UNITED STATES BANKRUPTCY COURT

MIDDLE DISTRICT OF FLORIDA

JACKSONVILLE DIVISION

In Re. TRAJECTOR MEDICAL, LLC §
§
§
Debtor(s) §

Case No. 26-03291

Lead Case No. 26-03286

☒ Jointly Administered

Monthly Operating Report

Chapter 11

Reporting Period Ended: 09/30/2026

Petition Date: 07/23/2026

Months Pending: 2

Industry Classification: 5 4 1 6

Reporting Method: Accrual Basis ◉ Cash Basis ○

Debtor's Full-Time Employees (current): 72

Debtor's Full-Time Employees (as of date of order for relief): 80

Supporting Documentation (check all that are attached):

(For jointly administered debtors, any required schedules must be provided on a non-consolidated basis for each debtor)

- ☒ Statement of cash receipts and disbursements
- ☒ Balance sheet containing the summary and detail of the assets, liabilities and equity (net worth) or deficit
- ☒ Statement of operations (profit or loss statement)
- ☒ Accounts receivable aging
- ☒ Postpetition liabilities aging
- ☐ Statement of capital assets
- ☐ Schedule of payments to professionals
- ☐ Schedule of payments to insiders
- ☒ All bank statements and bank reconciliations for the reporting period
- ☐ Description of the assets sold or transferred and the terms of the sale or transfer

/S/ MARK C. HEALY
Signature of Responsible Party

10/23/2026
Date

MARK C. HEALY
Printed Name of Responsible Party

1885 MARINA MILE BLVD STE # 103
FORT LAUDERDALE, FL 33315
Address

STATEMENT: This Periodic Report is associated with an open bankruptcy case; therefo
1320.4(a)(2) applies.



Debtor's Name TRAJECTOR MEDICAL, LLC Case No. 26-03291

Part 1: Cash Receipts and Disbursements		Current Month	Cumulative
a.	Cash balance beginning of month	$5,703,932	
b.	Total receipts (net of transfers between accounts)	$4,756,240	$11,462,739
c.	Total disbursements (net of transfers between accounts)	$1,009,564	$2,015,437
d.	Cash balance end of month (a+b-c)	$9,450,608	
e.	Disbursements made by third party for the benefit of the estate	$0	$0
f.	Total disbursements for quarterly fee calculation (c+e)	$1,009,564	$2,015,437

Part 2: Asset and Liability Status (Not generally applicable to Individual Debtors. See Instructions.)		Current Month
a.	Accounts receivable (total net of allowance)	$23,654,832
b.	Accounts receivable over 90 days outstanding (net of allowance)	$15,115,441
c.	Inventory (Book ○ Market ○ Other ◉ (attach explanation))	$0
d	Total current assets	$228,093,630
e.	Total assets	$228,297,947
f.	Postpetition payables (excluding taxes)	$278,939
g.	Postpetition payables past due (excluding taxes)	$0
h.	Postpetition taxes payable	$0
i.	Postpetition taxes past due	$0
j.	Total postpetition debt (f+h)	$278,939
k.	Prepetition secured debt	$59,437,500
l.	Prepetition priority debt	$0
m.	Prepetition unsecured debt	$1,293,235
n.	Total liabilities (debt) (j+k+l+m)	$61,009,674
o.	Ending equity/net worth (e-n)	$167,288,273

Part 3: Assets Sold or Transferred		Current Month	Cumulative
a.	Total cash sales price for assets sold/transferred outside the ordinary course of business	$0	$0
b.	Total payments to third parties incident to assets being sold/transferred outside the ordinary course of business	$0	$0
c.	Net cash proceeds from assets sold/transferred outside the ordinary course of business (a-b)	$0	$0

Part 4: Income Statement (Statement of Operations) (Not generally applicable to Individual Debtors. See Instructions.)		Current Month	Cumulative
a.	Gross income/sales (net of returns and allowances)	$2,123,801	
b.	Cost of goods sold (inclusive of depreciation, if applicable)	$0	
c.	Gross profit (a-b)	$2,123,801	
d.	Selling expenses	$0	
e.	General and administrative expenses	$1,610,170	
f.	Other expenses	$16	
g.	Depreciation and/or amortization (not included in 4b)	$1,700	
h.	Interest	$0	
i.	Taxes (local, state, and federal)	$0	
j.	Reorganization items	$0	
k.	Profit (loss)	$511,931	$125,060

Debtor's Name TRAJECTOR MEDICAL, LLC Case No. 26-03291

Part 5: Professional Fees and Expenses

				Approved Current Month	Approved Cumulative	Paid Current Month	Paid Cumulative
a.	Debtor's professional fees & expenses (bankruptcy) *Aggregate Total*						
	Itemized Breakdown by Firm						
		Firm Name	Role				
	i						
	ii						
	iii						
	iv						
	v						
	vi						
	vii						
	viii						
	ix						
	x						
	xi						
	xii						
	xiii						
	xiv						
	xv						
	xvi						
	xvii						
	xviii						
	xix						
	xx						
	xxi						
	xxii						
	xxiii						
	xxiv						
	xxv						
	xxvi						
	xxvii						
	xxviii						
	xxix						
	xxx						
	xxxi						
	xxxii						
	xxxiii						
	xxxiv						
	xxxv						
	xxxvi						

Debtor's Name TRAJECTOR MEDICAL, LLC Case No. 26-03291

	xxxvii						
	xxxvii						
	xxxix						
	xl						
	xli						
	xlii						
	xliii						
	xliv						
	xlv						
	xlvi						
	xlvii						
	xlviii						
	xlix						
	l						
	li						
	lii						
	liii						
	liv						
	lv						
	lvi						
	lvii						
	lviii						
	lix						
	lx						
	lxi						
	lxii						
	lxiii						
	lxiv						
	lxv						
	lxvi						
	lxvii						
	lxviii						
	lxix						
	lxx						
	lxxi						
	lxxii						
	lxxiii						
	lxxiv						
	lxxv						
	lxxvi						
	lxxvii						
	lxxviii						

Debtor's Name TRAJECTOR MEDICAL, LLC Case No. 26-03291

	lxxix						
	lxxx						
	lxxxi						
	lxxxii						
	lxxxiii						
	lxxxiv						
	lxxxv						
	lxxxvi						
	lxxxvi						
	lxxxvi						
	lxxxix						
	xc						
	xci						
	xcii						
	xciii						
	xciv						
	xcv						
	xcvi						
	xcvii						
	xcviii						
	xcix						
	c						
	ci						

				Approved Current Month	Approved Cumulative	Paid Current Month	Paid Cumulative
b.	Debtor's professional fees & expenses (nonbankruptcy) *Aggregate Total*						
	Itemized Breakdown by Firm						
		Firm Name	Role				
	i						
	ii						
	iii						
	iv						
	v						
	vi						
	vii						
	viii						
	ix						
	x						
	xi						
	xii						
	xiii						
	xiv						

Debtor's Name TRAJECTOR MEDICAL, LLC Case No. 26-03291

	xv						
	xvi						
	xvii						
	xviii						
	xix						
	xx						
	xxi						
	xxii						
	xxiii						
	xxiv						
	xxv						
	xxvi						
	xxvii						
	xxviii						
	xxix						
	xxx						
	xxxi						
	xxxii						
	xxxiii						
	xxxiv						
	xxxv						
	xxxvi						
	xxxvii						
	xxxvii						
	xxxix						
	xl						
	xli						
	xlii						
	xliii						
	xliv						
	xlv						
	xlvi						
	xlvii						
	xlviii						
	xlix						
	l						
	li						
	lii						
	liii						
	liv						
	lv						
	lvi						

Debtor's Name TRAJECTOR MEDICAL, LLC Case No. 26-03291

	lvii						
	lviii						
	lix						
	lx						
	lxi						
	lxii						
	lxiii						
	lxiv						
	lxv						
	lxvi						
	lxvii						
	lxviii						
	lxix						
	lxx						
	lxxi						
	lxxii						
	lxxiii						
	lxxiv						
	lxxv						
	lxxvi						
	lxxvii						
	lxxviii						
	lxxix						
	lxxx						
	lxxxi						
	lxxxii						
	lxxxiii						
	lxxxiv						
	lxxxv						
	lxxxvi						
	lxxxvi						
	lxxxvi						
	lxxxix						
	xc						
	xci						
	xcii						
	xciii						
	xciv						
	xcv						
	xcvi						
	xcvii						
	xcviii						

Debtor's Name TRAJECTOR MEDICAL, LLC Case No. 26-03291

	xcix						
	c						
c.	All professional fees and expenses (debtor & committees)						

Part 6: Postpetition Taxes		Current Month	Cumulative
a.	Postpetition income taxes accrued (local, state, and federal)	$0	$0
b.	Postpetition income taxes paid (local, state, and federal)	$0	$0
c.	Postpetition employer payroll taxes accrued	$0	$0
d.	Postpetition employer payroll taxes paid	$0	$0
e.	Postpetition property taxes paid	$0	$0
f.	Postpetition other taxes accrued (local, state, and federal)	$0	$0
g.	Postpetition other taxes paid (local, state, and federal)	$0	$0

Part 7: Questionnaire - During this reporting period:

a.	Were any payments made on prepetition debt? (if yes, see Instructions)	Yes ○	No ◉
b.	Were any payments made outside the ordinary course of business without court approval? (if yes, see Instructions)	Yes ○	No ◉
c.	Were any payments made to or on behalf of insiders?	Yes ○	No ◉
d.	Are you current on postpetition tax return filings?	Yes ◉	No ○
e.	Are you current on postpetition estimated tax payments?	Yes ◉	No ○
f.	Were all trust fund taxes remitted on a current basis?	Yes ○	No ◉
g.	Was there any postpetition borrowing, other than trade credit? (if yes, see Instructions)	Yes ○	No ◉
h.	Were all payments made to or on behalf of professionals approved by the court?	Yes ○	No ○ N/A ◉
i.	Do you have: Worker's compensation insurance?	Yes ◉	No ○
	If yes, are your premiums current?	Yes ◉	No ○ N/A ○ (if no, see Instructions)
	Casualty/property insurance?	Yes ◉	No ○
	If yes, are your premiums current?	Yes ◉	No ○ N/A ○ (if no, see Instructions)
	General liability insurance?	Yes ◉	No ○
	If yes, are your premiums current?	Yes ◉	No ○ N/A ○ (if no, see Instructions)
j.	Has a plan of reorganization been filed with the court?	Yes ○	No ◉
k.	Has a disclosure statement been filed with the court?	Yes ○	No ◉
l.	Are you current with quarterly U.S. Trustee fees as set forth under 28 U.S.C. § 1930?	Yes ◉	No ○

Debtor's Name TRAJECTOR MEDICAL, LLC Case No. 26-03291

Part 8: Individual Chapter 11 Debtors (Only)

a.	Gross income (receipts) from salary and wages	$0
b.	Gross income (receipts) from self-employment	$0
c.	Gross income from all other sources	$0
d.	Total income in the reporting period (a+b+c)	$0
e.	Payroll deductions	$0
f.	Self-employment related expenses	$0
g.	Living expenses	$0
h.	All other expenses	$0
i.	Total expenses in the reporting period (e+f+g+h)	$0
j.	Difference between total income and total expenses (d-i)	$0
k.	List the total amount of all postpetition debts that are past due	$0
l.	Are you required to pay any Domestic Support Obligations as defined by 11 U.S.C § 101(14A)?	Yes ○ No ◉
m.	If yes, have you made all Domestic Support Obligation payments?	Yes ○ No ○ N/A ◉

Privacy Act Statement

28 U.S.C. § 589b authorizes the collection of this information, and provision of this information is mandatory under 11 U.S.C. §§ 704, 1106, and 1107. The United States Trustee will use this information to calculate statutory fee assessments under 28 U.S.C. § 1930(a)(6). The United States Trustee will also use this information to evaluate a chapter 11 debtor's progress through the bankruptcy system, including the likelihood of a plan of reorganization being confirmed and whether the case is being prosecuted in good faith. This information may be disclosed to a bankruptcy trustee or examiner when the information is needed to perform the trustee's or examiner's duties or to the appropriate federal, state, local, regulatory, tribal, or foreign law enforcement agency when the information indicates a violation or potential violation of law. Other disclosures may be made for routine purposes. For a discussion of the types of routine disclosures that may be made, you may consult the Executive Office for United States Trustee's systems of records notice, UST-001, "Bankruptcy Case Files and Associated Records." *See* 71 Fed. Reg. 59,818 et seq. (Oct. 11, 2006). A copy of the notice may be obtained at the following link: http://www.justice.gov/ust/eo/rules_regulations/index.htm. Failure to provide this information could result in the dismissal or conversion of your bankruptcy case or other action by the United States Trustee. 11 U.S.C. § 1112(b)(4)(F).

I declare under penalty of perjury that the foregoing Monthly Operating Report and its supporting documentation are true and correct and that I have been authorized to sign this report on behalf of the estate.

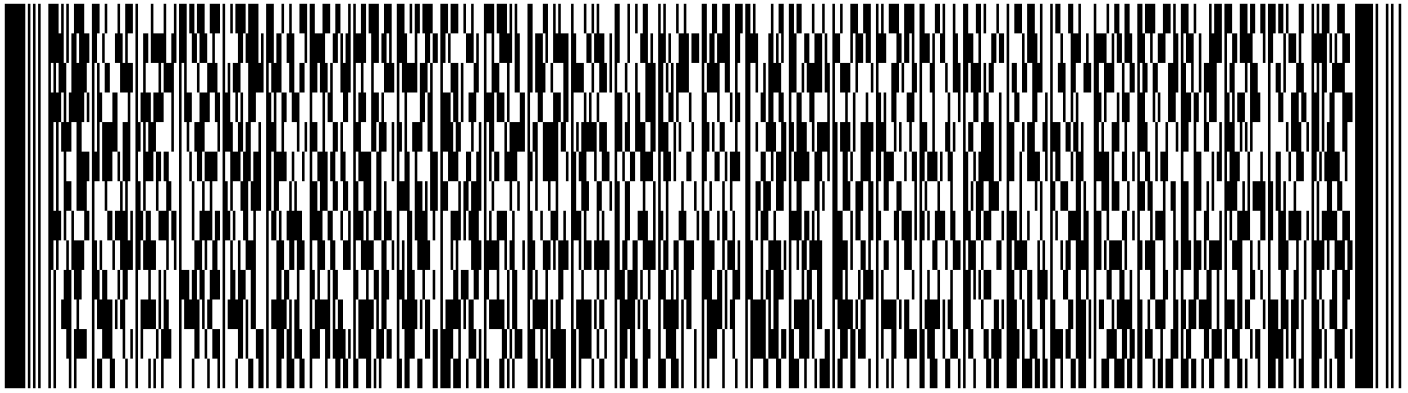
/S/ MARK C. HEALY
Signature of Responsible Party

MARK C. HEALY
Printed Name of Responsible Party

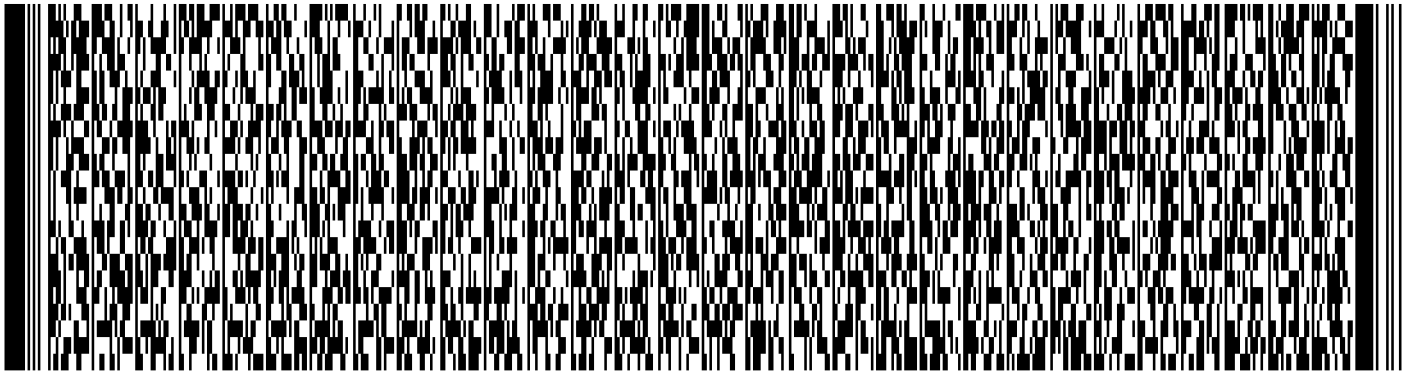
CHIEF RESTRUCTURING OFFICER
Title

10/23/2026
Date

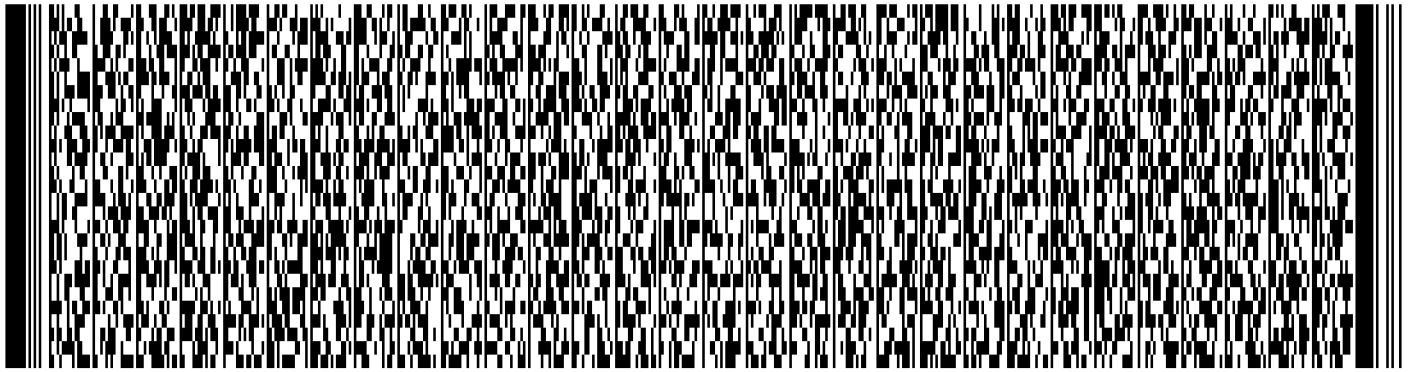
Debtor's Name TRAJECTOR MEDICAL, LLC Case No. 26-03291



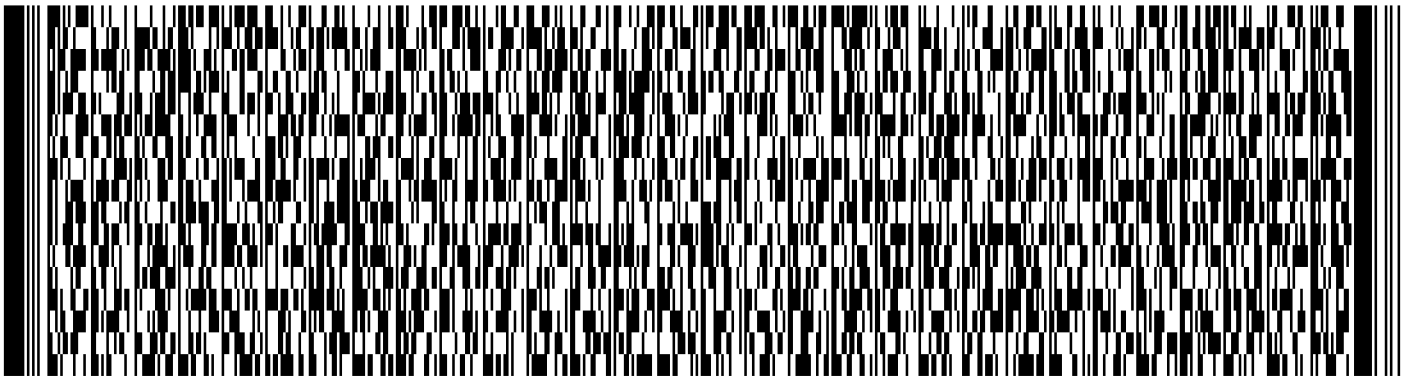
PageOnePartOne



PageOnePartTwo

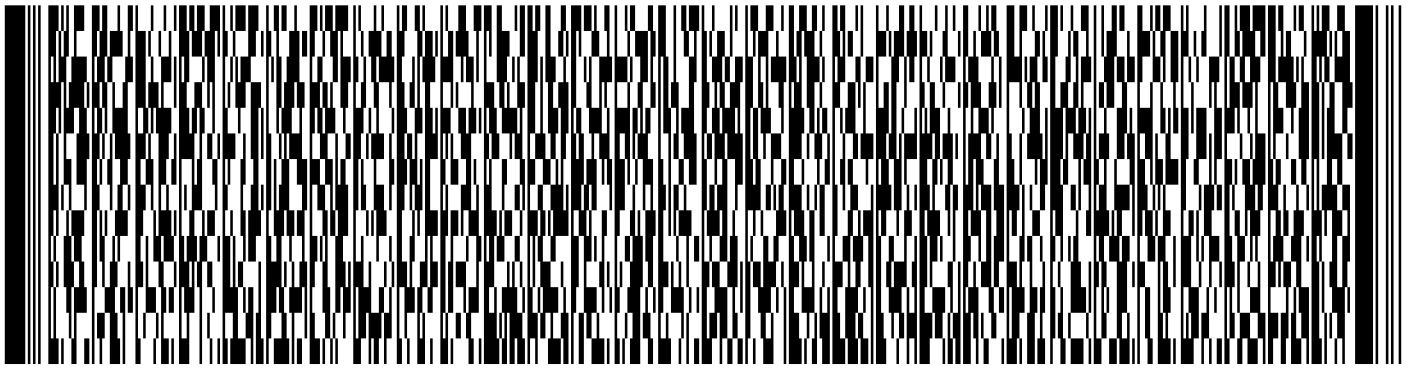


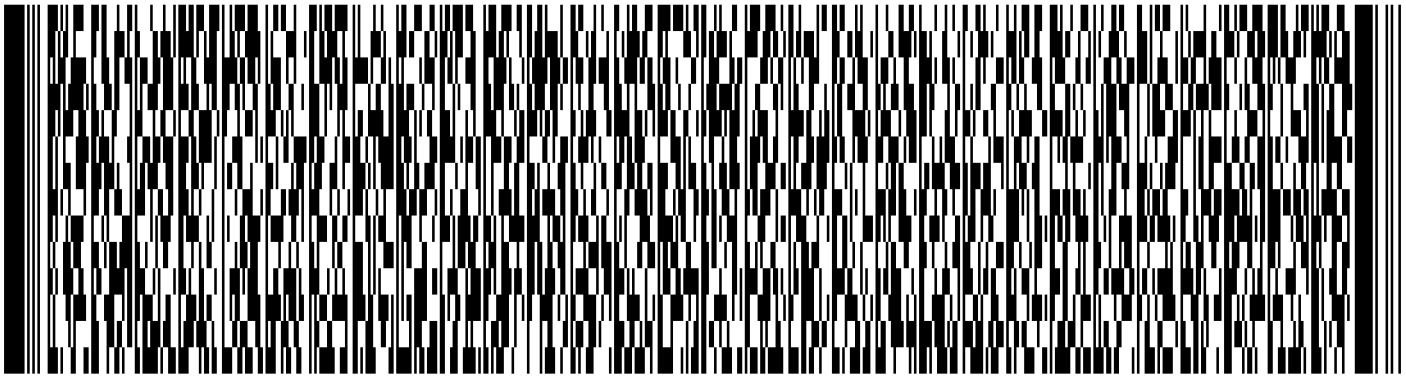
PageTwoPartOne

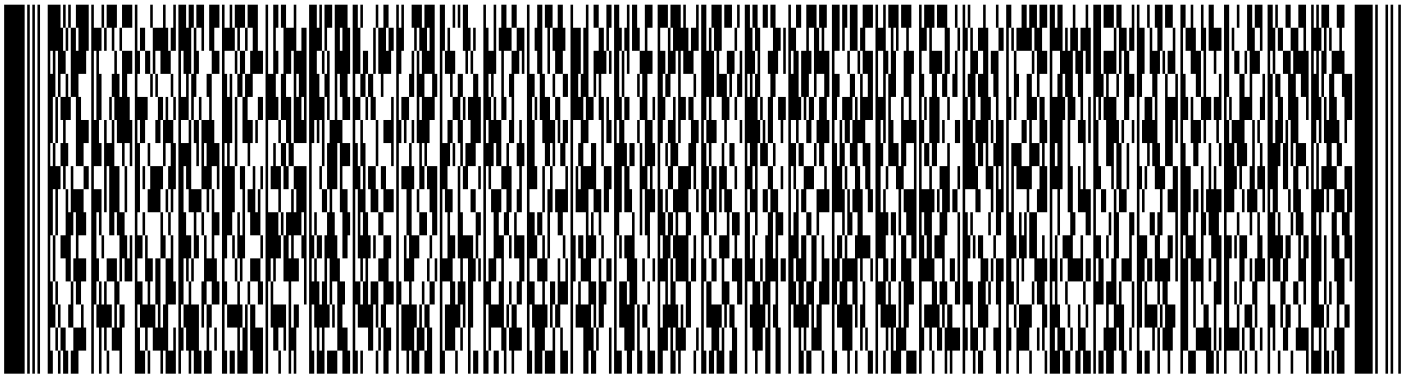


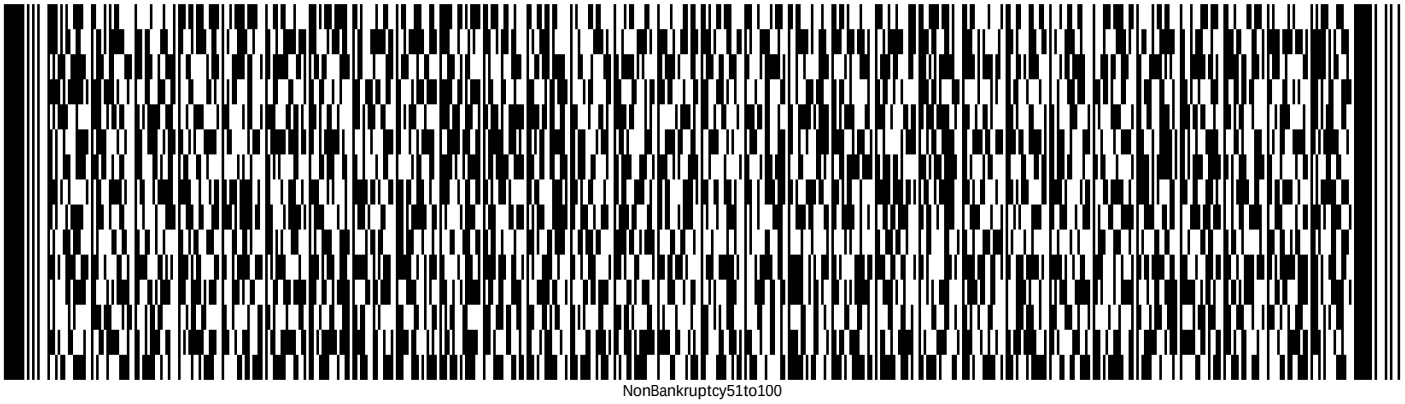
PageTwoPartTwo

Debtor's Name TRAJECTOR MEDICAL, LLC Case No. 26-03291

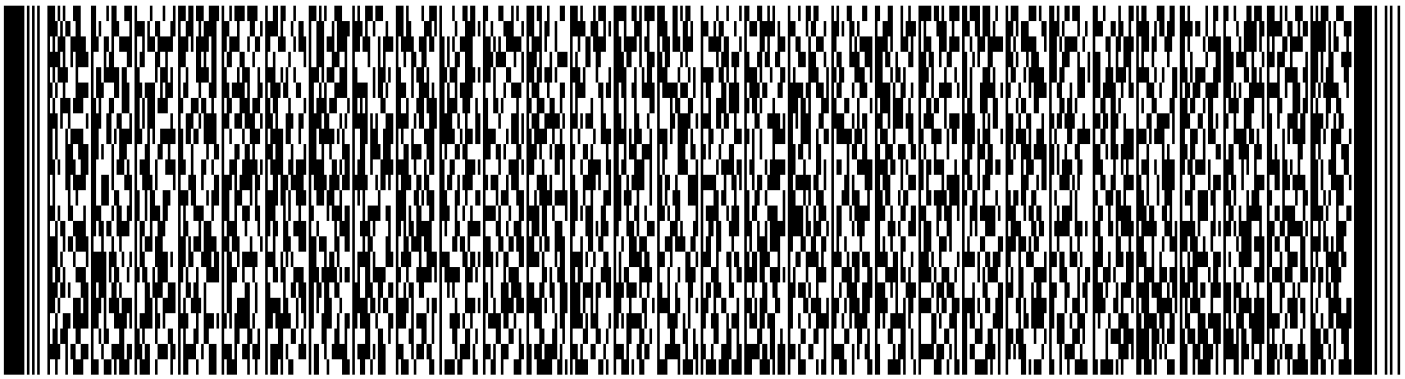

Bankruptcy1to50


Bankruptcy51to100

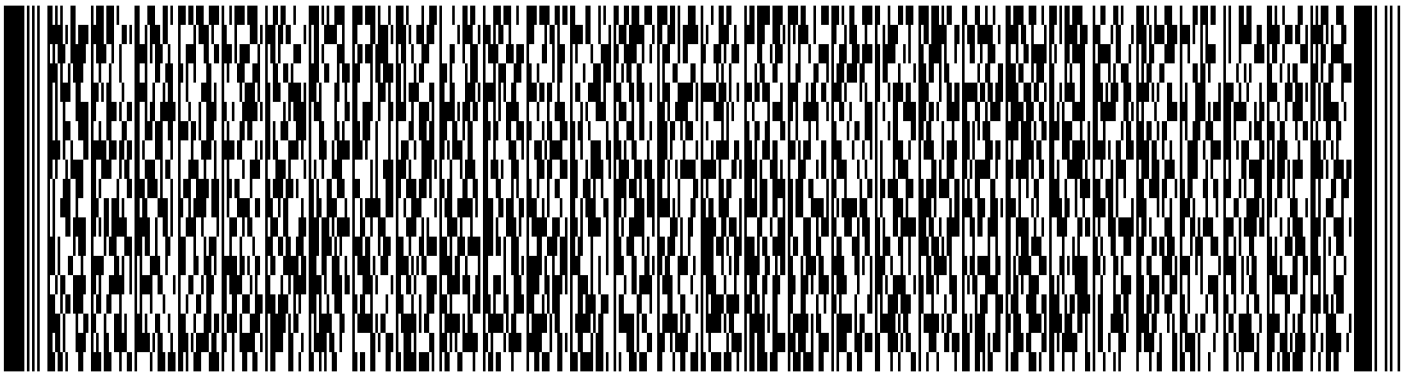

NonBankruptcy1to50


NonBankruptcy51to100

Debtor's Name TRAJECTOR MEDICAL, LLC Case No. 26-03291



PageThree



PageFour

Income Statement by Entity
September
Cash Basis

	Trajector Medical, LLC
Inflow	
Revenue	4,756,240
Other	-
Total Inflows	4,756,240
Outflow	
Payroll	-
Marketing	57,385
Other Operating Expenses	
Acquired Evidence Total	-
Bank & Merchant Fee Total	138,475
Insurance Exp Total	208
Occupancy Expenses Total	41,260
Office Expenses Total	-
Dues, Subscription, and IT Expense Total	213,938
Professional Fees Total	104,859
Travel & Meals & Other Total	21,094
Transaction and Financing Fees Total	-
BREX Credit Card Total	-
Intercompany Expenses (GBTK & TI) Total	183,770
Loan Interest Payments	-
State Taxes	248,576
Total Outflows	1,009,564
TRANSFERS	-

Trajector Medical, LLC
September 2026 Balance Sheet
Accrual Basis

	Trajector Medical, LLC
Assets	
Current assets:	
Cash and cash equivalents	(45,470)
Accounts Receivable - net Total	23,654,832
Note Receivable - Current	-
Receivables Due from Members- Current	-
Contract Assets - Current	-
Prepaid and other current assets Total	1,496
Intercompany Accounts Receivable	-
Intercompany - Note Receivables	204,482,772
Total current assets	228,093,630
Property and equipment - net	204,318
Operating Lease Right-of-Use Assets Total	-
Intangibles - Goodwill	-
Deferred Tax Assets Total	-
Receivables Due from Members - LT	-
Contract Assets - LT	-
Note Receivable - LT	-
Software Technology Total	-
Customer Relationships Total	-
Trade Names Total	-
Non-competes Total	-
Total assets	228,297,947
Liabilities and Members' Equity	
Current Liabilities:	
Accounts Payable	278,939
Accrued Expenses Total	7,591,380
Current Long-Term Debt	-
Deferred Tax Liabilities Total	-
Intercompany Payables	-
Total current liabilities	7,870,319
Operating Lease Liabilities Total	-
Long Term Debt - Less Current Portion Total	(13,115)
Long Term Debt Owed to Members	-
Other Non-Current Liabilities	-
Intercompany Note Payables	12,217,456
Total liabilities	20,074,660
Members' Equity:	
Members' equity attributable to Trajector Holdings Group unitholders	208,223,287
Non Controlling Interest	-
Total members' equity	208,223,287
Less: Treasury Stock	-
Total liabilities and members' equity	228,297,947

Trajector Medical, LLC

Statement of Operations for the Period Ending September 30, 2026

Accrual Basis

	Trajector Medical, LLC
Medical Revenue Total	2,123,786
Legal US Total Revenue	-
Disability Revenues Total	-
Insurance Revenues Total	-
Media Revenue	-
Technology Revenue	-
Management Revenue Total	-
Intercompany Revenue Total	-
Total Revenue	2,123,786
Operating expenses:	
COS and Salaries and Benefits Total	513,758
Contract Labor Total	13,500
Advertising and Marketing Total	63,101
Advertising and Management Total	-
Bad Debts Expense Total	(2,500,000)
Acquired Evidence Total	-
Bank & Merchant Fee Total	57,247
Insurance Exp Total	-
Occupancy Expenses Total	182,916
Office Expenses Total	1,518
Dues, Subscription, and IT Expense Total	26,391
Professional Fees Total	169,607
Travel & Meals & Entertainment Total	-
Transaction and Financing Fees Total	-
Outsourced Expenses Total	3,082,132
Intercompany Expenses Total	-
Depreciation and Amortization Total	1,700
Total operating expenses	1,611,870
Income (loss) from operations	**511,916**
Unit Based Comp Exp Total	-
Transaction and Financing Fees Total	-
Depreciation and Amortization Total	1,700
Adjusted EBITDA	**513,616**
Other income (expense):	
Interest Expense Total	-
Gain on Litigation Settlement Total	-
Interest Income Total	-
Other Misc Exp Total	-
Revenue - Other Total	16
Foreign Currency Exchange	-
Gain (loss) on Sale Total	-
Total other income (expense), net	16
Income before income taxes	**511,931**
Tax Expense Total	-
Net income (loss)	**511,931**
Less: Net income attributable to noncontrolling interest	-
Net income attributable to Trajector Holdings Group unitholders	511,931
Net income per unit - basic and diluted	-
Weighted-average number of units outstanding - basic and diluted	-
Non-GAAP Metrics:	
EBITDA	513,631

Trajector Medical, LLC

Accounts Receivable Aging

As of September 30, 2026

Account	Current	1–30 Days	31–60 Days	61–90 Days	91+ Days	Total
Accounts Receivable – Trade	196,818	2,329,329	2,732,807	2,672,029	114,646,120	122,577,104
Undeposited Funds	306,338	302,069	-	-	-	608,408
Total Accounts Receivable	**503,156**	**2,631,398**	**2,732,807**	**2,672,029**	**114,646,120**	**123,185,512**

Figures above are gross invoice balances per the Supplier/Receivables aging system export and are not reduced by the allowance for doubtful accounts reflected in the balance sheet (Exhibit 3b). The Statement of Operations/Balance Sheet accounts receivable — net Total of $23,654,832 (Exhibit 3b) is net of that allowance.

Trajector Medical, LLC

Postpetition Liabilities Payable

As of September 30, 2026

Supplier	Current	1–30 Days	31–60 Days	61–90 Days	91+ Days	Total
8x8, Inc.	182,576	-	-	-	-	182,576
DEX Imaging LLC	1,518	-	-	-	-	1,518
GRU	23	-	48	-	-	72
Gen Digital Inc.	731	-	-	-	-	731
GlobalTek BPO Philippines	79,980	-	-	-	-	79,980
The Guardian Life Insurance Company	-	3,762	-	-	-	3,762
Twilio, Inc.	10,171	-	-	-	-	10,171
VRC Companies, LLC	130	-	-	-	-	130
Total Postpetition Liabilities Payable	**275,129**	**3,762**	**48**	**-**	**-**	**278,939**

Trajector Medical, LLC

Bank Reconciliation — Chase Operating

Account Number: x0865
Month Ending: September 30, 2026

Balance per Bank Statement	**-**
Deposits in transit:	
None	-
Outstanding checks:	
None	-
Adjusted Bank Balance	-
Balance per General Ledger	**-**
Deposits not recorded:	
None	-
Checks/electronic transfers not recorded:	
None	-
Adjusted Ledger Balance	-
Variance	-

Trajector Medical, LLC
Bank Reconciliation — Chase Checking

Account Number: x0808
Month Ending: September 30, 2026

Balance per Bank Statement	**6,709**
Deposits in transit:	
None	-
Outstanding checks:	
None	-
Adjusted Bank Balance	6,709
Balance per General Ledger	**6,709**
Deposits not recorded:	
None	-
Checks/electronic transfers not recorded:	
None	-
Adjusted Ledger Balance	6,709
Variance	-

Trajector Medical, LLC
Bank Reconciliation — Regions Depository

Account Number: X7278
Month Ending: September 30, 2026

Balance per Bank Statement	**-**
Deposits in transit:	
None	-
Outstanding checks:	
None	-
Adjusted Bank Balance	-
Balance per General Ledger	**-**
Deposits not recorded:	
None	-
Checks/electronic transfers not recorded:	
None	-
Adjusted Ledger Balance	-
Variance	-

Trajector Medical, LLC
Bank Reconciliation — Regions Disbursement

Account Number: X7766
Month Ending: September 30, 2026

Balance per Bank Statement	**-**
Deposits in transit:	
None	-
Outstanding checks:	
None	-
Adjusted Bank Balance	-
Balance per General Ledger	**-**
Deposits not recorded:	
None	-
Checks/electronic transfers not recorded:	
None	-
Adjusted Ledger Balance	-
Variance	-

JPMorganChase

JPMorgan Chase Bank, N.A.
P O Box 44959
Indianapolis, IN 46244 - 4959

September 01, 2026 through September 15, 2026
Account Number: [redacted]0808

Customer Service Information

If you have any questions about your statement, please contact your Customer Service Professional.

00000023 WBS 021211 25926 NNNNNNNNNNN 1 000000000 83 0000 AT 01
TRAJECTOR MEDICAL, LLC
PO BOX 596
LEHI UT 84043-1162

Commercial Checking

Summary

	Number	Market Value/Amount	Shares
Opening Ledger Balance		$9,059.85	
Deposits and Credits	0	$0.00	
Withdrawals and Debits	2	$2,351.31	
Checks Paid	0	$0.00	
Ending Ledger Balance		**$6,708.54**	

Withdrawals and Debits

Ledger Date	*Description*	*Amount*
09/08	Orig CO Name:T-Mobile Orig ID:0000450304 Desc Date:260905 CO Entry Descr:Handset Sec:Tel Trace#:021000029878163 Eed:260908 Ind ID:4790296 Ind Name:No Name 800-937-8997 Trn: 2519878163Tc	$66.19
09/15	Account Analysis Settlement Charge	2,285.12
Total		**$2,351.31**

Daily Balance

Date	*Ledger Balance*	*Date*	*Ledger Balance*
09/08	$8,993.66	09/15	$6,708.54

Your service charges, fees and earnings credit have been calculated through account analysis.

* Annual Percentage Yield Earned - the percentage rate earned if balances remain on deposit for a full year with compounding, no change in the interest rate and all interest rate and all interest is left in the account.

Please examine this statement of account at once. By continuing to use the account, you agree that: (1) the account is subject to the Bank's deposit account agreement, and (2) the Bank has no responsibility for any error in or improper charge to the account (including any unauthorized or altered check) unless you notify us in writing of this error or charge within sixty days of the mailing or availability of the first statement on which the error or charge appears.

JPMorganChase

JPMorgan Chase Bank, N.A.
P O Box 44959
Indianapolis, IN 46244 - 4959

September 16, 2026 through September 30, 2026
Account Number: [redacted]0808

Customer Service Information

If you have any questions about your statement, please contact your Customer Service Professional.

00010154 WBS 021211 27426 NNNNNNNNNNN 1 000000000 83 0000 AT 01
TRAJECTOR MEDICAL, LLC
DEBTOR IN POSSESSION
PO BOX 596
LEHI UT 84043-1162

Commercial Checking

Summary

	Number	Market Value/Amount	Shares
Opening Ledger Balance		$6,708.54	
Deposits and Credits	0	$0.00	
Withdrawals and Debits	0	$0.00	
Checks Paid	0	$0.00	
Ending Ledger Balance		**$6,708.54**	

Your service charges, fees and earnings credit have been calculated through account analysis.

* Annual Percentage Yield Earned - the percentage rate earned if balances remain on deposit for a full year with compounding, no change in the interest rate and all interest rate and all interest is left in the account.

Please examine this statement of account at once. By continuing to use the account, you agree that: (1) the account is subject to the Bank's deposit account agreement, and (2) the Bank has no responsibility for any error in or improper charge to the account (including any unauthorized or altered check) unless you notify us in writing of this error or charge within sixty days of the mailing or availability of the first statement on which the error or charge appears.

JPMorganChase

September 16, 2026 through September 30, 2026
Account Number: [redacted]0808

Trajector Medical, LLC
Debtor IN Possession

Stop Payment Renewal Notice

Account Number 000000627530808 Bank Number: 021

The following Stop Payments will automatically renew for a 1-year period. You can revoke a current stop payment via your online channel (Chase.com or JPM ACCESS) or by calling the number on your statement or contacting your Customer Service Representative.

Revoke Stop	Sequence Number	Date Entered	Renewal Date	Low Range or Check Number	High Range or Amount
——	0000004	12/28/2021	12/28/2026	1656	$1,380.19

Trajector Medical, LLC
Debtor IN Possession
PO Box 596
Lehi UT 84043-1162

JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus OH 43218-2051

JPMorganChase

JPMorgan Chase Bank, N.A.
P O Box 44959
Indianapolis, IN 46244 - 4959

September 01, 2026 through September 30, 2026
Account Number: [redacted]0865

Customer Service Information

If you have any questions about your statement, please contact your Customer Service Professional.

00003364 WBS 021211 27426 NNNNNNNNNNN 1 000000000 C2 0000 AT 01

TRAJECTOR MEDICAL, LLC
DEBTOR IN POSSESSION
PO BOX 596
LEHI UT 84043-1162

Commercial Checking

Summary

	Number	Market Value/Amount	Shares
Opening Ledger Balance		$0.00	
Deposits and Credits	0	$0.00	
Withdrawals and Debits	0	$0.00	
Checks Paid	0	$0.00	
Ending Ledger Balance		**$0.00**	

Your service charges, fees and earnings credit have been calculated through account analysis.

* Annual Percentage Yield Earned - the percentage rate earned if balances remain on deposit for a full year with compounding, no change in the interest rate and all interest rate and all interest is left in the account.

Please examine this statement of account at once. By continuing to use the account, you agree that: (1) the account is subject to the Bank's deposit account agreement, and (2) the Bank has no responsibility for any error in or improper charge to the account (including any unauthorized or altered check) unless you notify us in writing of this error or charge within sixty days of the mailing or availability of the first statement on which the error or charge appears.

This Page Intentionally Left Blank

REGIONS
Regions Bank
Music Row
1600 Division ST., Suite 100
Nashville, TN 37203

TRAJECTOR MEDICAL LLC
OPERATING ACCOUNT
DEBTOR IN POSESSION
PO BOX 596
LEHI UT 84043-1162

ACCOUNT # [redacted]7278

	053
Cycle	26
Enclosures	0
Page	1 of 5

COMMERCIAL ANALYZED CHECKING

September 1, 2026 through September 30, 2026

SUMMARY

Beginning Balance	**$0.00**		Minimum Balance	$0
Deposits & Credits	$4,761,769.88	+		
Withdrawals	$4,761,769.88	–		
Fees	$0.00	–		
Automatic Transfers	$0.00	+		
Checks	$0.00	–		
Ending Balance	**$0.00**			

DEPOSITS & CREDITS

09/01	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502970050816	38,702.01
09/01	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502970452418	154,284.97
09/02	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502971813022	89,310.94
09/02	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502972187822	138,758.66
09/02	Quick Deposit - Thank You	34,477.21
09/03	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502973364123	143,416.11
09/03	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502973698025	353,518.99
09/04	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502974870425	238,151.34
09/04	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502975244323	442,161.66
09/08	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502976572623	118,254.93
09/08	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502976919527	240,479.00
09/08	Deposit - Thank You	200.00
09/09	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502978195712	118,824.59
09/09	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502978696214	205,502.74
09/09	Quick Deposit - Thank You	48,906.35
09/10	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502980220615	70,860.26
09/10	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502980560416	133,018.83
09/11	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502981775419	142,844.76
09/11	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502982091014	269,605.60
09/14	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502983298824	37,092.60
09/14	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502983629929	75,478.38
09/14	Quick Deposit - Thank You	5,613.50
09/15	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502984906615	41,906.47
09/15	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502985369714	120,198.72
09/16	Vantiv Ecommerce Funds Disb Trajector Medi 26502987136210	1,846.57
09/16	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502986811813	50,481.37

2026 Regions Bank Member FDIC. All loans subject to credit approval.

Regions Bank
Music Row
1600 Division ST., Suite 100
Nashville, TN 37203

TRAJECTOR MEDICAL LLC
OPERATING ACCOUNT
DEBTOR IN POSESSION
PO BOX 596
LEHI UT 84043-1162

ACCOUNT # [redacted]7278

053
Cycle 26
Enclosures 0
Page 2 of 5

DEPOSITS & CREDITS (CONTINUED)

09/16	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502987136418	103,894.05
09/16	Deposit - Thank You	100.00
09/17	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502988339318	19,061.80
09/17	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502988674318	158,727.88
09/18	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502989937227	48,826.29
09/18	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502990275427	98,359.15
09/21	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502991481727	64,073.91
09/21	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502991810727	87,068.77
09/21	Quick Deposit - Thank You	12,031.86
09/22	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502993048722	50,969.20
09/22	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502993513824	85,395.97
09/23	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502994933120	45,914.20
09/23	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502995250227	56,148.65
09/24	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502996412529	57,501.69
09/24	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502996730029	132,715.20
09/25	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502997907923	46,854.65
09/25	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502998219823	59,468.75
09/28	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502999390326	27,609.45
09/28	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502999701829	56,532.40
09/28	Quick Deposit - Thank You	10,473.61
09/29	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26503000914526	33,629.80
09/29	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26503001367625	71,935.78
09/30	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26503002779521	29,127.56
09/30	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26503003069823	64,772.52
09/30	Quick Deposit - Thank You	20,180.18
09/30	Wire Transfer Wayne Barnes	6,500.00
	Total Deposits & Credits	$4,761,769.88

WITHDRAWALS

09/01	Transfer to [redacted]7286	186,260.67
09/01	Vantiv Ecommerce Funds Disb Trajector Medi 26502971552919	2,412.54
09/01	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502971541516	4,313.77
09/02	Transfer to [redacted]7286	258,884.37
09/02	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502973131720	1,274.32
09/02	Vantiv Ecommerce Funds Disb Trajector Medi 26502973141828	2,388.12
09/03	Transfer to [redacted]7286	484,409.94
09/03	Vantiv Ecommerce Funds Disb Trajector Medi 26502974569720	4,910.16
09/03	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502974554425	7,615.00
09/04	Transfer to [redacted]7286	671,695.16
09/04	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502976286125	3,145.57
09/04	Vantiv Ecommerce Funds Disb Trajector Medi 26502976299227	5,472.27
09/08	Transfer to [redacted]7286	352,553.44
09/08	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502977858229	2,566.57
09/08	Vantiv Ecommerce Funds Disb Trajector Medi 26502977869820	3,813.92
09/09	Transfer to [redacted]7286	368,057.45
09/09	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502979927618	2,212.66
09/09	Vantiv Ecommerce Funds Disb Trajector Medi 26502979940819	2,963.57
09/10	Transfer to [redacted]7286	197,611.42
09/10	Vantiv Ecommerce Funds Disb Trajector Medi 26502981510519	1,871.17
09/10	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502981497311	4,396.50
09/11	Returned Deposit Item # of Itm(S) 0001	30.00
09/11	Transfer to [redacted]7286	402,156.88

REGIONS
Regions Bank
Music Row
1600 Division ST., Suite 100
Nashville, TN 37203

TRAJECTOR MEDICAL LLC
OPERATING ACCOUNT
DEBTOR IN POSESSION
PO BOX 596
LEHI UT 84043-1162

ACCOUNT # [redacted]7278

053
Cycle 26
Enclosures 0
Page 3 of 5

WITHDRAWALS (CONTINUED)

09/11	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502983022919	4,873.69
09/11	Vantiv Ecommerce Funds Disb Trajector Medi 26502983035911	5,389.79
09/14	Returned Deposit Item # of Itm(S) 0002	1,181.20
09/14	Transfer to [redacted]7286	101,679.16
09/14	Vantiv Ecommerce Funds Disb Trajector Medi 26502984588520	1,428.63
09/14	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502984576020	13,895.49
09/15	Transfer to [redacted]7286	156,667.47
09/15	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502986544018	44.60
09/15	Vantiv Ecommerce Funds Disb Trajector Medi 26502986555212	5,393.12
09/16	Transfer to [redacted]7286	155,233.49
09/16	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502988059411	1,088.50
09/17	Transfer to [redacted]7286	174,068.01
09/17	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502989660316	1,151.24
09/17	Vantiv Ecommerce Funds Disb Trajector Medi 26502989672311	2,570.43
09/18	Transfer to [redacted]7286	145,600.82
09/18	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502991209029	41.13
09/18	Vantiv Ecommerce Funds Disb Trajector Medi 26502991220620	1,543.49
09/21	Transfer to [redacted]7286	161,232.84
09/21	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502992726021	305.98
09/21	Vantiv Ecommerce Funds Disb Trajector Medi 26502992737127	1,635.72
09/22	Transfer to [redacted]7286	133,714.85
09/22	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502994672728	1,292.94
09/22	Vantiv Ecommerce Funds Disb Trajector Medi 26502994682925	1,357.38
09/23	Transfer to [redacted]7286	91,489.57
09/23	Vantiv Ecommerce Funds Disb Trajector Medi 26502996158924	871.91
09/23	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502996147828	9,701.37
09/24	Transfer to [redacted]7286	171,365.48
09/24	Vantiv Ecommerce Funds Disb Trajector Medi 26502997649327	2,817.90
09/24	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502997636720	16,033.51
09/25	Transfer to [redacted]7286	104,066.22
09/25	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26502999122422	1,108.94
09/25	Vantiv Ecommerce Funds Disb Trajector Medi 26502999135820	1,148.24
09/28	Transfer to [redacted]7286	92,673.75
09/28	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26503000596026	842.02
09/28	Vantiv Ecommerce Funds Disb Trajector Medi 26503000608128	1,099.69
09/29	Transfer to [redacted]7286	94,562.06
09/29	Vantiv Ecommerce Funds Disb Trajector Medi 26503002531625	4,625.43
09/29	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26503002520123	6,378.09
09/30	Transfer to [redacted]7286	118,722.19
09/30	Vantiv Ecommerce Funds Disb Vet Comp & Pen 26503003932921	153.93
09/30	Vantiv Ecommerce Funds Disb Trajector Medi 26503003943928	1,704.14
	Total Withdrawals	$4,761,769.88

DAILY BALANCE SUMMARY

Date	Balance	Date	Balance	Date	Balance
09/01	0.00	09/11	0.00	09/22	0.00
09/02	0.00	09/14	0.00	09/23	0.00
09/03	0.00	09/15	0.00	09/24	0.00
09/04	0.00	09/16	0.00	09/25	0.00
09/08	0.00	09/17	0.00	09/28	0.00
09/09	0.00	09/18	0.00	09/29	0.00
09/10	0.00	09/21	0.00	09/30	0.00

REGIONS

Regions Bank
Music Row
1600 Division ST., Suite 100
Nashville, TN 37203

TRAJECTOR MEDICAL LLC
OPERATING ACCOUNT
DEBTOR IN POSESSION
PO BOX 596
LEHI UT 84043-1162

ACCOUNT #	[redacted]7278
	053
Cycle	26
Enclosures	0
Page	4 of 5

REGIONS DEPOSIT AGREEMENT IS REVISED 9-1-26, EXCEPT AS OTHERWISE NOTED, FOR CHANGES RELATED TO ELECTRONIC BANKING, TRANSACTION POSTING, CHECK CASHING, INTEREST PAYMENT, STOPPING CHECK PAYMENT, TELEPHONE TRANSACTIONS, AUTO RENEWAL OF AND EARLY WITHDRAWAL PENALTIES FOR TIME DEPOSITS, AND AVAILABILITY OF FUNDS FROM REAL-TIME ELECTRONIC PAYMENTS. VISIT REGIONS.COM/AGREEMENTS FOR DETAILS.

Easy Steps to Balance Your Account

		Checking Account
1.	Write here the amount shown on statement for **ENDING BALANCE**	$
2.	Enter any deposits which have not been credited on this statement.	$ +
3.	Total lines 1 & 2	$ =
4.	Enter total from 4a (column on right side of page)	$ -
5.	Subtract line 4 from line 3. This should be your checkbook balance.	$ =

4a List any checks, payments, transfers or other withdrawals from your account that are not on this statement.

Check No.	Amount	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
Total Enter in Line 4 at Left		

The law requires you to use "reasonable care and promptness" in examining your bank statement and any checks sent with it and to report to the Bank an unauthorized signature (i.e., a forgery), any alteration of a check, or any unauthorized endorsement. You must report any forged signatures, alterations or forged endorsements to the Bank within the time periods specified under the Deposit Agreement. If you do not do this, the Bank will not be liable to you for the losses or claims arising from the forged signatures, forged endorsements or alterations. Please see the Deposit Agreement for further explanation of your responsibilities with regard to your statement and checks. A copy of our current Deposit Agreement may be requested at any of our branch locations.

Summary of Our Error Resolution Procedures
In Case of Errors or Questions About Your Electronic Transfers
Telephone us toll-free at 1-800-734-4667
or write us at
Regions Electronic Funds Transfer Services
Post Office Box 413
Birmingham, Alabama 35201

Please contact Regions as soon as you can, if you think your statement is wrong or if you need more information about a transfer listed on your statement. We must hear from you no later than sixty (60) days after we sent the FIRST statement on which the problem or error appeared.

(1) Tell us your name and account number.
(2) Describe the error or the transfer you are unsure about and explain as clearly as you can why you believe it is an error or why you need more information.
(3) Tell us the dollar amount of the suspected error.

If you tell us verbally, we may require that you send us your complaint or question in writing within ten (10) business days.

We will determine whether an error occurred within ten (10) business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to forty-five (45) days to investigate your complaint or question (ninety (90) days for POS transactions or for transfers initiated outside of the United States). If we decide to do this, we will credit your account within ten (10) business days for the amount you think is in error. If, after the investigation, we determine that no bank error occurred, we will debit your account to the extent previously credited. If we ask you to put your complaint in writing and we do not receive it within ten (10) business days, we may not credit your account.

New Accounts- If an alleged error occurred within thirty (30) days after your first deposit to your account was made, we may have up to ninety (90) days to investigate your complaint, provided we credit your account within twenty (20) business days for the amount you think is in error.

If we decide there was no error, we will send you a written explanation within three (3) business days after we finish our investigation. You may ask for copies of the documents that we used in our investigation.

FOR QUESTIONS CONCERNING THIS STATEMENT OR FOR VERIFICATION OF A PREAUTHORIZED DEPOSIT, PLEASE CALL 1-800-REGIONS (734-4667) OR VISIT YOUR NEAREST REGIONS LOCATION.

ADJ - Adjustment	RI - Return Item	CR - Credit	SC - Service Charge	OD - Overdrawn
EB - Electronic Banking	NSF - Nonsufficient Funds	APY - Annual Percentage Yield	FWT - Federal Withholding Tax	*Break in Number Sequence

You can make a deposit at the branch during business hours or at a Regions Deposit-Smart ATM, and you can also make a transfer or deposit through Regions Online Banking or Mobile Banking. To make a deposit to an overdrawn account 24 hours a day, please visit https://selfservice.regions.com.

Regions Bank
Music Row
1600 Division ST., Suite 100
Nashville, TN 37203

TRAJECTOR MEDICAL LLC
TRAJECTOR MEDICAL (VCP) DISBURSEMENT ZBA
DEBTOR IN POSESSION
PO BOX 596
LEHI UT 84043-1162

ACCOUNT # [redacted]7766

	053
Cycle	26
Enclosures	0
Page	1 of 4

COMMERCIAL ANALYZED CHECKING

September 1, 2026 through September 30, 2026

SUMMARY

Beginning Balance	**$0.00**		Minimum Balance	$0
Deposits & Credits	$3,232,562.38	+		
Withdrawals	$3,167,589.99	–		
Fees	$0.00	–		
Automatic Transfers	$0.00	+		
Checks	$64,972.39	–		
Ending Balance	**$0.00**			

DEPOSITS & CREDITS

09/01	Transfer Fr[redacted]7286	155,283.55
09/02	Quick Deposit - Thank You	20.00
09/02	Transfer Fr[redacted]7286	49,980.00
09/03	Transfer Fr[redacted]7286	324,000.00
09/08	Transfer Fr[redacted]7286	292.85
09/09	Transfer Fr[redacted]7286	398,694.04
09/10	Transfer Fr[redacted]7286	452,090.35
09/11	Transfer Fr[redacted]7286	31,887.26
09/15	Transfer Fr[redacted]7286	83,570.29
09/16	Transfer Fr[redacted]7286	50,000.00
09/17	Transfer Fr[redacted]7286	333,776.32
09/18	Transfer Fr[redacted]7286	173.50
09/21	Quick Deposit - Thank You	15.60
09/21	Transfer Fr[redacted]7286	8,673.40
09/22	Transfer Fr[redacted]7286	917,214.69
09/23	Transfer Fr[redacted]7286	70,052.00
09/24	Transfer Fr[redacted]7286	314,000.00
09/25	Transfer Fr[redacted]7286	3,431.03
09/28	Transfer Fr[redacted]7286	4,040.00
09/29	Transfer Fr[redacted]7286	35,367.50
	Total Deposits & Credits	$3,232,562.38

WITHDRAWALS

09/01	Trajector Medica ACH Entry Trajector	-Sett-Trajector	119,551.55

**For all your banking needs, please call 1-800-REGIONS (734-4667)
or visit us on the Internet at www.regions.com. (TTY/TDD 1-800-374-5791)**

EQUAL HOUSING LENDER

Thank You For Banking With Regions!

2026 Regions Bank Member FDIC. All loans subject to credit approval.

REGIONS

Regions Bank
Music Row
1600 Division ST., Suite 100
Nashville, TN 37203

TRAJECTOR MEDICAL LLC
TRAJECTOR MEDICAL (VCP) DISBURSEMENT ZBA
DEBTOR IN POSESSION
PO BOX 596
LEHI UT 84043-1162

ACCOUNT # [redacted]7766

053
Cycle 26
Enclosures 0
Page 2 of 4

WITHDRAWALS (CONTINUED)

09/01	Wire Transfer Canadian Imper		35,732.00
09/02	Trajector Medica ACH Entry Trajector	-Sett-Trajector	50,000.00
09/03	Wire Transfer Berger Singerm		324,000.00
09/09	Trajector Medica ACH Entry Trajector	-Sett-Trajector	208.02
09/09	Trajector Medica ACH Entry Trajector	-Sett-Trajector	12,578.69
09/09	Trajector Medica ACH Entry Trajector	-Sett-Trajector	50,000.00
09/09	Trajector Medica ACH Entry Trajector	-Sett-Trajector	81,837.24
09/09	Trajector Medica ACH Entry Trajector	-Sett-Trajector	90,000.00
09/09	Trajector Medica ACH Entry Trajector	-Sett-Trajector	121,225.48
09/09	Wire Transfer Purdonmoi Inc.		12,650.00
09/09	Wire Transfer Adam Rudnicki		11,069.28
09/09	Wire Transfer 4sq Group Inc		17,125.33
09/09	Wire Transfer Jason Aldemita		2,000.00
09/10	Wire Transfer Berger Singerm		314,000.00
09/10	Wire Transfer Globaltek Bpo		87,346.09
09/10	Wire Transfer Globaltek Bpo		50,744.26
09/11	Wire Transfer Globaltek Bpo		31,887.26
09/15	Trajector Medica ACH Entry Trajector	-Sett-Trajector	2,496.00
09/15	Trajector Medica ACH Entry Trajector	-Sett-Trajector	8,694.17
09/15	Trajector Medica ACH Entry Trajector	-Sett-Trajector	72,380.12
09/16	Trajector Medica ACH Entry Trajector	-Sett-Trajector	50,000.00
09/17	Wire Transfer Berger Singerm		314,000.00
09/18	Gru Utilities Trajector Medi		123.50
09/22	Trajector Medica ACH Entry Trajector	-Sett-Trajector	11,139.32
09/22	Trajector Medica ACH Entry Trajector	-Sett-Trajector	200,363.04
09/22	Trajector Medica ACH Entry Trajector	-Sett-Trajector	225,706.08
09/22	Trajector Medica ACH Entry Trajector	-Sett-Trajector	274,084.00
09/22	Wire Transfer Purdonmoi Inc.		11,687.50
09/22	Wire Transfer Globaltek Bpo		31,020.08
09/22	Wire Transfer Globaltek Bpo		96,423.50
09/22	Wire Transfer Globaltek Bpo		54,791.17
09/23	Trajector Medica ACH Entry Trajector	-Sett-Trajector	50,000.00
09/24	Wire Transfer Berger Singerm		314,000.00
09/25	Trajector Medica ACH Entry Trajector	-Sett-Trajector	3,358.81
09/29	Trajector Medica ACH Entry Trajector	-Sett-Trajector	11,166.00
09/29	Trajector Medica ACH Entry Trajector	-Sett-Trajector	24,201.50

Total Withdrawals $3,167,589.99

CHECKS

Date	Check No.	Amount	Date	Check No.	Amount
09/08	451480	292.85	09/17	451487	13,000.00
09/17	451481	3,776.32	09/21	451488	5,500.00
09/25	451482	72.22	09/28	451490 *	4,040.00
09/23	451483	20,000.00	09/21	451491	2,939.00
09/22	451484	12,000.00	09/17	451492	3,000.00
09/23	451485	52.00	09/21	451493	250.00
09/18	451486	50.00			

Total Checks $64,972.39

* Break In Check Number Sequence.

REGIONS

Regions Bank
Music Row
1600 Division ST., Suite 100
Nashville, TN 37203

TRAJECTOR MEDICAL LLC
TRAJECTOR MEDICAL (VCP) DISBURSEMENT ZBA
DEBTOR IN POSESSION
PO BOX 596
LEHI UT 84043-1162

ACCOUNT # [redacted]7766

053
Cycle 26
Enclosures 0
Page 3 of 4

DAILY BALANCE SUMMARY

Date	Balance	Date	Balance	Date	Balance
09/01	0.00	09/11	0.00	09/22	0.00
09/02	0.00	09/15	0.00	09/23	0.00
09/03	0.00	09/16	0.00	09/24	0.00
09/08	0.00	09/17	0.00	09/25	0.00
09/09	0.00	09/18	0.00	09/28	0.00
09/10	0.00	09/21	0.00	09/29	0.00

REGIONS DEPOSIT AGREEMENT IS REVISED 9-1-26, EXCEPT AS OTHERWISE NOTED, FOR CHANGES RELATED TO ELECTRONIC BANKING, TRANSACTION POSTING, CHECK CASHING, INTEREST PAYMENT, STOPPING CHECK PAYMENT, TELEPHONE TRANSACTIONS, AUTO RENEWAL OF AND EARLY WITHDRAWAL PENALTIES FOR TIME DEPOSITS, AND AVAILABILITY OF FUNDS FROM REAL-TIME ELECTRONIC PAYMENTS. VISIT REGIONS.COM/AGREEMENTS FOR DETAILS.

Easy Steps to Balance Your Account

		Checking Account
1.	Write here the amount shown on statement for **ENDING BALANCE**	$
2.	Enter any deposits which have not been credited on this statement.	$ +
3.	Total lines 1 & 2	$ =
4.	Enter total from 4a (column on right side of page)	$ -
5.	Subtract line 4 from line 3. This should be your checkbook balance.	$ =

4a List any checks, payments, transfers or other withdrawals from your account that are not on this statement.

Check No.	Amount	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
Total Enter in Line 4 at Left		

The law requires you to use "reasonable care and promptness" in examining your bank statement and any checks sent with it and to report to the Bank an unauthorized signature (i.e., a forgery), any alteration of a check, or any unauthorized endorsement. You must report any forged signatures, alterations or forged endorsements to the Bank within the time periods specified under the Deposit Agreement. If you do not do this, the Bank will not be liable to you for the losses or claims arising from the forged signatures, forged endorsements or alterations. Please see the Deposit Agreement for further explanation of your responsibilities with regard to your statement and checks. A copy of our current Deposit Agreement may be requested at any of our branch locations.

Summary of Our Error Resolution Procedures
In Case of Errors or Questions About Your Electronic Transfers
Telephone us toll-free at 1-800-734-4667
or write us at
Regions Electronic Funds Transfer Services
Post Office Box 413
Birmingham, Alabama 35201

Please contact Regions as soon as you can, if you think your statement is wrong or if you need more information about a transfer listed on your statement. We must hear from you no later than sixty (60) days after we sent the FIRST statement on which the problem or error appeared.

(1) Tell us your name and account number.
(2) Describe the error or the transfer you are unsure about and explain as clearly as you can why you believe it is an error or why you need more information.
(3) Tell us the dollar amount of the suspected error.

If you tell us verbally, we may require that you send us your complaint or question in writing within ten (10) business days.

We will determine whether an error occurred within ten (10) business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to forty-five (45) days to investigate your complaint or question (ninety (90) days for POS transactions or for transfers initiated outside of the United States). If we decide to do this, we will credit your account within ten (10) business days for the amount you think is in error. If, after the investigation, we determine that no bank error occurred, we will debit your account to the extent previously credited. If we ask you to put your complaint in writing and we do not receive it within ten (10) business days, we may not credit your account.

New Accounts- If an alleged error occurred within thirty (30) days after your first deposit to your account was made, we may have up to ninety (90) days to investigate your complaint, provided we credit your account within twenty (20) business days for the amount you think is in error.

If we decide there was no error, we will send you a written explanation within three (3) business days after we finish our investigation. You may ask for copies of the documents that we used in our investigation.

FOR QUESTIONS CONCERNING THIS STATEMENT OR FOR VERIFICATION OF A PREAUTHORIZED DEPOSIT, PLEASE CALL 1-800-REGIONS (734-4667) OR VISIT YOUR NEAREST REGIONS LOCATION.

ADJ - Adjustment	RI - Return Item	CR - Credit	SC - Service Charge	OD - Overdrawn
EB - Electronic Banking	NSF - Nonsufficient Funds	APY - Annual Percentage Yield	FWT - Federal Withholding Tax	*Break in Number Sequence

You can make a deposit at the branch during business hours or at a Regions Deposit-Smart ATM, and you can also make a transfer or deposit through Regions Online Banking or Mobile Banking. To make a deposit to an overdrawn account 24 hours a day, please visit https://selfservice.regions.com.