

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION**

In re:

ATHENEX, INC., et al.,

Debtors.¹

Chapter 11

Case No. 23-90295 (DRJ)

(Jointly Administered)

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

Athenex, Inc., and its debtor affiliates in the above-captioned chapter 11 cases (the “**Chapter 11 Cases**”) filed on May 14, 2023, as debtors and debtors in possession (collectively, the “**Debtors**”), are filing their respective Schedules of Assets and Liabilities (each, a “**Schedule**,” and collectively, the “**Schedules**”) and Statements of Financial Affairs (each, a “**Statement**” and collectively, the “**Statements**”) in the United States Bankruptcy Court for the Southern District of Texas (the “**Bankruptcy Court**”) pursuant to section 521 of title 11 of the United States Code (the “**Bankruptcy Code**”) and Rule 1007 of the Federal Rules of Bankruptcy Procedure (the “**Bankruptcy Rules**”).

These *Global Notes and Statements of Limitations, Methodology, and Disclaimer Regarding Debtors’ Schedules of Assets and Liabilities and Statements of Financial Affairs* (the “**Global Notes**”) pertain to, and are incorporated by reference in, and comprise an integral part of all of the Schedules and Statements. The Global Notes are in addition to the specific notes set forth below with respect to the Schedules and Statements (the “**Specific Notes**,” and, together with the Global Notes, the “**Notes**”). These Notes should be referred to, and referenced in connection with, any review of the Schedules and Statements.

The Schedules and Statements have been signed by Joe Annoni, Chief Financial Officer of the Debtors. Mr. Annoni is an authorized signatory for each of the Debtors. In reviewing and signing the Schedules and Statements, Mr. Annoni necessarily relied upon the efforts, statements, and representations of the Debtors’ other personnel and advisors. Mr. Annoni has not (and could not have) personally verified the accuracy of each such statement and representation, including, but not limited to, statements and representations concerning amounts owed to creditors, classification of such amounts, and respective creditor addresses.

¹ A complete list of each of the Debtors in these Chapter 11 Cases may be obtained on the website of the Debtors’ proposed claims and noticing agent at <https://dm.epiq11.com/athenex>. The location of Athenex, Inc.’s principal place of business and the Debtors’ service address in these Chapter 11 Cases is 1001 Main Street, Suite 600, Buffalo, NY 14203.

The Schedules and Statements are unaudited and subject to potential adjustment. In preparing the 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 made reasonable efforts to ensure that the Schedules and Statements are as accurate and complete as possible under the circumstances; however, subsequent information or discovery may result in material changes to the Schedules and Statements and errors or omissions may exist.

The Debtors and their agents, attorneys, and advisors do not guarantee or warrant the accuracy, or completeness of the data that is provided herein and 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 or the Schedules and Statements. In no event shall the Debtors or their agents, attorneys, and advisors be liable to any third party for any direct, indirect, incidental, consequential, or special damages (including, but not limited to, damages arising from the disallowance of a potential claim against the Debtors or damages to business reputation, lost business, or lost profits), whether foreseeable or not and however caused, even if the Debtors or their agents, attorneys, and advisors are advised of the possibility of such damages. The Debtors and their agents, attorneys, and advisors expressly do not undertake any obligation to update, modify, revise, or re—categorize the information provided herein, 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 Bankruptcy Court.

The Debtors reserve all rights to amend or supplement the Schedules and Statements from time to time, in all respects, as may be necessary or appropriate, including the right to dispute or otherwise assert offsets or defenses to any claim reflected on the Schedules and Statements as to amount, liability, classification, identity of Debtor, or to otherwise subsequently designate any claim as “disputed,” “contingent,” or “unliquidated.” Furthermore, nothing contained in the Schedules, Statements, or Notes shall constitute a waiver of any of the Debtors’ rights or an admission with respect to their Chapter 11 Cases, including any issues involving objections to claims, substantive consolidation, equitable subordination, defenses, characterization or recharacterization of contracts and leases, assumption or rejection of contracts and leases under the provisions of chapter 3 of the Bankruptcy Code, causes of action arising under the provisions of chapter 5 of the Bankruptcy Code, or any other relevant applicable laws to recover assets or avoid transfers.

A. Global Notes and Overview of Methodology

The Schedules, Statements, and Notes should not be relied upon by any persons for information relating to current or future financial conditions, events, or performance of any of the Debtors or their affiliates.

1. **Description of the Chapter 11 Cases.** On May 14, 2023 (the “**Petition Date**”), each of the Debtors commenced a voluntary case under chapter 11 of the Bankruptcy Code. On May 15, 2023, the Bankruptcy Court entered an order authorizing the joint administration of the chapter 11 cases pursuant to Bankruptcy Rule 1015(b) [Docket No. 24]. Notwithstanding the joint administration of the Debtors’ cases for procedural purposes, each Debtor has filed its own Schedules and Statements.

2. **Basis of Presentation.** Prior to the Petition Date, in the ordinary course of business, the Debtors prepared consolidated financial statements for financial reporting purposes on a monthly basis. The Schedules and Statements are unaudited and are the result of the Debtors' reasonable efforts to report certain financial information of each Debtor on an unconsolidated basis. The Schedules and Statements neither purport to represent financial statements prepared in accordance with Generally Accepted Accounting Principles in the United States ("GAAP") nor are they intended to be fully reconciled with the financial statements of each Debtor. The Debtors used reasonable efforts to attribute the assets and liabilities, certain required financial information, and various cash disbursements to each particular Debtor entity. Because the Debtors' accounting systems, policies, and practices were developed for consolidated reporting purposes rather than for reporting by legal entity, however, it is possible that not all assets and liabilities have been recorded with the correct legal entity on the Schedules and Statements.

3. **Reporting Date.** Unless otherwise noted in specific responses, the Schedules and Statements reflect the Debtors' books and records as of the close of business on May 14, 2023, or the latest available record date.

4. **Current Values.** The assets and liabilities of each Debtor are listed on the basis of the net book value of the asset or liability in the respective Debtor's accounting books and records. Unless otherwise noted, the carrying value on each of the Debtor's books, rather than the current market value, is reflected in the Schedules and Statements.

5. **Confidentiality.** There may be instances when personal information was not included or was redacted due to the nature of an agreement between a Debtor and a third party or concerns to protect the privacy of an individual. Pursuant to the *Order (I) Authorizing the Debtors to Redact Certain Personally Identifiable Information, (II) Approving the Form and Manner of Notifying Creditors of the Commencement of the Chapter 11 Cases and Other Information, and (III) Granting Related Relief* [Docket No. 68], the Debtors are authorized to redact certain personally identifiable information from their Schedules and Statements.

6. **Consolidated Entity Accounts Payable and Disbursement Systems.** As described in the *Emergency Motion for Entry of Interim and Final Orders (I) Authorizing Maintenance of Existing Bank Accounts; (II) Authorizing Continuance of Existing Cash Management System; (III) Granting Waiver of Section 345(b) Deposit Requirements; (IV) Authorizing Continued Performance of Intercompany Transactions and Funding; and (V) Granting Related Relief* [Docket No. 10] (the "**Cash Management Motion**"), the Debtors utilize a centralized cash management system in the ordinary course of business to collect, concentrate, and disburse funds generated by their operations. In the ordinary course of business, the Debtors maintained business relationships among each other, which result in intercompany receivables and payables (the "**Intercompany Claims**") arising from intercompany transactions (the "**Intercompany Transactions**"). Additional information regarding the Intercompany Claims and Intercompany Transactions is described in the Cash Management Motion. Historically the Debtors have engaged in intercompany transactions with their Debtor and non-Debtor affiliates in the ordinary course and therefore, have been excluded from these filings. Material additional work is necessary to fully analyze all of the intercompany transactions. The Debtors, and each of the Debtor's non-debtor affiliated entities, each reserve all of their respective rights with respect to any intercompany accounts payable and receivable.

7. **Accuracy.** The financial information disclosed herein was not prepared in accordance with federal or state securities laws or other applicable non-bankruptcy law or in lieu of complying with any periodic reporting requirements thereunder. Persons and entities trading in or otherwise purchasing, selling, or transferring the claims against or equity interests in the Debtors should evaluate this financial information in light of the purposes for which it was prepared.

8. **Undetermined Amounts.** Claim amounts that could not readily be quantified by the Debtors are scheduled as “undetermined,” “unknown,” or “N/A.” The description of an amount as “undetermined,” “unknown,” or “N/A” is not intended to reflect upon the materiality of the amount.

9. **Liabilities.** The Debtors have sought to allocate liabilities between the prepetition and post-petition periods based on the information and research conducted in connection with the preparation of the Schedules and Statements. As additional information becomes available and further research is conducted, the allocation of liabilities between the prepetition and post-petition periods may change. Accordingly, the Debtors reserve all of their rights to amend, supplement, or otherwise modify the Schedules and Statements as is necessary or appropriate.

10. **Intellectual Property Rights.** Exclusion of certain intellectual property shall not be construed to be an admission that such intellectual property rights have been abandoned, have been terminated, or otherwise have expired by their terms, or have been assigned or otherwise transferred pursuant to a sale, acquisition, or other transaction. Conversely, inclusion of certain intellectual property shall not be construed to be an admission that such intellectual property rights have not been abandoned, have not been terminated, or otherwise have not expired by their terms, or have not been assigned or otherwise transferred pursuant to a sale, acquisition, or other transaction. The Debtors have made every effort to attribute intellectual property to the rightful Debtor owner, however, in some instances, intellectual property owned by one Debtor may, in fact, be owned by another. Accordingly, the Debtors reserve all of their rights with respect to the legal status of any and all intellectual property rights.

11. **Insiders.** For purposes of the Schedules and Statements, the Debtors define “insiders” pursuant to section 101(31) of the Bankruptcy Code as: (a) officers that are either (i) Section 16-related officers or (ii) select leaders with effective authority of each debtor entity; (b) directors; (c) persons in control of the Debtors; (d) relatives of the Debtors’ directors, officers (as defined herein), or persons in control of the Debtors; and (e) debtor/non-Debtor affiliates of the foregoing. Moreover, the Debtors do not take any position with respect to: (a) any insider’s influence over the control of the Debtors; (b) the management responsibilities or functions of any such insider; (c) the decision making or corporate authority of any such insider; or (d) whether the Debtors or any such insider could successfully argue that he or she is not an “insider” under applicable law or with respect to any theories of liability or for any other purpose. The listing of a party as an “insider” is not intended to be nor should it be construed as a legal characterization of such party as an insider and does not act as an admission of any fact, Claim, right, or defense, and all such rights, Claims, and defenses are hereby expressly reserved.

12. **Totals.** All totals that are included in the Schedules and Statements represent totals of all the known amounts included in the Schedules and Statements and exclude items identified

as “unknown” or “undetermined” or “N/A.” If there are unknown or undetermined amounts, the actual totals may be materially different from the listed totals.

13. **Currency.** All amounts shown in the Schedules and Statements are in U.S. Dollars, unless otherwise indicated.

14. **Payment of Prepetition Claims Pursuant to First Day Orders.** The Debtors have requested authority to pay certain outstanding prepetition claims pursuant to orders entered by this court after the initial hearing in these cases (collectively, the “**First Day Orders**”). The Schedules and Statements reflect the Debtors’ outstanding liabilities in their amounts owed as of the Petition Date which have been adjusted where the Debtors could identify amounts that have been paid. *If liabilities on account of prepetition wages and benefits have been satisfied in full, they are not listed on the Schedules and Statements unless otherwise noted.*

15. **Other Paid Claims.** If the Debtors have reached any post-petition settlement with a vendor or other creditor, the terms of such settlement will prevail, supersede amounts listed in the Schedules and Statements, and shall be enforceable by all parties.

16. **Setoffs.** The Debtors routinely incurred certain setoffs from customers and suppliers in the ordinary course of business. Setoffs in the ordinary course can result from various items including pricing discrepancies, customer programs, returns, and other disputes between the Debtors and their customers or suppliers. In the ordinary course of business, the Debtors would setoff invoices with credit memos. These routine setoffs were consistent with the ordinary course of business in the Debtors’ industry. Therefore, although such setoffs and other similar rights may have been accounted for when scheduling certain amounts, these ordinary course setoffs are not always independently accounted for, and may be excluded from the Schedules and Statements.

17. **Debtors’ Reservation of Rights.** Nothing contained in the Schedules, Statements, or Notes shall constitute a waiver of rights with respect to these Chapter 11 Cases, including the following:

- a. Any failure to designate a claim listed on the Schedules and Statements as “disputed,” “contingent,” or “unliquidated” does not constitute an admission by the Debtors that such amount is not “disputed,” “contingent,” or “unliquidated.” The Debtors reserve the right to dispute and to assert setoff rights, counterclaims, and defenses to any claim reflected on the Schedules as to amount, liability, and classification, and to otherwise subsequently designate any claim as “disputed,” “contingent,” or “unliquidated.”
- b. Notwithstanding that the Debtors have made reasonable efforts to correctly characterize, classify, categorize, or designate certain claims, assets, executory contracts, unexpired leases, and other items reported in the Schedules and Statements, the Debtors nonetheless may have improperly characterized, classified, categorized, or designated certain items. The Debtors thus reserve all rights to recharacterize, reclassify, recategorize, or redesignate items reported in the Schedules and Statements at a later time as is necessary and appropriate.

- c. The listing of a claim or agreement (i) on Schedule D as “secured,” (ii) on Schedule E/F (Part 1) as “priority,” (iii) on Schedule E/F (Part 2) as “unsecured,” or (iv) on Schedule G as “executory” or “unexpired” does not constitute an admission by the Debtors of the legal rights of the claimant, the executory nature of the agreement under section 365 of the Bankruptcy Code, or a waiver of the Debtors’ rights to recharacterize or reclassify such claim or agreement pursuant to an amendment to a Schedule, a claim objection, or otherwise. Moreover, although the Debtors may have scheduled claims of various creditors as secured claims for informational purposes, no current valuation of the Debtors’ assets in which such creditors may have a security interest has been undertaken. Except as provided in an order of the Bankruptcy Court, the Debtors reserve all rights to dispute and challenge the secured nature or amount of any such creditor’s claims or the characterization of the structure of any transaction, or any document or instrument related to such creditor’s claim.
- d. In the ordinary course of their businesses, the Debtors leased equipment and other assets from certain third-party lessors for use in their daily operations. The Debtors have made commercially reasonable efforts to list any such leases in Schedule G, and any current amounts due under such leases that were outstanding as of the Petition Date are listed on Schedule D or Schedule E/F. Except as otherwise noted herein, the property subject to any such lease is not reflected in Schedule A/B as either owned property or an asset of the Debtors, and neither is such property or assets of third parties within the control of the Debtors except where noted. Nothing in the Schedules is or shall be construed as an admission or determination as to the legal status of any lease (including whether any lease is a true lease or a financing arrangement), and the Debtors reserve all rights with respect to any of such issues, including the recharacterization thereof.
- e. The claims of individual creditors for, among other things, goods, products, services, or taxes are listed as the amounts entered on the Debtors’ books and records and may not reflect credits, allowances, or other adjustments due from such creditors to the Debtors. The Debtors reserve all of their rights with regard to such credits, allowances, and other adjustments, including the right to assert claims objections or setoffs with respect to the same.
- f. The Debtors’ businesses were part of a complex enterprise. Although the Debtors have exercised their reasonable efforts to ensure the accuracy of their Schedules and Statements, they nevertheless may contain errors and omissions. The Debtors hereby reserve all of their rights to dispute the validity, status, and enforceability of any contracts, agreements, and leases identified in the Schedules and Statements, and to amend and supplement the Schedules and Statements as necessary.
- g. The Debtors further reserve all of their rights, claims, and causes of action with respect to the contracts and agreements listed on the Schedules and Statements,

including the right to dispute and challenge the characterization or the structure of any transaction, document, and instrument related to a creditor's claim.

- h. The Debtors exercised their reasonable efforts to locate and identify guarantees and other secondary liability claims (the "**Guarantees**") in their executory contracts, unexpired leases, secured financings, debt instruments, and other agreements. If such Guarantees have been identified, they are included in the relevant Schedules and Statements. Guarantees embedded in the Debtors' executory contracts, unexpired leases, secured financings, debt instruments, and other agreements may have been omitted inadvertently. Thus, the Debtors reserve their rights to amend and supplement the Schedules and Statements if additional Guarantees are identified. In addition, the Debtors reserve the right to amend the Schedules and Statements to re-characterize and reclassify any such contract or claim.

18. **Global Notes Control.** If the Schedules or Statements differ from any of the foregoing Global Notes, the Global Notes shall control.

B. Specific Notes for Schedules

1. Schedule A/B.

- a. The values provided for in Schedule A/B, Item 3 for each account for a given Debtor reflects the ending cash balance of such account as of May 12, 2023. Limited cash activity occurred over the weekend therefore this is a proxy for Petition Date amounts.
- b. **A/B.4.** The values provided in Schedule A/B, item 4, reflect money market balances on May 12, 2023. Limited activity occurred over the weekend therefore this is a proxy for Petition Date amounts.
- c. **A/B.7.** Deposits listed are potentially subject to offset by counterparty.
- d. **A/B.8.** Prepayments of approximately \$860,000 pertaining to PO#: 04107835 "Chonging – Tribanibulin" have been excluded from the schedule as this prepaid has already been utilized prepetition, although the prepayment remains on the Debtors' books as of the Petition Date
- e. **A/B.11.** Accounts receivable information listed on Schedule A/B, Part 3, Question 11 represents gross receivables as of May 15, 2023. These amounts do not include any amounts that may be owed to customers in the form of chargebacks, returns or other adjustments pursuant to the Debtor's customer program policies and day-to-day operating policies. In addition, amounts listed as potentially uncollectible include invoices that have been past due for greater than 120 days past their original due date. Receivables and payables among the Debtors and among the Debtors and their non-Debtor affiliates are reported on Schedule A/B and Schedule E/F, respectively, per the Debtors' books and records.

- f. **A/B.19-26.** Inventory pricing for the APS business is listed at standard cost. Inventory pricing for the APD business is listed at transfer price.
- g. **A/B.70-77.** Despite exercising commercially reasonable efforts to identify all known assets, the Debtors may not have listed all of their causes of action or potential causes of action against third parties as assets in their Schedules.

2. **Schedule D.** Certain of the claims listed on Schedule D, as well as the Guarantees of those claims listed on Schedule H, arose and were incurred on various dates; a determination of the date upon which each claim arose or was incurred would be unduly burdensome and cost prohibitive. Accordingly, not all of these dates are included for each such claim. To the best of the Debtors' knowledge, all claims listed on Schedule D arose or were incurred before the Petition Date. The amounts in Schedule D are consistent with the Debtors' stipulations set forth in the *Emergency Motion for Entry of Interim and Final Orders (I) Authorizing the Debtors to Use Cash Collateral, (II) Granting Adequate Protection to Prepetition Term Loan Secured Parties, (III) Modifying the Automatic Stay, (IV) Scheduling a Final Hearing, and (V) Granting Related Relief* [Docket No. 8] (the "**Cash Collateral Motion**"), which are subject to investigation and challenge by the Official Committee of Unsecured Creditors or other parties in interest.

Except as otherwise agreed to or stated pursuant to a stipulation or order entered by the Bankruptcy Court that is or becomes final, including any final order approving the Cash Collateral Motion, the Debtors and their estates, subject to the foregoing limitations, note as follows: (a) although the Debtors may have scheduled claims of various creditors as secured claims for informational purposes, no current valuation of the Debtors' assets in which such creditors may have a lien has been undertaken; (b) the descriptions provided on Schedule D only are intended to be a summary; and (c) the Debtors have not included on Schedule D claims that were secured by property for which the collateral was not in the Debtors' possession as of the Petition Date.

Reference to the applicable loan agreements and related documents is necessary for a complete description of the collateral and the nature, extent, and priority of any liens.

In addition to funded debt obligations, the Debtors have also listed on Schedule D potential claims relating to leased equipment still in the Debtors' possession on the Petition Date. These claims are listed as 'undetermined' amounts, and are contingent and unliquidated, noting their potential security interest relates to their interest in the leased equipment.

Except as specifically stated herein, real property lessors, equipment lessors, utility companies, and other parties that may hold security deposits or other security interests have not been listed on Schedule D.

The Debtors have not listed on Schedule D any parties whose claims may be secured through rights of setoff, deposits, or advance payments posted by, or on behalf of, the Debtors, or judgment or statutory lien rights.

3. **Schedule E/F**

a. **Part 1.**

Certain of the claims listed on Schedule E/F (Part 1) arose and were incurred on multiple dates; a determination of the date upon which each claim arose or was incurred would be unduly burdensome and cost prohibitive. Accordingly, not all of these multiple dates are included for each such claim.

The liabilities listed on Schedule E/F (Part 1) do not reflect any analysis of such claims under sections 503 or 507 of the Bankruptcy Code. The Debtors reserve the right to dispute or challenge whether creditors listed on Schedule E/F are entitled to priority status pursuant to sections 503 or 507 of the Bankruptcy Code.

Claims owing to various taxing authorities to which the Debtors potentially may be liable are included on the Debtors' Schedule E/F. Given that estimates for 2022 tax liabilities have not yet been completed, dollar amounts have been listed as "Unknown." Certain claims, may also be subject to ongoing audits further creating difficulties in determining with certainty the amount of the remaining claims. Therefore, the Debtors have listed all such claims as contingent, unliquidated, and disputed, pending final resolution of ongoing audits or other outstanding issues.

Schedule E/F does not include certain deferred charges, deferred liabilities, accruals, or general reserves. Such amounts are, however, reflected on the Debtor's books and records as required in accordance with GAAP. Such accruals are general estimates of liabilities and do not represent specific claims as of the Petition Date. The Bankruptcy Court granted the Debtor authority to pay or honor certain prepetition obligations for employee wages, salaries, and other compensation, reimbursable employee expenses, and employee benefits including accrued PTO up to predefined amounts. Unsecured claims related to accrued PTO exceeding the limit set forth in the Wage and Benefits Order (defined below) have been listed on Schedule E with amounts "Undetermined." *See Order Authorizing the Debtors to (I) Pay and/or Honor Prepetition Wages, Salaries, Incentive Payments, Employee Benefits, and Other Compensation; (II) Remit Withholding Obligations and Deductions; (III) Maintain Employee Compensation and Benefits Programs and Pay Related Administrative Obligations; and (IV) Have Applicable Banks And Other Financial Institutions Receive, Process, Honor, and Pay Certain Checks Presented for Payment and Honor Certain Fund Transfer Requests* [Docket No. 9] (the "**Wage and Benefits Order**").

b. **Part 2.**

The Debtors have exercised their commercially reasonable efforts to list all liabilities on Schedule E/F of each applicable Debtor. As a result of the Debtors' consolidated operations, however, the reader should review Schedule E/F for all Debtors in these cases for a complete understanding of the unsecured debts of the Debtors. Certain creditors listed on Schedule E/F may owe amounts to the Debtors, and, as such, the Debtors may have valid setoff and recoupment rights with respect to such amounts. The amounts listed on Schedule E/F may not reflect any such right of setoff or recoupment, and the Debtors reserve all rights to assert the same and to dispute and challenge any setoff or recoupment rights that may be asserted against the

Debtors by a creditor. Additionally, certain creditors may assert mechanics, materialman's, or other similar liens against the Debtors for amounts listed on Schedule E/F. The Debtors reserve their rights to dispute and challenge the validity, perfection, and immunity from avoidance of any lien purported to be perfected by a creditor listed on Schedule E/F of any Debtor. In addition, certain claims listed on Schedule E/F (Part 2) may be entitled to priority under section 503(b)(9) of the Bankruptcy Code.

The Debtors have included trade creditors and other government bodies on Schedule E/F, some of whose claims may have been satisfied, in whole or in part, pursuant to the First Day Orders. Notwithstanding the foregoing, the Debtors have reflected the prepetition liabilities of such trade creditors and other government bodies as of the Petition Date. Moreover, Schedule E/F does not include certain balances including deferred liabilities, accruals, or general reserves. In certain instances these amounts may have been listed and classified as "Unknown" balances. The accruals primarily represent general estimates of liabilities and do not represent specific claims as of the Petition Date. The Debtors have made reasonable efforts to include as contingent, unliquidated, or disputed the claim of any party not included on the Debtors' open accounts payable that is associated with an account that has an accrual or receipt not invoiced.

Specific dollar amounts pertaining to Medicaid payments have also been listed as "Unknown" in Schedule E/F. A full list of potential parties that may be owed Medicaid-related payments are included on the Debtors' schedule E/F

To the extent practicable, Schedule E/F is intended to reflect the balance as of the Petition Date. Despite the Debtors' reasonable best efforts, to the extent an unsecured claim has been paid or may be paid, it is possible such claim is not included on Schedule E/F. Certain Debtors may pay additional claims listed on Schedule E/F during these chapter 11 cases pursuant to orders of the Bankruptcy Court, and the Debtors reserve all of their rights to update Schedule E/F to reflect such payments or to modify the claims register to account for the satisfaction of such claim. Additionally, Schedule E/F does not include any potential rejection damage claims of the counterparties to executory contracts and unexpired leases that may be rejected.

Schedule E/F is based on current invoices received from the company. Additional invoices pertaining to Pre-Petition liabilities may be received Post-Petition and may not have been included in this document.

4. **Schedule G.** Although reasonable efforts have been made to ensure the accuracy of Schedule G regarding executory contracts and unexpired leases (collectively, the "**Agreements**"), review is ongoing and inadvertent errors, omissions, or overinclusion may have occurred. The Debtors may have entered into various other types of Agreements in the ordinary course of their businesses, such as indemnity agreements, supplemental agreements, and amendments/letter agreements that may not be set forth in Schedule G. In addition, as described herein, certain nondisclosure agreements or other confidential information has been omitted, as well as certain short-term purchase and sales orders given their large number and transitory nature. The Agreements 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, letter and other documents, instruments, and agreements that may not be listed on Schedule G. Executory agreements that are oral in nature have not been included in Schedule G.

Certain of the Agreements listed on Schedule G may have been entered into on behalf of more than one of the Debtors.

5. **Schedule H.** The Debtors are party to certain prepetition secured credit agreements that were executed by multiple Debtors. The obligations of guarantors under the prepetition secured credit agreements are noted on Schedule H for each individual Debtor. Furthermore, the Debtors may not have identified certain guarantees that are embedded in the Debtors' executory contracts, unexpired leases, secured financings, debt instruments and other such agreements. No claim set forth on the Schedules and Statements of any Debtor is intended to acknowledge claims of creditors that are otherwise satisfied or discharged by other Debtors.

C. Specific Notes for Statements

1. **Statement 3.** The payments disclosed in Statement 3 are based on payments made by the Debtors with payment dates from February 13, 2023, through May 14, 2023. The actual dates that cash cleared the Debtors' bank accounts may differ based on the form of payment. The Debtors' accounts payable system does not include the corresponding payment clear dates and compiling this data would have required a time-consuming manual review of individual bank statements. It is expected, however, that many payments included in Statement 3 have payment clear dates that are the same as payment dates (e.g., wires and other forms of electronic payments).

2. **Statement 4.** Respective schedules include Section 16-related officers and select leaders with effective authority of each Debtor entity. Each Section 16 insider was assigned to the legal entity for which they are most heavily involved in the day-to day decision making.

3. **Statement 6.** The Debtors maintained certain customer programs, including return and refund programs pursuant to which customers may receive credits. In the ordinary course of business, the Debtors accrued certain payables to customers in the form of rebates and other incentives. These have not been listed on Statement 6. The items listed in Statement 6 are instances where the Debtors specifically allowed and agreed to an offset of the Debtor's accounts payable against the Debtor's accounts receivable.

4. **Statement 7.** The Debtors have used reasonable efforts to report all legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the Debtors were involved in any capacity within one year before the Petition Date. The Debtors reserve their rights to assert that neither the Debtors nor any affiliate of the Debtors is an appropriate party to such actions or proceedings.

5. **Statement 10.** Amounts listed herein were for events that were reported or tracked for insurance purposes. *De minimis* losses are not separately tracked by the Debtors and were not included on Statement 10.

6. **Statement 11.** The Debtors have used reasonable efforts to identify payments for services of any entities who provided consultation concerning debt counseling or restructuring services, relief under the Bankruptcy Code or preparation of a petition in bankruptcy within one year immediately before the Petition Date, which are identified in the Debtors' response to Statement 11. Additional information regarding the Debtors' retention of professional service

firms is and will be more fully described in the individual retention applications for those firms and any related orders.

7. **Statement 26(d).** Over the past two years, the Debtors have provided their financial statements via physical and electronic mail to various parties in the ordinary course of business, including current or potential secured lenders, government entities, shareholders, customers, and other interested parties. Recipients of financial information generally received consolidated accounts for the Debtors. The Debtors routinely provide financial information to current and potential banks, customers, suppliers, advisors, governmental authorities, landlords, investors, and other financial institutions in the ordinary course of business. In addition, consolidated statements have been publicly available since Athenex became publicly traded in 2017.

8. **Statement 28.** The Debtors believe Statement 28 is also covered by Statement 4.

9. **Statement 30.** The Debtors believe Statement 30 is also covered by Statement 4.

Fill in this information to identify the case:

Debtor Athenex Pharmaceutical Division, LLCUnited States Bankruptcy Court for the: Southern District of TexasCase number 23-90297
(if known)☐ 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*

UNDETERMINED

1b. **Total personal property:**Copy line 91A from *Schedule A/B*

\$105,738,007.36

1c. **Total of all property:**Copy line 92 from *Schedule A/B*

\$105,738,007.36

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*

\$41,875,000.00

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206EF)3a. **Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*

UNKNOWN

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*

+

\$24,031,399.20

4. **Total liabilities**

Lines 2 + 3a + 3b

\$65,906,399.20

Fill in this information to identify the case:

Debtor Athenex Pharmaceutical Division, LLCUnited States Bankruptcy Court for the: Southern District of TexasCase number 23-90297
(if known)☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

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

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

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

Part 1: CASH AND CASH EQUIVALENTS**1. DOES THE DEBTOR HAVE ANY CASH OR CASH EQUIVALENTS?**

- ☐ No. Go to Part 2.
☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. CASH ON HAND

NONE

3. CHECKING, SAVINGS, MONEY MARKET, OR FINANCIAL BROKERAGE ACCOUNTS
(IDENTIFY ALL)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. KEY BANK	CHECKING	KB-0980	\$155,068.38
3.2. KEY BANK	CHECKING	KB-5995	\$405,120.19

4. OTHER CASH EQUIVALENTS

NONE

5 Total of Part 1.
ADD LINES 2 THROUGH 4 (INCLUDING AMOUNTS ON ANY ADDITIONAL SHEETS). COPY THE TOTAL TO LINE 80.

\$560,188.57

Part 2: DEPOSITS AND PREPAYMENTS**6. DOES THE DEBTOR HAVE ANY DEPOSITS OR PREPAYMENTS?**

- ☐ No. Go to Part 3.
☒ Yes. Fill in the information below.

Current value of debtor's interest

7. DEPOSITS, INCLUDING SECURITY DEPOSITS AND UTILITY DEPOSITS

DESCRIPTION, INCLUDING NAME OF HOLDER OF DEPOSIT

NONE

Current value of
debtor's interest

8. PREPAYMENTS, INCLUDING PREPAYMENTS ON EXECUTORY CONTRACTS, LEASES, INSURANCE, TAXES, AND RENT

DESCRIPTION, INCLUDING NAME OF HOLDER OF PREPAYMENT

8.1.	BCN PEPTIDES - SALMON CALCITONIN API	\$160,925.07
8.2.	GUARDIAN: PREPAID HEALTH INSURANCE	\$8,465.45
8.3.	PREPAID RENT 2023-04: WOODFIELD PRESERVE PROPERTY	\$42,603.69

9 Total of Part 2.

ADD LINES 7 THROUGH 8. COPY THE TOTAL TO LINE 81.

\$211,994.21

Part 3: ACCOUNTS RECEIVABLE

10. DOES THE DEBTOR HAVE ANY ACCOUNTS RECEIVABLE?

- ☐ No. Go to Part 4.
☒ Yes. Fill in the information below.

Current value of
debtor's interest

11. ACCOUNTS RECEIVABLE

FACE AMOUNT - 90 DAYS OR LESS	\$69,436,467.05	-	\$0.00	=	→	\$69,436,467.05
	face amount		doubtful or uncollectable accounts			
FACE AMOUNT - OVER 90 DAYS	\$2,865,603.00	-	\$2,404,613.84	=	→	\$460,989.16
	face amount		doubtful or uncollectable accounts			

12 Total of Part 3.

CURRENT VALUE ON LINES 11A + 11B = LINE 12. COPY THE TOTAL TO LINE 82.

\$69,897,456.21

Part 4: INVESTMENTS

13. DOES THE DEBTOR OWN ANY INVESTMENTS?

- ☒ No. Go to Part 5.
☐ 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 UNINCORPORATED BUSINESSES, INCLUDING ANY INTEREST IN AN LLC, PARTNERSHIP, OR JOINT VENTURE

16. GOVERNMENT BONDS, CORPORATE BONDS, AND OTHER NEGOTIABLE AND NON-NEGOTIABLE INSTRUMENTS NOT INCLUDED IN PART 1

DESCRIBE:

17 Total of Part 4.

ADD LINES 14 THROUGH 16. COPY THE TOTAL TO LINE 83.

NOT APPLICABLE

(Name)

Part 5: INVENTORY, EXCLUDING AGRICULTURE ASSETS

18. DOES THE DEBTOR OWN ANY INVENTORY (EXCLUDING AGRICULTURE ASSETS)?

- ☐ No. Go to Part 6.
- ☒ Yes. Fill in the information below.

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				
19.1. RAW MATERIAL	JANUARY 2023	\$2,123,918.00	TRANSFER PRICE	\$2,123,918.00
20. WORK IN PROGRESS				
NONE				
21. FINISHED GOODS, INCLUDING GOODS HELD FOR RESALE				
21.1. INVENTORY IN TRANSIT	JANUARY 2023	\$2,801,301.82	TRANSFER PRICE	\$2,801,301.82
21.2. INVENTORY ON HAND	JANUARY 2023	\$30,138,096.21	TRANSFER PRICE	\$30,138,096.21
22. OTHER INVENTORY OR SUPPLIES				
NONE				
23 Total of Part 5. ADD LINES 19 THROUGH 22. COPY THE TOTAL TO LINE 84.				\$35,063,316.03
24. Is any of the property listed in Part 5 perishable?				
<input type="checkbox"/> No				
<input checked="" type="checkbox"/> Yes				
25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes Book value Valuation method Current value				
26. Has any of the property listed in Part 5 been appraised by a professional within the last year?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Part 6: FARMING AND FISHING-RELATED ASSETS (OTHER THAN TITLED MOTOR VEHICLES AND LAND)

27. DOES THE DEBTOR OWN OR LEASE ANY FARMING AND FISHING-RELATED ASSETS (OTHER THAN TITLED MOTOR VEHICLES AND LAND)?

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. CROPS—EITHER PLANTED OR HARVESTED			
29. FARM ANIMALS EXAMPLES: LIVESTOCK, POULTRY, FARM-RAISED FISH EXAMPLES: LIVESTOCK, POULTRY, FARM-RAISED FISH			
30. FARM MACHINERY AND EQUIPMENT (OTHER THAN TITLED MOTOR VEHICLES) (OTHER THAN TITLED MOTOR VEHICLES)			
31. FARM AND FISHING SUPPLIES, CHEMICALS, AND FEED			
32. OTHER FARMING AND FISHING-RELATED PROPERTY NOT ALREADY LISTED IN PART 6			
33 Total of Part 6. ADD LINES 28 THROUGH 32. COPY THE TOTAL TO LINE 85.			NOT APPLICABLE

(Name)

34. Is the debtor a member of an agricultural cooperative?

- ☒ No
- ☐ Yes. Is any of the debtor's property stored at the cooperative?
- ☐ No
- ☐ Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
- ☐ Yes

36. Is a depreciation schedule available for any of the property listed in Part 6?

- ☒ No
- ☐ Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 7: OFFICE FURNITURE, FIXTURES, AND EQUIPMENT; AND 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	NONE			
40. OFFICE FIXTURES	NONE			
41. OFFICE EQUIPMENT, INCLUDING ALL COMPUTER EQUIPMENT AND COMMUNICATION SYSTEMS EQUIPMENT AND SOFTWARE				
41.1.	COMPUTER EQUIPMENT	\$2,525.95	BOOK VALUE	\$5,052.34
42. COLLECTIBLES EXAMPLES: ANTIQUES AND FIGURINES; PAINTINGS, PRINTS, OR OTHER ARTWORK; BOOKS, PICTURES, OR OTHER ART OBJECTS; CHINA AND CRYSTAL; STAMP, COIN, OR BASEBALL CARD COLLECTIONS; OTHER COLLECTIONS, MEMORABILIA, OR COLLECTIBLES	EXAMPLES: ANTIQUES AND FIGURINES; PAINTINGS, PRINTS, OR OTHER ARTWORK; BOOKS, PICTURES, OR OTHER ART OBJECTS; CHINA AND CRYSTAL; STAMP, COIN, OR BASEBALL CARD COLLECTIONS; OTHER COLLECTIONS, MEMORABILIA, OR COLLECTIBLES			
	NONE			
43 Total of Part 7.	ADD LINES 39 THROUGH 42. COPY THE TOTAL TO LINE 86.			\$5,052.34

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☐ No
- ☒ Yes

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

- ☒ No
- ☐ Yes

Part 8: MACHINERY, EQUIPMENT, AND VEHICLES**46. DOES THE DEBTOR OWN OR LEASE ANY MACHINERY, EQUIPMENT, OR VEHICLES?**

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
--	--	--	---	------------------------------------

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. AUTOMOBILES, VANS, TRUCKS, MOTORCYCLES, TRAILERS, AND TITLED FARM VEHICLES			
48. WATERCRAFT, TRAILERS, MOTORS, AND RELATED ACCESSORIES EXAMPLES: BOATS, TRAILERS, MOTORS, FLOATING HOMES, PERSONAL WATERCRAFT, AND FISHING VESSELS			
49. AIRCRAFT AND ACCESSORIES			
50. OTHER MACHINERY, FIXTURES, AND EQUIPMENT (EXCLUDING FARM MACHINERY AND EQUIPMENT)			
51 Total of Part 8. ADD LINES 47 THROUGH 50. COPY THE TOTAL TO LINE 87.			NOT APPLICABLE
52. Is a depreciation schedule available for any of the property listed in Part 8? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
53. Has any of the property listed in Part 8 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Part 9: REAL PROPERTY			
54. DOES THE DEBTOR OWN OR LEASE ANY REAL PROPERTY? <input type="checkbox"/> No. Go to Part 10. <input checked="" type="checkbox"/> Yes. Fill in the information below.			
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 Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value
55.1. APD OFFICE LEASE (ROU ASSET) - 20 NORTH MARTINGALE ROAD, SUITES175/180		\$747,463.92	N/A
55.2. CONSTRUCTION IN PROGRESS - 20 NORTH MARTINGALE ROAD, SUITES175/180		\$76,534.20	N/A
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.			UNDETERMINED
57. Is a depreciation schedule available for any of the property listed in Part 9? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
58. Has any of the property listed in Part 9 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Part 10: INTANGIBLES AND INTELLECTUAL PROPERTY			
59. DOES THE DEBTOR HAVE ANY INTERESTS IN INTANGIBLES OR INTELLECTUAL PROPERTY? <input type="checkbox"/> No. Go to Part 11. <input checked="" type="checkbox"/> Yes. Fill in the information below.			

(Name)

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				
61. INTERNET DOMAIN NAMES AND WEBSITES				
62. LICENSES, FRANCHISES, AND ROYALTIES				
62.1.	LICENSED - AMPICILLIN FOR INJECTION, USP - NDC NO. 70860-112-15	UNDETERMINED	N/A	UNDETERMINED
62.2.	LICENSED - AMPICILLIN FOR INJECTION, USP - NDC NO. 70860-113-15	UNDETERMINED	N/A	UNDETERMINED
62.3.	LICENSED - AMPICILLIN FOR INJECTION, USP - NDC NO. 70860-114-15	UNDETERMINED	N/A	UNDETERMINED
62.4.	LICENSED - AMPICILLIN FOR INJECTION, USP - NDC NO. 70860-115-26	UNDETERMINED	N/A	UNDETERMINED
62.5.	LICENSED - AMPICILLIN FOR INJECTION, USP - NDC NO. 70860-118-99	UNDETERMINED	N/A	UNDETERMINED
62.6.	LICENSED - ARSENIC TRIOXIDE INJECTION - NDC NO. 70860-217-10	UNDETERMINED	N/A	UNDETERMINED
62.7.	LICENSED - AZITHROMYCIN FOR INJECTION, USP - NDC NO. 70860-100-10	UNDETERMINED	N/A	UNDETERMINED
62.8.	LICENSED - BIVALIRUDIN FOR INJECTION - NDC NO. 70860-402-10	UNDETERMINED	N/A	UNDETERMINED
62.9.	LICENSED - BIVALIRUDIN RTU INJECTION - NDC NO. 70860-403-50	UNDETERMINED	N/A	UNDETERMINED
62.10.	LICENSED - BORTEZOMIB - NDC NO. 70860-225-10	UNDETERMINED	N/A	UNDETERMINED
62.11.	LICENSED - CARMUSTINE FOR INJECTION, USP (KIT) - NDC NO. 70860-223-61	UNDETERMINED	N/A	UNDETERMINED
62.12.	LICENSED - CASPOFUNGIN ACETATE FOR INJECTION - NDC NO. 70860-106-10	UNDETERMINED	N/A	UNDETERMINED
62.13.	LICENSED - CASPOFUNGIN ACETATE FOR INJECTION - NDC NO. 70860-107-10	UNDETERMINED	N/A	UNDETERMINED
62.14.	LICENSED - CISPLATIN INJECTION - NDC NO. 70860-206-50	UNDETERMINED	N/A	UNDETERMINED
62.15.	LICENSED - CISPLATIN INJECTION - NDC NO. 70860-206-51	UNDETERMINED	N/A	UNDETERMINED
62.16.	LICENSED - CYCLOPHOSPHAMIDE INJECTION - NDC NO. 70860-218-03	UNDETERMINED	N/A	UNDETERMINED
62.17.	LICENSED - CYCLOPHOSPHAMIDE INJECTION - NDC NO. 70860-218-05	UNDETERMINED	N/A	UNDETERMINED
62.18.	LICENSED - CYCLOPHOSPHAMIDE INJECTION - NDC NO. 70860-218-10	UNDETERMINED	N/A	UNDETERMINED
62.19.	LICENSED - DAPAGLIFLOZIN - NDC NO. N/A	UNDETERMINED	N/A	UNDETERMINED
62.20.	LICENSED - DAPAGLIFLOZIN - NDC NO. N/A	UNDETERMINED	N/A	UNDETERMINED
62.21.	LICENSED - DECITABINE FOR INJECTION - NDC NO. 70860-219-20	UNDETERMINED	N/A	UNDETERMINED
62.22.	LICENSED - DEGARELIX - NDC NO. N/A	UNDETERMINED	N/A	UNDETERMINED
62.23.	LICENSED - DEGARELIX - NDC NO. N/A	UNDETERMINED	N/A	UNDETERMINED
62.24.	LICENSED - DESMOPRESSIN ACETATE INJECTION, USP - NDC NO. 70860-454-01	UNDETERMINED	N/A	UNDETERMINED
62.25.	LICENSED - DESMOPRESSIN ACETATE INJECTION, USP - NDC NO. 70860-454-10	UNDETERMINED	N/A	UNDETERMINED
62.26.	LICENSED - DEXMEDETOMIDINE HYDROCHLORIDE INJECTION - NDC NO. 70860-605-03	UNDETERMINED	N/A	UNDETERMINED

(Name)

General description		Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
62. LICENSES, FRANCHISES, AND ROYALTIES				
62.27.	LICENSED - DEXMEDETOMIDINE HYDROCHLORIDE INJECTION - NDC NO. N/A	UNDETERMINED	N/A	UNDETERMINED
62.28.	LICENSED - DEXMEDETOMIDINE HYDROCHLORIDE INJECTION - NDC NO. N/A	UNDETERMINED	N/A	UNDETERMINED
62.29.	LICENSED - DOXORUBICIN HYDROCHLORIDE INJECTION, USP - NDC NO. 70860-208-05	UNDETERMINED	N/A	UNDETERMINED
62.30.	LICENSED - DOXORUBICIN HYDROCHLORIDE INJECTION, USP - NDC NO. 70860-208-25	UNDETERMINED	N/A	UNDETERMINED
62.31.	LICENSED - DOXORUBICIN HYDROCHLORIDE INJECTION, USP - NDC NO. 70860-208-51	UNDETERMINED	N/A	UNDETERMINED
62.32.	LICENSED - DOXYCYLINE - NDC NO. N/A	UNDETERMINED	N/A	UNDETERMINED
62.33.	LICENSED - EPTIFIBATIDE INJECTION - NDC NO. 70860-303-10	UNDETERMINED	N/A	UNDETERMINED
62.34.	LICENSED - EPTIFIBATIDE INJECTION - NDC NO. 70860-305-51	UNDETERMINED	N/A	UNDETERMINED
62.35.	LICENSED - ETOMIDATE INJECTION, USP - NDC NO. 70860-652-10	UNDETERMINED	N/A	UNDETERMINED
62.36.	LICENSED - ETOMIDATE INJECTION, USP - NDC NO. 70860-652-20	UNDETERMINED	N/A	UNDETERMINED
62.37.	LICENSED - FOSAPREPITANT FOR INJECTION - NDC NO. 70860-783-10	UNDETERMINED	N/A	UNDETERMINED
62.38.	LICENSED - FULVESTRANT INJECTION - NDC NO. 70860-211-74	UNDETERMINED	N/A	UNDETERMINED
62.39.	LICENSED - GEMCITABINE FOR INJECTION, USP - NDC NO. 70860-204-10	UNDETERMINED	N/A	UNDETERMINED
62.40.	LICENSED - GEMCITABINE FOR INJECTION, USP - NDC NO. 70860-205-50	UNDETERMINED	N/A	UNDETERMINED
62.41.	LICENSED - ISOPROTERENOL HYDROCHLORIDE INJECTION, USP - NDC NO. 70860-306-02 (ATHENEX LABEL)	UNDETERMINED	N/A	UNDETERMINED
62.42.	LICENSED - ISOPROTERENOL HYDROCHLORIDE INJECTION, USP - NDC NO. 70860-306-06 (ATHENEX LABEL)	UNDETERMINED	N/A	UNDETERMINED
62.43.	LICENSED - KETOROLAC TROMETHAMINE INJECTION, USP - NDC NO. 70860-700-02	UNDETERMINED	N/A	UNDETERMINED
62.44.	LICENSED - KETOROLAC TROMETHAMINE INJECTION, USP - NDC NO. 70860-701-03	UNDETERMINED	N/A	UNDETERMINED
62.45.	LICENSED - KETOROLAC TROMETHAMINE INJECTION, USP - NDC NO. 70860-701-04	UNDETERMINED	N/A	UNDETERMINED
62.46.	LICENSED - LEVETIRACETAM IN 0.54% SODIUM CHLORIDE INJECTION - NDC NO. 70860-604-82	UNDETERMINED	N/A	UNDETERMINED
62.47.	LICENSED - LEVETIRACETAM IN 0.75% SODIUM CHLORIDE INJECTION - NDC NO. 70860-603-82	UNDETERMINED	N/A	UNDETERMINED
62.48.	LICENSED - LEVETIRACETAM IN 0.82% SODIUM CHLORIDE INJECTION - NDC NO. 70860-602-82	UNDETERMINED	N/A	UNDETERMINED
62.49.	LICENSED - LEVOTHYROXINE SODIUM FOR INJECTION - NDC NO. 70860-451-10	UNDETERMINED	N/A	UNDETERMINED
62.50.	LICENSED - LEVOTHYROXINE SODIUM FOR INJECTION - NDC NO. 70860-452-10	UNDETERMINED	N/A	UNDETERMINED
62.51.	LICENSED - LEVOTHYROXINE SODIUM FOR INJECTION - NDC NO. 70860-453-10	UNDETERMINED	N/A	UNDETERMINED
62.52.	LICENSED - MAGNESIUM SULFATE IN WATER FOR INJECTION - NDC NO. 70860-501-81	UNDETERMINED	N/A	UNDETERMINED

(Name)

General description		Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
62. LICENSES, FRANCHISES, AND ROYALTIES				
62.53.	LICENSED - MAGNESIUM SULFATE IN WATER FOR INJECTION - NDC NO. 70860-501-82	UNDETERMINED	N/A	UNDETERMINED
62.54.	LICENSED - MAGNESIUM SULFATE IN WATER FOR INJECTION - NDC NO. 70860-502-81	UNDETERMINED	N/A	UNDETERMINED
62.55.	LICENSED - MELPHALAN HYDROCHLORIDE FOR INJECTION (KIT) - NDC NO. 70860-214-61	UNDETERMINED	N/A	UNDETERMINED
62.56.	LICENSED - MESNA INJECTION - NDC NO. 70860-209-10	UNDETERMINED	N/A	UNDETERMINED
62.57.	LICENSED - METHOCARBAMOL INJECTION, USP - NDC NO. 70860-653-10	UNDETERMINED	N/A	UNDETERMINED
62.58.	LICENSED - METOPROLOL TARTRATE INJECTION, USP - NDC NO. 70860-300-05	UNDETERMINED	N/A	UNDETERMINED
62.59.	LICENSED - MIDAZOLAM INJECTION, USP - NDC NO. 70860-600-02	UNDETERMINED	N/A	UNDETERMINED
62.60.	LICENSED - MIDAZOLAM INJECTION, USP - NDC NO. 70860-601-05	UNDETERMINED	N/A	UNDETERMINED
62.61.	LICENSED - MIDAZOLAM INJECTION, USP - NDC NO. 70860-601-10	UNDETERMINED	N/A	UNDETERMINED
62.62.	LICENSED - NAFCILLIN FOR INJECTION, USP - NDC NO. 70860-116-26	UNDETERMINED	N/A	UNDETERMINED
62.63.	LICENSED - NAFCILLIN FOR INJECTION, USP - NDC NO. 70860-117-26	UNDETERMINED	N/A	UNDETERMINED
62.64.	LICENSED - NAFCILLIN FOR INJECTION, USP - NDC NO. 70860-119-99	UNDETERMINED	N/A	UNDETERMINED
62.65.	LICENSED - NELARABINE - NDC NO. 70860-224-50	UNDETERMINED	N/A	UNDETERMINED
62.66.	LICENSED - NICARDIPINE - NDC NO. N/A	UNDETERMINED	N/A	UNDETERMINED
62.67.	LICENSED - NICARDIPINE - NDC NO. N/A	UNDETERMINED	N/A	UNDETERMINED
62.68.	LICENSED - NILOTINIB - NDC NO. N/A	UNDETERMINED	N/A	UNDETERMINED
62.69.	LICENSED - NILOTINIB - NDC NO. N/A	UNDETERMINED	N/A	UNDETERMINED
62.70.	LICENSED - NILOTINIB - NDC NO. N/A	UNDETERMINED	N/A	UNDETERMINED
62.71.	LICENSED - NINTEDANIB - NDC NO. N/A	UNDETERMINED	N/A	UNDETERMINED
62.72.	LICENSED - NINTEDANIB - NDC NO. N/A	UNDETERMINED	N/A	UNDETERMINED
62.73.	LICENSED - ONDANSETRON INJECTION, USP - NDC NO. 70860-776-02	UNDETERMINED	N/A	UNDETERMINED
62.74.	LICENSED - ONDANSETRON INJECTION, USP - NDC NO. 70860-777-21	UNDETERMINED	N/A	UNDETERMINED
62.75.	LICENSED - OXALIPLATIN INJECTION, USP - NDC NO. 70860-201-10	UNDETERMINED	N/A	UNDETERMINED
62.76.	LICENSED - OXALIPLATIN INJECTION, USP - NDC NO. 70860-201-20	UNDETERMINED	N/A	UNDETERMINED
62.77.	LICENSED - OXALIPLATIN INJECTION, USP - NDC NO. 70860-201-40	UNDETERMINED	N/A	UNDETERMINED
62.78.	LICENSED - PACLITAXEL INJECTION, USP - NDC NO. 70860-200-05	UNDETERMINED	N/A	UNDETERMINED
62.79.	LICENSED - PACLITAXEL INJECTION, USP - NDC NO. 70860-200-17	UNDETERMINED	N/A	UNDETERMINED
62.80.	LICENSED - PACLITAXEL INJECTION, USP - NDC NO. 70860-200-50	UNDETERMINED	N/A	UNDETERMINED
62.81.	LICENSED - PALONOSETRON HCL INJECTION - NDC NO. 70860-785-05	UNDETERMINED	N/A	UNDETERMINED
62.82.	LICENSED - PEMETREXED FOR INJECTION - NDC NO. 70860-202-10	UNDETERMINED	N/A	UNDETERMINED

(Name)

General description		Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
62. LICENSES, FRANCHISES, AND ROYALTIES				
62.83.	LICENSED - PEMETREXED FOR INJECTION - NDC NO. 70860-203-50	UNDETERMINED	N/A	UNDETERMINED
62.84.	LICENSED - PENICILLIN G POTASSIUM FOR INJECTION, USP - NDC NO. 70860-126-20	UNDETERMINED	N/A	UNDETERMINED
62.85.	LICENSED - PENICILLIN G POTASSIUM FOR INJECTION, USP - NDC NO. 70860-127-51	UNDETERMINED	N/A	UNDETERMINED
62.86.	LICENSED - PIPERACILLIN AND TAZOBACTAM FOR INJECTION - NDC NO. 70860-120-20	UNDETERMINED	N/A	UNDETERMINED
62.87.	LICENSED - PIPERACILLIN AND TAZOBACTAM FOR INJECTION - NDC NO. 70860-121-30	UNDETERMINED	N/A	UNDETERMINED
62.88.	LICENSED - PIPERACILLIN AND TAZOBACTAM FOR INJECTION - NDC NO. 70860-122-50	UNDETERMINED	N/A	UNDETERMINED
62.89.	LICENSED - PIPERACILLIN AND TAZOBACTAM FOR INJECTION - NDC NO. 70860-123-99	UNDETERMINED	N/A	UNDETERMINED
62.90.	LICENSED - POLYMYXIN B FOR INJECTION, USP - NDC NO. 70860-103-10	UNDETERMINED	N/A	UNDETERMINED
62.91.	LICENSED - REGADENOSON INJECTION - NDC NO. 70860-304-74	UNDETERMINED	N/A	UNDETERMINED
62.92.	LICENSED - ROCURONIUM BROMIDE INJECTION - NDC NO. 70860-651-05	UNDETERMINED	N/A	UNDETERMINED
62.93.	LICENSED - ROCURONIUM BROMIDE INJECTION - NDC NO. 70860-651-10	UNDETERMINED	N/A	UNDETERMINED
62.94.	LICENSED - ROCURONIUM BROMIDE INJECTION - NDC NO. 70860-651-42	UNDETERMINED	N/A	UNDETERMINED
62.95.	LICENSED - SUGAMMADEX INJECTION - NDC NO. 70860-607-02	UNDETERMINED	N/A	UNDETERMINED
62.96.	LICENSED - SUGAMMADEX INJECTION - NDC NO. 70860-607-05	UNDETERMINED	N/A	UNDETERMINED
62.97.	LICENSED - THIOTEPA FOR INJECTION, USP - NDC NO. 70860-220-02	UNDETERMINED	N/A	UNDETERMINED
62.98.	LICENSED - THIOTEPA FOR INJECTION, USP - NDC NO. N/A	UNDETERMINED	N/A	UNDETERMINED
62.99.	LICENSED - TIROFIBAN HYDROCHLORIDE INJECTION PREMIXED - NDC NO. 70860-401-84	UNDETERMINED	N/A	UNDETERMINED
62.100.	LICENSED - TRANEXAMIC ACID INJECTION - NDC NO. 70860-400-10	UNDETERMINED	N/A	UNDETERMINED
62.101.	LICENSED - TRANEXAMIC ACID INJECTION - NDC NO. 70860-400-10	UNDETERMINED	N/A	UNDETERMINED
62.102.	LICENSED - TRANEXAMIC ACID INJECTION - NDC NO. 70860-407-10	UNDETERMINED	N/A	UNDETERMINED
62.103.	LICENSED - VANCOMYCIN HYDROCHLORIDE FOR INJECTION, USP - NDC NO. 70860-104-10	UNDETERMINED	N/A	UNDETERMINED
62.104.	LICENSED - VANCOMYCIN HYDROCHLORIDE FOR INJECTION, USP - NDC NO. 70860-105-20	UNDETERMINED	N/A	UNDETERMINED
62.105.	LICENSED - VASOPRESSIN - NDC NO. 70860-408-01	UNDETERMINED	N/A	UNDETERMINED
62.106.	LICENSED - VASOPRESSIN - NDC NO. 70860-409-10	UNDETERMINED	N/A	UNDETERMINED
62.107.	LICENSED - ZOLEDRONIC ACID INJECTION - NDC NO. 70860-210-51	UNDETERMINED	N/A	UNDETERMINED
62.108.	OWNED - ACETYLCYSTEINE - NDC NO. N/A	UNDETERMINED	N/A	UNDETERMINED
62.109.	OWNED - BUMETANIDE INJECTION, USP - NDC NO. 70860-405-04	UNDETERMINED	N/A	UNDETERMINED

(Name)

General description		Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
62. LICENSES, FRANCHISES, AND ROYALTIES				
62.110.	OWNED - BUMETANIDE INJECTION, USP - NDC NO. 70860-406-10	UNDETERMINED	N/A	UNDETERMINED
62.111.	OWNED - CALCITONIN - NDC NO. N/A	UNDETERMINED	N/A	UNDETERMINED
62.112.	OWNED - CISATRACURIUM BESYLATE INJECTION (PRESERVATIVE-FREE) - NDC NO. 70860-657-05	UNDETERMINED	N/A	UNDETERMINED
62.113.	OWNED - CISATRACURIUM BESYLATE INJECTION (PRESERVATIVE-FREE) - NDC NO. 70860-658-20	UNDETERMINED	N/A	UNDETERMINED
62.114.	OWNED - CISATRACURIUM BESYLATE INJECTION (PRESERVED) - NDC NO. 70860-659-10	UNDETERMINED	N/A	UNDETERMINED
62.115.	OWNED - DILTIAZEM HYDROCHLORIDE INJECTION - NDC NO. 70860-301-05	UNDETERMINED	N/A	UNDETERMINED
62.116.	OWNED - DILTIAZEM HYDROCHLORIDE INJECTION - NDC NO. 70860-301-10	UNDETERMINED	N/A	UNDETERMINED
62.117.	OWNED - DILTIAZEM HYDROCHLORIDE INJECTION - NDC NO. 70860-301-25	UNDETERMINED	N/A	UNDETERMINED
62.118.	OWNED - ERIBULIN - NDC NO. N/A	UNDETERMINED	N/A	UNDETERMINED
62.119.	OWNED - FAMOTIDINE INJECTION, USP - NDC NO. 70860-751-02	UNDETERMINED	N/A	UNDETERMINED
62.120.	OWNED - FAMOTIDINE INJECTION, USP - NDC NO. 70860-752-04	UNDETERMINED	N/A	UNDETERMINED
62.121.	OWNED - FAMOTIDINE INJECTION, USP - NDC NO. 70860-753-20	UNDETERMINED	N/A	UNDETERMINED
62.122.	OWNED - FAMOTIDINE INJECTION, USP - NDC NO. 70860-754-99	UNDETERMINED	N/A	UNDETERMINED
62.123.	OWNED - FUROSEMIDE INJECTION, USP - NDC NO. 70860-302-02	UNDETERMINED	N/A	UNDETERMINED
62.124.	OWNED - FUROSEMIDE INJECTION, USP - NDC NO. 70860-302-04	UNDETERMINED	N/A	UNDETERMINED
62.125.	OWNED - FUROSEMIDE INJECTION, USP - NDC NO. 70860-302-10	UNDETERMINED	N/A	UNDETERMINED
62.126.	OWNED - GLYCOPYRROLATE INJECTION, USP - NDC NO. 70860-781-01	UNDETERMINED	N/A	UNDETERMINED
62.127.	OWNED - GLYCOPYRROLATE INJECTION, USP - NDC NO. 70860-781-02	UNDETERMINED	N/A	UNDETERMINED
62.128.	OWNED - GLYCOPYRROLATE INJECTION, USP - NDC NO. 70860-781-05	UNDETERMINED	N/A	UNDETERMINED
62.129.	OWNED - GLYCOPYRROLATE INJECTION, USP - NDC NO. 70860-781-20	UNDETERMINED	N/A	UNDETERMINED
62.130.	OWNED - KETOROLAC TROMETHAMINE INJECTION, USP - NDC NO. N/A	UNDETERMINED	N/A	UNDETERMINED
62.131.	OWNED - KETOROLAC TROMETHAMINE INJECTION, USP - NDC NO. N/A	UNDETERMINED	N/A	UNDETERMINED
62.132.	OWNED - KETOROLAC TROMETHAMINE INJECTION, USP - NDC NO. N/A	UNDETERMINED	N/A	UNDETERMINED
62.133.	OWNED - MYCOPHENOLATE - NDC NO. N/A	UNDETERMINED	N/A	UNDETERMINED
62.134.	OWNED - PAZOPANIB - NDC NO. N/A	UNDETERMINED	N/A	UNDETERMINED
62.135.	OWNED - PENTOBARBITAL SODIUM INJECTION USP - NDC NO. N/A	UNDETERMINED	N/A	UNDETERMINED
62.136.	OWNED - PROCHLORPERAZINE EDISYLATE INJECTION, USP - NDC NO. 70860-778-02	UNDETERMINED	N/A	UNDETERMINED
62.137.	OWNED - PROCHLORPERAZINE EDISYLATE INJECTION, USP - NDC NO. 70860-778-10	UNDETERMINED	N/A	UNDETERMINED

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
62. LICENSES, FRANCHISES, AND ROYALTIES			
62.138. OWNED - TRIAMCINILONE - NDC NO. N/A	UNDETERMINED	N/A	UNDETERMINED
62.139. OWNED - TRIAMCINILONE - NDC NO. N/A	UNDETERMINED	N/A	UNDETERMINED
62.140. OWNED - TRIAMCINILONE - NDC NO. N/A	UNDETERMINED	N/A	UNDETERMINED
62.141. OWNED - VALPROATE SODIUM INJECTION, USP - NDC NO. 70860-784-05	UNDETERMINED	N/A	UNDETERMINED
63. CUSTOMER LISTS, MAILING LISTS, OR OTHER COMPILATIONS			
64. OTHER INTANGIBLES, OR INTELLECTUAL PROPERTY			
65. GOODWILL			
66 Total of Part 10. ADD LINES 60 THROUGH 65. COPY THE TOTAL TO LINE 89.			UNDETERMINED
67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
68. Is there an amortization or other similar schedule available for any of the property listed in Part 10? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
69. Has any of the property listed in Part 10 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Part 11: ALL OTHER ASSETS			
70. DOES THE DEBTOR OWN ANY OTHER ASSETS THAT HAVE NOT YET BEEN REPORTED ON THIS FORM? INCLUDE ALL INTERESTS IN EXECUTORY CONTRACTS AND UNEXPIRED LEASES NOT PREVIOUSLY REPORTED ON THIS FORM. <input checked="" type="checkbox"/> No. Go to Part 12. <input type="checkbox"/> Yes. Fill in the information below.			
			Current value of debtor's interest
71. NOTES RECEIVABLE DESCRIPTION (INCLUDE NAME OF OBLIGOR)			
72. TAX REFUNDS AND UNUSED NET OPERATING LOSSES (NOLS) DESCRIPTION (FOR EXAMPLE, FEDERAL, STATE, LOCAL)			
73. INTERESTS IN INSURANCE POLICIES OR ANNUITIES			
74. CAUSES OF ACTION AGAINST THIRD PARTIES (WHETHER OR NOT A LAWSUIT HAS BEEN FILED)			
75. OTHER CONTINGENT AND UNLIQUIDATED CLAIMS OR CAUSES OF ACTION OF EVERY NATURE, INCLUDING COUNTERCLAIMS OF THE DEBTOR AND RIGHTS TO SET OFF CLAIMS			
76. TRUSTS, EQUITABLE OR FUTURE INTERESTS IN PROPERTY			
77. OTHER PROPERTY OF ANY KIND NOT ALREADY LISTED <i>EXAMPLES: SEASON TICKETS, COUNTRY CLUB MEMBERSHIP</i> <i>EXAMPLES: SEASON TICKETS, COUNTRY CLUB MEMBERSHIP</i>			

78 Total of Part 11.

ADD LINES 71 THROUGH 77. COPY THE TOTAL TO LINE 90.

NOT APPLICABLE

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?☒ No☐ Yes**Part 12: Summary**

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

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$560,188.57	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$211,994.21	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$69,897,456.21	
83. Investments. <i>Copy line 17, Part 4.</i>		
84. Inventory. <i>Copy line 23, Part 5.</i>	\$35,063,316.03	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>		
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$5,052.34	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>		
88. Real property. <i>Copy line 56, Part 9.</i> →		UNDETERMINED
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	UNDETERMINED	
90. All other assets. <i>Copy line 78, Part 11.</i> +		
91. Total. Add lines 80 through 90 for each column. 91a.	\$105,738,007.36	91b. UNDETERMINED
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$105,738,007.36

Fill in this information to identify the case:

Debtor Athenex Pharmaceutical Division, LLCUnited States Bankruptcy Court for the: Southern District of TexasCase number 23-90297
(if known)☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Creditors with Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A

Column B

Amount of claim

Value of collateral that supports this claim

Do not deduct the value of collateral.

2.1	Creditor's name OAKTREE FUND ADMINISTRATION, LLC Creditor's mailing address 1301 AVENUE OF THE AMERICAS 34TH FLOOR NEW YORK, NY 10019 Creditor's email address Date or dates debt was incurred Last 4 digits of account number: Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Specify each creditor, including this creditor, and its relative priority. 1. OAKTREE FUND ADMINISTRATION, LLC 2. SAGARD HEALTHCARE ROYALTY PARTNERS, LP	Describe debtor's property that is subject to a lien ALL ASSETS OF THE DEBTOR Describe the lien SENIOR SECURED TERM LOAN FACILITY. Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$41,875,000.00	UNKNOWN
-----	---	---	-----------------	---------

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$41,875,000.00

Part 2:

List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and Address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for ths entity
BRACEWELL LLP JONATHAN LOZANO, ESQ. 111 CONGRESS AVE SUITE 2300 AUSTIN, TX 78701-4061	Line 2.1	
BRACEWELL LLP MARK DENDINGER, ESQ. 185 ASYLUM ST, CITY PLACE I, 34TH FL HARTFORD, CT 06103	Line 2.1	
OAKTREE CAPITAL MANAGEMENT 333 S. GRAND AVENUE, 28TH FLOOR LOS ANGELES, CA 90071	Line 2.1	
SULLIVAN & CROMWELL ARI B. BLAUT, PARTNER 125 BROAD STREET NEW YORK, NY 10004-2498	Line 2.1	

Fill in this information to identify the case:

Debtor Athenex Pharmaceutical Division, LLCUnited States Bankruptcy Court for the: Southern District of TexasCase number 23-90297
(if known)☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

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

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address DRAKE, LORIN ADDRESS ON FILE Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ACCRUED PTO Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.2	Priority creditor's name and mailing address YORDON, JEFFREY ADDRESS ON FILE Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ACCRUED PTO Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

Do any creditors have nonpriority unsecured claims? (See 11 U.S.C. § 507).

☐ No.☒ Yes.

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

Part 2:

Additional Page

			Amount of claim
3.1	Nonpriority creditor's name and mailing address ACS DOBFAR VIALE ADDETTA, 6 TRIBIANO, MI 20067 ITALY Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$335,400.00
3.2	Nonpriority creditor's name and mailing address ALABAMA MEDICAID AGENCY 501 DEXTER AVENUE PO BOX 5624 MONTGOMERY, AL 36104 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: GOVERNMENT - MEDICAID Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.3	Nonpriority creditor's name and mailing address ALASKA DEPT OF HEALTH & SOCIAL SERVICES 3601 C STREET SUITE 902 ANCHORAGE, AK 99503 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: GOVERNMENT - MEDICAID Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.4	Nonpriority creditor's name and mailing address ALIANA DIAZ ADDRESS ON FILE Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,450.00
3.5	Nonpriority creditor's name and mailing address AMPHASTAR PHARMACEUTICAL, INC. 11570 6TH STREET RANCHO CUCAMONGA, CA 91730 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ACCRUED LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN

Part 2:

Additional Page

			Amount of claim
3.6	Nonpriority creditor's name and mailing address AMPHASTAR PHARMACEUTICALS, I 11570 6TH STREET RANCHO CUCAMONGA, CA 91730 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,746.00
3.7	Nonpriority creditor's name and mailing address APEXUS 290 E JOHN CARPENTER FREEWAY IRVING, TX 75062 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41,885.27
3.8	Nonpriority creditor's name and mailing address ARIZONA HEALTH CARE COST CONTAINMENT 801 E JEFFERSON ST PHOENIX, AZ 85034 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: GOVERNMENT - MEDICAID Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.9	Nonpriority creditor's name and mailing address ARKANSAS DHS AR FFS PHYSICIAN ADMIN DRUG REBATE PO BOX 505297 ST. LOUIS, MO 63150-5297 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$895.67
3.10	Nonpriority creditor's name and mailing address ARKANSAS DIVISION OF HUMAN SERVICES P.O. BOX 1437 SLOT S401 LITTLE ROCK, AR 72203 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: GOVERNMENT - MEDICAID Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN

Part 2:

Additional Page

			Amount of claim
3.11	Nonpriority creditor's name and mailing address ARTHUR GROUP LLC 9 DEER PARK DRIVE SUITE J-10 MONMOUTH JUNCTION, NJ 08852 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75,000.00
3.12	Nonpriority creditor's name and mailing address ASEMBIA, LLC 200 PARK AVE SUITE 300 FLORHAM PARK, NJ 07932 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ACCRUED REBATE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.13	Nonpriority creditor's name and mailing address ASPIRUS HEALTH 333 PINE RIDGE BLVD. WAUSAU, WI 54401 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,386.88
3.14	Nonpriority creditor's name and mailing address ASTRAM LLC BIKRAM MALIK 400 W61ST STREET- APT 1414 NEW YORK, NY 10023 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ACCRUED LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.15	Nonpriority creditor's name and mailing address AVET PHARMACEUTICALS INC. ONE TOWER CENTER BLVD SUITE 1700 EAST BRUNSWICK, NJ 08816 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$240,375.00

Part 2:

Additional Page

			Amount of claim
3.16	Nonpriority creditor's name and mailing address BE PHARMACEUTICALS AG BUNDESSTRASSE 3 6302 ATTN: GENERAL COUNSEL ZUG CHINA Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ACCRUED LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.17	Nonpriority creditor's name and mailing address BELOTECA, INC. 10525 VISTA SORRENTO PARKWAY SUITE 100 SAN DIEGO, CA 92121 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,750.89
3.18	Nonpriority creditor's name and mailing address CALIFORNIA DEPARTMENT OF HEALTH SERVICES PO BOX 942732 SACRAMENTO, CA 94234 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: GOVERNMENT - MEDICAID Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.19	Nonpriority creditor's name and mailing address CATALYST EXHIBITS PO BOX 674 CHANNAHON, IL 60410 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,743.04
3.20	Nonpriority creditor's name and mailing address CHEMWERTH 1764 LITCHFIELD TURNPIKE, SUITE 202 WOODBRIDGE, CT 06525 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ACCRUED LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN

Part 2:

Additional Page

			Amount of claim
3.21	Nonpriority creditor's name and mailing address CHIA TAI TIANQING PHARMACEUTICAL GROUP CO., LTD. ATTN: MS. XIANG WENJING N O069 . 16 JINQIAO RD. DAPU INDUSTRIAL PARK 222 9, LIANYUNGA NG JIANGSU PROVINCE CHINA Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ACCRUED LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.22	Nonpriority creditor's name and mailing address CLARUSONE SOURCING SERVICES, RUSSELL SQUARE HOUSE 10-12 RUSSELL SQUARE LONDON WC1B 5EH UNITED KINGDOM Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,819.00
3.23	Nonpriority creditor's name and mailing address COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING 1570 GRANT ST. DENVER, CO 80203 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: GOVERNMENT - MEDICAID Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.24	Nonpriority creditor's name and mailing address COMED PO BOX 6111 CAROL STREAM, IL 60197-6111 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$418.65
3.25	Nonpriority creditor's name and mailing address COMMONWEALTH OF VIRGINIA DEP PO BOX 75991 ATTN: VA MEDICAID FFS DRUG REBATE BALTIMORE, MD 21275-5991 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: GOVERNMENT - MEDICAID Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,644.67

Part 2:

Additional Page

			Amount of claim
3.26	Nonpriority creditor's name and mailing address CONNECTICUT DEPARTMENT OF SOCIAL SERVICES 25 SIGOURNEY STREET HARTFORD, CT 06106 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: GOVERNMENT - MEDICAID Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.27	Nonpriority creditor's name and mailing address CT CORPORATION PO BOX 4349 CAROL STREAM, IL 60197-4349 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$59.37
3.28	Nonpriority creditor's name and mailing address DATA CONVERSION LABORATORY 61-18 190TH STREET SUITE 205 FRESH MEADOWS, NY 11365 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
3.29	Nonpriority creditor's name and mailing address DATASITE LLC 733 S. MARQUETTE AVE. SUITE 600 MINNEAPOLIS, MN 55402 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,485.20
3.30	Nonpriority creditor's name and mailing address DC TREASURER, MEDICAL ASSIST PO BOX 34722 WASHINGTON, DC 20043-4722 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: GOVERNMENT - MEDICAID Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.68

Part 2:

Additional Page

			Amount of claim
3.31	Nonpriority creditor's name and mailing address DELAWARE HEALTH AND SOCIAL SERVICES 1901 N. DUPONT HIGHWAY LEWIS BUILDING PO BOX 906 NEW CASTLE, DE 19720 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: GOVERNMENT - MEDICAID Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.32	Nonpriority creditor's name and mailing address DEPARTMENT OF MEDICAID SERV KENTUCKY STATE TREASURER 275 EAST MAIN STREET, 6W-C FRANKFORT, KY 40621-0001 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: GOVERNMENT - MEDICAID Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,622.50
3.33	Nonpriority creditor's name and mailing address DEPT OF VERMONT HEALTH ACCES DVHA-AR PO BOX 1335 WILLISTON, VT 05495 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11.40
3.34	Nonpriority creditor's name and mailing address DHCS ACCOUNTING SECTION,CASH RECEIPT UNIT P.O. BOX 997415, MS 1101 SACRAMENTO, CA 95899-7415 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,542.41
3.35	Nonpriority creditor's name and mailing address DIVISION OF HEALTH CARE SERV STATE OF ALASKA DEPT OF HEALTH & SOCIAL SERVICES SEATTLE, WA 98124-6291 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$388.73

Part 2:

Additional Page

			Amount of claim
3.36	Nonpriority creditor's name and mailing address DOT GRAPHICS 836 S. ARLINGTON HEIGHTS ROAD #168 ELK GROVE VILLAGE, IL 60007 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$395.00
3.37	Nonpriority creditor's name and mailing address EVER VALINJECT OBERBURGAU 3 UNTERACH 4866 AUSTRIA Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ACCRUED LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.38	Nonpriority creditor's name and mailing address EVER VALINJECT GMBH [USD] OBERBURGAU 3 UNTERACH 4866 AUSTRIA Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$430,394.25
3.39	Nonpriority creditor's name and mailing address EVERSANA LIFE SCIENCE SERVIC 24740 NETWORK PLACE CHICAGO, IL 60673-1247 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,106,531.93
3.40	Nonpriority creditor's name and mailing address FEDEX P.O. BOX 371461 PITTSBURGH, PA 15250-7461 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$559.67

Part 2:

Additional Page

			Amount of claim
3.41	Nonpriority creditor's name and mailing address FIRST CHOICE COFFEE SERVICES 3535 COMMERCIAL AVENUE NORTHBROOK, IL 60062-1848 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$415.80
3.42	Nonpriority creditor's name and mailing address FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION 2727 MAHAN DR TALLAHASSEE, FL 32308 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: GOVERNMENT - MEDICAID Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.43	Nonpriority creditor's name and mailing address FOLEY & LARDNER LLP 3000 K STREET N.W. SUITE 600 WASHINGTON, DC 20007-5109 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,830.00
3.44	Nonpriority creditor's name and mailing address GENERIC PHARMA INTERNATIONAL STEPHENSTOWN INDUSTRIAL PARK BALBRIGGAN DUBLIN K32VR92 IRELAND Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.45	Nonpriority creditor's name and mailing address GEORGIA DEPARTMENT OF COMMUNITY HEALTH 2 PEACHTREE ST. NW ATLANTA, GA 30303 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: GOVERNMENT - MEDICAID Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN

Part 2:

Additional Page

			Amount of claim
3.46	Nonpriority creditor's name and mailing address GEORGIA DEPT OF COMMUNITY HE PO BOX 734669 ATTN: GA CARESOURCE CMO MEDICAL DALLAS, TX 75373-4670 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,001.95
3.47	Nonpriority creditor's name and mailing address GLAND PHARMA LIMITED 6-3-865/1/2, FLAT NO.201 GREENLAND APARTMENTS, AMEERPET HYDERAAD 500 016 INDIA Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,881,428.50
3.48	Nonpriority creditor's name and mailing address GLAND PHARMA LIMITED D.P.PALLY, GANDI MAISAMMA X ROADS DUNDIGAL, HYDERABAD TELANGANA STATE 500 043 INDIA Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$600,000.00
3.49	Nonpriority creditor's name and mailing address HAINAN SHUANGCHENG PHARMA NO. 16 XINGGUO ROAD XIUYING DISTRICT HAIKOU 570314 CHINA Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,182,160.00
3.50	Nonpriority creditor's name and mailing address HAWAII DEPT OF HUMAN SERVICES PO BOX 339 HONOLULU, HI 96809 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: GOVERNMENT - MEDICAID Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN

Part 2:

Additional Page

			Amount of claim
3.51	Nonpriority creditor's name and mailing address HEALTH CARE AUTHORITY DRUG REBATE PROGRAM PO BOX 9501 OLYMPIA, WA 98507-9501 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,060.72
3.52	Nonpriority creditor's name and mailing address HEALTH CARE POLICY & FINANC PHARMACY REBATE PROGRAM PO BOX 5897 DENVER, CO 80217-5897 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$563.04
3.53	Nonpriority creditor's name and mailing address HEALTHCARE DISTRIBUTION ALLI 1275 PENNSYLVANIA AVE NW SUITE 600 WASHINGTON, DC 20004 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,298.75
3.54	Nonpriority creditor's name and mailing address HEALTHTRUST PURCHASING GROUP C/O WELLS FARGO BANK ACCT: 2079900143067 CHARLOTTE, NC 28275-1576 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,493.69
3.55	Nonpriority creditor's name and mailing address HENGRUI 7 KUNLUNCHAN ROAD, ECONOMIC AND TECHNOLOGICAL DEVELOPMENT ZONE, LIANYUNGANG 222047 CHINA Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ACCRUED LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN

Part 2:

Additional Page

			Amount of claim
3.56	Nonpriority creditor's name and mailing address HOVIONE FARMACIENCIA SA CAMPUS DO LUMINAR, EDIFICIO S, ESTRADA DO PACO DO LUMINAR LISBON 1649-038 PORTUGAL Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43,636.48
3.57	Nonpriority creditor's name and mailing address IBI – ISTITUTO BIOCHIMICO VIA FOSSIGNANO, 2 04011 APRILIA ITALY Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,379,077.49
3.58	Nonpriority creditor's name and mailing address ICODICE, LLC 5005 NEWPORT DRIVE SUITE 505 ROLLING MEADOWS, IL 60008 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,997.79
3.59	Nonpriority creditor's name and mailing address IDAHO DEPARTMENT OF HEALTH AND WELFARE 450 WEST STATE ST BOISE, ID 83720 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: GOVERNMENT - MEDICAID Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.60	Nonpriority creditor's name and mailing address ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES 201 S GRAND AVENUE EAST SPRINGFIELD, IL 62763 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: GOVERNMENT - MEDICAID Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN

Part 2:

Additional Page

			Amount of claim
3.61	Nonpriority creditor's name and mailing address INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION 402 W. WASHINGTON ST. PO BOX 7083 INDIANAPOLIS, IN 46207 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: GOVERNMENT - MEDICAID Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.62	Nonpriority creditor's name and mailing address INGENUS PHARMACEUTICALS GMBH VIA CADEPIANO 24 BARBENGO 6917 CHINA Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$447,678.21
3.63	Nonpriority creditor's name and mailing address INGENUS PHARMACEUTICALS, LLC 4190 MILLENIA BLVD ORLANDO, FL 32839 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,641,317.32
3.64	Nonpriority creditor's name and mailing address IOWA DEPT OF HUMAN SERVICES HOOVER STATE OFFICE BUILDING 5TH FLOOR DES MOINES, IA 50319 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: GOVERNMENT - MEDICAID Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.65	Nonpriority creditor's name and mailing address IOWA MEDICAID ENTERPRISE DRUG REBATE PO BOX 850195 MINNEAPOLIS, MN 55485-0195 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,357.97

Part 2:

Additional Page

			Amount of claim
3.66	Nonpriority creditor's name and mailing address IQVIA INC. PO BOX 8500-784290 PHILADELPHIA, PA 19178-4290 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,117.09
3.67	Nonpriority creditor's name and mailing address IRON MOUNTAIN PO BOX 27128 NEW YORK, NY 10087-7128 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$682.85
3.68	Nonpriority creditor's name and mailing address ISTITUTO BIOCHIMICO VIA FOSSIGNANO, 2 04011 APRILIA ITALY Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ACCRUED LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.69	Nonpriority creditor's name and mailing address KANSAS DEPARTMENT OF HEATH AND ENVIRONMENT 915 SW HARRISON ST TOPEKA, KS 66612 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: GOVERNMENT - MEDICAID Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.70	Nonpriority creditor's name and mailing address LEVEL 3 COMMUNICATIONS 1025 ELDORADO BLVD BROOMFIELD, CO 80021 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,222.87

Part 2:

Additional Page

			Amount of claim
3.71	Nonpriority creditor's name and mailing address LOUISIANA DEPARTMENT OF HEALTH AND HOSPITAL 628 NORTH 4TH ST BATON ROUGE, LA 70802 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: GOVERNMENT - MEDICAID Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.72	Nonpriority creditor's name and mailing address LOUISIANA DEPT OF HEALTH & H PO BOX 62951 NEW ORLEANS, LA 70162-2951 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,306.53
3.73	Nonpriority creditor's name and mailing address MAIA PHARMACEUTICALS, INC. 707 STATE ROAD SUITE 104 PRINCETON, NJ 08540 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,291,535.00
3.74	Nonpriority creditor's name and mailing address MAIVA PHARMA PRIVATE LIMITED 32, SIPCOT INDUSTRIAL COMPLEX PHASE I HOSUR 635126 INDIA Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$755,110.00
3.75	Nonpriority creditor's name and mailing address MANAGED HEALTH CARE ASSOCIATES INC. 25 A VREELAND ROAD SUITE 200 FLORHAM PARK, NJ 07932 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ACCRUED REBATE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN

Part 2:

Additional Page

			Amount of claim
3.76	Nonpriority creditor's name and mailing address MASSACHUSSETS OFFICE OF HEALTH AND HUMAN SERVICES 600 WASHINGTON STREET BOSTON, MA 02111 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: GOVERNMENT - MEDICAID Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.77	Nonpriority creditor's name and mailing address MICHIGAN DEPARTMENT COMMUNITY HEALTH 201 TOWNSEND STREET CAPITOL VIEW BUILDING LANSING, MI 48913 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: GOVERNMENT - MEDICAID Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.78	Nonpriority creditor's name and mailing address MINNESOTA DEPARTMENT OF HUMAN SERVICES 444 LAFAYETTE ROAD NORTH ST. PAUL, MN 55155 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: GOVERNMENT - MEDICAID Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.79	Nonpriority creditor's name and mailing address MINNESOTA MULTISTATE CONTRACTING ALLIANCE FOR PHARMACY FINANCIAL MANAGEMENT & REPORTING 50 SHERBURNE AVENUE, SUITE 309 ST. PAUL, MN 55155 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ACCRUED REBATE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.80	Nonpriority creditor's name and mailing address MISSISSIPPI DIVISION OF MEDICARE 239 NORTH LAMAR STREET ROBERT E LEE BUILDING STE 801 JACKSON, MS 39201 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: GOVERNMENT - MEDICAID Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN

Part 2:

Additional Page

			Amount of claim
3.81	Nonpriority creditor's name and mailing address MISSOURI DEPARTMENT OF SOCIAL SERVICES PO BOX 2320 PO BOX 1527 JEFFERSON CITY, MO 65102 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: GOVERNMENT - MEDICAID Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.82	Nonpriority creditor's name and mailing address MO HEALTHNET DIVISION PO BOX 1116 JEFFERSON CITY, MO 65102-1116 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,502.99
3.83	Nonpriority creditor's name and mailing address MOFFITT CANCER CENTER (AKA H LEE MOFFITT CANCER CENTER) 12902 MAGNOLIA DRIVE TAMPA, FL 33612 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ACCRUED REBATE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.84	Nonpriority creditor's name and mailing address MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES 1400 BROADWAY PO BOX 8005 HELENA, MT 59604 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: GOVERNMENT - MEDICAID Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.85	Nonpriority creditor's name and mailing address NANG KUANG PHARM. CO. LTD. NO. 1001,ZHONGSHAN RD XINHUA DIST TAINAN CITY 71243 TAIWAN Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ACCRUED LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN

Part 2:

Additional Page

			Amount of claim
3.86	Nonpriority creditor's name and mailing address NEBRASKA DEPT OF HEALTH & HUMAN SERVICES SYSTEM 301 CENTENNIAL MALL SOUTH LINCOLN, NE 68509 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: GOVERNMENT - MEDICAID Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.87	Nonpriority creditor's name and mailing address NEVADA DEPARTMENT OF HEALTH AND HUMAN SERVICES 1100 EAST WILLIAM ST. SUITE 101 CARSON CITY, NV 89701 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: GOVERNMENT - MEDICAID Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.88	Nonpriority creditor's name and mailing address NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES 129 PLEASANT STREET CONCORD, NH 03301 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: GOVERNMENT - MEDICAID Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.89	Nonpriority creditor's name and mailing address NEW MEXICO DEPARTMENT OF HUMAN SERVICES P.O. BOX 2348 SANTA FE, NM 87504 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: GOVERNMENT - MEDICAID Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.90	Nonpriority creditor's name and mailing address NEW YORK OFFICE OF MEDICAID INSPECTOR GENERAL 800 NORTH PEARL STREET ALBANY, NY 12204 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: GOVERNMENT - MEDICAID Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN

Part 2:

Additional Page

			Amount of claim
3.91	Nonpriority creditor's name and mailing address NJ DEPARTMENT OF HUMAN SERVICES PO BOX 712 QUAKERBRIDGE PLAZA BUILDING 7 TRENTON, NJ 08625 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: GOVERNMENT - MEDICAID Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.92	Nonpriority creditor's name and mailing address NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES 2501 MAIL SERVICE CENTER RALEIGH, NC 27699 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: GOVERNMENT - MEDICAID Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.93	Nonpriority creditor's name and mailing address NORTH DAKOTA DEPARTMENT OF HUMAN RESOURCES 600 E. BOULEVARD AVE. DEPT. 325 BISMARCK, ND 58505 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: GOVERNMENT - MEDICAID Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.94	Nonpriority creditor's name and mailing address NORTH DAKOTA DEPT OF HUMAN S 600 E. BOULEVARD AVE DEPT 325 BISMARCK, ND 58505-0261 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,231.76
3.95	Nonpriority creditor's name and mailing address NUA CORPORATION 191 LEONARD WOOD N. UNIT 301 HIGHLAND PARK, IL 60035 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$84,806.28

Part 2:

Additional Page

			Amount of claim
3.96	Nonpriority creditor's name and mailing address OKLAHOMA HEALTH CARE AUTHORITY 4345 N. LINCOLN BLVD. STE. 124 OKLAHOMA CITY, OK 73105 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: GOVERNMENT - MEDICAID Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.97	Nonpriority creditor's name and mailing address OREGON HEALTH AUTHORITY 500 SUMMER STREET NE 3RD FLOOR SALEM, OR 94310 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: GOVERNMENT - MEDICAID Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.98	Nonpriority creditor's name and mailing address PA DEPT OF HUMAN SERVICES/DR PO BOX 780634 PHILADELPHIA, PA 19178-0634 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,773.39
3.99	Nonpriority creditor's name and mailing address PARKER POE ADAMS & BERNSTEIN LOCKBOX PO BOX 603857 CHARLOTTE, NC 28260-3857 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,666.00
3.100	Nonpriority creditor's name and mailing address PDM HEALTHCARE ACCOUNTS RECEIVABLE DEPARTMENT 24700 CENTER RIDGE RD #110 CLEVELAND, OH 44145 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ACCRUED REBATE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN

Part 2:

Additional Page

			Amount of claim
3.101	Nonpriority creditor's name and mailing address PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE PO BOX 2675 HEALTH AND WELFARE BUILDING ROOM 515 HARRISBURG, PA 17105 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: GOVERNMENT - MEDICAID Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.102	Nonpriority creditor's name and mailing address PHARMACEUTICS INTERNATIONAL, INC. 10819 GILROY ROAD HUNT VALLEY, MD 21031 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ACCRUED LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.103	Nonpriority creditor's name and mailing address PHARMAREGS INC CIM II, CARR. 165, C-102 GUAYNABO 00968 PUERTO RICO Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,414.00
3.104	Nonpriority creditor's name and mailing address PHARMASCIENCE INC 6111 ROYALMOUNT SUITE 100 MONTREAL QUEBEC, QC H7P2T4 CANADA Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000,000.00
3.105	Nonpriority creditor's name and mailing address PITNEY BOWES 2225 AMERICAN DRIVE NEENAH, WI 54956-1005 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$134.97

Part 2:

Additional Page

			Amount of claim
3.106	Nonpriority creditor's name and mailing address PITNEY BOWES POSTAGE BY PHON PO BOX 371874 PITTSBURGH, PA 15250-7874 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$529.98
3.107	Nonpriority creditor's name and mailing address PRAXGEN PHARMACEUTICALS, LLC 9 DEER PARK DRIVER SUITE J-10 MONMOUTH JUNCTION, NJ 08852 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$847,676.80
3.108	Nonpriority creditor's name and mailing address PREMIER HEALTHCARE ALLIANCE 13034 BALLANTYNE CORPORATE PLACE CHARLOTTE, NC 28277 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60,602.02
3.109	Nonpriority creditor's name and mailing address PREMIER SUPPLY CHAIN IMPROVE 13034 BALLANTYNE CORPORATE PLACE CHARLOTTE, NC 28277 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,666.66
3.110	Nonpriority creditor's name and mailing address PUERTO RICO AND VIRGIN ISLANDS MEDICAID OFFICE PO BOX 70184 SAN JUAN, VI 00936 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: GOVERNMENT - MEDICAID Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN

Part 2:

Additional Page

			Amount of claim
3.111	Nonpriority creditor's name and mailing address QILU PHARMACEUTICAL (HAINAN) NO.273-A, NANHAI AVENUE NATIONAL HIGH-TECH ZONE HAINAN 570314 CHINA Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ACCRUED LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.112	Nonpriority creditor's name and mailing address RATH CONSULTING 489 PINWOODS DRIVE NORTH BARRINGTON, IL 60010 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,250.00
3.113	Nonpriority creditor's name and mailing address RHODE ISLAND EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES 600 NEW LONDON AVENUE LOUIS PASTEUR BUILDING CRANSTON, RI 02921 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: GOVERNMENT - MEDICAID Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.114	Nonpriority creditor's name and mailing address SENTRY BIOPHARMA SERVICES 4605 DECATUR BOULEVARD INDIANAPOLIS, IN 46241 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,870.00
3.115	Nonpriority creditor's name and mailing address SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES PO BOX 8206 COLUMBIA, SC 29202 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: GOVERNMENT - MEDICAID Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN

Part 2:

Additional Page

			Amount of claim
3.116	Nonpriority creditor's name and mailing address SOUTH DAKOTA MEDICAID 700 GOVERNORS DRIVE PIERRE, SD 57501 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: GOVERNMENT - MEDICAID Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36.52
3.117	Nonpriority creditor's name and mailing address STAPLES BUSINESS ADVANTAGE 500 STAPLES DRIVE FIRMINGHAM, MA 01702 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$298.24
3.118	Nonpriority creditor's name and mailing address STATE DPT SERVICING, INC 221 BROAD STREET MILFORD, PA 18337 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,965.00
3.119	Nonpriority creditor's name and mailing address STATE OF ARIZONA AHCCCS ATN AZ MANAGED CARE PROG DRUG REBATE PO BOX 741573 ATLANTA, GA 30374-1573 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,171.26
3.120	Nonpriority creditor's name and mailing address STATE OF MICHIGAN PO BOX 77000 DETROIT, MI 48277-7951 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,985.43

Part 2:

Additional Page

			Amount of claim
3.121	Nonpriority creditor's name and mailing address STATE OF MISSISSIPPI- DIV OF MAGNOLA ATTN: KATHERINE THOMAS RIDGELAND, MS 39158 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.78
3.122	Nonpriority creditor's name and mailing address SUNGEN 9 DEER PARK DRIVE SUITE J-10 MONMOUTH JUNCTION, NJ 08852 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ACCRUED LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.123	Nonpriority creditor's name and mailing address SUNGEN 9 DEER PARK DRIVE SUITE J-10 MONMOUTH JUNCTION, NJ 08852 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ACCRUED LICENSE AGREEMENT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.124	Nonpriority creditor's name and mailing address SUNGEN/UBI 9 DEER PARK DRIVE SUITE J-10 MONMOUTH JUNCTION, NJ 08852 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ACCRUED LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.125	Nonpriority creditor's name and mailing address SYMPLR 33073 COLLECTION CENTER DRIVE CHICAGO, IL 60693-0330 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,396.00

Part 2:

Additional Page

			Amount of claim
3.126	Nonpriority creditor's name and mailing address TELERX MARKETING INC. 410 HORSHAM RD. 2ND FLOOR HORSHAM, PA 19044 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,369.00
3.127	Nonpriority creditor's name and mailing address TENNESSEE BUEAU OF TENNCARE 310 GREAT CIRCLE ROAD NASHVILLE, TN 37243 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: GOVERNMENT - MEDICAID Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.128	Nonpriority creditor's name and mailing address TERA DUCK DESIGN, CO. 7163 N. OTTAWA AVE CHICAGO, IL 60631 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,550.00
3.129	Nonpriority creditor's name and mailing address TEXAS HEALTH AND HUMAN SERVICES COMMISSION 4900 N. LAMAR BLVD. 4TH FLOOR AUSTIN, TX 78701 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: GOVERNMENT - MEDICAID Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.130	Nonpriority creditor's name and mailing address THE RESOURCE GROUP (TRG) 101 S. HANLEY SUITE 200 ST. LOUIS, MO 63105 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ACCRUED REBATE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN

Part 2:

Additional Page

			Amount of claim
3.131	Nonpriority creditor's name and mailing address THE TEXAS PURCHASING COALITION 5700 GRANITE PKWY SUITE 600 PLANO, TX 75024 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ACCRUED REBATE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.132	Nonpriority creditor's name and mailing address TPC 5700 GRANITE PKWY SUITE 600 PLANO, TX 75024 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,134.67
3.133	Nonpriority creditor's name and mailing address TRACELINK, INC. 400 RIVERPARK DRIVE SUITE 200 NORTH READING, MA 01864 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,625.00
3.134	Nonpriority creditor's name and mailing address TREASURER OF THE STATE OF OH OHIO DEPT OF MEDICAID DRUG REBATE PO BOX 712110 CINCINNATI, OH 45202-2110 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: GOVERNMENT - MEDICAID Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,790.92
3.135	Nonpriority creditor's name and mailing address TREASURER STATE OF MAINE ATTN: DHHS- PHARMACY 242 STATE STREET AUGUSTA, ME 04333-0011 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: GOVERNMENT - MEDICAID Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$393.81

Part 2:

Additional Page

			Amount of claim
3.136	Nonpriority creditor's name and mailing address UTAH DEPARTMENT OF HEALTH 288 N. 1460 WEST PO BOX 143101 SALT LAKE CITY, UT 84114 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: GOVERNMENT - MEDICAID Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.137	Nonpriority creditor's name and mailing address UTAH DEPARTMENT OF HEALTH PO BOX 413133 SALT LAKE CITY, UT 84141-3133 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$937.36
3.138	Nonpriority creditor's name and mailing address VERMONT AGENCY OF HUMAN SERVICES 103 S. MAIN ST. WATERBURY, VT 05676 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: GOVERNMENT - MEDICAID Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.139	Nonpriority creditor's name and mailing address VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES 600 E. BROAD ST. STE. 1300 RICHMOND, VA 23219 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: GOVERNMENT - MEDICAID Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.140	Nonpriority creditor's name and mailing address VIZIENT SUPPLY 75 REMITTANCE DRIVE SUITE 1420 CHICAGO, IL 60675-1420 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$101,790.00

Part 2:

Additional Page

			Amount of claim
3.141	Nonpriority creditor's name and mailing address WASHINGTON HEALTH CARE AUTHORITY 626 8TH AVE. SE OLYMPIA, WA 98501 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: GOVERNMENT - MEDICAID Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.142	Nonpriority creditor's name and mailing address WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES 350 CAPITOL STREET ROOM 251 CHARLESTON, WV 25301 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: GOVERNMENT - MEDICAID Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.143	Nonpriority creditor's name and mailing address WILLIS TOWERS WATSON P.O. BOX 4557 NEW YORK, NY 10249-4557 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.144	Nonpriority creditor's name and mailing address WINDELS MARX LANE & MITTENDO ONE GIRALDA FARMS 1ST FLOOR MADISON, NJ 07940 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$82,449.50
3.145	Nonpriority creditor's name and mailing address WISCONSIN DEPARTMENT OF HEALTH SERVICES 1 WEST WILSON STREET PO BOX 309 MADISON, WI 53701 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: GOVERNMENT - MEDICAID Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN

Part 2:

Additional Page

			Amount of claim
3.146	Nonpriority creditor's name and mailing address WISCONSIN DEPT OF HEALTH SER 313 BLETTNER BLVD MADISON, WI 53784 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,708.09
3.147	Nonpriority creditor's name and mailing address WOODFIELD PRESERVE PROPERTY 28942 NETWORK PLACE CHICAGO, IL 60673-1289 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RENT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,857.68
3.148	Nonpriority creditor's name and mailing address WOODFIELD PRESERVE PROPERTY, 28942 NETWORK PLACE CHICAGO, IL 60673-1289 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RENT LEASE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$956,680.61
3.149	Nonpriority creditor's name and mailing address WORLD COURIER, INC. 1313 FOURTH AVE. NEW HYDE PARK, NY 11040 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,871.22
3.150	Nonpriority creditor's name and mailing address WYMONING DEPARTMENT OF HEALTH 401 HATHAWAY BUILDING CHEYENNE, WY 82002 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: GOVERNMENT - MEDICAID Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN

Part 4:

Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts
5a. Total claims from Part 1	5a.	UNDETERMINED
5b. Total claims from Part 2	5b. +	\$24,031,399.20
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$24,031,399.20

Fill in this information to identify the case:Debtor Athenex Pharmaceutical Division, LLCUnited States Bankruptcy Court for the: Southern District of TexasCase number 23-90297
(if known)☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15**

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

1. Does the debtor have any executory contracts or unexpired leases?

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

2. List all contracts and unexpired leases**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1	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	LICENSE, DIST. AND SUPPLY AGREEMENT, JUNE 29, 2022	ALTER PHARMA NV (ON BEHALF OF GENERIC PHARMA INTERNATIONAL LIMITED AND MILLA PHARMACEUTICALS, INC.) ATTN: MANAGING DIRECTOR MARIE CURIE SQUARE 50, 5TH BULIDING (4TH FL) ANDERLECHT 1070 BELGIUM
2.2	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	LICENSE, DISTRIBUTION AND SUPPLY AGREEMENT, NOVEMBER 16, 2022	ALTER PHARMA NV (ON BEHALF OF GENERIC PHARMA INTERNATIONAL LIMITED AND MILLA PHARMACEUTICALS, INC.) ATTN: MANAGING DIRECTOR MARIE CURIE SQUARE 50, 5TH BULIDING (4TH FL) ANDERLECHT 1070 BELGIUM
2.3	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	MASTER DISTRIBUTION SERVICES AGREEMENT	AMERISOURCEBERGEN DRUG CORPORATION, ASD SPECIALTY HEALTHCARE, LLC, OPERATING THROUGH ITS ASD HEALTHCARE, ONCOLOGY SUPPLY AND BESSE MEDICAL DIVISIONS 1300 MORRIS DRIVE CHESTERBROOK, PA 19087-5594
2.4	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	MASTER SERVICES AGREEMENT	AMERISOURCEBERGEN GLOBAL MANUFACTURER SERVICES GMBH BOGENSCHÜTZENSTRASSE 9A BERN 3008 SWITZERLAND

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.5	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SUB-340B AND SUB-W AC PHARMACY SUPPLIER AGREEMENT, DATED APRIL 1, 2023	APEXUS, LLC 290 EAST JOHN CARPENTER FREEWAY IRVING, TX 75062
2.6	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	LICENSING, SUPPLY & DISTRIBUTION AGREEMENT, DECEMBER 6, 2022	ARTHUR GROUP LLC NO. 1918, ROUTE 27 EDISON, NJ 08817
2.7	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	LICENSING, SUPPLY & DISTRIBUTION AGREEMENT, MAY 26, 2022	ARTHUR GROUP LLC NO. 1918, ROUTE 27 EDISON, NJ 08817
2.8	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	TERM SHEET, APRIL 11, 2023	ARTHUR GROUP LLC NO. 1918, ROUTE 27 EDISON, NJ 08817
2.9	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	TERM SHEET, APRIL 11, 2023	ARTHUR GROUP LLC NO. 1918, ROUTE 27 EDISON, NJ 08817
2.10	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	TERM SHEET, APRIL 16, 2023	ARTHUR GROUP LLC NO. 1918, ROUTE 27 EDISON, NJ 08817

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.11	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SUPPLY AGREEMENT, OCTOBER 9, 2020	<p>BE PHARMACEUTICALS AG BIOLOGICAL E : BE PHARMACEUTICALS AG ATTN: GENERAL COUNSEL BUNDESTRASSE 3 ZUG 6300 SWITZERLAND</p>
2.12	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	LICENSE AND SUPPLY AGREEMENT, MARCH 3, 2021	<p>BELOTECA, INC. ATTN: FREDERIK DEFESCHE 10525 VISTA SORRENTO PKWY, STE 100 SAN DIEGO, CA 92121</p>
2.13	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MASTER COLLABORATION AGREEMENT, JUNE 2, 2021	<p>BELOTECA, INC. ATTN: FREDERIK DEFESCHE 10525 VISTA SORRENTO PKWY, STE 100 SAN DIEGO, CA 92121</p>
2.14	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SUPPLY AGREEMENT TERM SHEET, MAY 22, 2018	<p>CHIA TAI TIANQING PHARMACEUTICAL GROUP CO., LTD. ATTN: MS. XIANG WENJING NO. 16 JINQIAO RD. DAPU INDUSTRIAL PARK LIANYUNGANG, JIANGSU 222069 CHINA</p>
2.15	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SUPPLY AGREEMENT TERM SHEET, MAY 4, 2018	<p>CHIA TAI TIANQING PHARMACEUTICAL GROUP CO., LTD. ATTN: MS. XIANG WENJING NO. 16 JINQIAO RD. DAPU INDUSTRIAL PARK LIANYUNGANG, JIANGSU 222069 CHINA</p>
2.16	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SUPPLY AGREEMENT, NOVEMBER 13, 2018	<p>CHIA TAI TIANQING PHARMACEUTICAL GROUP CO., LTD. ATTN: MS. XIANG WENJING NO. 16 JINQIAO RD. DAPU INDUSTRIAL PARK LIANYUNGANG, JIANGSU 222069 CHINA</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.17	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SOURCING FRAMEWORK AGREEMENT, SEPTEMBER 11, 2018</p>	<p>CLARUSONE SOURCING SERVICES LLP 6 ST. ANDREW STREET, FIFTH FLOOR ATTN: PRESIDENT LONDON EC4A 3AE UNITED KINGDOM</p>
2.18	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>BINDING TERM SHEET FOR JOINT DEVELOPMENT AND COMMERCIALIZATION, OCTOBER 27, 2017</p>	<p>EVER VALINJECT OBERBURGAU 3 UNTERACH 4866 AUSTRIA</p>
2.19	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>BINDING TERM SHEET FOR JOINT DEVELOPMENT AND COMMERCIALIZATION, OCTOBER 7, 2017</p>	<p>EVER VALINJECT OBERBURGAU 3 UNTERACH 4866 AUSTRIA</p>
2.20	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>BINDING TERM SHEET FOR JOINT DEVELOPMENT AND COMMERCIALIZATION, SEPTEMBER 2016</p>	<p>EVER VALINJECT OBERBURGAU 3 UNTERACH 4866 AUSTRIA</p>
2.21	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SERVICE AGREEMENT, MARCH 1, 2023</p>	<p>EVERSANA LIFE SCIENCE SERVICES, LLC (F/K/A DOHMEN LIFE SCIENCE SERVICES, LLC) DOHMEN LIFE SCIENCE SERVICES, LLC ATTN: GENERAL COUNSEL 190 N. MILWAUKEE STREET MILWAUKEE, WI 53202</p>
2.22	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>BINDING TERM SHEET FOR LICENSE, AUGUST 1, 2016</p>	<p>GLAND PHARMA LIMITED SURVEY NO. 143 TO 150 & 151, NEAR GANDIMAISAMMA X ROADS, DP PALLY, GANDIMAISAMMA-DUNDIGAL MANDAL MEDCHAL-MALKAJGIRI DISTRICT, TELANGANA HYDERABAD 500 043 INDIA</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.23	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>BINDING TERM SHEET FOR LICENSE, AUGUST 26, 2016</p>	<p>GLAND PHARMA LIMITED SURVEY NO. 143 TO 150 & 151, NEAR GANDIMAISAMMA X ROADS, DP PALLY, GANDIMAISAMMA-DUNDIGAL MANDAL MEDCHAL-MALKAJGIRI DISTRICT, TELANGANA HYDERABAD 500 043 INDIA</p>
2.24	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>BINDING TERM SHEET FOR LICENSE, FEBRUARY 22, 2017</p>	<p>GLAND PHARMA LIMITED SURVEY NO. 143 TO 150 & 151, NEAR GANDIMAISAMMA X ROADS, DP PALLY, GANDIMAISAMMA-DUNDIGAL MANDAL MEDCHAL-MALKAJGIRI DISTRICT, TELANGANA HYDERABAD 500 043 INDIA</p>
2.25	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>BINDING TERM SHEET, JUNE 16, 2022</p>	<p>GLAND PHARMA LIMITED SURVEY NO. 143 TO 150 & 151, NEAR GANDIMAISAMMA X ROADS, DP PALLY, GANDIMAISAMMA-DUNDIGAL MANDAL MEDCHAL-MALKAJGIRI DISTRICT, TELANGANA HYDERABAD 500 043 INDIA</p>
2.26	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LICENSE, SUPPLY, AND MARKETING AGREEMENT, JULY 2020</p>	<p>GLAND PHARMA LIMITED SURVEY NO. 143 TO 150 & 151, NEAR GANDIMAISAMMA X ROADS, DP PALLY, GANDIMAISAMMA-DUNDIGAL MANDAL MEDCHAL-MALKAJGIRI DISTRICT, TELANGANA HYDERABAD 500 043 INDIA</p>
2.27	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>BINDING TERM SHEET FOR DEVELOPMENT AND SUPPLY, JANUARY 16, 2018</p>	<p>GLOBAL PHARMATECH LLC NO 32, SIPOT INDUSTRIAL COMPLEX, PHASE I HOSUR, KRISHNAGIRI TAMIL NADU 635126 INDIA</p>
2.28	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>BINDING TERM SHEET FOR SITE TRANSFER, FEBRUARY 25, 2020</p>	<p>GLOBAL PHARMATECH PRIVATE LIMITED NO 32, SIPOT INDUSTRIAL COMPLEX, PHASE I HOSUR, KRISHNAGIRI TAMIL NADU 635126 INDIA</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.29	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>BINDING TERM SHEET FOR SITE TRANSFER, JANUARY 16, 2018</p>	<p>GLOBAL PHARMATECH PRIVATE LIMITED NO 32, SIPOT INDUSTRIAL COMPLEX, PHASE I HOSUR, KRISHNAGIRI TAMIL NADU 635126 INDIA</p>
2.30	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>DEVELOPMENT OF VARIOUS PHARMACEUTICAL PRODUCTS</p>	<p>GLOBAL PHARMATECH PRIVATE LIMITED NO 32, SIPOT INDUSTRIAL COMPLEX, PHASE I HOSUR, KRISHNAGIRI TAMIL NADU 635126 INDIA</p>
2.31	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>BINDING TERM SHEET FOR DEVELOPMENT AND SUPPLY, MAY 16, 2018</p>	<p>GLOBAL PHARMATECH NO 32, SIPOT INDUSTRIAL COMPLEX, PHASE I HOSUR, KRISHNAGIRI TAMIL NADU 635126 INDIA</p>
2.32	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>BINDING TERM SHEET FOR DEVELOPMENT AND SUPPLY, MAY 16, 2018</p>	<p>GLOBAL PHARMATECH NO 32, SIPOT INDUSTRIAL COMPLEX, PHASE I HOSUR, KRISHNAGIRI TAMIL NADU 635126 INDIA</p>
2.33	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>BINDING TERM SHEET FOR SITE TRANSFER, DECEMBER 6, 2019</p>	<p>GLOBAL PHARMATECH NO 32, SIPOT INDUSTRIAL COMPLEX, PHASE I HOSUR, KRISHNAGIRI TAMIL NADU 635126 INDIA</p>
2.34	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>BINDING TERM SHEET FOR DEVELOPMENT AND SUPPLY</p>	<p>HAINAN SHUANGCHENG PHARMACEUTICALS INC. LTD NO. 16 XINGGUO ROAD XIUYING DISTRICT HAIKOU 570314 CHINA</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.35	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>BINDING TERM SHEET FOR DEVELOPMENT AND SUPPLY, JULY 6, 2018</p>	<p>HAINAN SHUANGCHENG PHARMACEUTICALS INC. LTD NO. 16 XINGGUO ROAD XIUYING DISTRICT HAIKOU 570314 CHINA</p>
2.36	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PURCHASING AGREEMENT, AGREEMENT # HPG-52329, DATED NOVEMBER 1, 2019</p>	<p>HEALTHTRUST PURCHASING GROUP, L.P . 1100 DR. MARTIN L. KING JR. BLVD. SUITE 1100 NASHVILLE, TN 37203</p>
2.37	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>BINDING TERM SHEET FOR LICENSE, OCTOBER 9, 2017</p>	<p>HENGRUI 7 KUNLUNCHAN ROAD ECONOMIC AND TECHNOLOGICAL DEVELOPMENT ZONE LIANYUNGANG 222047 CHINA</p>
2.38	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>FIRST AMENDMENT TO LICENSE, SUPPLY & MARKETING AGREEMENT, JUNE 22, 2022</p>	<p>HERITAGE PHARMACEUTICALS INC. DBA AVET PHARMACEUTICALS INC. DBA AVET PHARMACEUTICALS INC. ONE TOWER CENTER, SUITE 1700 ATTN: GENERAL COUNSEL EAST BRUNSWICK, NJ 08816</p>
2.39	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LICENSE, SUPPLY AND MARKETING AGREEMENT, MAY 2, 2022</p>	<p>HERITAGE PHARMACEUTICALS INC. DBA AVET PHARMACEUTICALS INC. DBA AVET PHARMACEUTICALS INC. ONE TOWER CENTER, SUITE 1700 ATTN: GENERAL COUNSEL EAST BRUNSWICK, NJ 08816</p>
2.40	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MEMORANDUM OF UNDERSTANDING DATED DECEMBER 14, 2018</p>	<p>INDENA S.P.A. VIALE ORTLES 12 MILAN 20139 ITALY</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.41	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	CO-MARKETING, MANUFACTURE AND SUPPLY AGREEMENT, MAY 25, 2022	INGENUS PHARMACEUTICALS LLC 4190 MILLENIA BLVD. ATTN MATTHEW J BAUMGARTNER ORLANDO, FL 32839
2.42	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	CO-MARKETING, MANUFACTURE AND SUPPLY AGREEMENT, MAY 25, 2022	INGENUS PHARMACEUTICALS LLC 4190 MILLENIA BLVD. ATTN MATTHEW J BAUMGARTNER ORLANDO, FL 32839
2.43	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	CO-MARKETING, MANUFACTURE AND SUPPLY AGREEMENT, NOVEMBER 2, 2022	INGENUS PHARMACEUTICALS LLC 4190 MILLENIA BLVD. ATTN MATTHEW J BAUMGARTNER ORLANDO, FL 32839
2.44	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MANUFACTURE AND SUPPLY AGREEMENT, JANUARY 15, 2021	INGENUS PHARMACEUTICALS LLC 4190 MILLENIA BLVD. ATTN MATTHEW J BAUMGARTNER ORLANDO, FL 32839
2.45	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SUBLICENSE, MAY 1, 2022	INGENUS PHARMACEUTICALS LLC 4190 MILLENIA BLVD. ATTN MATTHEW J BAUMGARTNER ORLANDO, FL 32839
2.46	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SUPPLY AND DISTRIBUTION AGREEMENT, APRIL 9, 2018	ISTITUTO BIOCHIMICO ITALIANO GIOVANNI LORENZINI S.P.A. VIA FOSSIGNANO 2 ATTN: JOHANNES KHEVENHULLER, CEO, JDR. CAMILLA BORGHESE, PRESIDENT APRILIA (LT) 04011 ITALY

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.47	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SUPPLY AND DISTRIBUTION AGREEMENT, MARCH 29, 2018</p>	<p>ISTITUTO BIOCHIMICO ITALIANO GIOVANNI LORENZINI S.P.A. VIA FOSSIGNANO 2 ATTN: JOHANNES KHEVENHULLER, CEO, JDR. CAMILLA BORGHESE, PRESIDENT APRILIA (LT) 04011 ITALY</p>
2.48	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SUPPLY AND DISTRIBUTION AGREEMENT, MARCH 29, 2018</p>	<p>ISTITUTO BIOCHIMICO ITALIANO GIOVANNI LORENZINI S.P.A. VIA FOSSIGNANO 2 ATTN: JOHANNES KHEVENHULLER, CEO, JDR. CAMILLA BORGHESE, PRESIDENT APRILIA (LT) 04011 ITALY</p>
2.49	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EXCLUSIVE LICENSE AND SUPPLY AGREEMENT, DECEMBER 18, 2021</p>	<p>JIANGSU HANSO PHARMACEUTICAL GROUP CO., LTD NO. 9, DONGJIN ROAD ECONOMIC & TECHNICAL DEVELOPMENT ZONE JIANGSU PROVINCE LIANYUNGANG 222069 CHINA</p>
2.50	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>DEVELOPMENT AGREEMENT, OCTOBER 19, 2017</p>	<p>KAMAT PHARMATECH 675, US HIGHWAY 1 NORTH BRUNSWICK, NJ 08902</p>
2.51	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AMENDED AND RESTATED EXCLUSINVE DISTRIBUTION AND SUPPLY AGREEMENT, "LICENSE AGREEMENT, DECEMBER 5, 2019</p>	<p>MAIA PHARMACEUTICALS, INC. 707 STATE ROAD, SUITE 104 ATTN: BIKRAM MALIK, OPERATIONS PRINCETON, NJ 08540</p>
2.52	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SUPPLY SERVICES AGREEMENT, OCTOBER 3, 2018</p>	<p>MAIA PHARMACEUTICALS, INC. 707 STATE ROAD, SUITE 104 ATTN: BIKRAM MALIK, OPERATIONS PRINCETON, NJ 08540</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.53	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>BINDING TERM SHEET FOR LICENCE, AUGUST 9, 2021</p>	<p>MAIVA PHARMA PRIVATE LIMITED NO 32, SIPOT INDUSTRIAL COMPLEX, PHASE I HOSUR, KRISHNAGIRI, TN 635126 INDIA</p>
2.54	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>DEVELOPMENT AND SUPPLY AGREEMENT, FEBRUARY 2, 2021</p>	<p>MAIVA PHARMA PRIVATE LIMITED NO 32, SIPOT INDUSTRIAL COMPLEX, PHASE I HOSUR, KRISHNAGIRI, TN 635126 INDIA</p>
2.55	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PRODUCT SUPPLY AGREEMENT, MARCH 8, 2023</p>	<p>MAIVA PHARMA PRIVATE LIMITED NO 32, SIPOT INDUSTRIAL COMPLEX, PHASE I HOSUR, KRISHNAGIRI, TN 635126 INDIA</p>
2.56	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MEMBER PURCHASE AND SERVICES AGREEMENT, SEPTEMBER 18, 2018</p>	<p>MCKESSON CORPORATION ATTN: SVP AND CFO, US PHARMACEUTICAL 6555 STATE HIGHWAY 161 IRVING, TX 75037</p>
2.57	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SUPPLIER ACKNOWLEDGEMENT & AGREEMENT, JULY 2017</p>	<p>MCKESSON CORPORATION ATTN: SVP AND CFO, US PHARMACEUTICAL 6555 STATE HIGHWAY 161 IRVING, TX 75037</p>
2.58	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PHARMACEUTICAL PURCHASE AND DISTRIBUTION AGREEMENT DATED OCTOBER 7, 2020</p>	<p>MCKESSON PLASMA AND BIOLOGICS LLC & MCKESSON SPECIALTY CARE DISTRIBUTION LLC 6555 STATE HWY 161 IRVING, TX 75039</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.59	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	DISTRIBUTION AGREEMENT, NOVEMBER 2017	MORRIS & DICKSON CO., LLC 410 KAY LANE SHREVEPORT, LA 71115
2.60	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	QUALITY AGREEMENT FOR COMMERCIAL AND CLINICAL MANUFACTURE OF PRODUCT, AUGUST 7, 2020	MW ENCAP LTD. (LONZA) OAKBANK PARK WAY UNITS 4,5 & 6 WEST LOTHIAN EH53 0TH UNITED KINGDOM
2.61	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	BINDING TERM SHEET FOR LICENSE, AUGUST 15, 2018	ONCOGENERIX USA, INC. 6046 CORNERSTONE CT W STE 155 SAN DIEGO, CA 92121
2.62	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	BINDING TERM SHEET FOR JOINT DEVELOPMENT AND COMMERCIALIZATION, OCTOBER 28, 2020	ONCOMED SPECIALTY, LLC DBA ONCO360 ONCO360 ONCOLOGY PHARMACY 13410 EASTPOINT CENTRE DRIVE ATTN: BENITO FERNANDEZ LOUISVILLE, KY 40223
2.63	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	BINDING PROPOSAL, JULY 19, 2021	PHARMASCIENCE INC. 6111 ROYALMOUNT AVENUE MONTREAL, QC H4P 2T4 CANADA
2.64	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MASTER COLLABORATION AGREEMENT, APRIL 21, 2021	PRAXGEN PHARMACEUTICALS LLC 9 DEER PARK DRIVE SUITE J-10 MONMOUTH JUNCTION, NJ 08852

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.65	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>GROUP PURCHASING AGREEMENT – PHARMACY ACCESS AGREEMENT, CONTRACT # PPPL24ANX01, DATED JULY 1, 2018</p>	<p>PREMIER HEALTHCARE ALLIANCE, L.P. ATTENTION: LEGAL DEPARTMENT 13034 BALLANTYNE CORPORATE PLACE CHARLOTTE, NC 28277</p>
2.66	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>GROUP PURCHASING AGREEMENT- PHARMACEUTICALS, CONTRACT # PPPH18ANX01, DATED JUNE 1, 2017</p>	<p>PREMIER HEALTHCARE ALLIANCE, L.P. ATTENTION: LEGAL DEPARTMENT 13034 BALLANTYNE CORPORATE PLACE CHARLOTTE, NC 28277</p>
2.67	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>TRADEMARK LICENSE AGREEMENT, CONTRACT # PPPL24ANX01, DATED JULY 1, 2018</p>	<p>PREMIER HEALTHCARE ALLIANCE, L.P. ATTENTION: LEGAL DEPARTMENT 13034 BALLANTYNE CORPORATE PLACE CHARLOTTE, NC 28277</p>
2.68	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LICENSE, SUPPLY, AND DISTRIBUTION AGREEMENT, MAY 21, 2021</p>	<p>QILU PHARMACEUTICAL CO., LTD. ATTN: MS. JING ZHANG 8888. LVYOU ROAD, HIGH-TECH ZONE SHANGDONG JINAN 250104 CHINA</p>
2.69	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADDENDUM #2 TO CUSTOMER SERVICE AGREEMENT</p>	<p>STATE LICENSE SERVICING INC ATTN PRESIDENT 1751 STATE RT 17A, STE 3 FLORIDA, NY 10921</p>
2.70	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>CUSTOMER SERVICE AGREEMENT</p>	<p>STATE LICENSE SERVICING INC ATTN PRESIDENT 1751 STATE RT 17A, STE 3 FLORIDA, NY 10921</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.71	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	CONSULTING AGREEMENT	<p>TERA DUSK DESIGN CO 7163 N OTTOWA CHICAGO, IL 60631</p>
2.72	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	PHARMACY SUPPLIER AGREEMENT, DATED APRIL 1, 2017	<p>VIZIENT SUPPLY, LLC 290 EAST JOHN CARPENTER FREEWAY IRVING, TX 75062</p>
2.73	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	AMENDED AND RESTATED LEASE, MARCH 29, 2017	<p>WOODFIELD PRESERVE PROPERTY, L.L.C. C/O ZELLER REALTY GROUP ATTN: ASSET MANAGEMENT 401 N. MICHIGAN AVE, STE. 1300 CHICAGO, IL 60611</p>

Fill in this information to identify the case:

Debtor Athenex Pharmaceutical Division, LLCUnited States Bankruptcy Court for the: Southern District of TexasCase number 23-90297
(if known)☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes.

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, **Schedules D-G**. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor			Column 2: Creditor	
	Name	Mailing Address	Name	Check all schedules that apply
2.1	ATHENEX PHARMA SOLUTIONS, LLC	11342 MAIN STREET CLARENCE, NY 14031	OAKTREE FUND ADMINISTRATION, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2	ATHENEX, INC.	CONVENTUS BUILDING 1001 MAIN STREET SUITE 600 BUFFALO, NY 14203	OAKTREE FUND ADMINISTRATION, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	CELL MEDICA, INC.	6200 SAVOY DRIVE SUITE 1200 HOUSTON, TX 77036	OAKTREE FUND ADMINISTRATION, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	KUUR THERAPEUTICS INC.	CONVENTUS BUILDING 1001 MAIN STREET SUITE 600 BUFFALO, NY 14203	OAKTREE FUND ADMINISTRATION, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor Athenex Pharmaceutical Division, LLCUnited States Bankruptcy Court for the: Southern District of TexasCase number 23-90297
(if known)

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

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

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

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information 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 Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 06/19/2023
MM / DD / YYYY

X

/s/ JOE ANNONI

Signature of individual signing on behalf of debtor

JOE ANNONI

Printed name

CHIEF FINANCIAL OFFICER

Position or relationship to debtor