen Management Con		Filed 04/22/25 Page 8 Case number (# km	BO Of 15 / own): 24-10583	
Name 2.57 State what the contract or lease is for and the nature				
lease is for and the nature of the debtor's interest	Radiology Services Agreement	Gamma HealthCare, Ir	ic.	
		Notice Name		
		1717 West Maud St.		
State the term remaining		Address		
List the contract number of	f			
any government contract				
		Poplar Bluff	MO	63901
		City	State	ZIP Code
		Country		
Amended herein: added				
State what the contract or lease is for and the nature	Lease and Service Agreement	Gateway ProClean, Inc) .	
of the debtor's interest		Name		
		Notice Name		
		2081 Exchange Drive		
State the term remaining		Address		
List the contract number of	f			
any government contract				
		St. Charles	MO	63303
		City	State	ZIP Code
		Country		
Amended herein: added				
.59 State what the contract or lease is for and the nature	Purchasing Agreement	Gem Medical Supplies	, LLC	
of the debtor's interest		Name		
		Notice Name		
		730 Anthony Trail		
State the term remaining		Address		
List the contract number of	f			
any government contract				
		Northbrook	IL	60062
		City	State	ZIP Code
		Country		

otor:	Case 2 Petersen Management Compa		Filed 04/22/25 Page 8 Case number (if km	B1 Of 15 / own): 24-10583	
. 60	Name State what the contract or lease is for and the nature				
ا ⁰⁰ .	lease is for and the nature of the debtor's interest	Patient Transfer Agreement	Good Samaritan Regio	onal Health Center	
					
			Notice Name		
	State the term remaining		2 Good Samaritan Wag	у	
	State the term remaining				
	List the contract number of				
	any government contract				
			Mt. Vernon	IL	62864
			City	State	ZIP Code
			Country		
	Amended herein: added				
.61	State what the contract or lease is for and the nature	Participating Provider Agreement	Health Alliance Medica	ıl Plans. Inc.	
	of the debtor's interest	ranticipating Provider Agreement	Name		
			Notice Name		
	State the term remaining		301 South Vine St Address		
	State the term remaining				
	List the contract number of		-		
	any government contract				
			Urbana ———————————————————————————————————	IL	31801
			City	State	ZIP Code
			Country		
	Amended herein: added				
.62	State what the contract or lease is for and the nature	Consulting Services Agreement	Health Technologies, I	nc.	
(of the debtor's interest	<u> </u>	Name		
			Attn Carol Sapp, President	dent	
			Notice Name		
	State the term remaining		8446 Page Avenue Address		
	State the term remaining				
	List the contract number of				
	any government contract				
			St. Louis	MO	63130
			City	State	ZIP Code

Debtor:	Petersen Management Compa		led 04/22/25 Page 8 Case number (if kno	32 Of 15 / own): 24-10583	
	Name				
2.63	State what the contract or lease is for and the nature of the debtor's interest	Participating Provider Agreement	HealthLink, Inc., an Illin	nois Corporation	
			Notice Name		
	State the term remaining		1831 Chestnut St Address		
	List the contract number of				
	any government contract				
			St. Louis	MO	63103
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.64	State what the contract or lease is for and the nature	Statement of Interagency Cooperation	Heartland Human Serv	ices	
	of the debtor's interest	Statement of interagency ecoperation	Name		
			Notice Name		
			PO Box 1047		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
					20.404.40.4
			Effingham City	IL State	62401-1047 ZIP Code
			O.I.y	Claic	2 0000
			Country		
	Amended herein: added				
2.65	State what the contract or lease is for and the nature	Addendum to Contract	Helping Hands Home F	Healthcare and Staffing	Agency, LLC
•	of the debtor's interest	- Addition to Constant	Name		
			Attn Kimberly Hixon Notice Name		
			111 W. Washington Str	eet, Suite 310	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			East Peoria	IL	61611
			City	State	ZIP Code
			Country		

otor: Petersen Management (ompany, LLG	Case number (if kn	own): 24-10583	
2.66 State what the contract lease is for and the natu of the debtor's interest	or ire Temporary Staffing Agreement	Helping Hands Home I	Healthcare and Staffing	Agency, LLC
of the debtor's interest		Attn Karen Sedgwick		
		111 W. Washington St	reet Suite 310	
State the term remaining	g	Address	oot, Guito 616	
List the contract number	er of			
any government contra	ct			
		East Peoria	<u>IL</u>	61611
		City	State	ZIP Code
		Country		
Amended herein: adde	ed			
State what the contract lease is for and the natu of the debtor's interest	or ire Addendum to Contract	Horizons Healthcare A	gency	
		Notice Name		
		3100 Knoxville Ave Su	ite 216	
State the term remaining	g	Address		
List the contract number	er of			
any government contra	ct			
		Peoria	IL	61603
		City	State	ZIP Code
		Country		
Amended herein: adde	ed			
State what the contract lease is for and the natu of the debtor's interest	or ire Facility and Agency Contract for Per Diem	Horizons Healthcare A	gency	
		Notice Name		
		3100 Knoxville Ave Su	ite 216	
State the term remaining	9	Address		
List the contract number	er of			
any government contra	ct			
		Peoria	IL	61603
		City	State	ZIP Code
		Country		
Amended herein: adde	ed			

btor:	Case 2 Petersen Management Compa		04/22/25 Page Case number (#)	84 Of 15 / known): 24-10583	
	Name				
2.69	State what the contract or ease is for and the nature	Addandum to Contract	Horizons Healthcare	Agency LLC	
C	of the debtor's interest	Addendum to Contract	Name	, igooy, ===	
			Notice Name		
			3100 Knoxville Ave S	wite 016	
9	State the term remaining		Address	uite 216	
	g				
l	ist the contract number of				
â	any government contract				
			Peoria	IL	61603
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.70	State what the contract or ease is for and the nature	Amondon antido Cantina d	Horizons Healthcare	Agency IIC	
of the c	of the debtor's interest	Amendment to Contract	Name	rigorioy, LLO	
			Notice Name		
	No. 4 . 4		3100 Knoxville Ave S Address	uite 216	
,	State the term remaining		Address		
ı	ist the contract number of				
a	any government contract				
			Peoria	IL	61603
			City	State	ZIP Code
			Country		
	Amended herein: added				
.71 S	State what the contract or ease is for and the nature	Residential Hospice Care Agreement for Services to Residents of Nursing Facilities	Hospice of Illinois LLC	C dba Harbor Light Hospi	ce
Ċ	of the debtor's interest	residents of Nursing Facilities	Name	3	
			Notice Name		
			IN131 County Farm F	Road	
5	State the term remaining		Address		
ı	_ist the contract number of				
	any government contract				
			Winfield	IL Otata	60190
			City	State	ZIP Code

Name				
2.72 State what the contract or lease is for and the nature	Residential Hospice Care Agreement for Services Residents of Nursing Facilities	Hospice of Illinois LLC	C, dba Harbor Light Hosp	ice
of the debtor's interest		Name		
		Notice Name		
		1N131 County Farm F	Road	
State the term remaining		Address		
List the contract number	of			
any government contract	-			
		Winfield	IL	60190
		City	State	ZIP Code
		Country		
Amended herein: added				
2.73 State what the contract of lease is for and the nature	Addendum to Agreement	Hospice of Southern I	llinois. Inc	
of the debtor's interest	Addendum to Agreement	Name		
		Notice Name		
		305 South Illinois Stre	et	
State the term remaining		Address		
-				
List the contract number	of			
any government contract				
		Belleville	<u>IL</u>	62220-2159
		City	State	ZIP Code
		Country		
Amended herein: added				
2.74 State what the contract of lease is for and the nature	r E Long Term Care Facility Agreement	Hospice of Southern I	llinois, Inc	
of the debtor's interest	Long Term Care Facility Agreement	Name		
		Attn Amy L. Richter, F Notice Name	HFMA, CPA, CGMA, ME	BA
		305 South Illinois Stre	et	
State the term remaining		Address		
List the contract number	of			
any government contract				
		Belleville	IL	62220-2159
		O'th:	01-1-	710.0-4-
		City	State	ZIP Code

Debtor:			-IIed 04/22/25 Page Case number (# k	86 01 15 / nown): 24-10583	
Debioi.	Name	any, EEO			
2.75	State what the contract or lease is for and the nature of the debtor's interest	Nursing Facility Services Agreement	Hospice of Southern I	Ilinois, Inc.	
	of the deptor's interest		Attn Rebecca J. Wisdo	om I C S W	
			Notice Name	om, E.O.O.vv.	
			305 South Illinois Stre	et	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Belleville	IL	62220-2159
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.76	State what the contract or lease is for and the nature	Service Agreement	Hospice of Southern I	llinois, Inc.	
	of the debtor's interest	<u>Con vice rigide in one</u>	Name		
			Attn Rebecca J. Wisdo	om, L.C. S.W,	
			Notice Name		
	Ctata tha tanna namainina		305 South Illinois Stre	et	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
	, g				
			Belleville	IL	62220-2159
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.77	State what the contract or lease is for and the nature	Participating Provider Agraement	Humana Inc.		
	of the debtor's interest	Participating Provider Agreement	Name		
			Notice Name		
			P.O. Box 1438		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Louisville	KY	40201
			City	State	ZIP Code
			Country		

	Case 2 Petersen Management Compa			87 of 157	
ebtor:	Name	any, LLC	Case number (if kn	24-10583	
2.78	State what the contract or ease is for and the nature	On a list Day was a Assessment for Day state and One list	Joerns LLC		
[ease is for and the nature of the debtor's interest	Special Program Agreement for Rental and Capital	Name		
			Attn Chief Strategy Off	ficer	
			Notice Name		
			2430 Whitehall Park D	rive, Suite 100	
	State the term remaining		Address		
	list the contract number of				
	List the contract number of				
,	any government contract				
			Charlotte	NC	28273
			City	State	ZIP Code
			Country		
			Country		
	Amended herein: added				
2.70	State what the contract or				
	State what the contract or lease is for and the nature of the debtor's interest	Memorandum of Agreement	KEPRO Name		
`	or the debtor 3 micrest				
			Notice Name		
			5700 Lombardo Cente	r Drive, Suite 100	
:	State the term remaining		Address		
	List the contrast mount or of				
	List the contract number of				
•	any government contract				
			Seven Hills	ОН	44131
			City	State	ZIP Code
			Country		
			Country		
	Amended herein: added				
9	State what the contract or				
2.80 ì	ease is for and the nature	Amended and Restated Therapy Services Agreement	Kindred Rehab Service	es, LLC	
•	of the debtor's interest		Name		
			Attn VP, Finance Notice Name		
	04-4-41-4-4		Rehab Care Address		
,	State the term remaining		—— 680 South Fourth Stree	ot	
	List the contract number of		——————————————————————————————————————	e:	
	any government contract		_		
			Louisville	KY	40202
			City	State	ZIP Code
			Country		

Debtor:		24-10443-1MH DOC 1496 any, LLC	Filed 04/22/25 Page 88 Case number (if known)		
	Name				
2.81	State what the contract or lease is for and the nature	Cooperative Agreement	Lake Land College Nursin	g Program	
	of the debtor's interest		Name		
			Notice Name		
			Community College Distric	ct No. 517	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Mattoon	IL	61938
			City	State	ZIP Code
			Country		
			country		
	Amended herein: added				
2.82	State what the contract or lease is for and the nature		Livanta, LLC		
of the	of the debtor's interest	Memorandum of Agreement	Name		
			Notice Name	140	
	State the term remaining		10830 Guilford Rd, Suite 3 Address	312	
	State the term remaining		- Address		
	List the contract number of				
	any government contract				
			Annapolis Junction	MD	20701
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.83	State what the contract or lease is for and the nature	Medical Director Agreement	M-1 Medical, LLC		
	of the debtor's interest	Medical Director Agreement	Name		
			Notice Name		
			351 JUBAKA DR		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			FAIRVIEW HEIGHTS	IL	62208-3443
			City	State	ZIP Code
			,	2.3.0	0000
			Country		

	Name				
^{2.84} I	State what the contract or ease is for and the nature	Master Contract for Biohazard Waste	MCKay's Haz-Mat Truc	k Service, Inc.	
(of the debtor's interest		Name		
			Notice Name		
			PO Box 1444		
	State the term remaining		Address		
•	State the term remaining				
	List the contract number of				
•	any government contract				
			Centralia	IL	62801
			City	State	ZIP Code
			Country		
			Country		
	Amended herein: added				
.85	State what the contract or ease is for and the nature	Prime Vendor Product Supply Agreement	McKesson Medical-Sur	gical Minnesota Supply	Inc.
	of the debtor's interest	Time Vendor Froduct Supply Agreement	Name		
			Notice Name		
			8121 Tenth Avenue No	rth	
;	State the term remaining		Address		
- 1	List the contract number of				
	any government contract				
			Golden Valley	MN	55427
			City	State	ZIP Code
			Country		
	Amended herein: added				
٠, ۶	State what the contract or				
	case is for allu tile flature	Addendum to Contract	Med Management Asso	ociates of Indiana, P.C.	
(of the debtor's interest			Name Attn Dr. Deborah Theis, Quality Assurance & HIPPA Compl	
			Officer	, Quality Assurance & I	IIF FA Compliant
			Notice Name		
			7272 Wurzbach Rd., St	uite 601	
;	State the term remaining		Address		
ı	List the contract number of				
	any government contract	-			
	· =				
•					
;			San Antonio	TX	78240
į			San Antonio City	TX	78240 ZIP Code

tor: Petersen Management Co		04/22/25 Page 9	00 01 15 / wn): 24-10583	
Name State what the contract or				
State what the contract or lease is for and the nature	Psychiatry Services Agreement	Med Management Associates of Indian		
of the debtor's interest		Name Attn Dr. Deborah Theis, Officer	Quality Assurance & F	HIPPA Compliance
		Notice Name		
Ctata tha tama namainin n		7272 Wurzbach Rd., Su Address	iite 601	
State the term remaining	-	Address		
List the contract number	of			
any government contract				
		San Antonio	TX	78240
		City	State	ZIP Code
		Country		
Amended herein: added				
State what the contract or lease is for and the nature	MDU Agreement for CATV and Mediacom Online Services	Mediacom of Illinois LLO		
of the debtor's interest	00111000	Name		
		Attn Kimberly Notice Name		
		611 S 4th St		
State the term remaining		Address		
List the contract number	of			
any government contract				
		Chilicothe	IL	61523
		City	State	ZIP Code
		Country		
Amended herein: added				
State what the contract or lease is for and the nature	Amendment to Contract	Medical Staffing Solution	ns, LLC	
of the debtor's interest	- HIOMANION TO COMMUNICATION OF THE PROPERTY O	Name		
		Notice Name		
		8601 N. Kentucky Ave,	Suite A	
State the term remaining		Address		
List the contract number	of	<u>-</u>		
any government contract				
		Evansville	IN	47725
		City	State	ZIP Code
		Country		

		Case 2	24-10443-TMH Doc 1496 Filed	04/22/25 Page 9	91 of 157	
2.95 State what the contract or of the debtor's interest of the debtor'	Debtor:	Petersen Management Compa		-		
State the term remaining List the contract number of any government contract Amended herein: added State the term remaining List the contract number of any government contract or lease is for and the nature of the debtor's interest Amended herein: added 2.91 State what the contract or lease is for and the nature of the debtor's interest Amended herein: added 2.02 State the term remaining List the contract number of any government contract Amended herein: added 2.02 State what the contract or lease is for and the nature of the debtor's interest Amended herein: added 2.02 State what the contract or lease is for and the nature of the debtor's interest Amended herein: added 2.02 State what the contract or lease is for and the nature of the debtor's interest Although State what the contract or lease is for and the nature of the debtor's interest Attraction of the debtor's interest or lease is for and the nature of the debtor's interest Attraction of the debtor's interest or lease is for and the nature of the debtor's interest List the contract number of any government contract Address List the contract number of any government contract Address Addre						
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Amended herein: added 2.92 State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract List the contract number of any government contract		State the term remaining		Address		
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Amended herein: added 2.92 State what the contract or lease is for and the nature of the debtor's interest Professional Services Agreement Medical Staffing Solutions, LLC Name Attn Chief Executive Officer Notice Name 9700 HWY 57N, Suite A Address List the contract number of any government contract				Occupation		
State what the contract or lease is for and the nature of the debtor's interest Professional Services Agreement Professional Services Agreement Professional Services Agreement Attn Chief Executive Officer Notice Name 9700 HWY 57N, Suite A Address List the contract number of any government contract Professional Services Agreement Professional Services Agreement Address				Country		
of the debtor's interest Attn Chief Executive Officer Notice Name 9700 HWY 57N, Suite A Address List the contract number of any government contract		Amended herein: added				
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of the debtor's interest Attn Chief Executive Officer Notice Name 9700 HWY 57N, Suite A Address List the contract number of any government contract	2.92	State what the contract or lease is for and the nature	Professional Services Agreement	Medical Staffing Solution	ons, LLC	
State the term remaining List the contract number of any government contract Notice Name 9700 HWY 57N, Suite A Address		- (- 1 - - 1 - 1 - 1 - 1 - 1 - 1 - 1	<u> </u>	Name		
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any government contract		State the term remaining				
any government contract		List the contract number of				
Evansville IN 47725	,	any government contract				
273.107.110				Evansville	IN	47725
City State ZIP Code						
5.ty 5.tat 21 6000				- · · y	3.0.0	0000
Country				Country		

Debtor:	Case 2 Petersen Management Compa	any, LLC	Case number (if kno	wn): 24-10583	
	Name				
2.93	State what the contract or lease is for and the nature	Long Term Care Consultant Agreement	MEDLAB		
	of the debtor's interest		Name		
			Teresa Joines Notice Name		
			10114 Woodfield Lane		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			St. Louis	MO	63132
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.94	State what the contract or lease is for and the nature	Illinois Ansillant Provider/LICES Agreement	Meridian Health Plan of	Illinois Inc	
	of the debtor's interest	Illinois Ancillary Provider/HCBS Agreement	Name	miles, inc.	
			Notice Name		
			333 South Wabash Ave	, Suitte 2900	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Chicago	IL	60604
			City	State	ZIP Code
			Country		
	Amended herein: added				
			Methodist Hospice Serv	ing by and Thurston	The Mashedias Medic
	State what the contract or lease is for and the nature of the debtor's interest	Hospice Services Agreement	Center of Illinois Name	es, by and milough	The Methodist Medic
			Notice Name		
			PO Box 26708		
	State the term remaining		Address		
	List the contract number of		-		
	any government contract				
			Salt Lake City	UT	84126-0708
			City	State	ZIP Code

Debtor:	Case 2 Petersen Management Compa	24-10443-1MH DOC 1496	Filed 04/22/25 Page Case number (if k	93 of 15 / nown): 24-10583	
ebioi.	Name	, LLO			
2.96	State what the contract or lease is for and the nature	Facility Service Agreement	MFW Healthcare Man	agement, LLC	
	of the debtor's interest		Name		
			Notice Name		
			230 W. Monroe Suite	2540	
	State the term remaining		Address		
	List the contract countries of				
	List the contract number of any government contract				
	any government contract				
			Chicago	IL	60606
			City	State	ZIP Code
			Country		
			Country		
	Amended herein: added				
2.97	State what the contract or lease is for and the nature	Marana and America	Midwest Post Acute C	are Enterprise Limited	
	of the debtor's interest	Management Agreement	Name	are Emerphise Emilied	
			Att President		
			Notice Name		
	State the term remaining		6700 W. 167th Street	Suite 5	
	State the term remaining				
	List the contract number of				
	any government contract				
			Tinley Park City	IL State	60477 ZIP Code
			City	Sidle	ZIF Code
			Country		
	Amended herein: added				
2.98	State what the contract or lease is for and the nature	Medical Director Agreement	Midwest Post Acute C	are Enterprises	
	of the debtor's interest		Name		
			Attention Legal Depar Notice Name	tment	
			MPAC Healthcare		
	State the term remaining		Address		
			2045 W Grand Ave, S	te B #28354	
	List the contract number of				
	any government contract				
			Chicago	IL	60612-1577
			City	State	ZIP Code
			Country		

Debtor			-IIed 04/22/25 Page 94 Case number (if known		
2 99	Name State what the contract or lease is for and the nature	- w	Midwest Post Acute Care	- PII C	
2.00	lease is for and the nature of the debtor's interest	Facility Service Agreement	Name	,, FLLO	
			Attn Legal Department		
			Notice Name		
			MPAC Healthcare		
	State the term remaining		Address		
			2045 W Grand Avenue S	ite B #28354	
	List the contract number of				
	any government contract				
			Chicago	IL	60612-1577
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.100	State what the contract or lease is for and the nature	Facility Service Agreement	Midwest Post-Acute Care	e, PLLC	
	of the debtor's interest	radiity dervice Agreement	Name		
			Attn Legal Department		
			Notice Name		
			MPAC Healthcare		
	State the term remaining		Address		
			2045 W Grand Avenue S	te B #28354	
	List the contract number of				
	any government contract				
			Chicago	IL	60612-1577
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.101	State what the contract or		Molina Healthcare of Illing	ois Inc. on Illinois Co.	rnoration
	lease is for and the nature of the debtor's interest	Provider Services Agreement	Name	ois, iric, ari illiriois coi	poration
			Notice Name		
			2001 Butterfield Road, St	uite 750	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Downers Grove	IL	60515
			City	State	ZIP Code
			Country		

ebtor: Petersen Management Comp	oany, LLC	Case number (if kn	own): 24-10583	
2.102 State what the contract or lease is for and the nature	Facility Service Agreement	MPAC Healthcare		
of the debtor's interest		Name		
		Attn Legal Department Notice Name		
			C+- D #000E4	
State the town name in in a		2045 W Grand Avenue	Ste B #28354	
State the term remaining		Address		
List the contract number of				
any government contract				
any government contract				
		Chicago	IL	60612-1577
		City	State	ZIP Code
		Country		
Amended herein: added				
2 103 State what the contract or		National Healthcare of	Mt. Vernon, Inc. d/b/a C	Crossroads Communit
2.103 State what the contract or lease is for and the nature of the debtor's interest	Patient Transfer Agreement	Hospital Name		
		Attn Chief Executive O	fficer	
		Notice Name	moor	
		#8 Doctors Park Road		
State the term remaining		Address		
List the contract number of		-		
any government contract				
		Mt. Vernon		62864
		City	State	ZIP Code
		Country		
Amended herein: added				
2.104 State what the contract or lease is for and the nature	Release and Settlement Agreement	National Healthcare of Hospital	Mt. Vernon, Inc. d/b/a C	Crossroads Communit
of the debtor's interest		Name		
		Attn Chief Executive O	fficer	
State the town name in in a		#8 Doctors Park Road Address		
State the term remaining		Address		
List the contract number of				
any government contract				
		Mt. Vernon	IL	62864
		City	State	ZIP Code
		Country		
		Country		

Name				
105 State what the contract or lease is for and the nature	Patient Transfer Agreement	National Healthcare of Mt. Vernon, Inc. d/b/a Crossroads Commu Hospitals		
of the debtor's interest		Name		
		Attn Chief Executive Of Notice Name	icer	
State the term remaining		#8 Doctors Park Road Address		
• • • • • • • • • • • • • • • • • • •				
List the contract number of				
any government contract				
		Mt. Vernon	IL	62864
		City	State	ZIP Code
		Country		
		Country		
Amended herein: added				
State what the contract or lease is for and the nature	Staffing Service Agreement	Nextaff Group, LLC		
of the debtor's interest	Stalling Colvice Agreement	Name		
		Notice Name		
		11101 Switzer Rd., Suit	e 110	
State the term remaining		Address		
List the contract number of				
any government contract				
		Overland Park	KS	66210
		City	State	ZIP Code
		Country		
Amended herein: added				
107 State what the contract or lease is for and the nature	Amendment No. 2 to Pharmacy Consultant Agreement	Omnicare		
of the debtor's interest		Name		
		Attn Legal		
		Notice Name		
		One CVS Drive Mail Co	de 1160	
State the term remaining		Address		
List the contract number of				
any government contract				
		Woonsocket	RI	02895
				ZIP Code
		City	State	ZIP Code

	Case	24-10443-TMH Doc 1496 Filed 0	4/ <i>22</i> /25 Page 9	97 of 157	
Debtor:		any, LLC	Case number (if kno	own): 24-10583	
	Name State what the contract or				
2.108	State what the contract or lease is for and the nature	Amendment No. 5 to Pharmacy Consultant Agreement	Omnicare		
	of the debtor's interest		Name		
			Attn Legal Notice Name		
			One CVS Drive Mail Co	ode 1160	
	State the term remaining		Address		
	3		<u> </u>		
	List the contract number of				
	any government contract		_		
			Woonsocket	RI	02895
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.109	State what the contract or lease is for and the nature	Amendment No. 6 to Pharmacy Products and Services Agreement	Omnicare		
(of the debtor's interest		Name		
			Attn Legal Notice Name		
				- 1- 4400	
	State the term remaining		One CVS Drive Mail Co	ode 1160	
	State the term remaining				
	List the contract number of				
	any government contract		_		
	, ,				
			Woonsocket	RI	02895
			City	State	ZIP Code
			Country		
	Amended herein: added				
	Amended nerein. added				
2.110	State what the contract or lease is for and the nature	Amendment to Pharmacy Consultant Agreement	Omnicare		
	of the debtor's interest	Amendment to Fharmacy Consultant Agreement	Name		
			Attn Legal		
			Notice Name		
			One CVS Drive Mail Co	ode 1160	
	State the term remaining		Address		
	List the contract				
	List the contract number of		_		
	any government contract				
			Woonsocket	RI	02895
			City	State	ZIP Code
			Jny	Ciale	2.1 0006
			Country		

Name				
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	5.0.1.34.1.6.1. 65.11.000	Name		
		Attn Legal		
		Notice Name		
		One CVS Drive Mail Co	ode 1160	
State the term remaining		Address		
List the contract number of				
any government contract				
		Woonsocket	RI	02895
		City	State	ZIP Code
		Country		
Amended herein: added				
State what the contract or		0		
lease is for and the nature of the debtor's interest	Pharmacy Consultant Agreement	Omnicare Name		
of the debtor 3 linterest		Attn Legal		
		Notice Name		
		One CVS Drive Mail Co	ode 1160	
State the term remaining		Address		
J				
List the contract number of				
any government contract				
, ,				
		Woonsocket	RI	02895
		City	State	ZIP Code
		•		
		Country		
Amended herein: added				
State what the contract or				
lo lease is for and the nature	Pharmacy Products and Services Agreement	Omnicare		
of the debtor's interest		Name		
		Attn Legal Notice Name		
		One CVS Drive Mail Co	nde 1160	
		Address	5de 1100	
State the term remaining				
State the term remaining				
_				
List the contract number of				
_				
List the contract number of		Woonsocket	ρι	02805
List the contract number of		Woonsocket City	RI State	02895 ZIP Code

2.114 State what the contract or lease is for and the nature of the debtor's interest of any government contract State the term remaining List the contract number of any government contract	Debtor: Petersen Management		04/22/25 Page 9 	9 of 157 wn): 24-10583	
State the term remaining List the contract number of any government contract Amended herein: added 2.115 State what the contract or of the debtor's interest State the term remaining List the contract number of any government contract Amendment to Pharmacy Products and Services of the debtor's interest State the term remaining List the contract number of any government contract State the term remaining List the contract number of any government contract Example 10400 Hickman Mills Drive, Suite 200 Address Kansas City Name Notice Name 10400 Hickman Mills Drive, Suite 200 Address Kansas City MO 64137 City State MBO 64137		or ure Amendment to Pharmacy Consultant Agreement	City	the Midwest, LLC dba	Omnicare of Kansas
State the term remaining List the contract number of any government contract Amended herein: added 2.115 State what the contract or lease is for and the nature of the debtor's interest List the contract number of any government contract State the term remaining List the contract or lease is for and the nature of the debtor's interest List the contract number of any government contract Example 1.140 Hickman Mills Drive, Suite 200 Address Amendment to Pharmacy Products and Services City Name Notice Name Notice Name 1.0400 Hickman Mills Drive, Suite 200 Address Example 2.115 State the term remaining List the contract number of any government contract Address Example 3.115 State what the contract or lease is for and the nature of the debtor's interest Amendment to Pharmacy Products and Services Agreement Address Example 3.115 State what the contract or lease is for and the nature of the Midwest, LLC dba Omnicare of Kansas City Name Notice Name No	of the debtor 3 interest		· value		
State the term remaining List the contract number of any government contract Amended herein: added 2.115 State what the contract or lease is for and the nature of the debtor's interest List the contract number of any government contract State the term remaining List the contract number of any government contract Mended herein: added 2.115 State what the contract or lease is for and the nature of the debtor's interest Mended herein: added Amendment to Pharmacy Products and Services Agreement Molice Name 10400 Hickman Mills Drive, Suite 200 Address Manay government contract Manay government contract Manay government contract Manay government contract Manay Gity Molice Name Address			Notice Name		
List the contract number of any government contract Kansas City MO 64137 City State State Mo State Teleprocess				ive, Suite 200	
Amended herein: added 2.115 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 Amendment to Pharmacy Products and Services Agreement Agreement Agreement Agreement Agreement Address A	State the term remainir	ng 	Address		
Amended herein: added 2.115 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 Kansas City Amendment to Pharmacy Products and Services Agreement Amendment to Pharmacy Products and Services City Name Notice Name 10400 Hickman Mills Drive, Suite 200 Address Kansas City MO 64137 City MO 64137 ZIP Code	List the contract numb	er of			
Amended herein: added 2.115 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 Kansas City Kansas City	any government contra	nct			
Amended herein: added 2.115 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 Kansas City Kansas City Kansas City Kansas City MO 64137 City Country City Midwest, LLC dba Omnicare of Kansas City Manae Kansas City Mo 64137 City State ZIP Code			Kansas City	MO	64137
Amended herein: added 2.115 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 Kansas City Kansas City			City	State	ZIP Code
2.115 State what the contract or lease is for and the nature of the debtor's interest Amendment to Pharmacy Products and Services Agreement Amendment to Pharmacy Products and Services Agreement Amendment to Pharmacy Products and Services City Name Notice Name 10400 Hickman Mills Drive, Suite 200 Address List the contract number of any government contract Kansas City MO 64137 City State ZIP Code			Country		
2.115 State what the contract or lease is for and the nature of the debtor's interest Amendment to Pharmacy Products and Services Agreement Amendment to Pharmacy Products and Services Agreement Amendment to Pharmacy Products and Services City Name Notice Name 10400 Hickman Mills Drive, Suite 200 Address List the contract number of any government contract Kansas City MO 64137 City State ZIP Code	Amondad harain: add	od.			
Agreement Agreement Agreement City Name			Omnicare Pharmacy of	the Midwest. LLC dba	Omnicare of Kansas
State the term remaining List the contract number of any government contract Kansas City MO 64137 City State Who Mills Drive, Suite 200 Address		ure Agreement	City		
State the term remaining List the contract number of any government contract Kansas City MO 64137 City State State 10400 Hickman Mills Drive, Suite 200 Address	of the deptor's interest		Name		
State the term remaining List the contract number of any government contract Kansas City MO 64137 City State ZIP Code			Notice Name		
List the contract number of any government contract Kansas City MO 64137 City State ZIP Code				ive, Suite 200	
Any government contract Kansas City MO 64137 City State ZIP Code	State the term remainir	ng	Address		
Kansas CityMO64137CityStateZIP Code	List the contract numb	er of			
City State ZIP Code	any government contra	nct			
City State ZIP Code			Kansas City	MO	64137
			<u></u>		
Country			Country		
Amended herein: added	Amended herein: add	ed			
2.116 State what the contract or lease is for and the nature Amendment to Pharmacy Consultant Agreement Omnicare, Inc.	2.116 lease is for and the nati	or Amendment to Pharmacy Consultant Agreement	Omnicare, Inc.		
of the debtor's interest Name	of the debtor's interest	Annotation to Thatmady Conduction Agreement	Name		
Attn General Counsel Notice Name					
900 Omnicare Center					
State the term remaining Address	State the term remainir	ng			
201 East Fourth Street			201 East Fourth Street		
List the contract number of					
any government contract	any government contra	act			
Cincinnati OH 45202			Cincinnati	ОН	45202
City State ZIP Code			City	State	ZIP Code
Country			Country		

Name	· ·			
State what the contract or lease is for and the nature	Amendment to Pharmacy Products and Services Agreement	Omnicare, Inc.		
of the debtor's interest	Agreement	Name		
		Attn General Counsel		
		Notice Name		
		900 Omnicare Center		
State the term remaining		Address		
		201 East Fourth Street		
List the contract number o	f			
any government contract				
		Cincinnati	ОН	45202
		City	State	ZIP Code
		Country		
Amended herein: added				
State what the contract or				
State what the contract or lease is for and the nature	Pharmacy Consultant Agreement	Omnicare, Inc.		
of the debtor's interest				
		Attn General Counsel Notice Name		
		900 Omnicare Center		
State the term remaining		Address		
State the term remaining		201 East Fourth Street		
List the contract number o	f			
any government contract				
		Cincinnati	ОН	45202
		City		ZIP Code
		City	State	ZIP Code
		Country		
		•		
Amended herein: added				
Ctata what the continue of an				
State what the contract or lease is for and the nature	Pharmacy Products and Services Agreement	Omnicare, Inc.		
of the debtor's interest		Name		
		Attn General Counsel		
		Notice Name		
		900 Omnicare Center		
State the term remaining		Address		
		201 East Fourth Street		
List the contract number o	f			
any government contract				
		Cincinnati	OH	45202
		City	State	ZIP Code

Debtor:			Iled 04/22/25 Page 10 Case number (if kno	J1 Of 15 / wn): 24-10583		
	Name					
2.120	State what the contract or lease is for and the nature	Addendum to Contract	OneStaff Medical LLC			
	of the debtor's interest		Name			
			C/O American National Notice Name	Bank		
			PO Box 3544			
	State the term remaining		Address			
	List the contract number of					
	any government contract					
			Omaha	NE	68103	
			City	State	ZIP Code	
			Country			
	Assessment of the section of defend		·			
	Amended herein: added					
2.121	State what the contract or lease is for and the nature	Staffing Service Agreement	OneStaff Medical LLC Name			
OT t	of the debtor's interest		Name			
			Notice Name			
			10802 Farnam Dr., Ste.	101		
	State the term remaining		Address			
	List the contract number of					
	any government contract					
			Omaha	NE	68154	
			City	State	ZIP Code	
			Country			
	Amended herein: added					
2.122	State what the contract or lease is for and the nature	Addendum to Contract	OptimaLab, Inc.			
	of the debtor's interest	Addendam to Contract	Name			
			ATT Rehan Akhter			
			Notice Name			
	State the term remaining		402 West Boughton Ro Address	ad		
	State the term remaining					
	List the contract number of					
	any acyarament contract					
	any government contract					
	any government contract		Bolingbrook	IL	60440	
	any government contract		Bolingbrook City	IL State	60440 ZIP Code	

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Debtor:		any, LLC	Case number (if know	wn): 24-10583	
2.123	Name State what the contract or lease is for and the nature	Laboratory Services Agreement Covid-19 Testing	OptimaLab, Inc.		
	of the debtor's interest	Laboratory Services Agreement Covid-19 Testing	Name		
			Attn Rehan Akhter		
			Notice Name	-	
			402 West Boughton Roa	ad	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Boilingbrook	IL	60440
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.124	State what the contract or lease is for and the nature	Revised Laboratory Services	OptimaLab, Inc.		
	of the debtor's interest		Name		
			Attn Rehan Akhter		
			Notice Name		
			402 West Boughton Roa	bad	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
			Boilingbrook	IL	60440
			City	State	ZIP Code
			Country		
	Amended herein: added				
2 125	State what the contract or lease is for and the nature		OCE Haalthaana Cuatan		
	lease is for and the nature of the debtor's interest	Patient Service Agreement	OSF Healthcare System Name	i, d/b/a OOSF Homeca	re
	0 402.0.		Attn Donna Medina, Vic	e President	
			Notice Name		
			2265 W Altorfer Dr.		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Peoria	<u>IL</u>	61615
			City	State	ZIP Code
			Country		

ebtor: Petersen Management Comp		-IIed 04/22/25 Page 10 Case number (if known		
Name				
2.126 State what the contract or lease is for and the nature of the debtor's interest	Facility Agreement	Passages Hospice, LLC Name		
of the deptor's interest		Name		
		Notice Name		
		515 Warrenville Rd		
State the term remaining		Address		
List the contract number of				
any government contract				
		Lisle	<u>IL</u>	60532
		City	State	ZIP Code
		Country		
Amended herein: added				
State what the contract or lease is for and the nature	Consulting Agreement	PBC & Associates Menta Health	Il Health Services, Inc	. dba Visiting Ment
of the debtor's interest	Consulting Agreement	Name		
		Notice Name		
		4699 North Federal High	way Suite 102F	
State the term remaining		Address	,,	
List the contract number of				
any government contract				
		Pompano Beach	FL	33064
		City	State	ZIP Code
		Country		
Amended herein: added				
100 State what the contract or				
128 State what the contract or lease is for and the nature of the debtor's interest	Professional Service Agreement	Pinnacle Wound Manage Name	ment Mid-West, LLC	
		Attn Daniel Lang		
		Notice Name		
State the term remaining		7901 4th St N, Suite 300 Address		
State the term remaining	-			
List the contract number of				
any government contract				
		O. D		60700
		St. Petersburg	FL State	33702
		City	State	ZIP Code
		Country		

Debtor:			ed 04/22/25 Page 1 Case number (if kr	.04 of 15 / nown): 24-10583	
2.129	Name State what the contract or lease is for and the nature	Pillian	Presto-X		
	of the debtor's interest	Billing	Name		
			Notice Name		
			4521 Leavenworth Str	eet	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Omaha	NE	68106-1437
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.130	State what the contract or lease is for and the nature	Pest Management Service Agreement	Presto-X LLC		
	of the debtor's interest		Name Dan Ridenour - Centra	I Illinoia / Indiana	
			Notice Name	ii iiiinois / indiana	
			8 Henson Place Unit #	6	
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Champaign	IL	61820
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.131	State what the contract or lease is for and the nature	Physician Services Agreement	Provider Vohra Post-A	cute Physicians	
	of the debtor's interest		Ivaille		
			Notice Name		
	0.1-1-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		3601 SW 160th Avenu Address	e, Suite 250	
	State the term remaining		Addless		
	List the contract number of				
	any government contract				
			Miramar	FL	33027
			City	State	ZIP Code
			Country		

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Debtor:		any, LLC	Case number (if kno	own): 24-10583	
2.132	Name State what the contract or lease is for and the nature	Multi Facility Comply and Comings Assessed	Pulmonary Exchange, I	td aka PFI /VIP	
	of the debtor's interest	Multi-Facility Supply and Services Agreement	Name	Lia. aka i LL/vii	
			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				
2.133	State what the contract or lease is for and the nature	Therapy Services Agreement	RehabCare Group Eas	t, Inc.	
	of the debtor's interest		Name		
			President, RehabCare		
			Notice Name		
			680 South Fourth Stree	et	
	State the term remaining		Address		
	List the contract number of				
	List the contract number of				
	any government contract				
			Louisville	KY	40202
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.134	State what the contract or lease is for and the nature	Therapy Services Agreement	RehabCare Group East, Inc. d/b/a RehabCa		
	of the debtor's interest		Name		
			Attn President, RehabC	Care	
	State the term remaining		680 South Fourth Stree	PT	
	State the term remaining				
	List the contract number of				
	any government contract		_		
			Louisville	KY	40202
			City	State	ZIP Code
			Country		

Debtor: F	Case 2 Petersen Management Compa		4/22/25 Page 106 Case number (if known):	Of 157 24-10583	
_	Name	,,	— Odde Hamber (# wildwil).		
2.135 Sta	ate what the contract or ase is for and the nature	Therapy Services Agreement	RehabCare Group East, Inc	c. dba RehabCare	
of	the debtor's interest		Name		
			President, RehabCare Notice Name		
C4			680 South Fourth Street Address		
51	ate the term remaining		Address		
Lis	st the contract number of				
an	ny government contract				
			Louisville	KY	40202
			City	State	ZIP Code
			Country		
2.136 Sta	ate what the contract or ase is for and the nature	Amended and Restated Therapy Services Agreement	RehabCare Group East, LL	.C	
of	of the debtor's interest	Amended and Restated Therapy Services Agreement	Name		
			Attn VP, Finance		
			Notice Name		
			680 South Fourth Street		
St	ate the term remaining		Address		
Lis	st the contract number of				
an	y government contract				
			Louisville	KY	40202
			City	State	ZIP Code
			Country		
,	Amended herein: added				
2.137 St a	ate what the contract or ase is for and the nature	Second Amended and Restated and Reaffirmed Guaranty Agreement	RehabCare Group East, LL	.c	
	the debtor's interest		Name		
			Attn Chief Financial Officer		
			Notice Name		
			680 South Fourth Street		
St	ate the term remaining		Address		
Lis	st the contract number of				
an	ny government contract				
			Louisville	КҮ	40202
			City	State	ZIP Code
			Country		

r: Petersen Management Comp	pany, LLC	Case number (if kno	own): 24-10583	
Name State what the contract or lease is for and the nature		Donall ital ink Inc		
" lease is for and the nature of the debtor's interest	Nursing Home Dialysis Transfer Agreement	Renal Life Link, Inc. Name		
		Attn Administrator		
		Notice Name		
		Mount Vernon Dialysis		
State the term remaining		Address		
List the contract number of		1700 Jefferson Ave		
any government contract				
any government contract				
		Mt. Vernon	IL	62864
		City	State	ZIP Code
		Country		
Amended herein: added				
State what the contract or		Decided a Callege		
elease is for and the nature of the debtor's interest	Clinical Education Affiliation Agreement	Rend Lake College Name		
		Notice Name		
		468 North Ken Gray Pa	rkwav	
State the term remaining		Address		
• • • • • • • • • • • • • • • • • • •				
List the contract number of		-		
any government contract				
		Ina	IL	62846
		City	State	ZIP Code
		Country		
Amended herein: added				
State what the contract or				
lease is for and the nature	Addendum to Contract	Residential Hospice of	Southern Illinois	
of the debtor's interest		Name		
		Attn President Notice Name		
		4215 State Route 159		
State the term remaining		Address		
State the term remaining		, idd. 656		
List the contract number of				
any government contract				
		Glen Carbon	IL	62034
		City	State	ZIP Code

btor: Petersen Management Com		led 04/22/25 Page 1 Case number (if kno	08 of 157	
Name	pany, 220		211000	
.141 State what the contract or lease is for and the nature of the debtor's interest	Nursing Facility Services Agreement	Residential Hospice of Name	Southern Illinois	
of the deptor 5 interest		Attn Administrator		
		Notice Name		
		4215 State Route 159		
State the term remaining		Address		
List the contract number o	f			
any government contract				
		Glen Carbon	IL	62034
		City	State	ZIP Code
		Country		
Amended herein: added				
State what the contract or lease is for and the nature	Hospital Transfer Agreement	Sara Bush Lincoln Health Center		
of the debtor's interest		Name		
		Notice Name		
		1000 Health Center Dri	ve	
State the term remaining		Address		
List the contract number o	f			
any government contract				
		Mattoon	IL	61938
		City	State	ZIP Code
		Country		
Amended herein: added				
State what the contract or	Laboratorii Cariinaa Arisaaria	Sarah Bush Lincoln He	alth Center	
of the debtor's interest	Laboratory Services Agreement	Name	diti Genter	
		Attn Dave Sowers, Out Notice Name	reach Manager	
		1000 Health Center Dri	ve	
State the term remaining		Address		
List the contract number o	f			
any government contract				
		Mattoon	IL	61938
		City	State	ZIP Code

	Case 2	4-10443-TMH Doc 1496 Filed	1 04/22/25 Page 1	.09 of 157	
Debtor	Petersen Management Compa	any, LLC	Case number (if kr	own): 24-10583	
2.144	lease is for and the nature	Protocol and Agreement for the Provision of Hospice Services		ealth Center d/b/a Lincol	nland Hospice
	of the debtor's interest		Name	Dinastan	
			Attn Post Acute Care I	Director	
			1004 Health Center D	ivo Suito 202	
	State the term remaining		Address	ive, Suite 202	
	State the term remaining				
	List the contract number of				
	any government contract				
	any government continues				
			Mattoon	IL	61938
			City	State	ZIP Code
			Oity	Otate	Zii Code
			Country		
	Amended herein: added				
	State what the contract or				
2.145	lease is for and the nature	Protocol and Agreement of Hospice Services	Sarah Bush Lincoln He	Bush Lincoln Hospice	
	of the debtor's interest		Name		
			Attn Post Acute Care I	Director	
	Ctata tha tanna namainin n		Sarah Bush Lincoln Ho Address	ospice	
	State the term remaining			in Cuita 200	
	List the contrast number of		1004 Health Center D	ive, Suite 202	
	List the contract number of				
	any government contract				
			Mottoon	11	64030
			Mattoon	IL O	61938
			City	State	ZIP Code
			Country		
			Country		
	Amended herein: added				
	• • • • • • • • • • • • • • • • • • • •				
2.146	State what the contract or lease is for and the nature	Protocol and Agreement for the Provision of Hospice Services and Inpatient Respite Care	Sarah Bush Lincoln He	ealth Center dba Lincoln	land Hospice
	of the debtor's interest		Name		
			Attn Post Acute Care I	Director	
			Notice Name		
			Lincolnland Hospice o	f Sarah Bush Lincoln	
	State the term remaining		Address		
			1004 Health Center D	rive, Suite 202	
	List the contract number of				
	any government contract				
				_	
			Mattoon	<u>IL</u>	61938
			City	State	ZIP Code
			Country		
			Country		

Case ebtor: Petersen Management Com		ed 04/22/25 Page 13 Case number (if knov	LO Of 15 / vn): 24-10583	
Name				
2.147 State what the contract or lease is for and the nature	Space and Service Agreement	Select Rehabilitation, LL	.C	
of the debtor's interest		Attn Michael Capstick, F)raaidant	
		Notice Name	resident	
		2600 Compass Road		
State the term remaining		Address		
List the contract number o	f			
any government contract				
		Glenview	<u>IL</u>	60026
		City	State	ZIP Code
		Country		
Amended herein: added				
State what the contract or lease is for and the nature		Senior Services of Jeffe	rean County	
of the debtor's interest	Statement of Interagency Cooperation	Name	ISON County	
		Notice Name		
		409 Harrison		
State the term remaining		Address		
J				
List the contract number of	f			
any government contract				
		Mt. Vernon	<u>IL</u>	62864
		City	State	ZIP Code
		Country		
Amended herein: added				
State what the contract or		Sentrics		
lease is for and the nature of the debtor's interest	Entertain 360 Statement of Work	Name		
		Notice Name		
		265 Clyde Morris Blvd S	uite 100	
State the term remaining		Address		
List the contract number o	;			
any government contract	·			
		Ormond Beach	FL State	32174 ZIP Code
		City	State	ZIP Code
		Country		

				L1 of 157	
Debtor:		any, LLC	Case number (if know	vn): 24-10583	
2.150	Name State what the contract or lease is for and the nature of the debtor's interest	Cooperative Agreement	Shawnee Alliance Name		
	of the deptor's interest		reame		
			Notice Name		
			6355 Brandhorst Drive		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Carterville	<u>IL</u>	62918-9802
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.151	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 Secretary Notice Name	/	
			1450 E. Brooks Road		
	State the term remaining		Address		
	otato tilo torin romaning				
	List the contract number of				
	any government contract				
			Memphis	TN	38116
			City	State	ZIP Code
			Country		
	Amended herein: added				
2 152	State what the contract or lease is for and the nature		One'the O Manches of Land		
	lease is for and the nature of the debtor's interest	Rebate Agreement	Smith & Nephew, Inc. Name		
			Attn Company Secretary Notice Name	/	
			1450 E. Brooks Road		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Memphis	TN	38116
			City	State	ZIP Code
			Country		

			_	L2 of 157	
Debtor	Petersen Management Comp	any, LLC	Case number (if know	vn): 24-10583	
2.153	Ctate what the contract or	Certificate of Insurance	Southern Illinois Family Name	Foot Care	
	of the deptor's interest		Name		
			Notice Name		
			221 N 27th St		
	State the term remaining		Address		
	List the contract number of				
	any government contract				
			Mount Vernon	IL	62864
			City	State	ZIP Code
			Country		
	Amended herein: added				
2.154	lease is for affu the flature	EpicCare Link Site Level Agreement	Southern Illinois Hospita	al Services	
	of the debtor's interest		Name		
			Attention Rex P. Budde Notice Name		
			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				
2.155	icase is for affu the flature	Amended and Restated Agreement for the Provisions of Hospice Services to Nursing Facility Residents	SSM Health Businesses	d/b/a SSM Health at I	Home Hospice - Illinois
	of the debtor's interest		Name Attn Contracts		
			Notice Name		
			SSM Health		
	State the term remaining		Address		
			10101 Woodfield Lane		
	List the contract number of				
	any government contract				
			St. Louis	MO	63132
			City	State	ZIP Code
			Country		

Case 2 Debtor: Petersen Management Compa	.4-10443-TMH Doc 1496 Filed 04 any, LLC	/22/25 Page Case number (#	113 of 157 known): 24-10583	
Name State what the contract or lease is for and the nature of the debtor's interest	First Amendment to Amended and Restated Agreement for the Provision of Hospice Services to Nursing Facility Residents	SSM Health Businesses d/b/a SSM Health at Name		Home Hospice - Illinois
	- com, recognic	SSM Health at Home	and Post-Acute Services	:
		12312 Olive Blvd., Su	uite 400	
State the term remaining	5/14/2026	Address		
List the contract number of				
any government contract				
		St. Louis	МО	63141
		City	State	ZIP Code
		Country		
Amended herein: added				
2.157 State what the contract or lease is for and the nature	Amended and Restated Agreement for the Provision of Hospice Services to Nursing Facility Residents	SSM Health Business	ses d/b/a SSM Health at I	Home Hospice –
of the debtor's interest	of Flospice Services to Nursing Facility Residents	Name		
		Attn Contracts		
		Notice Name		
		SSM Health		
State the term remaining		Address		
List the contract number of		10101 Woodfield Lan	e	
List the contract number of		_		
any government contract				
		St. Louis	МО	63132
		City	State	ZIP Code
		Country		
Amended herein: added				
2.158 State what the contract or lease is for and the nature	First Amendment to Amended and Restated Agreement for the Provision of Hospice Services to Nursing	SSM Health Business	ses d/b/a SSM Health at I	Home Hospice –
of the debtor's interest	Facility Residents	Name		
		Chris Thornock, Pres Services Notice Name	ident SSM Health at Hom	e and Post-Acute
			.:t- 400	
State the term remaining	5/14/2026	12312 Olive Blvd., Su Address	lite 400	
List the contract number of				
any government contract				
		St. Louis	MO	63141
		City	State	ZIP Code
		Country		

ebtor: Petersen Management Com		Case number (if kn	14 OI 157 own): 24-10583	
Name State what the contract or lease is for and the nature	High Performing Skilled Nursing Facility Network Agreement	SSM Health Care Corp	oration	
of the debtor's interest		Name		
		Contracts		
		Notice Name		
		10101 Woodfield Lane		
State the term remaining		Address		
List the contract number of	•			
any government contract				
		St. Louis	MO	63132
		City	State	ZIP Code
		Country		
Amended herein: added				
State what the contract or lease is for and the nature	ACO SNF Affiliate Agreement	SSM IL ACO, LLC		
of the debtor's interest	ACO SNF Allillate Agreement	Name		
		Notice Name		
		2 Good Samaritan Way	/	
State the term remaining		Address		
List the contract number of	·			
any government contract				
		Mt. Vernon	IL	62864
		City	State	ZIP Code
		Country		
Amended herein: added				
State what the contract or lease is for and the nature	Addendum to Contract	Order of St. Francis	catur, of the Hospital Sis	sters of the Third
of the debtor's interest		Name Theresa Rutherford, Pr	esident and CEO	
		Notice Name		
		1800 E. Lake Shore Dr	•	
State the term remaining		Address		
List the contract number of	·			
any government contract				
		Decatur	IL	62521
		City	State	ZIP Code
		Country		

Case 2	4-10443-TMH Doc 1496 File	ed 04/22/25 Page 1	15 of 157	
Debtor: Petersen Management Comp	any, LLC	Case number (if kn		
Name		St Manda Haspital Do	actur of the Haspital Si	eters of the Third
2.162 State what the contract or lease is for and the nature	Laboratory Services Agreement	Order of St. Francis	catur, of the Hospital Si	sters of the Third
of the debtor's interest		Name		
		Attn President and CEO)	
		1800 East Lake Shore	Drive	
State the term remaining		Address		
List the contract number of				
any government contract				
		Decatur	IL	62521
		City	State	ZIP Code
		Country		
Amondo III i II i		·		
Amended herein: added				
2.163 State what the contract or lease is for and the nature	Addendum to Contract	StaffMD, LLC d/b/a Sta	ffHealth	
of the debtor's interest	Addendam to Contract	Name		
		Notice Name		
		11175 Cicero Drive #10	00	
State the term remaining		Address		
Detthe control comband				
List the contract number of				
any government contract				
		Alpharetta	GA	30022
		City	State	ZIP Code
		Country		
Amended herein: added				
2.164 State what the contract or lease is for and the nature	Staffing Agreement	StaffMD, LLC dba Staff	Health	
of the debtor's interest	<u> </u>	Name		
		Notice Name		
		11175 Cicero Drive #10	00	
State the term remaining		Address		
List the contract number of				
any government contract				
		Alpharetta	GA	30022
		City	State	ZIP Code
		Country		

Debtor: Pe	Case 2 etersen Management Compa		04/22/25 Page 110 Case number <i>(if known</i>)		
Na	ame	·			
2.165 Stat	te what the contract or se is for and the nature	Fauinment Dental Agreement	Swisher International, Inc.		
of th	he debtor's interest	Equipment Rental Agreement	Name		
			Notice Name		
			1602 Corporate Drive		
Stat	te the term remaining		Address		
	t the contract number of				
any	y government contract				
			Managabung	MO	64000
			Warrensburg	MO	64093
			City	State	ZIP Code
			Country		
			Country		
Ai	mended herein: added				
Stat	to what the contract or				
	te what the contract or se is for and the nature	Agreement for Infection Prevention Services	Tara Yancey		
of th	he debtor's interest		Name		
			Notice Name		
			208 E 2nd St		
Stat	ite the term remaining		Address		
Otal	ite the term remaining				
List	t the contract number of				
	y government contract				
,	, g				
			Kewanee	IL	61443
			City	State	ZIP Code
			Country		
Ai	mended herein: added				
2.167 Stat	te what the contract or se is for and the nature		Talligan		
eas	se is for and the nature he debtor's interest	Memorandum of Agreement	Telligen Name		
			Notice Name		
			1776 West Lakes Parkwa	у	
Stat	te the term remaining		Address		
List	t the contract number of				
any	y government contract				
			West Des Moines	IA	50266-7771
			City	State	ZIP Code
			0		
			Country		

Case	24-10443-TMH Doc 1496 Filed	04/22/25 Page 1	17 of 157	
Debtor: Petersen Management Con Name	npany, LLC	Case number (if kno		
2.168 State what the contract or lease is for and the nature of the debtor's interest	Addendum to Contract	The Carle Foundation F	lospital d/b/a Carle Hos	spice
of the debtor's interest		Attn Jennifer Wilken, RI	N/Director	
		Notice Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		1813 West Kirby Ave		
State the term remaining		Address		
List the contract number	of			
any government contract				
		Champaign	<u>IL</u>	61821
		City	State	ZIP Code
		Country		
Amended herein: added				
2.169 State what the contract or lease is for and the nature	Nursing Facility Hospice Services Agreement	The Carle Foundation F	lospital d/b/a Carle Ho	spice
of the debtor's interest		Name	N/Director	
		Attn Jennifer Wilken, RI Notice Name	N/Director	
		Carle Hospice		
State the term remaining		Address		
		1813 West Kirby Ave		
List the contract number	of			
any government contract				
		Champaign	IL	61821
		City	State	ZIP Code
		Country		
Amended herein: added				
2.170 State what the contract or lease is for and the nature	Agreement with Nursing Facility	Transitions Hospice L.L	.C.	
of the debtor's interest		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		

				L8 of 157	
Debtor:	Petersen Management Compa	any, LLC	Case number (if know	vn): 24-10583	
0.474					
2.171	State what the contract or lease is for and the nature of the debtor's interest	Addendum to Contract	Unidad LLC Name		
	of the deptor's interest		Name		
			Notice Name		
			2901 West Coast Hwy, S	Suite 200	
	State the term remaining		Address	3410 200	
	otato tilo torini romaning				
	List the contract number of				
	any government contract				
	, 3				
			Newport Beach	CA	92663
			City	State	ZIP Code
			o.i.y	Otato	2 0000
			Country		
	Amended herein: added				
	State what the contract or				
2.172	lease is for and the nature	Staffing Agreement	Unidad LLC		
	of the debtor's interest		Name		
			Notice Name		
			2901 West Coast Hwy S	to 200	
	State the term remaining		Address	ste 200	
	State the term remaining				
	List the contract number of				
	any government contract				
	any government contract				
			Newport Beach	CA	92663
			City	State	ZIP Code
			Oity	State	ZIF Code
			Country		
	Amended herein: added				
	State what the contract or				
2.173	lease is for and the nature	Contract for Ophthalmic Services	Vision Care Outreach		
	of the debtor's interest		Name		
			Notice Name		
				0 " 0	
	Otata tha tanna namalalan		4900 N Glen Park Place Address	Suite C	
	State the term remaining		Address		
	List the contract mounts f				
	List the contract number of				
	any government contract				
			Decri-	11	04044
			Peoria	IL	61614
			City	State	ZIP Code
			Country		
			Country		

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Debtor: Petersen Management Cor	npany, LLC	Case number (if know	vn): 24-10583	
Name State what the contract or lease is for and the nature of the debtor's interest	Consulting Agreement	Visiting Mental Health Name		
		Notice Name 4699 North Federal High	nuov Suito 102E	
State the term remaining		Address Address	iway Suite 102F	
List the contract number of any government contract	of			
		Pompano Beach	FL	33064
		City	State	ZIP Code
		Country		

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Fill in this information to identify the case:
Debtor Name: In re : Petersen Management Company, LLC
United States Bankruptcy Court for the: District of Delaware
Case number (if known): 24-10583 (TMH)

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

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

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

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

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In re: Petersen Management Company, LLC Case No. 24-10583

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

		Current value of	
Other property of any kind not already listed		debtor's interest	Amendment
Inter Company Loan - Mark Petersen		\$96,425.00	Amended herein - added
Inter Company Loan - Petersen Companies LLC		\$1,552,034.31	Amended herein - added
Inter Company Loan - Plaza West Development, LLC		\$980,000.00	Amended herein - added
Inter Company Loan - Twenty Four Corp, LLC		\$600,000.00	Amended herein - added
	TOTAL:	\$3,228,459.31	

EXHIBIT B

Amended Statements

IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

ı	n	ro.
ı		10.

SC HEALTHCARE HOLDING, LLC, et al.,

Debtors. 1

Chapter 11

Case No. 24-10443 (TMH)

(Jointly Administered)

AMENDED STATEMENT OF FINANCIAL AFFAIRS FOR PETERSEN MANAGEMENT COMPANY, LLC (CASE NO. 24-10583)

Amended Herein:

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

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

Fill in this information to identify the case:
Debtor Name: In re: Petersen Management Company, LLC
United States Bankruptcy Court for the: District Of Delaware
Case number (if known): 24-10583 (TMH)

☑ Check if this is an amended filing

Official Form 207

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

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

Part	1: Income								
1. G	ross revenue from busines	ss							
	Identify the beginning and may be a calendar year	dates of the debtor's f		Sources of revenue Check all that apply	(be	ss revenue fore deductions and lusions)			
	From the beginning of the fiscal year to filing date:	From	1/1/2024 MM / DD / YYYY	to -	Filing date	☑	Operating a business Other	_ \$	3,518,769.68
	For prior year:	From	1/1/2023 MM / DD / YYYY	to -	12/31/2023 MM / DD / YYYY	_ _ □	Operating a business Other	_ \$.	22,116,434.01
	For the year before that:	From	1/1/2022 MM / DD / YYYY	to	12/31/2022 MM / DD / YYYY	_ ☑ 	Operating a business Other	\$	20,424,111.79

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Debtor: Petersen Management Company, LLC Case number (if known): 24-1058

Name

2. Non-business revenue

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

□ None

					Description of sources of revenue	Gross rever source (before dedu exclusions)	nue from each
From the beginning of the fiscal year to filing date:	From	1/1/2024 MM / DD / YYYY	to	Filing date	Interest	_ \$	0.49
For prior year:	From	1/1/2023 MM / DD / YYYY	to	12/31/2023 MM / DD / YYYY	Interest	\$	1,624.89
For the year before that:	From	1/1/2022 MM / DD / YYYY	to	12/31/2022 MM / DD / YYYY	Interest	_ \$	10,243.13

r:	Pet	tersen Management Company, LLC			C	case number (if known):	24-10583
1	Nam	ne					
2.		Liet Cartain Transfore Made Bef	oro Eiling fo	r Bankruntav			
2:		List Certain Transfers Made Bef					
Се	erta	ain payments or transfers to cred	litors within 9	90 days before	re filing this case		
filir	ng t	ayments or transfers-including exp this case unless the aggregate value every 3 years after that with respect	ue of all prope	erty transferred	d to that creditor is less		
	No	one					
		Creditor's name and address		Dates	Total amount or va		ns for payment or transfer all that apply
(See SOFA 3 Attachment			\$		Secured debt
		Creditor's Name					Unsecured loan repayments
							Suppliers or vendors
		Street					Services
							Other
		City State	ZIP Code				
		Country Payments or other transfers of payments or other transfers of payments or other transfers of payments are payments.	roperty made	e within 1 yea	ar before filing this ca	se that benefited	any insider
	F L G S S	Payments or other transfers of policy payments or transfers, including guaranteed or cosigned by an insid \$7,575. (This amount may be adjusted and their relatives; general partners any managing agent of the debtor.	g expense rei ler unless the sted on 4/01/2 yments listed s of a partners	imbursements aggregate va 25 and every 3 in line 3. Insid ship debtor an	s, made within 1 year be lue of all property trans B years after that with re ders include officers, dir	efore filing this case ferred to or for the espect to cases file rectors, and anyon	e on debts owed to an insider of benefit of the insider is less that d on or after the date of e in control of a corporate debto
	F L Q 9 a a a	Payments or other transfers of processing payments or transfers, including guaranteed or cosigned by an insid \$7,575. (This amount may be adjusted and their relatives; general partners any managing agent of the debtor. None	g expense rei ler unless the sted on 4/01/2 yments listed s of a partners 11 U.S.C. § 1	imbursements aggregate va 25 and every 3 in line 3. Insid ship debtor an 101(31).	s, made within 1 year be lue of all property trans: 8 years after that with re ders include officers, dir d their relatives; affiliate	efore filing this cas ferred to or for the espect to cases file ectors, and anyon es of the debtor an	e on debts owed to an insider of benefit of the insider is less that d on or after the date of e in control of a corporate debto d insiders of such affiliates; and
	F L Q 9 a a a	Payments or other transfers of policy payments or transfers, including guaranteed or cosigned by an insid \$7,575. (This amount may be adjusted and their relatives; general partners any managing agent of the debtor.	g expense rei ler unless the sted on 4/01/2 yments listed s of a partners 11 U.S.C. § 1	imbursements aggregate va 25 and every 3 in line 3. Insid ship debtor an 101(31).	s, made within 1 year be lue of all property trans B years after that with re ders include officers, dir	efore filing this cas ferred to or for the espect to cases file ectors, and anyon es of the debtor an	e on debts owed to an insider of benefit of the insider is less that d on or after the date of e in control of a corporate debto
4.	E L C C S S S S S S S S S S S S S S S S S	Payments or other transfers of processing payments or transfers, including guaranteed or cosigned by an insid \$7,575. (This amount may be adjusted and their relatives; general partners any managing agent of the debtor. None	g expense rei ler unless the sted on 4/01/2 yments listed s of a partners 11 U.S.C. § 1	imbursements aggregate va 25 and every 3 in line 3. Insid ship debtor an 101(31).	s, made within 1 year be lue of all property trans: 8 years after that with re ders include officers, dir d their relatives; affiliate	efore filing this cas ferred to or for the espect to cases file ectors, and anyon es of the debtor an	e on debts owed to an insider of benefit of the insider is less that d on or after the date of e in control of a corporate debto d insiders of such affiliates; and
4.	E L C C S S S S S S S S S S S S S S S S S	Payments or other transfers of processing payments or transfers, including guaranteed or cosigned by an insid \$7,575. (This amount may be adjusted adjustment.) Do not include any parand their relatives; general partners any managing agent of the debtor. None Insider's Name and Address See Amended SOFA 4 Attachment	g expense rei ler unless the sted on 4/01/2 yments listed s of a partners 11 U.S.C. § 1	imbursements aggregate va 25 and every 3 in line 3. Insid ship debtor an 101(31).	s, made within 1 year be lue of all property trans 8 years after that with re ders include officers, dir d their relatives; affiliate	efore filing this cas ferred to or for the espect to cases file ectors, and anyon es of the debtor an	e on debts owed to an insider of benefit of the insider is less that d on or after the date of e in control of a corporate debto d insiders of such affiliates; and
4.	E L S S S S S S S S S S S S S S S S S S	Payments or other transfers of processing payments or transfers, including guaranteed or cosigned by an insid \$7,575. (This amount may be adjusted adjustment.) Do not include any parand their relatives; general partners any managing agent of the debtor. None Insider's Name and Address See Amended SOFA 4 Attachment	g expense rei ler unless the sted on 4/01/2 yments listed s of a partners 11 U.S.C. § 1	imbursements aggregate va 25 and every 3 in line 3. Insid ship debtor an 101(31).	s, made within 1 year be lue of all property trans 8 years after that with re ders include officers, dir d their relatives; affiliate	efore filing this cas ferred to or for the espect to cases file ectors, and anyon es of the debtor an	e on debts owed to an insider of benefit of the insider is less that d on or after the date of e in control of a corporate debto d insiders of such affiliates; and
4.	E L S S S S S S S S S S S S S S S S S S	Payments or other transfers of processing processing payments or transfers, including guaranteed or cosigned by an inside \$7,575. (This amount may be adjusted adjustment.) Do not include any payment their relatives; general partners any managing agent of the debtor. None Insider's Name and Address See Amended SOFA 4 Attachment Insider's Name	g expense rei ler unless the sted on 4/01/2 yments listed s of a partners 11 U.S.C. § 1	imbursements aggregate va 25 and every 3 in line 3. Insid ship debtor an 101(31).	s, made within 1 year be lue of all property trans B years after that with re ders include officers, dir d their relatives; affiliate	efore filing this cas ferred to or for the espect to cases file ectors, and anyon es of the debtor an	e on debts owed to an insider of benefit of the insider is less that d on or after the date of e in control of a corporate debto d insiders of such affiliates; and
4.	E L S S S S S S S S S S S S S S S S S S	Payments or other transfers of processing processing payments or transfers, including guaranteed or cosigned by an inside \$7,575. (This amount may be adjusted adjustment.) Do not include any payment their relatives; general partners any managing agent of the debtor. None Insider's Name and Address See Amended SOFA 4 Attachment Insider's Name	g expense rei ler unless the sted on 4/01/2 yments listed s of a partners 11 U.S.C. § 1	imbursements aggregate va 25 and every 3 in line 3. Insid ship debtor an 101(31).	s, made within 1 year be lue of all property trans B years after that with re ders include officers, dir d their relatives; affiliate	efore filing this cas ferred to or for the espect to cases file ectors, and anyon es of the debtor an	e on debts owed to an insider of benefit of the insider is less that d on or after the date of e in control of a corporate debto d insiders of such affiliates; and
4.	F L C S a a a a a a a a a a a a a a a a a a	Payments or other transfers of pure List payments or transfers, including guaranteed or cosigned by an insid \$7,575. (This amount may be adjusted and their relatives; general partners any managing agent of the debtor. None Insider's Name and Address See Amended SOFA 4 Attachment Insider's Name	g expense rei ler unless the sted on 4/01/2 yments listed s of a partners 11 U.S.C. § 1	imbursements aggregate va 25 and every 3 in line 3. Insid ship debtor an 101(31).	s, made within 1 year be lue of all property trans B years after that with re ders include officers, dir d their relatives; affiliate	efore filing this cas ferred to or for the espect to cases file ectors, and anyon es of the debtor an	e on debts owed to an insider of benefit of the insider is less that d on or after the date of e in control of a corporate debto d insiders of such affiliates; and
4.	E L C C S S S S S S S S S S S S S S S S S	Payments or other transfers of pure List payments or transfers, including guaranteed or cosigned by an insid \$7,575. (This amount may be adjusted and their relatives; general partners any managing agent of the debtor. None Insider's Name and Address See Amended SOFA 4 Attachment Insider's Name	g expense rei der unless the sted on 4/01/2 yments listed s of a partners 11 U.S.C. § 1	imbursements aggregate va 25 and every 3 in line 3. Insid ship debtor an 101(31).	s, made within 1 year be lue of all property trans B years after that with re ders include officers, dir d their relatives; affiliate	efore filing this cas ferred to or for the espect to cases file ectors, and anyon es of the debtor an	e on debts owed to an insider of benefit of the insider is less that d on or after the date of e in control of a corporate debto d insiders of such affiliates; and

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Debtor:	Case 24-10443-TMH Petersen Management Company, LLC		J	157 10583
	Name			
5. F	Repossessions, foreclosures, and returns			
	List all property of the debtor that was obtained by sold at a foreclosure sale, transferred by a deed			
6	☑ None			
(Creditor's Name and Address	Description of the Property	Date	Value of property
	5.1			\$
	Creditor's Name			·
	Street	_		
		<u> </u>		
	City State ZIP Code			
	City State ZIF Code			
	Country	<u> </u>		
	Country			
6.	Setoffs			
	List and an effect to the Paris I have been for a state to	alledian that within 00 days before filled the		San tank and distant forms an arrange
	List any creditor, including a bank or financial ins of the debtor without permission or refused to m debt.			
	□ None			
	Creditor's Name and Address	Description of the action creditor took	Date action was taken	Amount
	6.1 Bed Tax	Offset with Medicaid		\$ 1,249,530.9
	Creditor's Name			_
	Street			

Last 4 digits of account number: XXXX-

City

Country

State

ZIP Code

Case 24-10443-TMH Doc 1496 Filed 04/22/25 Page 128 of 157 Debtor: Petersen Management Company, LLC Case number (if known): Name **Legal Actions or Assignments** Part 3: 7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case. □ None Case title Nature of case Court or agency's name and address Status of case Pending 7.1 See SOFA 7 Attachment Name On appeal Concluded Street Case number City State ZIP Code Country Assignments and receivership List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

$\overline{\mathbf{V}}$	None
	Cus

Custodian's	s name and addr	ess	Description of the Property		Value		
				\$			
Custodian's nar	me				Court name and ad	dress	
			Case title				
Street					Name		
			Case number		Street		
City	State	ZIP Code					
Country			Date of order or assignment	-	City	State	ZIP Code
					Country		

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Debtor: Petersen Management Company, LLC Case number (if known): 24-10583

Name

Part 4:	Certain	Gifts	and	Charitable	Contribution
	•••••	••		•	•••••

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

✓ None

	Recipient's name and address			Description of the gifts or contributions	Dates given	Value
9.1						\$
	Creditor's Name					
	Street			-		
	City	State	ZIP Code	_		
	Country			_		
	Recipient's relation	onship to del	otor			

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Debtor: Petersen Management Company, LLC Case number (if known): 24-10583

Name

Part 5:	Certain	Losses

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

☐ None

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

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

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Debtor: Petersen Management Company, LLC Case number (if known): 24-10583

Name

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

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

☑ None

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
1			\$
Address			
Street	_		
City State ZIP Code	-		
Country	-		
Email or website address			
	-		
Who made the payment, if not debtor?			

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

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

Do not include transfers already listed on this statement.

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

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

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Debtor: Petersen Management Company, LLC Case number (if known): 24-10583

Name

13. Transfers not already listed on this statement

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

✓ None

,	Who received tra	ınsfer?		Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
.1 _						\$
4	Address					
-	Street					
	City	State	ZIP Code			
-	Country					
ı	Relationship to D	Debtor				

ZIP Code

State

City

Country

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Debtor: Petersen Management Company, LLC Case number (if known):

Name

Part 8: **Health Care Bankruptcies**

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

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

☑ Yes. Fill in the information below.

	Facility Name and Ad	ldress	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1	Palm Terrace of Matto	on	Skilled Nursing Facility	2,636
	1000 Palm Avenue		Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?
	Street		PCC Electronic	Check all that apply:
				☑ Electronically
	Mattoon IL City State	61938 ZIP Code		☑ Paper
	Country			
	Facility Name and Ad	ldress	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
5.2	Flora Rehabilitation & I	Health Care Center	Skilled Nursing Facility	1,091
			Location where patient records are maintained (if different from	How are records kept?
	232 Given Street		facility address). If electronic, identify any service provider.	
	Circuit			Check all that apply: □ Electronically
				_
	Flora IL City State	62839 ZIP Code		☑ Paper
	Country			
	Country			
	Country Facility Name and Ad	ldress	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
F 9	Facility Name and Ad		the debtor provides	housing, number of patients in debtor's care
5.3	Facility Name and Ad		Nature of the business operation, including type of services the debtor provides Skilled Nursing Facility	housing, number of patients in
5.3	Facility Name and Ad Toulon Rehabilitation & Center		the debtor provides Skilled Nursing Facility Location where patient records are maintained (if different from	housing, number of patients in debtor's care
5.3	Facility Name and Ad Toulon Rehabilitation & Center Facility Name		the debtor provides Skilled Nursing Facility Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	housing, number of patients in debtor's care 2,063 How are records kept?
5.3	Facility Name and Ad Toulon Rehabilitation & Center Facility Name 700 E. Main Street		the debtor provides Skilled Nursing Facility Location where patient records are maintained (if different from	housing, number of patients in debtor's care 2,063 How are records kept? Check all that apply:
5.3	Facility Name and Ad Toulon Rehabilitation & Center Facility Name		the debtor provides Skilled Nursing Facility Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	housing, number of patients in debtor's care 2,063 How are records kept?

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Petersen Management Company, LLC Case number (if known): Debtor: Name If debtor provides meals and Nature of the business operation, including type of services housing, number of patients in **Facility Name and Address** the debtor provides debtor's care 15.4 Mt. Vernon Health Care Center Skilled Nursing Facility 1,279 Facility Name Location where patient records are maintained (if different from How are records kept? facility address). If electronic, identify any service provider. #5 Doctors Park Road Street Check all that apply: ☐ Electronically ☑ Paper Mount Vernon IL 62864 City State ZIP Code Country If debtor provides meals and Nature of the business operation, including type of services housing, number of patients in **Facility Name and Address** the debtor provides debtor's care White Oak Rehabilitation & Health Care 15.5 Center Skilled Nursing Facility 935 Facility Name Location where patient records are maintained (if different from How are records kept? 1700 White Street facility address). If electronic, identify any service provider. Street Check all that apply: ☐ Electronically ☑ Paper Mount Vernon 62864 ZIP Code City State

Country

Case 24-10443-TMH Doc 1496 Filed 04/22/25 Page 136 of 157 Debtor: Petersen Management Company, LLC Case number (if known): Name Personally Identifiable Information Part 9: 16. Does the debtor collect and retain personally identifiable information of customers? Medical and Billing Information Does the debtor have a privacy policy about that information? □ No Yes 17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit? ☐ No. Go to Part 10. ☑ Yes. Does the debtor serve as plan administrator? ☑ No. Go to Part 10. ☐ Yes. Fill in below: Employer identification number of the plan Name of plan

EIN:

17.1

□ No

Has the plan been terminated?

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Debtor: Petersen Management Company, LLC Case number (if known): 24-10583

Name

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

18. Closed financial accounts

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

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

☐ None

Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before clos transfer	sing o
XXXX-9920	☐ Checking	4/1/2024	\$	0.0
	☐ Savings			
	☐ Money market			
	☐ Brokerage			
		t		
_				
XXXX-9959	☐ Checking	4/1/2024	\$	0.0
	☐ Savings		· · ·	
	☐ Money market			
	•			
	Direct Operating			
_				
	XXXX-9920	XXXX-9920	Type of account closed, sold, moved, or transferred XXXX-9920	Type of account closed, sold, moved, or transferred XXXXX-9920

19. Safe deposit boxes

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

✓ None

	Depository institu	ution name and add	dress	Names of anyone with access to it	Description of the contents	Does debtor still have it?
19.1						□ No
	Name					
						☐ Yes
	Street					
				Address		
	City	State	ZIP Code			
	Country					

Case 24-10443-TMH Doc 1496 Filed 04/22/25 Page 138 of 157 Debtor: Petersen Management Company, LLC Case number (if known): Name 20. Off-premises storage List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business. ☐ None Does debtor still have it? Facility name and address Names of anyone with access to it Description of the contents 20.1 See Global Notes □ No Name ☐ Yes Street

Address

ZIP Code

City

Country

State

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Debtor: Petersen Management Company, LLC Case number (if known): 24-10583

Name

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

21. Property held for another	
-------------------------------	--

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

□ None

	Owner's name	and addre	ess	Location of the property	Description of the property	Value
21.1	See Global Note	es				\$
	Street			-		
	City	State	ZIP Code			
	Country			-		

ebtor:	Cas Petersen Managemer	Se 24-10443-TMH of Company, LLC	Doc 1496	Filed 04/22/2	5 Page 140 of 157 Case number (if known): 24-10583			
	Name							
art 1	2: Details About	Environmental Information	on					
or th	e purpose of Part 12	, the following definitions ap	oply:					
		eans any statute or govern dium affected (air, land, wa			contamination, or hazardous mate	erial,		
	Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.							
	<i>Hazardous material</i> i or a similarly harmful		ironmental law defir	nes as hazardous or t	oxic, or describes as a pollutant, co	ontaminant,		
≀epo	rt all notices, releas	ses, and proceedings kno	wn, regardless of v	when they occurred.				
	as the debtor been No	a party in any judicial or	administrative pro	oceeding under any	environmental law? Include settle	ments and order		
[☐ Yes. Provide deta	ils below.						
	Case title	Court	or agency name and a	address	Nature of the case	Status of case		
	22.1					□ Pending		
		Name				☐ On appeal		
		Street				☐ Concluded		
		Sileet						
	Case Number							
		City	State	ZIP Code				
		Country						
	Has any governmer an environmental la		d the debtor that th	ne debtor may be lial	ble or potentially liable under or	in violation of		
	☑ No							
	☐ Yes. Provide deta	ails below.						
	Site name an	d address	Governmental u	ınit name and	Environmental law, if known	Date of notice		
	23.1							
	Name		Name					

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Case number (if known):

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

✓ No

 \square Yes. Provide details below.

	Site name a	nd address		Government	al unit name	e and address	Environmental law, if known	Date of notice
4.1	Name			Name				
	Street			Street				
	City	State	ZIP Code	City	State	ZIP Code		
	Country			Country				

Case 24-10443-TMH Doc 1496 Filed 04/22/25 Page 142 of 157 Petersen Management Company, LLC Debtor: Case number (if known): Name Details About the Debtor's Business or Connections to Any Business Other businesses in which the debtor has or has had an interest List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case.Include this information even if already listed in the Schedules. ✓ None **Employer Identification number Business name and address** Describe the nature of the business Do not include Social Security number or ITIN. 25.1 EIN: Name Dates business existed То Street City State ZIP Code Country 26. Books, records, and financial statements 26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case. □ None Name and Address Dates of service 26a.1 Petersen Health Care Management, LLC From To 830 West Trailcreek Dr. Street Peoria IL 61614 City State ZIP Code Country List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial

26b. statement within 2 years before filing this case.

□ None

Name and Address			Dates	Dates of service		
1 Peterser	Petersen Healthcare Management, Mark Petersen			12/22/2011	То	Present
Name						
830 Wes	30 West Trailcreek Dr.					
Street						
Peoria	IL	61614				
City	State	ZIP Code				
Country						

Case 24-10443-TMH Filed 04/22/25 Doc 1496 Page 143 of 157 Petersen Management Company, LLC Debtor: Case number (if known): Name 26b.2 Ginoli & Company 2002 Present From То Name 7625 N University St. Street Peoria IL 61614 City State ZIP Code Country 26b.3 Clifton, Larson, Allen 2012 Present From То Name 301 SW Adams St. Street Suite 1000 Peoria IL 61602 State ZIP Code City Country 26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed. □ None If any books of account and records are unavailable, explain why Name and address 26c.1 Getzler Henrich and Associates Name 295 Madison Ave Street Floor 20 New York NY 10023 City State ZIP Code Country If any books of account and records are Name and address unavailable, explain why 26c.2 Ginoli & Company Name 7625 N University St. Street Peoria IL 61614 State ZIP Code City Country

Case 24-10443-TMH Doc 1496 Filed 04/22/25 Page 144 of 157 Petersen Management Company, LLC Case number (if known). Debtor: Name If any books of account and records are Name and address unavailable, explain why 26c.3 Petersen Healthcare Management, Mark Petersen Name 830 West Trailcreek Dr. Street IL Peoria 61614 City State ZIP Code Country If any books of account and records are Name and address unavailable, explain why 26c.4 Clifton, Larson, Allen Name 301 SW Adams St. Street Suite 1000 Peoria IL 61602 City State ZIP Code Country 26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case. ☐ None Name and address Name Street

State

ZIP Code

City

Country

Debtor:	Pete	Case 24-104 ersen Management Company, LL		Doc 1496	Filed 0		Page 1	.45 of 157 wn): 24-1058	
	Name								
27. In	vent	ories							
H	ave a	any inventories of the debtor	s property bee	n taken within 2 ye	ars before fi	ling this cas	e?		
V	ℤ No)							
	□ Ye	es. Give the details about the	two most recei	nt inventories.					
		Name of the person who su	pervised the ta	king of the invento	\r\/	ate of eventory		mount and ba	asis (cost, market, or ntory
							\$		
		Name and address of the percents	erson who has	possession of inve	entory				
	27.1								
		Name							
		Street							
									
		City State		ZIP Code					
		Country							
		Oddiniy							
28. Li	ist th	ne debtor's officers, director e in control of the debtor a	ors, managing t the time of th	members, generate filing of this ca	al partners, ise.	members i	n control, coi	ntrolling sha	reholders, or other
		Name	Addre	ss			osition and Na terest	ture of any	% of interest, if any
	28.1	Petersen Health Care II, Inc.	203 Ea	ast Monroe Street, C	Casey, IL 624	20 O	wner		100%
ir E	n cor ☑ No		this case, did eholders in co	I the debtor have ntrol of the debto	officers, dir r who no lo	ectors, ma nger hold t	naging memk hese position	oers, general ns?	partners, members
L	⊔ Y€	es. Identify below.							
		Name	Address			Position and any interest	nd Nature of st	Period during interest was	ng which position or s held
2	29.1							From	To

Debtor	Peter		Case 24- ment Compa		/IH Do	c 149	96 F	iled 04		Page 140 e number (if known):		157 10583	
	Name												
30.	Payme	ents, distril	butions, or	withdrawals	credited or	given t	o inside	rs					
		es, loans,cr		s case, did the ns, stock rede					in any form,	including salary	, othe	r compensation, draw	s,
		s. Identify b	pelow.										
		Name and	l address of	recipient		or c	ount of r description	on and	Dates		Reaso	on for providing the v	alue
	30.1	See SOFA	Question 4										
		Name											
		Street											
						_							
		City		State	ZIP Code								
		Country											
		Relationsh	hip to debto	r									
31.	Withir	n 6 years b	efore filing	this case, ha	s the debto	r been	a memb	er of an	v consolida	ted group for t	ax pu	rposes?	
	☑ No	•		,					,	J 1 1 1	•		
	□ Ye	s. Identify b	below.										
		Name of the	e parent co	rporation					r Identification	on number of th	e pare	ent corporation	
	31.1						E	:IN: 					
32.	Withi	n 6 years l	before filin	g this case, ha	as the debto	or as ar	n employ	er been	responsibl	e for contribut	ing to	a pension fund?	
	☑ No	0											
	□ Ye	es. Identify I	below.										
		Name of t	the pension	fund			Em	ployer Id	lentification	number of the p	ensio	n fund	
	32.1	1					EIN	:					

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 $\overline{\mathbf{Q}}$

Yes

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.

I have examined the information in this Statement of Financial Affairs and any attachments and have a reasonable belief that the information is true and correct.

Executed on 04/22/2025 MM / DD / YYYY

Ye / S / David R. Campbell Printed name David R. Campbell

Signature of individual signing on behalf of the debtor

Position or relationship to debtor Authorized Signatory

Are additional pages to Statement of Financial Affairs for Non-Individuals Filling for Bankruptcy (Official Form 207) attached?

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In re: Petersen Management Company, LLC Case No. 24-10583

Attachment 3

Creditor's name	Address 1	Address 2	City	State	Zip	Date	Total amount or value	Reason for payment or transfer (e.g. Secured debt, Unsecured loan repayments, Suppliers or vendors, Services, or Other)
Ameren Illinois	PO Box 88034	7.1.1.0.000 2	Chicago	IL	606801034	1/2/2024	\$2,022.88	,
Ameren Illinois	PO Box 88034		Chicago	IL	606801034	1/2/2024	\$2,022.88	
Ameren Illinois	PO Box 88034		Chicago	IL	606801034	1/11/2024	\$1,634.66	
Ameren Illinois	PO Box 88034		Chicago	IL	606801034	1/11/2024	\$1,634.66	
Ameren Illinois	PO Box 88034		Chicago	IL	606801034	1/26/2024	\$1,364.00	
Ameren Illinois	PO Box 88034		Chicago	IL	606801034	1/26/2024	\$2,161.32	
Ameren Illinois	PO Box 88034		Chicago	IL	606801034	1/26/2024	\$3,525.32	
Ameren Illinois	PO Box 88034		Chicago	IL	606801034	1/29/2024	\$1,497.17	Vendor
Ameren Illinois	PO Box 88034		Chicago	IL	606801034	1/29/2024	\$1,497.17	
Ameren Illinois	PO Box 88034		Chicago	IL	606801034	1/31/2024	\$874.60	
Ameren Illinois	PO Box 88034		Chicago	IL	606801034	1/31/2024	\$874.60	
Ameren Illinois	PO Box 88034		Chicago	IL	606801034	2/28/2024	\$351.25	Vendor
Ameren Illinois	PO Box 88034		Chicago	IL	606801034	2/28/2024	\$814.21	Vendor
Ameren Illinois	PO Box 88034		Chicago	IL	606801034	2/28/2024	\$1,089.71	Vendor
Ameren Illinois	PO Box 88034		Chicago	IL	606801034	2/28/2024	\$2,162.17	Vendor
Ameren Illinois	PO Box 88034		Chicago	IL	606801034	2/28/2024	\$4,417.34	Vendor
Brimmer Enterprises LLC	5021 Duncan Road		Toulon	IL	61483	2/16/2024	\$4,300.00	Vendor
Brimmer Enterprises LLC	5021 Duncan Road		Toulon	IL	61483	2/16/2024	\$4,300.00	Vendor
Charter Communications	DBA Spectrum Business	PO Box 94188	Palatine	IL	600944188	12/28/2023	\$1,165.59	Vendor
Charter Communications	DBA Spectrum Business	PO Box 94188	Palatine	IL	600944188	12/28/2023	\$1,165.59	Vendor
Charter Communications	DBA Spectrum Business	PO Box 94188	Palatine	IL	600944188	1/19/2024	\$1,002.12	Vendor
Charter Communications	DBA Spectrum Business	PO Box 94188	Palatine	IL	600944188	1/19/2024	\$1,002.12	Vendor
Charter Communications	DBA Spectrum Business	PO Box 94188	Palatine	IL	600944188	1/29/2024	\$1,165.59	Vendor
Charter Communications	DBA Spectrum Business	PO Box 94188	Palatine	IL	600944188	1/29/2024	\$1,165.59	Vendor
Charter Communications	DBA Spectrum Business	PO Box 94188	Palatine	IL	600944188	2/22/2024	\$1,017.15	Vendor
Charter Communications	DBA Spectrum Business	PO Box 94188	Palatine	IL	600944188	2/22/2024	\$1,017.15	Vendor
Charter Communications	DBA Spectrum Business	PO Box 94188	Palatine	IL	600944188	3/11/2024	\$1,148.95	Vendor
Charter Communications	DBA Spectrum Business	PO Box 94188	Palatine	IL	600944188	3/11/2024	\$1,148.95	Vendor
CIBC	830 West Trailcreek Dr		Peoria	IL	61614	1/17/2024	\$289.00	Bank Fees
CIBC	830 West Trailcreek Dr		Peoria	IL	61614	2/21/2024	\$784.91	Bank Fees
CIBC	830 West Trailcreek Dr		Peoria	IL	61614	3/19/2024	\$7,340.66	Bank Fees
City of Flora	PO Box 249	131 East 2nd Street	Flora	IL	62839	1/24/2024	\$16,483.91	Vendor
City of Flora	PO Box 249	131 East 2nd Street	Flora	IL	62839	1/24/2024	\$16,483.91	Vendor
City of Flora	PO Box 249	131 East 2nd Street	Flora	IL	62839	2/22/2024	\$13,753.56	Vendor
City of Flora	PO Box 249	131 East 2nd Street	Flora	IL	62839	2/22/2024	\$13,753.56	Vendor
City of Mattoon	208 North 19th	PO Box 99	Mattoon	IL	61938	1/12/2024	\$179.27	Vendor
City of Mattoon	208 North 19th	PO Box 99	Mattoon	IL	61938	1/12/2024	\$179.27	Vendor
City of Mattoon	208 North 19th	PO Box 99	Mattoon	IL	61938	2/9/2024	\$15,029.52	Vendor
City of Mattoon	208 North 19th	PO Box 99	Mattoon	IL	61938	2/9/2024	\$15,029.52	Vendor
City of Mattoon	208 North 19th	PO Box 99	Mattoon	IL	61938	3/11/2024	\$8,697.60	Vendor
City of Mattoon	208 North 19th	PO Box 99	Mattoon	IL	61938	3/11/2024	\$8,697.60	Vendor

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In re: Petersen Management Company, LLC Case No. 24-10583

Attachment 3

Creditor's name	Address 1	Address 2	City	State	Zip	Date	Total amount or value	Reason for payment or transfer (e.g. Secured debt, Unsecured loan repayments, Suppliers or vendors, Services, or Other)
City of Mt. Vernon	1100 Main Street	PO Box 1708	Mt. Vernon	IL	62864	1/4/2024	\$1,935.96	
City of Mt. Vernon	1100 Main Street	PO Box 1708	Mt. Vernon	IL	62864	1/4/2024	\$1,935.96	
City of Mt. Vernon	1100 Main Street	PO Box 1708	Mt. Vernon	IL	62864	1/16/2024	\$1,822.29	
City of Mt. Vernon	1100 Main Street	PO Box 1708	Mt. Vernon	IL	62864	1/16/2024	\$1,822.29	
City of Mt. Vernon	1100 Main Street	PO Box 1708	Mt. Vernon	IL	62864	2/12/2024	\$1,797.76	
City of Mt. Vernon	1100 Main Street	PO Box 1708	Mt. Vernon	IL	62864	2/12/2024	\$1,798.35	
City of Mt. Vernon	1100 Main Street	PO Box 1708	Mt. Vernon	IL	62864	2/12/2024	\$3,596.11	
City of Mt. Vernon	1100 Main Street	PO Box 1708	Mt. Vernon	IL	62864	3/7/2024	\$1,934.21	Vendor
City of Mt. Vernon	1100 Main Street	PO Box 1708	Mt. Vernon	IL	62864	3/7/2024	\$1,934.21	
City of Mt. Vernon	1100 Main Street	PO Box 1708	Mt. Vernon	IL	62864	3/18/2024	\$1,792.75	
City of Mt. Vernon	1100 Main Street	PO Box 1708	Mt. Vernon	IL	62864	3/18/2024	\$1,792.75	
Complete Payment Recovery Services	1 100 Main Street	1 O Box 1700	Wit. Verriori	IL	02004	3/16/2024	\$1,792.75	Veridor
Inc	PO Box 30184		Tampa	FL	33630-3184	2/13/2024	\$632.36	Vendor
Complete Payment Recovery Services			<u> </u>	i -			V	
Inc	PO Box 30184		Tampa	FL	33630-3184	2/13/2024	\$632.36	Vendor
Complete Payment Recovery Services								
Inc	PO Box 30184		Tampa	FL	33630-3184	2/21/2024	\$1,342.03	Vendor
Complete Payment Recovery Services	PO Box 30184		T			0/04/0004	04.040.00	
Inc Complete Payment Recovery Services	PO BOX 30184		Tampa	FL	33630-3184	2/21/2024	\$1,342.03	Vendor
Inc	PO Box 30184		Tampa	FL	33630-3184	2/26/2024	\$4,606.94	Vendor
Complete Payment Recovery Services	- C DON GO TO T		Tumpu		33030 3104	2/20/2024	ψ+,000.5+	Veridor
Inc	PO Box 30184		Tampa	FL	33630-3184	2/26/2024	\$4,606.94	Vendor
Favorite Healthcare Staffing	PO Box 26225		Overland Park	KS	66225	1/9/2024	\$3,911.66	Vendor
Favorite Healthcare Staffing	PO Box 26225		Overland Park	KS	66225	1/9/2024	\$3,911.66	
Favorite Healthcare Staffing	PO Box 26225		Overland Park	KS	66225	1/30/2024	\$6,432.51	Vendor
Favorite Healthcare Staffing	PO Box 26225		Overland Park	KS	66225	1/30/2024	\$6,432.51	Vendor
Favorite Healthcare Staffing	PO Box 26225		Overland Park	KS	66225	3/6/2024	\$4,215.85	Vendor
Favorite Healthcare Staffing	PO Box 26225		Overland Park	KS	66225	3/6/2024	\$4,215.85	Vendor
Flynn Sales & Service Inc	1286 Franks Road		Jacksonville	IL	62650	2/12/2024	\$13,258.46	
Flynn Sales & Service Inc	1286 Franks Road		Jacksonville	IL	62650	2/12/2024	\$13,258.46	Vendor
		1875 NW Corporate					, , , , , ,	
Health Advocates Network Inc	dba Horizons Healthcare	Boulevard, Suite 120	Boca Raton	FL	33431	1/17/2024	\$538.15	Vendor
		1875 NW Corporate						
Health Advocates Network Inc	dba Horizons Healthcare	Boulevard, Suite 120	Boca Raton	FL	33431	1/17/2024	\$538.15	Vendor
Llackb Advantas Nativada las	dha Harimana Haakkaara	1875 NW Corporate	Dana Datas		20.404	1/00/0004	**********	
Health Advocates Network Inc	dba Horizons Healthcare	Boulevard, Suite 120 1875 NW Corporate	Boca Raton	FL	33431	1/30/2024	\$25,313.70	Vendor
Health Advocates Network Inc	dba Horizons Healthcare	Boulevard, Suite 120	Boca Raton	FL	33431	1/30/2024	\$25,313.70	Vendor
		1875 NW Corporate	2000 . (0.0)	1	00701	1/30/2024	Ψ20,013.70	Volidor
Health Advocates Network Inc	dba Horizons Healthcare	Boulevard, Suite 120	Boca Raton	FL	33431	2/16/2024	\$18,345.35	Vendor
		1875 NW Corporate						
Health Advocates Network Inc	dba Horizons Healthcare	Boulevard, Suite 120	Boca Raton	FL	33431	2/16/2024	\$18,345.35	Vendor
IMMPACT	12800 South Ridgeland Avenue	Suite E	Palos Height	IL	60463	2/7/2024	\$15,000.00	Vendor

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In re: Petersen Management Company, LLC Case No. 24-10583

Attachment 3

Creditor's name	Address 1	Address 2	City	State	Zip	Date	Total amount or value	Reason for payment or transfer (e.g. Secured debt, Unsecured loan repayments, Suppliers or vendors, Services, or Other)
IMMPACT	12800 South Ridgeland Avenue	Suite E	Palos Height	IL	60463	2/7/2024	\$15,000.00	
King-Lar Company	2020 East Olive Street	PO Box 317	Decatur	IL	62526-513	2/1/2024	\$15,000.00	Vendor
King-Lar Company	2020 East Olive Street	PO Box 317	Decatur	IL	62526-513	2/12/2024	\$6,700.00	Vendor
Martin Bros	406 Viking Road	1 O BOX 317	Cedar Falls	IA	50613	3/7/2024	\$5,088.13	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/7/2024	\$5,088.13 \$5,167.21	
Martin Bros	406 Viking Road		Cedar Falls	IA IA	50613	3/7/2024	\$5,167.21 \$5,679.50	Vendor Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA IA		3/7/2024	. ,	
Martin Bros	406 Viking Road		Cedar Falls	IA IA	50613		\$6,744.38	
Martin Bros	406 Viking Road		Cedar Falls		50613	3/7/2024	\$12,729.53	Vendor
			Cedar Falls Cedar Falls	IA	50613	3/7/2024	\$35,408.75	
Martin Bros	406 Viking Road			IA	50613	3/18/2024	\$9,596.30	
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/18/2024	\$11,574.86	
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/18/2024	\$11,990.77	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/18/2024	\$21,260.92	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/18/2024	\$23,344.24	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/18/2024	\$77,767.09	
McKesson Medical-Surgical	PO Box 630693		Cincinnati	ОН	452630693	1/5/2024	\$6,956.79	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	ОН	452630693	1/5/2024	\$7,666.24	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	ОН	452630693	1/5/2024	\$9,322.90	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	ОН	452630693	1/5/2024	\$9,884.85	
McKesson Medical-Surgical	PO Box 630693		Cincinnati	ОН	452630693	1/5/2024	\$16,188.20	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	ОН	452630693	1/5/2024	\$50,018.98	
McKesson Medical-Surgical	PO Box 630693		Cincinnati	ОН	452630693	3/6/2024	\$4,801.29	
McKesson Medical-Surgical	PO Box 630693		Cincinnati	ОН	452630693	3/6/2024	\$6,284.89	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	ОН	452630693	3/6/2024	\$9,489.62	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	ОН	452630693	3/6/2024	\$10,361.96	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	ОН	452630693	3/6/2024	\$18,617.16	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	ОН	452630693	3/6/2024	\$49,554.92	Vendor
Medallion Services LLC	27 Chamblee Lane		St. Louis	MO	63141	2/12/2024	\$5,184.94	Vendor
Medallion Services LLC	27 Chamblee Lane		St. Louis	MO	63141	2/12/2024	\$5,184.94	Vendor
Mediacom	PO Box 5744		Carol Stream	IL	60197	12/22/2023	\$176.90	Vendor
Mediacom	PO Box 5744		Carol Stream	IL	60197	12/22/2023	\$176.90	Vendor
Mediacom	PO Box 5744		Carol Stream	IL	60197	12/22/2023	\$353.80	Vendor
Mediacom	PO Box 5744		Carol Stream	IL	60197	1/7/2024	\$929.97	Vendor
Mediacom	PO Box 5744		Carol Stream	IL	60197	1/7/2024	\$929.97	Vendor
Mediacom	PO Box 5744		Carol Stream	IL	60197	1/12/2024	\$176.90	Vendor
Mediacom	PO Box 5744		Carol Stream	IL	60197	1/12/2024	\$1,486.85	Vendor
Mediacom	PO Box 5744		Carol Stream	IL	60197	1/12/2024	\$1,663.75	Vendor
Mediacom	PO Box 5744		Carol Stream	IL	60197	1/17/2024	\$176.90	Vendor
Mediacom	PO Box 5744		Carol Stream	IL	60197	1/17/2024	\$176.90	Vendor
Mediacom	PO Box 5744		Carol Stream	IL	60197	1/23/2024	\$929.97	Vendor
Mediacom	PO Box 5744		Carol Stream	IL	60197	1/23/2024	\$929.97	Vendor

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In re: Petersen Management Company, LLC Case No. 24-10583

Attachment 3

Creditor's name	Address 1	Address 2	City	State	Zip	Date	Total amount or value	Reason for payment or transfer (e.g. Secured debt, Unsecured loan repayments, Suppliers or vendors, Services, or Other)
Mediacom	PO Box 5744		Carol Stream	IL	60197	2/12/2024	\$1,486.85	
Mediacom	PO Box 5744		Carol Stream	IL	60197	2/12/2024	\$1,486.85	
Mediacom	PO Box 5744		Carol Stream	IL	60197	2/14/2024	\$176.90	
Mediacom	PO Box 5744		Carol Stream	IL	60197	2/14/2024	\$176.90	
Mediacom	PO Box 5744		Carol Stream	IL	60197	2/20/2024	\$176.90	
Mediacom	PO Box 5744		Carol Stream	IL	60197	2/20/2024	\$176.90	
Mediacom	PO Box 5744		Carol Stream	IL	60197	3/5/2024	\$929.97	Vendor
Mediacom	PO Box 5744		Carol Stream	IL	60197	3/5/2024	\$929.97	Vendor
Mediacom	PO Box 5744		Carol Stream	IL	60197	3/12/2024	\$1,531.45	
Mediacom	PO Box 5744		Carol Stream	IL	60197	3/12/2024	\$1,531.45	
Mediacom	PO Box 5744		Carol Stream	IL	60197	3/14/2024	\$176.90	
Mediacom	PO Box 5744		Carol Stream	IL	60197	3/14/2024	\$176.90	
Mediacom	PO Box 5744		Carol Stream	IL	60197	3/17/2024	\$188.21	Vendor
Mediacom	PO Box 5744		Carol Stream	IL	60197	3/17/2024	\$188.21	
Wediacom	1 0 200 37 44		Caror Circain	IL	00197	3/11/2024	\$100.21	Vendor
MPACE	Dr. Zaman	12800 South Ridgelande Avenue Suite E	Palos Heights	IL	60463	2/7/2024	\$2,000.00	Vendor
MPACE	Dr. Zaman	12800 South Ridgelande Avenue Suite E	Palos Heights	IL	60463	2/7/2024	\$2,600.00	Vendor
MPACE	Dr. Zaman	12800 South Ridgelande Avenue Suite E	Palos Heights	IL	60463	2/7/2024	\$4,600.00	
Oasis Medical Services	PO Box 823473		Philadelphia	PA	19182-3473	12/29/2023	\$7,817.39	
Oasis Medical Services	PO Box 823473		Philadelphia	PA	19182-3473	12/29/2023	\$7,817.39	
Oasis Medical Services	PO Box 823473		Philadelphia	PA	19182-3473	1/5/2024	\$2,814.69	
Oasis Medical Services	PO Box 823473		Philadelphia	PA	19182-3473	1/5/2024	\$2,814.69	
Oasis Medical Services	PO Box 823473		Philadelphia	PA	19182-3473	1/15/2024	\$5,026.83	
Oasis Medical Services	PO Box 823473		Philadelphia	PA	19182-3473	1/15/2024	\$5,026.83	
Oasis Medical Services	PO Box 823473		Philadelphia	PA	19182-3473	2/1/2024	\$447.06	
Oasis Medical Services	PO Box 823473		Philadelphia	PA	19182-3473	2/1/2024	\$447.06	
Oasis Medical Services	PO Box 823473		Philadelphia	PA	19182-3473	2/15/2024	\$360.30	
Oasis Medical Services	PO Box 823473		Philadelphia	PA	19182-3473	2/15/2024	\$360.30	
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	1/24/2024	\$655.44	
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	1/24/2024	\$679.04	
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	1/24/2024	\$940.08	
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	1/24/2024	\$1,237.08	
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	1/24/2024	\$6,496.72	
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	1/24/2024	\$10,008.36	
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	1/31/2024	\$190.18	
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	1/31/2024	\$653.15	
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	1/31/2024		

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In re: Petersen Management Company, LLC Case No. 24-10583

Attachment 3

Addraes 1	Addrass 2	City	State	Zin	Date	Total amount or	Reason for payment or transfer (e.g. Secured debt, Unsecured loan repayments, Suppliers or vendors, Services, or Other)
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	Address 1 9840 Southwest Highway Chapter 13 Trustee Chapte	9840 Southwest Highway	9840 Southwest Highway Oak Lawn 0840 Southwest Highway Oak Lawn 0840 Southwest Highway Oak Lawn	9840 Southwest Highway	9840 Southwest Highway	9840 Southwest Highway	Beauto Southwest Highway

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In re: Petersen Management Company, LLC Case No. 24-10583

Attachment 3

Creditor's name	Address 1	Address 2	City	State	Zip	Date	Total amount or value	Reason for payment or transfer (e.g. Secured debt, Unsecured loan repayments, Suppliers or vendors, Services, or Other)
Shadow Fax Projects	PO Box 347	Audiess 2	Sullivan	IL	61951	2/19/2024	\$990.70	· · · · · · · · · · · · · · · · · · ·
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	2/19/2024	\$1,031.70	
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	2/19/2024	\$1,090.16	
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	2/19/2024	\$1,848.35	
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	2/19/2024	\$4,960.91	Vendor
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	3/4/2024	\$939.21	Vendor
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	3/4/2024	\$1.092.02	1 11
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	3/4/2024	\$1,221.77	Vendor
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	3/4/2024	\$1,998.35	
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	3/4/2024	\$5,251.35	
Shadow Fax Projects #2	Medical Waste Account	PO Box 347	Sullivan	IL	61951	1/3/2024	\$279.00	
Shadow Fax Projects #2	Medical Waste Account	PO Box 347	Sullivan	IL	61951	1/3/2024	\$373.50	
Shadow Fax Projects #2	Medical Waste Account	PO Box 347	Sullivan	IL	61951	1/3/2024	\$373.50	
Shadow Fax Projects #2	Medical Waste Account	PO Box 347	Sullivan	IL	61951	1/3/2024	\$373.50	
Shadow Fax Projects #2	Medical Waste Account	PO Box 347	Sullivan	IL	61951	1/3/2024	\$486.90	
Shadow Fax Projects #2	Medical Waste Account	PO Box 347	Sullivan	IL	_	1/3/2024	· ·	
Shadow Fax Projects #2	Medical Waste Account	PO Box 347	Sullivan		61951	+	\$1,886.40	
Shadow Fax Projects #2	Medical Waste Account	PO Box 347	Sullivan	IL II	61951	1/16/2024	\$30.00 \$124.50	
Shadow Fax Projects #2 Shadow Fax Projects #2	Medical Waste Account	PO Box 347	Sullivan		61951			
Shadow Fax Projects #2 Shadow Fax Projects #2	Medical Waste Account	PO Box 347	Sullivan	IL 	61951	1/16/2024	\$124.50	
,	Medical Waste Account	PO Box 347	Sullivan	IL	61951	1/16/2024	\$124.50	
Shadow Fax Projects #2				IL 	61951	1/16/2024	\$219.00	
Shadow Fax Projects #2	Medical Waste Account	PO Box 347	Sullivan	IL 	61951	1/16/2024	\$622.50	
Shadow Fax Projects #2	Medical Waste Account	PO Box 347	Sullivan	IL	61951	2/19/2024	\$249.00	
Shadow Fax Projects #2	Medical Waste Account	PO Box 347	Sullivan	IL	61951	2/19/2024	\$249.00	
Shadow Fax Projects #2	Medical Waste Account	PO Box 347	Sullivan	IL	61951	2/19/2024	\$249.00	
Shadow Fax Projects #2	Medical Waste Account	PO Box 347	Sullivan	IL	61951	2/19/2024	\$343.50	
Shadow Fax Projects #2	Medical Waste Account	PO Box 347	Sullivan	IL	61951	2/19/2024	\$343.50	
Shadow Fax Projects #2	Medical Waste Account	PO Box 347	Sullivan	IL	61951	2/19/2024	\$1,434.00	
Shadow Fax Projects #2	Medical Waste Account	PO Box 347	Sullivan	IL	61951	3/4/2024	\$30.00	
Shadow Fax Projects #2	Medical Waste Account	PO Box 347	Sullivan	IL	61951	3/4/2024	\$124.50	
Shadow Fax Projects #2	Medical Waste Account	PO Box 347	Sullivan	IL	61951	3/4/2024	\$124.50	
Shadow Fax Projects #2	Medical Waste Account	PO Box 347	Sullivan	IL	61951	3/4/2024	\$143.40	Vendor
Shadow Fax Projects #2	Medical Waste Account	PO Box 347	Sullivan	IL	61951	3/4/2024	\$162.30	1 11
Shadow Fax Projects #2	Medical Waste Account	PO Box 347	Sullivan	IL	61951	3/4/2024	\$584.70	Vendor
SumnerOne	PO Box 5180		St Louis	МО	63139-0180	1/8/2024	\$752.23	Vendor
SumnerOne	PO Box 5180		St Louis	МО	63139-0180	1/8/2024	\$945.12	Vendor
SumnerOne	PO Box 5180		St Louis	MO	63139-0180	1/8/2024	\$1,042.44	Vendor
SumnerOne	PO Box 5180		St Louis	МО	63139-0180	1/8/2024	\$1,114.10	Vendor
SumnerOne	PO Box 5180		St Louis	МО	63139-0180	1/8/2024	\$1,861.83	Vendor
SumnerOne	PO Box 5180		St Louis	МО	63139-0180	1/8/2024	\$5,715.72	Vendor
SumnerOne	PO Box 5180		St Louis	MO	63139-0180	2/2/2024	\$724.02	Vendor

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In re: Petersen Management Company, LLC Case No. 24-10583

Attachment 3

Creditor's name	Address 1	Address 2	City	State	Zip	Date	Total amount or value	Reason for payment or transfer (e.g. Secured debt, Unsecured loan repayments, Suppliers or vendors, Services, or Other)
SumnerOne	PO Box 5180		St Louis	MO	63139-0180	2/2/2024	\$988.72	Vendor
SumnerOne	PO Box 5180		St Louis	МО	63139-0180	2/2/2024	\$1,080.27	Vendor
SumnerOne	PO Box 5180		St Louis	MO	63139-0180	2/2/2024	\$1,097.16	Vendor
SumnerOne	PO Box 5180		St Louis	MO	63139-0180	2/2/2024	\$1,871.82	! Vendor
SumnerOne	PO Box 5180		St Louis	MO	63139-0180	2/2/2024	\$5,761.99	Vendor
Winston Strawn	830 West Trailcreek Dr		Peoria	IL	61614	2/5/2024	\$200,000,00	Legal

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In re: Petersen Management Company, LLC Case No. 24-10583

AMENDED Attachment 4

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

						Total amount			
Insider's name	Address 1	City	State	Zip	Date	or value	Reasons for payment or transfer	Relationship to debtor	Amended
**Please reference Global Notes for additiona	I information related to Interco	mpany Payments/	Transt	ers					
Mark B. Petersen	830 West Trailcreek Dr.	Peoria I	L	61614	12/27/2023	\$12,400.00	MBP PNC	Owner	Amended Herein - Added
Mark B. Petersen	830 West Trailcreek Dr.	Peoria I	L	61614	12/27/2023	\$29,875.00		Owner	Amended Herein - Added
Mark B. Petersen	830 West Trailcreek Dr.	Peoria I	L	61614	12/29/2023	\$300.00	Bill - Laura Collins	Owner	
Mark B. Petersen	830 West Trailcreek Dr.	Peoria I	L	61614	12/29/2023	\$500.00	Bill - Joe Bolen	Owner	
Mark B. Petersen	830 West Trailcreek Dr.	Peoria I	L	61614	12/29/2023	\$600.00	Bill - Erin Owens	Owner	
Mark B. Petersen	830 West Trailcreek Dr.	Peoria I	L	61614	12/29/2023	\$900.00	Bill - Diaz & Reza LLC	Owner	
Mark B. Petersen	830 West Trailcreek Dr.	Peoria I	L	61614	12/29/2023	\$950.00	Bill - Marc Maske	Owner	
Mark B. Petersen	830 West Trailcreek Dr.	Peoria I	L	61614	12/29/2023	\$2,000.00	Bill - Carla Lovingood	Owner	
Mark B. Petersen	830 West Trailcreek Dr.	Peoria I	L	61614	12/29/2023	\$3,500.00	Bill - Rick Gaa	Owner	
Mark B. Petersen	830 West Trailcreek Dr.	Peoria I	L	61614	12/29/2023	\$5,400.00	Bill - Mark B Petersen	Owner	
Mark B. Petersen	830 West Trailcreek Dr.	Peoria I	L	61614	12/29/2023	\$5,400.00	Bills: 2023/12/29 Batch	Owner	
Mark B. Petersen	830 West Trailcreek Dr.	Peoria I	L	61614	1/2/2024	\$40,000.00	BBK CIBC	Owner	Amended Herein - Added
Petersen Health Care II. Inc.*	203 East Monroe Street	Casey	L	62420	2/16/2024		Intercompany Transfer	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria I	L	61614	4/13/2023		V00300Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria I		61614	4/13/2023		V00300Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria I		61614	4/13/2023		V00300Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria I		61614	4/13/2023		V00300-Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria I		61614	5/11/2023		V00300-Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria I		61614	5/11/2023		V00300Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria I		61614	6/8/2023		V00300-Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria I		61614	6/8/2023		V00300-Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria I		61614	6/8/2023		V00300Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria I		61614	6/8/2023		V00300Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.			61614	7/13/2023		V00300Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria I		61614	7/13/2023		V00300Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria I		61614	7/13/2023		V00300Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria I		61614	7/13/2023		V00300Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria I		61614	8/10/2023		V00300Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria I		61614	8/10/2023		V00300Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria I		61614	8/10/2023		V00300Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria I		61614	8/10/2023		V00300Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria I		61614	9/14/2023		V00300Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria I	L	61614	9/14/2023		V00300Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria I	L	61614	9/14/2023	\$1,944.00	V00300Petersen Health Care Management	Related Entity	
etersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria I	L	61614	9/14/2023	\$1,944.00	V00300Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria I	L	61614	9/14/2023	\$8,267.53	V00300Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria I	L	61614	9/14/2023	\$8,267.53	V00300Petersen Health Care Management	Related Entity	
etersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria I	L	61614	9/14/2023	\$29,466.56	V00300Petersen Health Care Management	Related Entity	
etersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria I	L	61614	9/14/2023		V00300Petersen Health Care Management	Related Entity	
etersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria I		61614	10/12/2023		V00300Petersen Health Care Management	Related Entity	
etersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria I		61614	10/12/2023		V00300Petersen Health Care Management	Related Entity	
etersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria I		61614	10/12/2023		V00300Petersen Health Care Management	Related Entity	
etersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria I		61614	10/12/2023		V00300Petersen Health Care Management	Related Entity	
etersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria I		61614	11/9/2023		V00300Petersen Health Care Management	Related Entity	
etersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria I		61614	11/9/2023		V00300Petersen Health Care Management	Related Entity	
etersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria I		61614	11/9/2023		V00300-Petersen Health Care Management	Related Entity	
etersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria I		61614	11/9/2023		V00300-Petersen Health Care Management	Related Entity	
etersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria I		61614	11/9/2023		V00300Petersen Health Care Management	Related Entity	
etersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria I		61614	11/9/2023		V00300Petersen Health Care Management	Related Entity	
	830 West Trailcreek Dr.				1/1/2024				
etersen Health Care Management, LLC*				61614			V00300Petersen Health Care Management	Related Entity	
etersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria I		61614	1/11/2024		V00300Petersen Health Care Management	Related Entity	
etersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria I		61614	1/11/2024		V00300Petersen Health Care Management	Related Entity	
etersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria I		61614	1/11/2024		V00300Petersen Health Care Management	Related Entity	
etersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria I	L	61614	1/11/2024	\$10,398.12	V00300Petersen Health Care Management	Related Entity	

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In re: Petersen Management Company, LLC Case No. 24-10583

AMENDED Attachment 4

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

						Total amount			
Insider's name	Address 1	City	State	Zip	Date	or value	Reasons for payment or transfer	Relationship to debtor	Amended
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/11/2024	\$10,398.12	V00300Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/11/2024	\$18,545.92	V00300Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/11/2024	\$18,545.92	V00300Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/11/2024	\$26,683.45	V00300Petersen Health Care Management	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/11/2024	\$26,683.45	V00300Petersen Health Care Management	Related Entity	
Plaza West Development LLC*	7601 N. Orange Prairie Rd	Peoria	IL	61615	1/8/2024	\$80,000,00	Wire to	Related Entity	

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In re: Petersen Management Company, LLC Case No. 24-10583

Attachment 7

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

Case Title	Case number	Nature of case	Court name	Court address 1	Court City	Court State	Court Zip	Status of case (e.g. Pending, On appeal, Concluded)
CALLTEK, INC. Plaintiff, v. PETERSEN HEALTH CARE MANAGEMENT, LLC. Defendant.	2024-LA-18	Collections. Defendant failed to pay plaintiff for digital data conversion provided. \$50,000.	10th Judicial Circuit Court of	324 Main St. Ste. 215	Peoria	IL	61602	
7,	2017-L-4	WD/fall w/ hip fracture	4th Judicial Circuit Court of III	111 Chestnut Street	Louisville	IL	62858	
HALEY GRAY, Plaintiff, v. PETERSEN MANAGEMENT COMPANY, LLC d/b/a FLORA REHABILITATION & HEALTH CARE CENTER, Defendant.	3:23-cv-01052	Departmnet of Human Rights	Equal Employment Opportunity Comission	131 M Street	NE Washington DC		20507	
Mary Qureshi as Independent Administrator for the Estate of Mary Ellen Qureshi, deceased v. Petersen Health Operations, LLC d/b/a Batavia Rehabilitation & Health Care Center; Petesen Health Management, Inc.; and Petersen Health Care Management, LLC	2022-LA-500	Undeterminable	Mercer County Circuit Court	100 S. 3rd Street	Geneva	IL	60134	
SELECT REHABILITATION, LLC PLAINTIFF V. MIDWEST HEALTH OPERATIONS, LLC; PETERSEN HEALTH CARE - FARMER CITY, LLC; PETERSEN HEALTH CARE - ILLINI, LLC; PETERSEN HEALTH CARE - WESTSIDE, LLC; PETERSEN HEALTH CARE - WESTSIDE, LLC; PETERSEN HEALTH CARE - ROSEVILLE, LLC; PETERSEN HEALTH CARE V, LLC; PETERSEN HEALTH CARE VI, LLC; PETERSEN HEALTH CARE VI, LLC; PETERSEN HEALTH CARE VI, LLC; PETERSEN HEALTH OPERATIONS III, LLC; PETERSEN HEALTH OPERATIONS III, LLC; PETERSEN HEALTH OPERATIONS, LLC; PETERSEN HEALTH OPERATIONS III, LLC; PETERSEN HEALTH OPERATIONS, LLC; PETERSEN HEALTH OPERATIONS, LLC; ASPEN HOO, LLC; ARCOLA HOO, LLC; SJL HEALTH SYSTEMS, INC.; ASPEN HOO, LLC; BEMENT HOO, LLC; CASEY HOO, LLC; CARL ESTON HOO, LLC; COLLINSVILLE HOO, LLC; CUMBERLAND HOO, LLC; DECATUR HOO, LLC; EASTVIEW HOO, LLC; EFFINGHAM HOO, LLC; HAVANA HOO, LLC; KEWANEE HOO, LLC; LEBANON HOO, LLC; MCLEANSBORO HOO, LLC; NORTH AURORA HOO, LLC; PETERSEN HEALTH BUSINESS, LLC; PETERSEN HEALTH JUNCTION, LLC; PETERSEN HEALTH RESOURCES, LLC; PETERSEN HEALTH BUSINESS, LLC; PETERSEN HEALTH SEDERSEN HEALT			10th Judicial Circuit Court of					
DELENDANIO	2024-LA-0000030	Undeterminable		324 Main St. Ste. 215	Peoria	IL	61602	Pending