

Name of proof of claims where to
Numerical Claims Register for Delphi Behavioral Health Group (ALL DEBTORS)

CLIENT ID 4 ADDRESS REDACTED		Claim Number: 1 Claim Date: 02/21/2023 Debtor: SUMMIT BEHAVIORAL HEALTH LIMITED LIABILITY COMPANY Comments: ALLOWED DOCKET: 403 (04/19/2023)		
UNSECURED	Claimed:	\$15,000.00	Allowed:	\$5,500.00
CLIENT ID 5 ADDRESS REDACTED		Claim Number: 2 Claim Date: 02/27/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: EXPUNGED DOCKET: 663 (05/23/2023)		
UNSECURED	Claimed:	\$0.00 UNDET		
RAKER, IRMA S ADDRESS ON FILE		Claim Number: 3 Claim Date: 02/27/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: EXPUNGED DOCKET: 642 (05/19/2023)		
UNSECURED	Claimed:	\$1,950.00		
CAPITAL CITY SEWER SERVICE INC 256 PERTCH RD SEVERNA PARK, MD 21146-1330		Claim Number: 4 Claim Date: 02/27/2023 Debtor: MARYLAND HOUSE DETOX, LLC Comments: DOCKET: 398 (04/18/2023)		
UNSECURED	Claimed:	\$796.98	Scheduled:	\$780.00
SIEGEL, MAGDALANA ADDRESS ON FILE		Claim Number: 5 Claim Date: 02/27/2023 Debtor: SBH HAVERHILL, LLC Comments: EXPUNGED DOCKET: 643 (05/19/2023)		Allowed: \$795.00
UNSECURED	Claimed:	\$500.00		

Name of proof of claims where to
Numerical Claims Register for Delphi Behavioral Health Group (ALL DEBTORS)

UNITEDHEALTHCARE INSURANCE COMPANY ATTN CDM/BANKRUPTCY 185 ASYLUM ST, #03B HARTFORD, CT 06103		Claim Number: 6 Claim Date: 02/27/2023 Debtor: CALIFORNIA ADDICTION TREATMENT CENTER LL LLC Comments: ALLOWED DOCKET: 504 (04/26/2023)		
UNSECURED	Claimed:	\$542.66	Allowed:	\$500.00
UNITEDHEALTHCARE INSURANCE COMPANY ATTN CDM/BANKRUPTCY 185 ASYLUM ST, #03B HARTFORD, CT 06103		Claim Number: 7 Claim Date: 02/27/2023 Debtor: CALIFORNIA VISTAS ADDICTION TREATMENT LLC Comments: ALLOWED DOCKET: 504 (04/26/2023)		
UNSECURED	Claimed:	\$18,348.82	Allowed:	\$14,000.00
UNITEDHEALTHCARE INSURANCE COMPANY ATTN CDM/BANKRUPTCY 185 ASYLUM ST, #03B HARTFORD, CT 06103		Claim Number: 8 Claim Date: 02/27/2023 Debtor: LAS OLAS RECOVERY LLC Comments: ALLOWED DOCKET: 504 (04/26/2023)		
UNSECURED	Claimed:	\$4,702.49	Allowed:	\$2,000.00
UNITEDHEALTHCARE INSURANCE COMPANY ATTN CDM/BANKRUPTCY 185 ASYLUM ST, #03B HARTFORD, CT 06103		Claim Number: 9 Claim Date: 02/27/2023 Debtor: MARYLAND HOUSE DETOX, LLC Comments: ALLOWED DOCKET: 504 (04/26/2023)		
UNSECURED	Claimed:	\$14,426.89	Allowed:	\$3,000.00
UNITEDHEALTHCARE INSURANCE COMPANY ATTN CDM/BANKRUPTCY 185 ASYLUM ST, #03B HARTFORD, CT 06103		Claim Number: 10 Claim Date: 02/27/2023 Debtor: OCEAN BREEZE DETOX, LLC Comments: ALLOWED DOCKET: 504 (04/26/2023)		
UNSECURED	Claimed:	\$12,525.59	Allowed:	\$4,000.00

Name of proof of claims where to
Numerical Claims Register for Delphi Behavioral Health Group (ALL DEBTORS)

UNITEDHEALTHCARE INSURANCE COMPANY
ATTN CDM/BANKRUPTCY
185 ASYLUM ST, #03B
HARTFORD, CT 06103

Claim Number: 11
Claim Date: 02/27/2023
Debtor: OCEAN BREEZE RECOVERY, LLC
Comments: ALLOWED
DOCKET: 504 (04/26/2023)

UNSECURED	Claimed:	\$745.14	Allowed:	\$500.00
-----------	----------	----------	----------	----------

FLORIDA POWER & LIGHT
ATTN RRD/LFO-BKY
4200 W FLAGLER ST
CORAL GABLES, FL 33134

Claim Number: 12
Claim Date: 02/27/2023
Debtor: PALM BEACH RECOVERY, LLC

UNSECURED	Claimed:	\$261.98	Scheduled:	\$1,932.93
-----------	----------	----------	------------	------------

STATE OF FLORIDA - DEPARTMENT OF REVENUE
ATTN FREDERICK F RUDZIK, ESQ
PO BOX 6668
TALLAHASSEE, FL 32314-6668

Claim Number: 13
Claim Date: 02/23/2023
Debtor: LAS OLAS RECOVERY LLC
Comments: POSSIBLY AMENDED BY 107

PRIORITY	Claimed:	\$469.03
----------	----------	----------

UNSECURED	Claimed:	\$300.00
-----------	----------	----------

FLORIDA POWER & LIGHT
ATTN RRD/LFO-BKY
4200 W FLAGLER ST
CORAL GABLES, FL 33134

Claim Number: 14
Claim Date: 03/01/2023
Debtor: OCEAN BREEZE RECOVERY, LLC

UNSECURED	Claimed:	\$3,458.36
-----------	----------	------------

CLIENT ID 13
ADDRESS REDACTED

Claim Number: 15
Claim Date: 03/02/2023
Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC
Comments: EXPUNGED
DOCKET: 640 (05/19/2023)

UNSECURED	Claimed:	\$7,850.00
-----------	----------	------------

Name of proof of claims where to
Numerical Claims Register for Delphi Behavioral Health Group (ALL DEBTORS)

CLIENT ID 7 ADDRESS REDACTED	Claim Number: 16 Claim Date: 03/03/2023 Debtor: SUMMIT AT FLORHAM PARK, LLC Comments: EXPUNGED DOCKET: 641 (05/19/2023)		
UNSECURED	Claimed: \$0.00	UNDET	
BANK DIRECT CAPITAL FINANCE 150 N FIELD DR, STE 190 LAKE FOREST, IL 60045	Claim Number: 17 Claim Date: 03/03/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: ALLOWED DOCKET: 497 (04/24/2023)		
SECURED	Claimed: \$1,172,110.36		
UNSECURED	Claimed: \$21,576.82	Allowed:	\$852,633.70
ULINE 12575 ULINE DR PLEASANT PRAIRIE, WI 53158	Claim Number: 18 Claim Date: 03/06/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC		
UNSECURED	Claimed: \$357.13	Scheduled:	\$357.13
JPMORGAN CHASE BANK NA S/B/M/T CHASE BANK USA NA C/O NATIONAL BANKRUPTCY SERVICES LLC PO BOX 9013 ADDISON, TX 75001	Claim Number: 19 Claim Date: 03/06/2023 Debtor: CALIFORNIA ADDICTION TREATMENT CENTER LL LLC Comments: EXPUNGED DOCKET: 610 (05/18/2023)		
UNSECURED	Claimed: \$21,564.51		
NYS DEPARTMENT OF LABOR ATTN UNEMPLOYMENT INSURANCE DIVISION GOVERNOR W AVERELL HARRIMAN STATE OFFICE BLDG CAMPUS BLDG 12, RM 256 ALBANY, NY 12240	Claim Number: 20 Claim Date: 03/13/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: EXPUNGED DOCKET: 745 (06/22/2023)		
PRIORITY	Claimed: \$605.34		

Name of proof of claims where to
Numerical Claims Register for Delphi Behavioral Health Group (ALL DEBTORS)

UNITEDHEALTHCARE INSURANCE COMPANY
ATTN CDM/BANKRUPTCY
185 ASYLUM ST, #03B
HARTFORD, CT 06103

Claim Number: 21
Claim Date: 03/14/2023
Debtor: PALM BEACH RECOVERY, LLC
Comments: ALLOWED
DOCKET: 504 (04/26/2023)

UNSECURED	Claimed:	\$26,924.00	Allowed:	\$22,000.00
-----------	----------	-------------	----------	-------------

UNITEDHEALTHCARE INSURANCE COMPANY
ATTN CDM/BANKRUPTCY
185 ASYLUM ST, #03B
HARTFORD, CT 06103

Claim Number: 22
Claim Date: 03/14/2023
Debtor: SBH HAVERHILL, LLC
Comments: ALLOWED
DOCKET: 504 (04/26/2023)

UNSECURED	Claimed:	\$10,871.20	Allowed:	\$4,000.00
-----------	----------	-------------	----------	------------

UNITEDHEALTHCARE INSURANCE COMPANY
ATTN CDM/BANKRUPTCY
185 ASYLUM ST, #03B
HARTFORD, CT 06103

Claim Number: 23
Claim Date: 03/14/2023
Debtor: UNION FRESH START LLC
Comments: ALLOWED
DOCKET: 504 (04/26/2023)

UNSECURED	Claimed:	\$29,110.70	Allowed:	\$25,000.00
-----------	----------	-------------	----------	-------------

AGL WELDING SUPPLY
D/B/A INHALATION THERAPY CO
600 RTE 46 W
CLIFTON, NJ 07015

Claim Number: 24
Claim Date: 03/20/2023
Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC

UNSECURED	Claimed:	\$380.02	Scheduled:	\$380.02
-----------	----------	----------	------------	----------

CLIENT ID 9
ADDRESS REDACTED

Claim Number: 25
Claim Date: 03/21/2023
Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC
Comments: EXPUNGED
DOCKET: 675 (05/26/2023)

UNSECURED	Claimed:	\$950.00
-----------	----------	----------

Name of proof of claims where to
Numerical Claims Register for Delphi Behavioral Health Group (ALL DEBTORS)

FLORIDA POWER & LIGHT
ATTN RRD/LFO-BKY
4200 W FLAGLER ST
CORAL GABLES, FL 33134

Claim Number: 26
Claim Date: 03/21/2023
Debtor: OCEAN BREEZE RECOVERY, LLC
Comments: EXPUNGED
DOCKET: 676 (05/26/2023)

UNSECURED Claimed: \$3,458.36

NY STATE DEPT OF TAXATION AND FINANCE
ATTN BANKRUPTCY SECTION
PO BOX 5300
ALBANY, NY 12205-0300

Claim Number: 27
Claim Date: 03/21/2023
Debtor: DR SUB, LLC

PRIORITY Claimed: \$226.37

UNSECURED Claimed: \$2,000.00

NEW YORK STATE DEPARTMENT OF LABOR
STATE CAMPUS BLDG 12, RM 256
ALBANY, NY 12240

Claim Number: 28
Claim Date: 03/21/2023
Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC

PRIORITY Claimed: \$605.34

CLIENT ID 10
ADDRESS REDACTED

Claim Number: 29
Claim Date: 03/27/2023
Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC
Comments: EXPUNGED
DOCKET: 677 (05/26/2023)

PRIORITY Claimed: \$5,000.00

SOCALGAS
PO BOX 30337
LOS ANGELES, CA 90030

Claim Number: 30
Claim Date: 03/28/2023
Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC
Comments: ALLOWED
DOCKET: 678 (05/26/2023)

UNSECURED	Claimed:	\$1,902.70	Scheduled:	\$850.40	Allowed:	\$1,004.30
-----------	----------	------------	------------	----------	----------	------------

Name of proof of claims where to
Numerical Claims Register for Delphi Behavioral Health Group (ALL DEBTORS)

CIGNA HEALTH & LIFE INSURANCE COMPANY
ATTN MARYLOU RICE, LEGAL COMPLIANCE
900 COTTAGE GROVE RD, B6LPA
HARTFORD, CT 06152

Claim Number: 31
Claim Date: 03/29/2023
Debtor: UNION FRESH START LLC
Comments: ALLOWED
DOCKET: 503 (04/26/2023)

UNSECURED	Claimed:	\$211,950.50	Scheduled:	\$0.00 UNLIQ	Allowed:	\$129,252.09
-----------	----------	--------------	------------	--------------	----------	--------------

CIGNA HEALTH & LIFE INSURANCE COMPANY
ATTN MARYLOU RICE, LEGAL COMPLIANCE
900 COTTAGE GROVE RD, B6LPA
HARTFORD, CT 06152

Claim Number: 32
Claim Date: 03/29/2023
Debtor: SBH HAVERHILL, LLC
Comments: ALLOWED
DOCKET: 503 (04/26/2023)

UNSECURED	Claimed:	\$41,581.73	Scheduled:	\$0.00 UNLIQ	Allowed:	\$25,646.40
-----------	----------	-------------	------------	--------------	----------	-------------

CIGNA HEALTH & LIFE INSURANCE COMPANY
ATTN MARYLOU RICE, LEGAL COMPLIANCE
900 COTTAGE GROVE RD, B6LPA
HARTFORD, CT 06152

Claim Number: 33
Claim Date: 03/29/2023
Debtor: PALM BEACH RECOVERY, LLC
Comments: ALLOWED
DOCKET: 503 (04/26/2023)

UNSECURED	Claimed:	\$107,448.31			Allowed:	\$41,421.09
-----------	----------	--------------	--	--	----------	-------------

CIGNA HEALTH & LIFE INSURANCE COMPANY
ATTN MARYLOU RICE, LEGAL COMPLIANCE
900 COTTAGE GROVE RD, B6LPA
HARTFORD, CT 06152

Claim Number: 34
Claim Date: 03/29/2023
Debtor: OCEAN BREEZE DETOX, LLC
Comments: ALLOWED
DOCKET: 503 (04/26/2023)

UNSECURED	Claimed:	\$232,061.98	Scheduled:	\$5,900,000.00 UNLIQ DISP	Allowed:	\$96,430.42
-----------	----------	--------------	------------	---------------------------	----------	-------------

CLIENT ID 11
ADDRESS REDACTED

Claim Number: 35
Claim Date: 03/30/2023
Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC
Comments: EXPUNGED
DOCKET: 679 (05/26/2023)

UNSECURED	Claimed:	\$0.00				
-----------	----------	--------	--	--	--	--

Name of proof of claims where to
Numerical Claims Register for Delphi Behavioral Health Group (ALL DEBTORS)

HANOVER ASSOCIATES C/O WILENTZ GOLDMAN & SPITZER PA ATTN DAVID H STEIN, ESQ 90 WOODBRIDGE CENTER DR, BOX 10 WOODBIDGE, NJ 07095		Claim Number: 36 Claim Date: 03/31/2023 Debtor: SUMMIT BEHAVIORAL HEALTH LIMITED LIABILITY COMPANY Comments: ALLOWED DOCKET: 557 (05/10/2023)			
ADMINISTRATIVE	Claimed:	\$1,233.97			
SECURED	Claimed:	\$36,436.00			
UNSECURED	Claimed:	\$65,569.30	Scheduled:	\$1,233.97	Allowed: \$103,239.27
HANOVER ASSOCIATES C/O WILENTZ GOLDMAN & SPITZER PA ATTN DAVID H STEIN, ESQ 90 WOODBRIDGE CENTER DR, BOX 10 WOODBIDGE, NJ 07095		Claim Number: 37 Claim Date: 03/31/2023 Debtor: SUMMIT AT FLORHAM PARK, LLC Comments: EXPUNGED DOCKET: 558 (05/10/2023)			
ADMINISTRATIVE	Claimed:	\$1,233.97			
SECURED	Claimed:	\$36,436.00			
UNSECURED	Claimed:	\$65,569.30			
MARLIN LEASING CORP/PEAC SOLUTIONS 300 FELLOWSHIP RD MOUNT LAUREL, NJ 08054		Claim Number: 38 Claim Date: 04/06/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: EXPUNGED DOCKET: 705 (06/07/2023)			
UNSECURED	Claimed:	\$88,489.36			
CUSTOM DESIGNED SECURITY SYSTEMS PO BOX 1497 BUSHNELL, FL 33513		Claim Number: 39 Claim Date: 04/07/2023 Debtor: PALM BEACH RECOVERY, LLC Comments: EXPUNGED DOCKET: 705 (06/07/2023)			
UNSECURED	Claimed:	\$1,240.00			
CLIENT ID 14 ADDRESS ON FILE		Claim Number: 40 Claim Date: 04/11/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: EXPUNGED DOCKET: 700 (06/06/2023)			
UNSECURED	Claimed:	\$0.00	UNDET		

Name of proof of claims where to
Numerical Claims Register for Delphi Behavioral Health Group (ALL DEBTORS)

CLIENT ID 15	Claim Number: 41
ADDRESS ON FILE	Claim Date: 04/11/2023
	Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC
	Comments: EXPUNGED
	DOCKET: 701 (06/06/2023)

UNSECURED	Claimed:	\$25,000.00
-----------	----------	-------------

DEPARTMENT OF TREASURY - IRS	Claim Number: 42
PO BOX 7346	Claim Date: 04/11/2023
PHILADELPHIA, PA 19101-7346	Debtor: SBH HAVERHILL, LLC
	Comments: POSSIBLY AMENDED BY 108
	DOCKET: 570 (05/12/2023)

PRIORITY	Claimed:	\$99,023.67	UNLIQ
UNSECURED	Claimed:	\$6,978.66	UNLIQ

DEPARTMENT OF TREASURY - IRS	Claim Number: 43
PO BOX 7346	Claim Date: 04/11/2023
PHILADELPHIA, PA 19101-7346	Debtor: UNION FRESH START LLC
	Comments: POSSIBLY AMENDED BY 109
	DOCKET: 570 (05/12/2023)

PRIORITY	Claimed:	\$100,850.94	UNLIQ
UNSECURED	Claimed:	\$2,629.76	UNLIQ

DEPARTMENT OF TREASURY - IRS	Claim Number: 44
PO BOX 7346	Claim Date: 04/11/2023
PHILADELPHIA, PA 19101-7346	Debtor: DR SUB, LLC
	Comments: DOCKET: 470 (04/24/2023)

UNSECURED	Claimed:	\$100.00	UNLIQ
-----------	----------	----------	-------

JEFFERSON CAPITAL SYSTEMS LLC	Claim Number: 45
PO BOX 7999	Claim Date: 04/11/2023
SAINT CLOUD, MN 56302-9617	Debtor: ROGERS LEARNING, LLC
	Comments: EXPUNGED
	DOCKET: 702 (06/06/2023)

UNSECURED	Claimed:	\$400.00
-----------	----------	----------

Name of proof of claims where to
Numerical Claims Register for Delphi Behavioral Health Group (ALL DEBTORS)

SENTIENT SOLUTIONS LTD T/A SCOREBUDDY ATTN ELIZABETH KAVANAGH 151 THOMAS ST DUBLIN, D08 PY5E, IRELAND		Claim Number: 46 Claim Date: 04/12/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC			
UNSECURED	Claimed:	\$1,485.90			
JPMORGAN CHASE BANK NA S/B/M/T CHASE BANK USA NA C/O NATIONAL BANKRUPTCY SERVICES LLC PO BOX 9013 ADDISON, TX 75001		Claim Number: 47 Claim Date: 04/13/2023 Debtor: CALIFORNIA ADDICTION TREATMENT CENTER LL LLC Comments: EXPUNGED DOCKET: 715 (06/08/2023)			
UNSECURED	Claimed:	\$21,531.66			
MCDERMOTT WILL & EMERY LLP 444 W LAKE ST, STE 4000 CHICAGO, IL 60606		Claim Number: 48 Claim Date: 04/13/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: ALLOWED DOCKET: 508 (04/27/2023)			
UNSECURED	Claimed:	\$689,360.53	Scheduled:	\$614,941.77	Allowed: \$689,360.53
LIFE INSURANCE COMPANY OF NORTH AMERICA SUBSIDIARY OF NEW YORK LIFE INSURANCE CO ATTN LISA DURRENBERGER, SR SPECIALIST 51 MADISON AVE, 10TH FL NEW YORK CITY, NY 10010		Claim Number: 49 Claim Date: 04/13/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: EXPUNGED DOCKET: 705 (06/07/2023)			
PRIORITY	Claimed:	\$5,025.39			
UNSECURED	Claimed:	\$1,054.46			
NWI HAVERHILL HOSPITAL LP C/O MELTZER PURTILL & STELLE LLC ATTN TIMOTHY W BRINK 125 S WACKER DR, STE 2900 CHICAGO, IL 60606		Claim Number: 50 Claim Date: 02/13/2023 Debtor: DELPHI INTERMEDIATE HEALTHCO, LLC Comments: EXPUNGED DOCKET: 753 (06/27/2023)			
UNSECURED	Claimed:	\$0.00 UNDET	Scheduled:	\$0.00 UNLIQ	

Name of proof of claims where to
Numerical Claims Register for Delphi Behavioral Health Group (ALL DEBTORS)

NAME ON FILE ADDRESS ON FILE	Claim Number: 51 Claim Date: 04/13/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: ALLOWED DOCKET: 525 (05/04/2023)		
UNSECURED	Claimed:	\$400,000.00	Allowed: \$400,000.00
NAME ON FILE ADDRESS ON FILE	Claim Number: 52 Claim Date: 04/13/2023 Debtor: DR SUB, LLC Comments: EXPUNGED DOCKET: 525 (05/04/2023)		
UNSECURED	Claimed:	\$4,000.00	
CLIENT ID 17 ADDRESS ON FILE	Claim Number: 53 Claim Date: 04/14/2023 Debtor: PALM BEACH RECOVERY, LLC Comments: DOCKET: 545 (05/09/2023)		
UNSECURED	Claimed:	\$80,000.00	
DEPARTMENT OF TREASURY - IRS PO BOX 7346 PHILADELPHIA, PA 19101-7346	Claim Number: 54 Claim Date: 04/13/2023 Debtor: LAS OLAS RECOVERY LLC		
PRIORITY	Claimed:	\$12,385.77	
UNSECURED	Claimed:	\$1,113.98	
CLIENT ID 19 ADDRESS ON FILE	Claim Number: 55 Claim Date: 04/17/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: EXPUNGED DOCKET: 703 (06/06/2023)		
UNSECURED	Claimed:	\$8,000.00	

Name of proof of claims where to
Numerical Claims Register for Delphi Behavioral Health Group (ALL DEBTORS)

DEPARTMENT OF TREASURY - IRS PO BOX 7346 PHILADELPHIA, PA 19101-7346	Claim Number: 56 Claim Date: 04/17/2023 Debtor: DR PARENT, LLC Comments: DOCKET: 470 (04/24/2023)
PRIORITY	Claimed: \$100.00 UNLIQ
NAME ON FILE ADDRESS ON FILE	Claim Number: 57 Claim Date: 04/17/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: EXPUNGED DOCKET: 525 (05/04/2023)
UNSECURED	Claimed: \$400,000.00
DCX GROUP LLC ATTN DAVID STUP ADDRESS ON FILE	Claim Number: 58 Claim Date: 04/18/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: EXPUNGED DOCKET: 723 (06/14/2023)
UNSECURED	Claimed: \$1,000,000.00
STUP, DAVID ADDRESS ON FILE	Claim Number: 59 Claim Date: 04/18/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: EXPUNGED DOCKET: 723 (06/14/2023)
UNSECURED	Claimed: \$250,000.00
DCX GROUP LLC ATTN DAVID STUP ADDRESS ON FILE	Claim Number: 60 Claim Date: 04/21/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: EXPUNGED DOCKET: 723 (06/14/2023)
UNSECURED	Claimed: \$1,000,000.00

Name of proof of claims where to
Numerical Claims Register for Delphi Behavioral Health Group (ALL DEBTORS)

STUP, DAVID ADDRESS ON FILE		Claim Number: 61 Claim Date: 04/21/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: EXPUNGED DOCKET: 723 (06/14/2023)	
UNSECURED	Claimed:	\$250,000.00	
ELECTRICAL DYNAMICS INC 72B CONCORD ST NORTH READING, MA 01864		Claim Number: 62 Claim Date: 04/24/2023 Debtor: SBH HAVERHILL, LLC Comments: EXPUNGED DOCKET: 727 (06/14/2023)	
ADMINISTRATIVE	Claimed:	\$3,637.01	
UNSECURED	Claimed:	\$2,320.00	Scheduled: \$2,320.00
DCX GROUP LLC ATTN DAVID STUP ADDRESS ON FILE		Claim Number: 63 Claim Date: 04/20/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: EXPUNGED DOCKET: 723 (06/14/2023)	
UNSECURED	Claimed:	\$1,000,000.00	
STUP, DAVID ADDRESS ON FILE		Claim Number: 64 Claim Date: 04/20/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: EXPUNGED DOCKET: 723 (06/14/2023)	
UNSECURED	Claimed:	\$250,000.00	
DEPARTMENT OF TREASURY - IRS PO BOX 7346 PHILADELPHIA, PA 19101-7346		Claim Number: 65 Claim Date: 04/20/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: DOCKET: 565 (05/11/2023)	
PRIORITY	Claimed:	\$682,801.54	UNLIQ
UNSECURED	Claimed:	\$35,933.92	UNLIQ

Name of proof of claims where to
Numerical Claims Register for Delphi Behavioral Health Group (ALL DEBTORS)

DEPARTMENT OF TREASURY - IRS	Claim Number: 66
PO BOX 7346	Claim Date: 04/20/2023
PHILADELPHIA, PA 19101-7346	Debtor: BREAKTHROUGH LIVING RECOVERY COMMUNITY, LLC
	Comments: DOCKET: 565 (05/11/2023)

PRIORITY	Claimed:	\$12,268.52	UNLIQ
----------	----------	-------------	-------

DEPARTMENT OF TREASURY - IRS	Claim Number: 67
PO BOX 7346	Claim Date: 04/20/2023
PHILADELPHIA, PA 19101-7346	Debtor: CALIFORNIA ADDICTION TREATMENT CENTER LL LLC
	Comments: DOCKET: 565 (05/11/2023)

PRIORITY	Claimed:	\$86,252.42	UNLIQ
UNSECURED	Claimed:	\$6,967.81	UNLIQ

DEPARTMENT OF TREASURY - IRS	Claim Number: 68
PO BOX 7346	Claim Date: 04/20/2023
PHILADELPHIA, PA 19101-7346	Debtor: CALIFORNIA VISTAS ADDICTION TREATMENT LLC
	Comments: DOCKET: 565 (05/11/2023)

PRIORITY	Claimed:	\$12,281.93	UNLIQ
UNSECURED	Claimed:	\$104.08	UNLIQ

DEPARTMENT OF TREASURY - IRS	Claim Number: 69
PO BOX 7346	Claim Date: 04/20/2023
PHILADELPHIA, PA 19101-7346	Debtor: DEFINING MOMENT RECOVERY COMMUNITY, LLC
	Comments: POSSIBLY AMENDED BY 10125
	DOCKET: 565 (05/11/2023)

PRIORITY	Claimed:	\$6,174.73	UNLIQ
UNSECURED	Claimed:	\$539.33	UNLIQ

DEPARTMENT OF TREASURY - IRS	Claim Number: 70
PO BOX 7346	Claim Date: 04/20/2023
PHILADELPHIA, PA 19101-7346	Debtor: DELPHI MANAGEMENT LLC
	Comments: DOCKET: 565 (05/11/2023)

UNSECURED	Claimed:	\$100.00	UNLIQ
-----------	----------	----------	-------

Name of proof of claims where to
Numerical Claims Register for Delphi Behavioral Health Group (ALL DEBTORS)

DEPARTMENT OF TREASURY - IRS	Claim Number: 71
PO BOX 7346	Claim Date: 04/20/2023
PHILADELPHIA, PA 19101-7346	Debtor: DESERT VIEW RECOVERY COMMUNITY, LLC
	Comments: DOCKET: 565 (05/11/2023)

PRIORITY	Claimed:	\$23,512.26	UNLIQ
UNSECURED	Claimed:	\$570.03	UNLIQ

DEPARTMENT OF TREASURY - IRS	Claim Number: 72
PO BOX 7346	Claim Date: 04/20/2023
PHILADELPHIA, PA 19101-7346	Debtor: MARYLAND HOUSE DETOX, LLC
	Comments: POSSIBLY AMENDED BY 10117
	DOCKET: 565 (05/11/2023)

PRIORITY	Claimed:	\$105,389.67	UNLIQ
UNSECURED	Claimed:	\$5,636.62	UNLIQ

DEPARTMENT OF TREASURY - IRS	Claim Number: 73
PO BOX 7346	Claim Date: 04/20/2023
PHILADELPHIA, PA 19101-7346	Debtor: OCEAN BREEZE DETOX, LLC
	Comments: POSSIBLY AMENDED BY 10118
	DOCKET: 565 (05/11/2023)

PRIORITY	Claimed:	\$213,564.98	UNLIQ
UNSECURED	Claimed:	\$6,102.08	UNLIQ

DEPARTMENT OF TREASURY - IRS	Claim Number: 74
PO BOX 7346	Claim Date: 04/20/2023
PHILADELPHIA, PA 19101-7346	Debtor: PALM BEACH RECOVERY, LLC
	Comments: POSSIBLY AMENDED BY 10119
	DOCKET: 565 (05/11/2023)

PRIORITY	Claimed:	\$173,429.35	UNLIQ
UNSECURED	Claimed:	\$7,585.87	UNLIQ

DEPARTMENT OF TREASURY - IRS	Claim Number: 75
PO BOX 7346	Claim Date: 04/20/2023
PHILADELPHIA, PA 19101-7346	Debtor: SBH UNION IOP LLC
	Comments: DOCKET: 571 (05/11/2023)

PRIORITY	Claimed:	\$29,472.40	UNLIQ
----------	----------	-------------	-------

Name of proof of claims where to
Numerical Claims Register for Delphi Behavioral Health Group (ALL DEBTORS)

DEPARTMENT OF TREASURY - IRS PO BOX 7346 PHILADELPHIA, PA 19101-7346		Claim Number: 76 Claim Date: 04/20/2023 Debtor: SUMMIT AT FLORHAM PARK, LLC Comments: POSSIBLY AMENDED BY 10120 DOCKET: 565 (05/11/2023)			
PRIORITY	Claimed:	\$26,775.47	UNLIQ		
UNSECURED	Claimed:	\$353.04	UNLIQ		
DEPARTMENT OF TREASURY - IRS PO BOX 7346 PHILADELPHIA, PA 19101-7346		Claim Number: 77 Claim Date: 04/20/2023 Debtor: SUMMIT BEHAVIORAL HEALTH LIMITED LIABILI LIABILITY COMPANY Comments: POSSIBLY AMENDED BY 10121 DOCKET: 565 (05/11/2023)			
PRIORITY	Claimed:	\$69,591.39	UNLIQ		
UNSECURED	Claimed:	\$445.20	UNLIQ		
DEPARTMENT OF TREASURY - IRS PO BOX 7346 PHILADELPHIA, PA 19101-7346		Claim Number: 78 Claim Date: 04/20/2023 Debtor: SUMMIT IOP LIMITED			
UNSECURED	Claimed:	\$30.39			
ROLLOVER REP 302 WASHINGTON ST, #150-7463 SAN DIEGO, CA 92103		Claim Number: 79 Claim Date: 05/02/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: EXPUNGED DOCKET: 726 (06/14/2023)			
UNSECURED	Claimed:	\$0.00	UNDET	Scheduled:	\$4,800.00
DEPARTMENT OF THE TREASURY - IRS PO BOX 7346 PHILADELPHIA, PA 19101-7346		Claim Number: 80 Claim Date: 04/24/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: DOCKET: 565 (05/11/2023) AMENDS CLAIM #65			
PRIORITY	Claimed:	\$682,801.54	UNLIQ		
UNSECURED	Claimed:	\$20,093.92	UNLIQ		

Name of proof of claims where to
Numerical Claims Register for Delphi Behavioral Health Group (ALL DEBTORS)

FRANCHISE TAX BOARD ATTN BANKRUPTCY SECTION MS A340 PO BOX 2952 SACRAMENTO, CA 95812-2952		Claim Number: 81 Claim Date: 05/03/2023 Debtor: CALIFORNIA VISTAS ADDICTION TREATMENT LLC Comments: ALLOWED DOCKET: 739 (06/21/2023)			
PRIORITY	Claimed:	\$89.46	UNLIQ	Allowed:	\$89.46
UNSECURED	Claimed:	\$466.52	UNLIQ	Allowed:	\$466.52
FRANCHISE TAX BOARD ATTN BANKRUPTCY SECTION MS A340 PO BOX 2952 SACRAMENTO, CA 95812-2952		Claim Number: 82 Claim Date: 05/03/2023 Debtor: DR PARENT, LLC Comments: ALLOWED DOCKET: 739 (06/21/2023)			
PRIORITY	Claimed:	\$1,663.73	UNLIQ	Allowed:	\$38.52
FRANCHISE TAX BOARD ATTN BANKRUPTCY SECTION MS A340 PO BOX 2952 SACRAMENTO, CA 95812-2952		Claim Number: 83 Claim Date: 05/03/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: ALLOWED DOCKET: 739 (06/21/2023)			
PRIORITY	Claimed:	\$1,290.25	UNLIQ	Allowed:	\$398.51
UNSECURED	Claimed:	\$227.71	UNLIQ	Allowed:	\$227.71
FRANCHISE TAX BOARD ATTN BANKRUPTCY SECTION MS A340 PO BOX 2952 SACRAMENTO, CA 95812-2952		Claim Number: 84 Claim Date: 05/03/2023 Debtor: DR SUB, LLC Comments: EXPUNGED DOCKET: 739 (06/21/2023)			
PRIORITY	Claimed:	\$800.00	UNLIQ		
FRANCHISE TAX BOARD ATTN BANKRUPTCY SECTION MS A340 PO BOX 2952 SACRAMENTO, CA 95812-2952		Claim Number: 85 Claim Date: 05/03/2023 Debtor: DELPHI INTERMEDIATE HEALTHCO, LLC Comments: EXPUNGED DOCKET: 739 (06/21/2023)			
PRIORITY	Claimed:	\$800.00	UNLIQ		

Name of proof of claims where to
Numerical Claims Register for Delphi Behavioral Health Group (ALL DEBTORS)

FRANCHISE TAX BOARD ATTN BANKRUPTCY SECTION MS A340 PO BOX 2952 SACRAMENTO, CA 95812-2952		Claim Number: 86 Claim Date: 05/03/2023 Debtor: DESERT VIEW RECOVERY COMMUNITY, LLC Comments: EXPUNGED DOCKET: 739 (06/21/2023)		
UNSECURED	Claimed:	\$0.00	UNDET	
FRANCHISE TAX BOARD ATTN BANKRUPTCY SECTION MS A340 PO BOX 2952 SACRAMENTO, CA 95812-2952		Claim Number: 87 Claim Date: 05/03/2023 Debtor: DELPHI HEALTH GROUP, LLC Comments: ALLOWED DOCKET: 739 (06/21/2023)		
PRIORITY	Claimed:	\$800.00	UNLIQ	
UNSECURED	Claimed:	\$25.00	UNLIQ	Allowed: \$25.00
FRANCHISE TAX BOARD ATTN BANKRUPTCY SECTION MS A340 PO BOX 2952 SACRAMENTO, CA 95812-2952		Claim Number: 88 Claim Date: 05/03/2023 Debtor: DELPHI HEALTH BUYERCO, LLC Comments: EXPUNGED DOCKET: 739 (06/21/2023)		
PRIORITY	Claimed:	\$800.00	UNLIQ	
FRANCHISE TAX BOARD ATTN BANKRUPTCY SECTION MS A340 PO BOX 2952 SACRAMENTO, CA 95812-2952		Claim Number: 89 Claim Date: 05/03/2023 Debtor: CALIFORNIA ADDICTION TREATMENT CENTER LL LLC Comments: EXPUNGED DOCKET: 739 (06/21/2023)		
UNSECURED	Claimed:	\$0.00	UNDET	
FRANCHISE TAX BOARD ATTN BANKRUPTCY SECTION MS A340 PO BOX 2952 SACRAMENTO, CA 95812-2952		Claim Number: 90 Claim Date: 05/03/2023 Debtor: DBHG HOLDING COMPANY, LLC Comments: ALLOWED DOCKET: 739 (06/21/2023)		
PRIORITY	Claimed:	\$800.00	UNLIQ	
UNSECURED	Claimed:	\$4,010.01	UNLIQ	Allowed: \$4,010.01

Name of proof of claims where to
Numerical Claims Register for Delphi Behavioral Health Group (ALL DEBTORS)

CLIENT ID 20 ADDRESS ON FILE	Claim Number: 91 Claim Date: 05/08/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: EXPUNGED DOCKET: 738 (06/21/2023)
---------------------------------	---

UNSECURED	Claimed:	\$20,000.00
-----------	----------	-------------

CLIENT ID 21 ADDRESS ON FILE	Claim Number: 92 Claim Date: 05/22/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: DOCKET: 748 (06/22/2023)
---------------------------------	---

PRIORITY	Claimed:	\$1,000.00 UNLIQ
----------	----------	------------------

STATE OF NEW JERSEY - DIV OF TAXATION PO BOX 245 TRENTON, NJ 08695	Claim Number: 93 Claim Date: 05/24/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC
--	---

PRIORITY	Claimed:	\$2,500.00 UNLIQ
----------	----------	------------------

STATE OF NEW JERSEY - DIV OF TAXATION PO BOX 245 TRENTON, NJ 08695	Claim Number: 94 Claim Date: 05/24/2023 Debtor: DR PARENT, LLC
--	--

PRIORITY	Claimed:	\$4,000.00
----------	----------	------------

STATE OF NEW JERSEY - DIV OF TAXATION PO BOX 245 TRENTON, NJ 08695	Claim Number: 95 Claim Date: 05/24/2023 Debtor: DR SUB, LLC
--	---

PRIORITY	Claimed:	\$2,000.00 UNLIQ
----------	----------	------------------

Name of proof of claims where to
Numerical Claims Register for Delphi Behavioral Health Group (ALL DEBTORS)

STATE OF NEW JERSEY - DIV OF TAXATION PO BOX 245 TRENTON, NJ 08695	Claim Number: 96 Claim Date: 05/24/2023 Debtor: LAS OLAS RECOVERY LLC
--	---

PRIORITY	Claimed:	\$12,000.00 UNLIQ
----------	----------	-------------------

STATE OF NEW JERSEY - DIV OF TAXATION PO BOX 245 TRENTON, NJ 08695	Claim Number: 97 Claim Date: 05/24/2023 Debtor: QBR DIAGNOSTICS, LLC
--	--

PRIORITY	Claimed:	\$804,000.00 UNLIQ
----------	----------	--------------------

STATE OF NEW JERSEY - DIV OF TAXATION PO BOX 245 TRENTON, NJ 08695	Claim Number: 98 Claim Date: 05/24/2023 Debtor: SBH UNION IOP LLC
--	---

PRIORITY	Claimed:	\$412,000.00 UNLIQ
----------	----------	--------------------

STATE OF NEW JERSEY - DIV OF TAXATION PO BOX 245 TRENTON, NJ 08695	Claim Number: 99 Claim Date: 05/24/2023 Debtor: SUMMIT AT FLORHAM PARK, LLC
--	---

PRIORITY	Claimed:	\$724,000.00 UNLIQ
----------	----------	--------------------

STATE OF NEW JERSEY - DIV OF TAXATION PO BOX 245 TRENTON, NJ 08695	Claim Number: 100 Claim Date: 05/24/2023 Debtor: SUMMIT BEHAVIORAL HEALTH LIMITED LIABILI LIABILITY COMPANY
--	---

PRIORITY	Claimed:	\$84,000.00 UNLIQ
----------	----------	-------------------

Name of proof of claims where to
Numerical Claims Register for Delphi Behavioral Health Group (ALL DEBTORS)

STATE OF NEW JERSEY - DIV OF TAXATION PO BOX 245 TRENTON, NJ 08695	Claim Number: 101 Claim Date: 05/24/2023 Debtor: UNION FRESH START LLC
--	--

PRIORITY	Claimed:	\$1,204,000.00 UNLIQ
----------	----------	----------------------

UPSTART NETWORK INC PO BOX 1931 BURLINGAME, CA 94011	Claim Number: 102 Claim Date: 05/31/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: DOCKET: 747 (06/22/2023)
--	--

UNSECURED	Claimed:	\$13,427.49
-----------	----------	-------------

****CLAIM NUMBER VOIDED BY AGENT****	Claim Number: 103 Claim Date: / / Debtor: DEBTOR NOT FOUND Comments: EXPUNGED
--------------------------------------	--

TOTAL	Claimed:	\$0.00
-------	----------	--------

****CLAIM NUMBER VOIDED BY AGENT****	Claim Number: 104 Claim Date: / / Debtor: DEBTOR NOT FOUND Comments: EXPUNGED
--------------------------------------	--

TOTAL	Claimed:	\$0.00
-------	----------	--------

****CLAIM NUMBER VOIDED BY AGENT****	Claim Number: 105 Claim Date: / / Debtor: DEBTOR NOT FOUND Comments: EXPUNGED
--------------------------------------	--

TOTAL	Claimed:	\$0.00
-------	----------	--------

Name of proof of claims where to
Numerical Claims Register for Delphi Behavioral Health Group (ALL DEBTORS)

****CLAIM NUMBER VOIDED BY AGENT****

Claim Number: 106
Claim Date: / /
Debtor: DEBTOR NOT FOUND
Comments: EXPUNGED

TOTAL Claimed: \$0.00

STATE OF FLORIDA - DEPARTMENT OF REVENUE
C/O FREDERICK F RUDZIK, ESQ
PO BOX 6668
TALLAHASSEE, FL 32314-6668

Claim Number: 107
Claim Date: 06/20/2023
Debtor: LAS OLAS RECOVERY LLC
Comments:
AMENDS CLAIM #13

PRIORITY Claimed: \$0.00 UNDET

DEPARTMENT OF THE TREASURY - IRS
PO BOX 7346
PHILADELPHIA, PA 19101-7346

Claim Number: 108
Claim Date: 06/21/2023
Debtor: SBH HAVERHILL, LLC
Comments:
AMENDS CLAIM #42

PRIORITY Claimed: \$98,923.67 UNLIQ

UNSECURED Claimed: \$6,978.66 UNLIQ

DEPARTMENT OF THE TREASURY - IRS
PO BOX 7346
PHILADELPHIA, PA 19101-7346

Claim Number: 109
Claim Date: 06/21/2023
Debtor: UNION FRESH START LLC
Comments:
AMENDS CLAIM #43

PRIORITY Claimed: \$64,658.38 UNLIQ

UNSECURED Claimed: \$2,629.76 UNLIQ

ODP BUSINESS SOLUTIONS LLC
ATTN BANKRUPTCY PROCESSING
6600 N MILITARY TRL
BOCA RATON, FL 33496

Claim Number: 10000
Claim Date: 02/10/2023
Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC

ADMINISTRATIVE Claimed: \$2,164.06

UNSECURED Claimed: \$1,425.38

Name of proof of claims where to
Numerical Claims Register for Delphi Behavioral Health Group (ALL DEBTORS)

ADTAXI C/O SZABO ASSOCIATES INC 3355 LENOX RD NE, STE 945 ATLANTA, GA 30326	Claim Number: 10001 Claim Date: 02/13/2023 Debtor: DELPHI HEALTH GROUP, LLC
--	---

UNSECURED	Claimed:	\$22,500.00
-----------	----------	-------------

314 10TH STREET LP C/O SEESE PA ATTN MICHAEL D SEESE, ESQ 101 NE 3RD AVE, STE 1500 FORT LAUDERDALE, FL 33301	Claim Number: 10002 Claim Date: 02/16/2023 Debtor: PALM BEACH RECOVERY, LLC Comments: ALLOWED DOCKET: 381 (04/14/2023)
--	--

UNSECURED	Claimed:	\$142,831.21	Allowed:	\$142,831.21
-----------	----------	--------------	----------	--------------

44 COURT STREET LLC C/O JEFFREY KLARSFELD, ESQ 10 E 40TH ST, 46TH FL NEW YORK, NY 10016	Claim Number: 10003 Claim Date: 02/17/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC
--	--

UNSECURED	Claimed:	\$35,408.26	Scheduled:	\$15,504.84
-----------	----------	-------------	------------	-------------

CAPITAL LANDSCAPING LLC PO BOX 1015 GLEN BURNIE, MD 21060	Claim Number: 10004 Claim Date: 02/17/2023 Debtor: MARYLAND HOUSE DETOX, LLC
---	--

UNSECURED	Claimed:	\$2,825.00	Scheduled:	\$2,825.00
-----------	----------	------------	------------	------------

CLIENT ID 1 ADDRESS REDACTED	Claim Number: 10005 Claim Date: 02/18/2023 Debtor: MARYLAND HOUSE DETOX, LLC Comments: EXPUNGED DOCKET: 680 (05/26/2023)
---------------------------------	--

UNSECURED	Claimed:	\$150.00
-----------	----------	----------

Name of proof of claims where to
Numerical Claims Register for Delphi Behavioral Health Group (ALL DEBTORS)

CLIENT ID 2 ADDRESS REDACTED		Claim Number: 10006 Claim Date: 02/19/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: EXPUNGED DOCKET: 681 (05/26/2023)			
UNSECURED	Claimed:	\$0.00	UNDET		
PROTECTIVE MEASURES 285 US HWY 46 DOVER, NJ 07801		Claim Number: 10007 Claim Date: 02/21/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: ALLOWED DOCKET: 737 (06/21/2023)			
PRIORITY	Claimed:	\$110.87			
UNSECURED	Claimed:	\$851.90	Scheduled:	\$1,986.37	Allowed: \$962.77
JOHN'S SEWER 4 BREED AVE WOBURN, MA 01801		Claim Number: 10008 Claim Date: 02/22/2023 Debtor: 61 BROWN STREET HOLDINGS, LLC Comments: ALLOWED DOCKET: 728 (06/14/2023)			
ADMINISTRATIVE	Claimed:	\$495.00			
UNSECURED			Scheduled:	\$495.00	Allowed: \$495.00
CLIENT ID 3 ADDRESS REDACTED		Claim Number: 10009 Claim Date: 02/22/2023 Debtor: OCEAN BREEZE DETOX, LLC Comments: EXPUNGED DOCKET: 682 (05/26/2023)			
UNSECURED	Claimed:	\$52,000.00			
PRINTING FULFILLMENT & MAILING GROUP LLC 77 OSWEGO TRL MEDFORD LAKES, NJ 08055		Claim Number: 10010 Claim Date: 02/27/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: ALLOWED DOCKET: 399 (04/18/2023)			
UNSECURED	Claimed:	\$802.90		Allowed:	\$553.40

Name of proof of claims where to
Numerical Claims Register for Delphi Behavioral Health Group (ALL DEBTORS)

PURELINQ LLC 3769 OLD LIGHTHOUSE CIR WELLINGTON, FL 33414		Claim Number: 10011 Claim Date: 02/28/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: ALLOWED DOCKET: 402 (04/19/2023)				
UNSECURED	Claimed:	\$60,000.00	Scheduled:	\$35,357.14	Allowed:	\$50,000.00
CLIENT ID 6 ADDRESS REDACTED		Claim Number: 10012 Claim Date: 03/01/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: EXPUNGED DOCKET: 638 (05/19/2023)				
PRIORITY	Claimed:	\$1,250.00				
BOLIVE LLC C/O AKERMAN LLP ATTN D BRETT MARKS, ESQ 201 E LAS OLAS BLVD, STE 1800 FORT LAUDERDALE, FL 33301		Claim Number: 10013 Claim Date: 03/02/2023 Debtor: PALM BEACH RECOVERY, LLC Comments: ALLOWED DOCKET: 380 (04/14/2023)				
UNSECURED	Claimed:	\$299,014.52	Scheduled:	\$18,340.65	Allowed:	\$274,096.64
BROWARD COUNTY C/O RECORDS TAXES & TREASURY ATTN BANKRUPTCY SECTION 115 S ANDREWS AVE, A-100 FORT LAUDERDALE, FL 33301		Claim Number: 10014 Claim Date: 03/03/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC				
SECURED	Claimed:	\$3,451.42				
SPECTRUM 1600 DUBLIN RD COLUMBUS, OH 43215		Claim Number: 10015 Claim Date: 03/03/2023 Debtor: DELPHI HEALTH GROUP, LLC Comments: ALLOWED DOCKET: 414 (04/20/2023)				
UNSECURED	Claimed:	\$413.93	Scheduled:	\$603.83	Allowed:	\$410.40

Name of proof of claims where to
Numerical Claims Register for Delphi Behavioral Health Group (ALL DEBTORS)

SPECTRUM 1600 DUBLIN RD COLUMBUS, OH 43215	Claim Number: 10016 Claim Date: 03/03/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: EXPUNGED DOCKET: 415 (04/20/2023)						
UNSECURED	Claimed:	\$1,078.13					
SPECTRUM 1600 DUBLIN RD COLUMBUS, OH 43215	Claim Number: 10017 Claim Date: 03/03/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: ALLOWED DOCKET: 416 (04/20/2023)						
UNSECURED	Claimed:	\$1,078.13			Allowed:	\$648.88	
CURTIS, CYNTHIA A ADDRESS ON FILE	Claim Number: 10018 Claim Date: 03/07/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: ALLOWED DOCKET: 400 (04/18/2023)						
PRIORITY	Claimed:	\$15,150.00	UNLIQ				
UNSECURED	Claimed:	\$1,244,993.00	UNLIQ	Scheduled:	\$0.00	UNLIQ	Allowed: \$756,085.80
CURTIS, CYNTHIA A ADDRESS ON FILE	Claim Number: 10019 Claim Date: 03/07/2023 Debtor: MARYLAND HOUSE DETOX, LLC Comments: EXPUNGED DOCKET: 400 (04/18/2023)						
PRIORITY	Claimed:	\$15,150.00	UNLIQ				
UNSECURED	Claimed:	\$1,244,993.00	UNLIQ				
CITY OF PHILADELPHIA LAW DEPARTMENT - TAX & REVENUE UNIT ATTN MEGAN N HARPER 1401 JOHN F KENNEDY BLVD, 5TH FL PHILADELPHIA, PA 19102	Claim Number: 10020 Claim Date: 03/07/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: EXPUNGED DOCKET: 735 (06/21/2023)						
PRIORITY	Claimed:	\$556.00					

Name of proof of claims where to
Numerical Claims Register for Delphi Behavioral Health Group (ALL DEBTORS)

EMPIRE PROFESSIONAL PHARMACY INC 200 HOSPITAL DR, STE 107 GLEN BURNIE, MD 21061		Claim Number: 10021 Claim Date: 03/08/2023 Debtor: MARYLAND HOUSE DETOX, LLC Comments: ALLOWED DOCKET: 385 (04/14/2023)			
UNSECURED	Claimed:	\$5,410.85	Scheduled:	\$4,172.34	Allowed: \$4,791.60
SUBURBAN PROPANE 240 RTE 10 W WHIPPANY, NJ 07981		Claim Number: 10022 Claim Date: 03/09/2023 Debtor: MARYLAND HOUSE DETOX, LLC Comments: ALLOWED DOCKET: 729 (06/14/2023)			
ADMINISTRATIVE UNSECURED	Claimed:	\$6,319.89	Scheduled:	\$6,319.89	Allowed: \$6,319.89
INFINITY BEHAVIORAL HEALTH SERVICES LLC C/O POLSINELLI PC ATTN MARK JOACHIM 1401 EYE ST NW, STE 800 WASHINGTON, DC 20005		Claim Number: 10023 Claim Date: 03/09/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC			
UNSECURED	Claimed:	\$446,118.45	Scheduled:	\$417,702.28 DISP	
DATA FACTS INC 8000 CENTERVIEW PKWY, STE 400 CORDOVA, TN 38018		Claim Number: 10024 Claim Date: 03/10/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC			
UNSECURED	Claimed:	\$9,409.44	Scheduled:	\$6,858.88	
588 E SAN LORENZO OWNER LLC C/O HAYNES AND BOONE LLP ATTN REBECCA LANDAU 30 ROCKEFELLER PLAZA, 26TH FL NEW YORK, NY 10112		Claim Number: 10025 Claim Date: 03/10/2023 Debtor: DELPHI INTERMEDIATE HEALTHCO, LLC Comments: ALLOWED DOCKET: 514 (04/28/2023)			
UNSECURED	Claimed:	\$18,948,507.63 UNLIQ	Scheduled:	\$42,811.78 DISP	Allowed: \$2,086,000.00

Name of proof of claims where to
Numerical Claims Register for Delphi Behavioral Health Group (ALL DEBTORS)

588 E SAN LORENZO OWNER LLC C/O HAYNES AND BOONE LLP ATTN REBECCA LANDAU 30 ROCKEFELLER PLAZA, 26TH FL NEW YORK, NY 10112	Claim Number: 10026 Claim Date: 03/10/2023 Debtor: DELPHI HEALTH GROUP, LLC Comments: ALLOWED DOCKET: 514 (04/28/2023)					
UNSECURED	Claimed:	\$18,948,507.63	UNLIQ		Allowed:	\$2,086,000.00
588 E SAN LORENZO OWNER LLC C/O HAYNES AND BOONE LLP ATTN REBECCA LANDAU 30 ROCKEFELLER PLAZA, 26TH FL NEW YORK, NY 10112	Claim Number: 10027 Claim Date: 03/10/2023 Debtor: DR PARENT, LLC Comments: ALLOWED DOCKET: 514 (04/28/2023)					
UNSECURED	Claimed:	\$18,948,507.63	UNLIQ	Scheduled:	\$42,811.78 DISP	Allowed: \$2,086,000.00
588 E SAN LORENZO OWNER LLC C/O HAYNES AND BOONE LLP ATTN REBECCA LANDAU 30 ROCKEFELLER PLAZA, 26TH FL NEW YORK, NY 10112	Claim Number: 10028 Claim Date: 03/10/2023 Debtor: DR SUB, LLC Comments: ALLOWED DOCKET: 514 (04/28/2023)					
UNSECURED	Claimed:	\$18,948,507.63	UNLIQ	Scheduled:	\$42,811.78 DISP	Allowed: \$2,086,000.00
18307 BOYS RANCH ROAD OWNER LLC C/O HAYNES AND BOONE LLP ATTN REBECCA LANDAU 30 ROCKEFELLER PLAZA, 26TH FL NEW YORK, NY 10112	Claim Number: 10029 Claim Date: 03/10/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: ALLOWED DOCKET: 513 (04/28/2023)					
UNSECURED	Claimed:	\$16,544,245.43	UNLIQ	Scheduled:	\$458,904.24 DISP	Allowed: \$2,068,000.00
18307 BOYS RANCH ROAD OWNER LLC C/O HAYNES AND BOONE LLP ATTN REBECCA LANDAU 30 ROCKEFELLER PLAZA, 26TH FL NEW YORK, NY 10112	Claim Number: 10030 Claim Date: 03/10/2023 Debtor: DELPHI INTERMEDIATE HEALTHCO, LLC Comments: ALLOWED DOCKET: 513 (04/28/2023)					
UNSECURED	Claimed:	\$16,544,245.43	UNLIQ	Scheduled:	\$458,904.24 DISP	Allowed: \$2,068,000.00

Name of proof of claims where to
Numerical Claims Register for Delphi Behavioral Health Group (ALL DEBTORS)

18307 BOYS RANCH ROAD OWNER LLC C/O HAYNES AND BOONE LLP ATTN REBECCA LANDAU 30 ROCKEFELLER PLAZA, 26TH FL NEW YORK, NY 10112		Claim Number: 10031 Claim Date: 03/10/2023 Debtor: DR PARENT, LLC Comments: ALLOWED DOCKET: 513 (04/28/2023)				
UNSECURED	Claimed:	\$16,544,245.43	UNLIQ	Scheduled:	\$458,904.24 DISP	Allowed: \$2,068,000.00
18307 BOYS RANCH ROAD OWNER LLC C/O HAYNES AND BOONE LLP ATTN REBECCA LANDAU 30 ROCKEFELLER PLAZA, 26TH FL NEW YORK, NY 10112		Claim Number: 10032 Claim Date: 03/10/2023 Debtor: DR SUB, LLC Comments: ALLOWED DOCKET: 513 (04/28/2023)				
UNSECURED	Claimed:	\$16,544,245.43	UNLIQ	Scheduled:	\$458,904.24 DISP	Allowed: \$2,068,000.00
18307 BOYS RANCH ROAD OWNER LLC C/O HAYNES AND BOONE LLP ATTN REBECCA LANDAU 30 ROCKEFELLER PLAZA, 26TH FL NEW YORK, NY 10112		Claim Number: 10033 Claim Date: 03/10/2023 Debtor: PALM BEACH RECOVERY, LLC Comments: ALLOWED DOCKET: 513 (04/28/2023)				
UNSECURED	Claimed:	\$16,544,245.43	UNLIQ	Scheduled:	\$458,904.24 DISP	Allowed: \$2,068,000.00
AMEX TRS CO INC C/O BECKET AND LEE LLP PO BOX 3001 MALVERN, PA 19355-0701		Claim Number: 10034 Claim Date: 03/14/2023 Debtor: PALM BEACH RECOVERY, LLC				
UNSECURED	Claimed:	\$535.45				
35 ELM STREET ASSOCIATES LLC ATTN AVI LIPSKER 35 ELM ST NEW HAVEN, CT 06510		Claim Number: 10035 Claim Date: 03/14/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: ALLOWED DOCKET: 397 (04/18/2023)				
ADMINISTRATIVE	Claimed:	\$1,500.00				
UNSECURED	Claimed:	\$1,500.00		Scheduled:	\$1,500.00	Allowed: \$2,250.00

Name of proof of claims where to
Numerical Claims Register for Delphi Behavioral Health Group (ALL DEBTORS)

CLIENT ID 8 ADDRESS REDACTED	Claim Number: 10036 Claim Date: 03/20/2023 Debtor: SUMMIT AT FLORHAM PARK, LLC Comments: EXPUNGED DOCKET: 639 (05/19/2023)		
UNSECURED	Claimed:	\$0.00	UNDET
LANCASTER, WAYESHA ADDRESS ON FILE	Claim Number: 10037 Claim Date: 03/21/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: EXPUNGED DOCKET: 643 (05/19/2023)		
UNSECURED	Claimed:	\$2,184.00	
PALM BEACH COUNTY TAX COLLECTOR ATTN LEGAL SERVICES PO BOX 3715 WEST PALM BEACH, FL 33402-3715	Claim Number: 10038 Claim Date: 03/21/2023 Debtor: PALM BEACH RECOVERY, LLC Comments: WITHDRAWN DOCKET: 506 (04/26/2023)		
SECURED	Claimed:	\$135,567.58	
STEWART, CHARLES ADDRESS ON FILE	Claim Number: 10039 Claim Date: 03/21/2023 Debtor: UNION FRESH START LLC Comments: ALLOWED DOCKET: 405 (04/19/2023)		
UNSECURED	Claimed:	\$1,330.00	Allowed: \$790.00
CROWE LLP 320 E JEFFERSON BLVD PO BOX 7 SOUTH BEND, IN 46624	Claim Number: 10040 Claim Date: 03/21/2023 Debtor: DR SUB, LLC		
UNSECURED	Claimed:	\$57,160.00	Scheduled: \$48,944.00

Name of proof of claims where to
Numerical Claims Register for Delphi Behavioral Health Group (ALL DEBTORS)

CITY OF PEMBROKE PINES, FLORIDA 3099 E COMMERCIAL BLVD, STE 200 FORT LAUDERDALE, FL 33308		Claim Number: 10041 Claim Date: 03/21/2023 Debtor: OCEAN BREEZE DETOX, LLC Comments: ALLOWED DOCKET: 421 (04/20/2023)			
PRIORITY			Scheduled:	\$250.00	
UNSECURED	Claimed:	\$439,360.51	UNLIQ	Scheduled:	\$8,841.05
				Allowed:	\$439,360.51
BANNING REAL ESTATE LLC C/O KOZYAK TROPIN & THROCKMORTON LLP ATTN BERNICE LEE, ESQ 2525 PONCE DE LEON BLVD, 9TH FL MIAMI, FL 33134		Claim Number: 10042 Claim Date: 03/27/2023 Debtor: CALIFORNIA ADDICTION TREATMENT CENTER LL LLC			
UNSECURED	Claimed:	\$261,386.00		Scheduled:	\$9,386.37 DISP
GREATAMERICA FINANCIAL SERVICES ATTN PEGGY UPTON PO BOX 609 CEDAR RAPIDS, IA 52406		Claim Number: 10043 Claim Date: 03/28/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: ALLOWED DOCKET: 417 (04/20/2023)			
UNSECURED	Claimed:	\$5,346.71		Scheduled:	\$968.71
				Allowed:	\$5,346.71
GREATAMERICA FINANCIAL SERVICES ATTN PEGGY UPTON PO BOX 609 CEDAR RAPIDS, IA 52406		Claim Number: 10044 Claim Date: 03/28/2023 Debtor: DESERT VIEW RECOVERY COMMUNITY, LLC Comments: EXPUNGED DOCKET: 418 (04/20/2023)			
UNSECURED	Claimed:	\$5,346.71			
GREATAMERICA FINANCIAL SERVICES ATTN PEGGY UPTON PO BOX 609 CEDAR RAPIDS, IA 52406		Claim Number: 10045-01 Claim Date: 03/28/2023 Debtor: SBH HAVERHILL, LLC Comments: EXPUNGED DOCKET: 428 (04/21/2023)			
UNSECURED	Claimed:	\$35,381.57			
				Allowed:	\$35,381.57

Name of proof of claims where to
Numerical Claims Register for Delphi Behavioral Health Group (ALL DEBTORS)

GREATAMERICA FINANCIAL SERVICES ATTN PEGGY UPTON PO BOX 609 CEDAR RAPIDS, IA 52406		Claim Number: 10045-02 Claim Date: 03/28/2023 Debtor: SBH HAVERHILL, LLC Comments: ALLOWED DOCKET: 463 (04/24/2023)				
UNSECURED	Claimed:	\$19,002.23	Scheduled:	\$1,432.34	Allowed:	\$19,002.23
CLIENT ID 5 ADDRESS REDACTED		Claim Number: 10046 Claim Date: 03/28/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: EXPUNGED DOCKET: 663 (05/23/2023)				
UNSECURED	Claimed:	\$5,000.00				
WESTERN EXTERMINATOR C/O RENTOKIL NORTH AMERICA ATTN BANKRUPTCY TEAM 1125 BERKSHIRE BLVD, STE 150 READING, PA 19610		Claim Number: 10047 Claim Date: 03/29/2023 Debtor: DESERT VIEW RECOVERY COMMUNITY, LLC				
UNSECURED	Claimed:	\$116.40	Scheduled:	\$116.40		
MCKESSON MEDICAL-SURGICAL INC 6651 GATE PKWY JACKSONVILLE, FL 32256		Claim Number: 10048 Claim Date: 03/30/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: ALLOWED DOCKET: 406 (04/19/2023)				
UNSECURED	Claimed:	\$4,776.22	Scheduled:	\$4,082.69	Allowed:	\$4,726.90
MCKESSON MEDICAL-SURGICAL INC 6651 GATE PKWY JACKSONVILLE, FL 32256		Claim Number: 10049 Claim Date: 03/30/2023 Debtor: SBH HAVERHILL, LLC Comments: ALLOWED DOCKET: 406 (04/19/2023)				
UNSECURED	Claimed:	\$1,676.56	Scheduled:	\$3,737.05	Allowed:	\$1,661.83

Name of proof of claims where to
Numerical Claims Register for Delphi Behavioral Health Group (ALL DEBTORS)

MCKESSON MEDICAL-SURGICAL INC 6651 GATE PKWY JACKSONVILLE, FL 32256	Claim Number: 10050 Claim Date: 03/30/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC
---	--

ADMINISTRATIVE UNSECURED	Claimed: \$1,874.57	Scheduled: \$1,063.09
-----------------------------	---------------------	-----------------------

MCKESSON MEDICAL-SURGICAL INC 6651 GATE PKWY JACKSONVILLE, FL 32256	Claim Number: 10051 Claim Date: 03/30/2023 Debtor: SBH HAVERHILL, LLC
---	---

ADMINISTRATIVE UNSECURED	Claimed: \$2,089.95	Scheduled: \$1,406.37
-----------------------------	---------------------	-----------------------

CLIENT ID 12 ADDRESS ON FILE	Claim Number: 10052 Claim Date: 04/01/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: EXPUNGED DOCKET: 709 (06/07/2023)
---------------------------------	--

UNSECURED	Claimed: \$8,000.00
-----------	---------------------

SALESFORCE INC C/O BIALSON BERGEN & SCHWAB ATTN LAWRENCE SCHWAB; GAYE HECK 830 MENLO AVE, STE 201 MENLO PARK, CA 94025	Claim Number: 10053 Claim Date: 04/02/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: WITHDRAWN DOCKET: 560 (05/10/2023)
--	---

ADMINISTRATIVE	Claimed: \$265,374.88
----------------	-----------------------

SALESFORCE INC C/O BIALSON BERGEN & SCHWAB ATTN LAWRENCE SCHWAB; GAYE HECK 830 MENLO AVE, STE 201 MENLO PARK, CA 94025	Claim Number: 10054 Claim Date: 04/02/2023 Debtor: SUMMIT BEHAVIORAL HEALTH LIMITED LIABILITY COMPANY Comments: WITHDRAWN DOCKET: 559 (05/10/2023)
--	--

ADMINISTRATIVE	Claimed: \$194,672.26
----------------	-----------------------

Name of proof of claims where to
Numerical Claims Register for Delphi Behavioral Health Group (ALL DEBTORS)

CLIENT ID 5 ADDRESS ON FILE		Claim Number: 10055 Claim Date: 04/03/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: ALLOWED DOCKET: 663 (05/23/2023)				
UNSECURED	Claimed:	\$4,000.00		Allowed:	\$3,000.00	
SYSCO METRO NEW YORK LLC C/O JACK LUNDSTEDT 655 BUTTERCUP TRCE JOHNS CREEK, GA 30022		Claim Number: 10056 Claim Date: 04/05/2023 Debtor: UNION FRESH START LLC Comments: ALLOWED DOCKET: 706 (06/07/2023)				
UNSECURED	Claimed:	\$5,353.77	Scheduled:	\$2,605.08	Allowed:	\$2,605.08
COCKEY'S ENTERPRISE PO BOX 126 STEVENSON, MD 21153		Claim Number: 10057 Claim Date: 04/07/2023 Debtor: MARYLAND HOUSE DETOX, LLC				
UNSECURED	Claimed:	\$260.00	Scheduled:	\$520.00		
PEREZ, ANTHONY ADDRESS ON FILE		Claim Number: 10058 Claim Date: 04/10/2023 Debtor: SBH HAVERHILL, LLC Comments: EXPUNGED DOCKET: 710 (06/07/2023)				
PRIORITY	Claimed:	\$0.00				
SECURED	Claimed:	\$3,500.00				
VITAL RECORDS CONTROL 5384 POPLAR AVE, STE 500 MEMPHIS, TN 38119		Claim Number: 10059 Claim Date: 04/11/2023 Debtor: UNION FRESH START LLC				
SECURED	Claimed:	\$153.90				
UNSECURED			Scheduled:	\$75.28		

Name of proof of claims where to
Numerical Claims Register for Delphi Behavioral Health Group (ALL DEBTORS)

YOGA 4 CHANGE INCORPORATED ATTN MICHELLE LECLAIR 31329 AVENUE L BIG PINE KEY, FL 33043		Claim Number: 10060 Claim Date: 04/11/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: ALLOWED DOCKET: 524 (05/04/2023)	
UNSECURED	Claimed:	\$975.00	Allowed: \$975.00
CLIENT ID 16 ADDRESS ON FILE		Claim Number: 10061 Claim Date: 04/12/2023 Debtor: MARYLAND HOUSE DETOX, LLC	
UNSECURED	Claimed:	\$5,000.00	
NAME ON FILE ADDRESS ON FILE		Claim Number: 10062 Claim Date: 04/12/2023 Debtor: DR SUB, LLC Comments: EXPUNGED DOCKET: 525 (05/04/2023)	
UNSECURED	Claimed:	\$4,000.00	
LOCHNESS MEDICAL SUPPLIES INC 2775 BROADWAY, STE 100 BUFFALO, NY 14227		Claim Number: 10063 Claim Date: 04/12/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC	
UNSECURED	Claimed:	\$3,305.45	Scheduled: \$3,305.45
GORDON REES SCULLY MANSUKHANI LLP 1111 BROADWAY, STE 1700 OAKLAND, CA 94607		Claim Number: 10064 Claim Date: 04/12/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: EXPUNGED DOCKET: 724 (06/14/2023)	
UNSECURED	Claimed:	\$331.50	

Name of proof of claims where to
Numerical Claims Register for Delphi Behavioral Health Group (ALL DEBTORS)

VIDEAU LLC 1187 FALLING PINE CT WINTER SPRINGS, FL 32708	Claim Number: 10065 Claim Date: 04/13/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC
--	--

UNSECURED	Claimed:	\$49,500.00	UNLIQ
-----------	----------	-------------	-------

3030 HARBOR LLC C/O KOZYAK TROPIN & THROCKMORTON LLP ATTN BERNICE LEE, ESQ 2525 PONCE DE LEON BLVD, 9TH FL MIAMI, FL 33134	Claim Number: 10066 Claim Date: 04/13/2023 Debtor: DEFINING MOMENT RECOVERY COMMUNITY, LLC Comments: DOCKET: 455 (04/24/2023)
--	--

UNSECURED	Claimed:	\$1,749,860.38	Scheduled:	\$117,362.72	UNLIQ
-----------	----------	----------------	------------	--------------	-------

EMD REALTY GROUP LLC C/O KOZYAK TROPIN & THROCKMORTON LLP ATTN BERNICE LEE, ESQ 2525 PONCE DE LEON BLVD, 9TH FL MIAMI, FL 33134	Claim Number: 10067 Claim Date: 04/13/2023 Debtor: DEFINING MOMENT RECOVERY COMMUNITY, LLC Comments: DOCKET: 455 (04/24/2023)
---	--

UNSECURED	Claimed:	\$1,749,860.38	Scheduled:	\$708,638.34	DISP
-----------	----------	----------------	------------	--------------	------

IRONSHORE SPECIALTY INSURANCE COMPANY C/O LIBERTY MUTUAL INSURANCE ATTN J LAWSON 100 LIBERTY WAY DOVER, NH 03820	Claim Number: 10068 Claim Date: 04/13/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: EXPUNGED DOCKET: 705 (06/07/2023)
--	--

UNSECURED	Claimed:	\$0.00	UNDET
-----------	----------	--------	-------

CAMP MEADE INVESTMENTS I LLC C/O BAKER DONELSON BEARMAN CALDWELL BER ATTN MELISSA A CAMPBELL, ESQ PO BOX 1549 ORLANDO, FL 32802-1549	Claim Number: 10069 Claim Date: 04/13/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: EXPUNGED DOCKET: 587 (05/12/2023)
--	--

UNSECURED	Claimed:	\$961,235.80
-----------	----------	--------------

Name of proof of claims where to
Numerical Claims Register for Delphi Behavioral Health Group (ALL DEBTORS)

QUAKERBRIDGE INVESTMENT GROUP LLC ATTN JOHN SIMONE JR 100 FEDERAL CITY RD, STE C101 LAWRENCEVILLE, NJ 08648		Claim Number: 10070 Claim Date: 04/13/2023 Debtor: SUMMIT BEHAVIORAL HEALTH LIMITED LIABILITY COMPANY Comments: Claim Out of Balance Claim out of balance	
SECURED	Claimed:	\$3,000.00	
UNSECURED			Scheduled: \$1,752.82
TOTAL	Claimed:	\$876.41	
PRANGE, VINCENT M ADDRESS ON FILE		Claim Number: 10071 Claim Date: 04/14/2023 Debtor: PALM BEACH RECOVERY, LLC Comments: ALLOWED DOCKET: 736 (06/21/2023)	
PRIORITY	Claimed:	\$1,200.00	
UNSECURED			Allowed: \$1,200.00
NWI HAVERHILL HOSPITAL LP C/O MELTZER PURTILL & STELLE LLC ATTN TIMOTHY W BRINK 125 S WACKER DR, STE 2900 CHICAGO, IL 60606		Claim Number: 10072 Claim Date: 04/14/2023 Debtor: SBH HAVERHILL, LLC Comments: EXPUNGED DOCKET: 753 (06/27/2023)	
UNSECURED	Claimed:	\$0.00 UNDET	Scheduled: \$16,517.62
WASTE MANAGEMENT INC 2550 W UNION HILLS DR PHOENIX, AZ 85027		Claim Number: 10073 Claim Date: 04/14/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC	
UNSECURED	Claimed:	\$1,192.18	
MAXIM HEALTHCARE STAFFING SERVICES INC C/O STINSON LLP ATTN TRACEY M OHM 1775 PENNSYLVANIA AVE NW, STE 800 WASHINGTON, DC 20006		Claim Number: 10074 Claim Date: 04/14/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC	
UNSECURED	Claimed:	\$23,817.80	

Name of proof of claims where to
Numerical Claims Register for Delphi Behavioral Health Group (ALL DEBTORS)

UNIDINE CORPORATION C/O COMPASS GROUP ATTN JOHN HANEY 4721 MORRISON DR, STE 300 MOBILE, AL 36609		Claim Number: 10075 Claim Date: 04/14/2023 Debtor: PALM BEACH RECOVERY, LLC	
UNSECURED	Claimed:	\$63,576.95	Scheduled: \$50,785.68
UNIDINE CORPORATION C/O COMPASS GROUP ATTN JOHN HANEY 4721 MORRISON DR, STE 300 MOBILE, AL 36609		Claim Number: 10076 Claim Date: 04/14/2023 Debtor: CALIFORNIA ADDICTION TREATMENT CENTER LL LLC	
UNSECURED	Claimed:	\$54,329.48	Scheduled: \$40,686.23
UNIDINE CORPORATION C/O COMPASS GROUP ATTN JOHN L HANEY 4721 MORRISON DR, STE 300 MOBILE, AL 36609		Claim Number: 10077 Claim Date: 04/14/2023 Debtor: CALIFORNIA VISTAS ADDICTION TREATMENT LLC	
UNSECURED	Claimed:	\$6,492.57	Scheduled: \$7,400.00
XOJET AVIATION LLC 1901 W CYPRESS CREEK RD, STE 600 FORT LAUDERDALE, FL 33309		Claim Number: 10078 Claim Date: 04/14/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: WITHDRAWN DOCKET: 751 (06/26/2023)	
UNSECURED	Claimed:	\$1,950,601.22	UNLIQ
UNIDINE CORPORATION C/O COMPASS GROUP ATTN JOHN L HANEY 4721 MORRISON DR, STE 300 MOBILE, AL 36609		Claim Number: 10079 Claim Date: 04/14/2023 Debtor: MARYLAND HOUSE DETOX, LLC	
UNSECURED	Claimed:	\$67,369.23	Scheduled: \$55,726.23

Name of proof of claims where to
Numerical Claims Register for Delphi Behavioral Health Group (ALL DEBTORS)

UNIDINE CORPORATION C/O COMPASS GROUP ATTN JOHN HANEY 4721 MORRISON DR, STE 300 MOBILE, AL 36609		Claim Number: 10080 Claim Date: 04/14/2023 Debtor: OCEAN BREEZE DETOX, LLC			
UNSECURED	Claimed:	\$53,051.04	Scheduled:	\$43,325.80	
UNIDINE CORPORATION C/O COMPASS GROUP ATTN JOHN HANEY 4721 MORRISON DR, STE 300 MOBILE, AL 36609		Claim Number: 10081 Claim Date: 04/14/2023 Debtor: SBH HAVERHILL, LLC Comments: ALLOWED DOCKET: 733 (06/20/2023)			
UNSECURED	Claimed:	\$120,645.64	Scheduled:	\$84,095.08	Allowed: \$110,316.33
UNIDINE CORPORATION C/O COMPASS GROUP ATTN JOHN HANEY 4721 MORRISON DR, STE 300 MOBILE, AL 36609		Claim Number: 10082 Claim Date: 04/14/2023 Debtor: UNION FRESH START LLC Comments: ALLOWED DOCKET: 733 (06/20/2023)			
UNSECURED	Claimed:	\$71,521.59	Scheduled:	\$83,286.51	Allowed: \$65,339.60
CLIENT ID 18 ADDRESS ON FILE		Claim Number: 10083 Claim Date: 04/17/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: POSSIBLY AMENDED BY 10132 DOCKET: 469 (04/24/2023)			
UNSECURED	Claimed:	\$344,523.52			
CELLCO PARTNERSHIP D/B/A VERIZON WIRELESS ATTN WILLIAM M VERMETTE 22001 LOUDOUN COUNTY PKWY ASHBURN, VA 20147		Claim Number: 10084 Claim Date: 04/17/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC			
UNSECURED	Claimed:	\$11,595.20			

Name of proof of claims where to
Numerical Claims Register for Delphi Behavioral Health Group (ALL DEBTORS)

HARMONY HILLS BEHAVIORAL HEALTH LLC C/O KOZYAK TROPIN & THROCKMORTON LLP ATTN BERNICE LEE, ESQ 2525 PONCE DE LEON BLVD, 9TH FL MIAMI, FL 33134		Claim Number: 10085 Claim Date: 04/17/2023 Debtor: PALM BEACH RECOVERY, LLC Comments: DOCKET: 469 (04/24/2023)	
UNSECURED	Claimed:	\$556,392.00	
NORTHERN BUSINESS MACHINES INC 24 TERRY AVE BURLINGTON, MA 01803		Claim Number: 10086 Claim Date: 04/17/2023 Debtor: SBH HAVERHILL, LLC	
UNSECURED	Claimed:	\$230.41	Scheduled: \$330.78
DCX GROUP LLC 7020 PHEASANT CROSS DR BALTIMORE, MD 21209		Claim Number: 10087 Claim Date: 04/17/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: EXPUNGED DOCKET: 711 (06/07/2023)	
UNSECURED	Claimed:	\$1,000,000.00	
STUP, DAVID ADDRESS ON FILE		Claim Number: 10088 Claim Date: 04/17/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: EXPUNGED DOCKET: 711 (06/07/2023)	
UNSECURED	Claimed:	\$250,000.00	
K&L GATES LLP ATTN JASON SEKERAK 210 SIXTH AVE PITTSBURGH, PA 15222		Claim Number: 10089 Claim Date: 04/17/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC	
UNSECURED	Claimed:	\$25,577.50	Scheduled: \$25,577.50

Name of proof of claims where to
Numerical Claims Register for Delphi Behavioral Health Group (ALL DEBTORS)

BOSTON GAS COMPANY D/B/A NATIONAL GRID 300 ERIE BLVD W SYRACUSE, NY 13202	Claim Number: 10090 Claim Date: 04/18/2023 Debtor: SBH HAVERHILL, LLC Comments: EXPUNGED DOCKET: 712 (06/07/2023)				
UNSECURED	Claimed:	\$4,765.04			
MASSACHUSETTS ELECTRIC COMPANY C/O NATIONAL GRID 300 ERIE BLVD W SYRACUSE, NY 13202	Claim Number: 10091 Claim Date: 04/18/2023 Debtor: SBH HAVERHILL, LLC Comments: EXPUNGED DOCKET: 704 (06/06/2023)				
UNSECURED	Claimed:	\$27,409.20			
CAMP MEADE INVESTMENTS I LLC C/O BAKER DONELSON BEARMAN, ET AL ATTN MELISSA A CAMPBELL, ESQ PO BOX 1549 ORLANDO, FL 32802-1549	Claim Number: 10092 Claim Date: 04/21/2023 Debtor: MARYLAND HOUSE DETOX, LLC Comments: ALLOWED DOCKET: 587 (05/12/2023)				
UNSECURED	Claimed:	\$961,235.80	Scheduled:	\$19,982.73	Allowed: \$195,761.90
MASSACHUSETTS DEPARTMENT OF REVENUE ATTN BANKRUPTCY UNIT PO BOX 7090 BOSTON, MA 02204-7090	Claim Number: 10093 Claim Date: 04/24/2023 Debtor: DR PARENT, LLC Comments: DOCKET: 713 (06/07/2023)				
PRIORITY	Claimed:	\$14,693.37	UNLIQ		
UNSECURED	Claimed:	\$412.13	UNLIQ		
MASSACHUSETTS DEPARTMENT OF REVENUE ATTN BANKRUPTCY UNIT PO BOX 7090 BOSTON, MA 02204-7090	Claim Number: 10094 Claim Date: 04/24/2023 Debtor: SBH HAVERHILL, LLC Comments: WITHDRAWN DOCKET: 659 (05/22/2023)				
ADMINISTRATIVE	Claimed:	\$7,096.77			

Name of proof of claims where to
Numerical Claims Register for Delphi Behavioral Health Group (ALL DEBTORS)

GORDON REES SCULLY MANSUKHANI LLP 1111 BROADWAY, STE 1700 OAKLAND, CA 94607	Claim Number: 10095 Claim Date: 04/27/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: AMENDS CLAIM #10064
---	--

UNSECURED	Claimed:	\$331.50
-----------	----------	----------

TRUPATH HOLDINGS LLC C/O THOMAS G ZEICHMAN, ESQ 2385 EXECUTIVE CENTER DR, STE 250 BOCA RATON, FL 33431	Claim Number: 10096 Claim Date: 04/28/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC
---	--

UNSECURED	Claimed:	\$710,000.00
-----------	----------	--------------

YOGA 4 CHANGE INC 31329 AVE I BIG PINE KEY, FL 33043	Claim Number: 10097 Claim Date: 05/02/2023 Debtor: OCEAN BREEZE DETOX, LLC Comments: EXPUNGED DOCKET: 725 (06/14/2023)
--	--

UNSECURED	Claimed:	\$975.00	Scheduled:	\$975.00
-----------	----------	----------	------------	----------

DEPARTMENT OF THE TREASURY - IRS ATTN YOLANDA ALLEN 801 BROADWAY, MDP 146 NASHVILLE, TN 37203	Claim Number: 10098 Claim Date: 05/02/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: DOCKET: 568 (05/12/2023)
--	--

PRIORITY	Claimed:	\$682,801.54 UNLIQ
----------	----------	--------------------

UNSECURED	Claimed:	\$20,093.92 UNLIQ
-----------	----------	-------------------

DEPARTMENT OF THE TREASURY - IRS ATTN YOLANDA ALLEN 801 BROADWAY, MDP 146 NASHVILLE, TN 37203	Claim Number: 10099 Claim Date: 05/02/2023 Debtor: BREAKTHROUGH LIVING RECOVERY COMMUNITY, LLC Comments: POSSIBLY AMENDED BY 10110
--	---

PRIORITY	Claimed:	\$2,491.38 UNLIQ
----------	----------	------------------

Name of proof of claims where to
Numerical Claims Register for Delphi Behavioral Health Group (ALL DEBTORS)

DEPARTMENT OF THE TREASURY - IRS
ATTN INSOLVENCY, YOLANDA ALLEN
801 BROADWAY, MDP 146
NASHVILLE, TN 37203

Claim Number: 10100
Claim Date: 05/02/2023
Debtor: CALIFORNIA ADDICTION TREATMENT CENTER LL LLC
Comments: POSSIBLY AMENDED BY 10128
DOCKET: 568 (05/12/2023)

PRIORITY Claimed: \$20,963.59 UNLIQ
UNSECURED Claimed: \$6,967.81 UNLIQ

DEPARTMENT OF THE TREASURY - IRS
ATTN INSOLVENCY, YOLANDA ALLEN
801 BROADWAY, MDP 146
NASHVILLE, TN 37217

Claim Number: 10101
Claim Date: 05/03/2023
Debtor: CALIFORNIA VISTAS ADDICTION TREATMENT LLC
Comments: POSSIBLY AMENDED BY 10122
DOCKET: 568 (05/12/2023)

PRIORITY Claimed: \$12,281.93 UNLIQ
UNSECURED Claimed: \$104.08 UNLIQ

DEPARTMENT OF THE TREASURY - IRS
ATTN INSOLVENCY, YOLANDA ALLEN
801 BROADWAY, MDP 146
NASHVILLE, TN 37203

Claim Number: 10102
Claim Date: 05/03/2023
Debtor: DEFINING MOMENT RECOVERY COMMUNITY, LLC
Comments: POSSIBLY AMENDED BY 10123
DOCKET: 568 (05/12/2023)

PRIORITY Claimed: \$6,174.73 UNLIQ
UNSECURED Claimed: \$539.33 UNLIQ

DEPARTMENT OF THE TREASURY - IRS
ATTN INSOLVENCY, YOLANDA ALLEN
801 BROADWAY, MDP 146
NASHVILLE, TN 37203

Claim Number: 10103
Claim Date: 05/03/2023
Debtor: DELPHI MANAGEMENT LLC
Comments: POSSIBLY AMENDED BY 10124
DOCKET: 569 (05/12/2023)

UNSECURED Claimed: \$100.00 UNLIQ

DEPARTMENT OF THE TREASURY - IRS
ATTN INSOLVENCY, YOLANDA ALLEN
801 BROADWAY, MDP 146
NASHVILLE, TN 37203

Claim Number: 10104
Claim Date: 05/04/2023
Debtor: DESERT VIEW RECOVERY COMMUNITY, LLC

PRIORITY Claimed: \$8,694.87

Name of proof of claims where to
Numerical Claims Register for Delphi Behavioral Health Group (ALL DEBTORS)

DEPARTMENT OF THE TREASURY - IRS ATTN INSOLVENCY, YOLANDA ALLEN 801 BROADWAY, MDP 146 NASHVILLE, TN 37203	Claim Number: 10105 Claim Date: 05/04/2023 Debtor: MARYLAND HOUSE DETOX, LLC Comments: POSSIBLY AMENDED BY 10127 DOCKET: 568 (05/12/2023)
--	---

PRIORITY	Claimed:	\$28,753.67	UNLIQ
UNSECURED	Claimed:	\$3,057.53	UNLIQ

DEPARTMENT OF THE TREASURY - IRS 801 BROADWAY, MDP 146 NASHVILLE, TN 37203	Claim Number: 10106 Claim Date: 05/04/2023 Debtor: OCEAN BREEZE DETOX, LLC
--	--

PRIORITY	Claimed:	\$67,557.41
----------	----------	-------------

DEPARTMENT OF THE TREASURY - IRS ATTN INSOLVENCY, YOLANDA ALLEN 801 BROADWAY, MDP 146 NASHVILLE, TN 37203	Claim Number: 10107 Claim Date: 05/04/2023 Debtor: PALM BEACH RECOVERY, LLC
--	---

PRIORITY	Claimed:	\$76,398.82
UNSECURED	Claimed:	\$7,585.87

DEPARTMENT OF THE TREASURY - IRS ATTN INSOLVENCY, YOLANDA ALLEN 801 BROADWAY, MDP 146 NASHVILLE, TN 37203	Claim Number: 10108 Claim Date: 05/04/2023 Debtor: SUMMIT AT FLORHAM PARK, LLC
--	--

PRIORITY	Claimed:	\$5,180.28
UNSECURED	Claimed:	\$353.04

DEPARTMENT OF THE TREASURY - IRS ATTN INSOLVENCY, YOLANDA ALLEN 801 BROADWAY, MDP 146 NASHVILLE, TN 37203	Claim Number: 10109 Claim Date: 05/04/2023 Debtor: SUMMIT BEHAVIORAL HEALTH LIMITED LIABILITY COMPANY
--	---

PRIORITY	Claimed:	\$11,192.70
UNSECURED	Claimed:	\$445.20

Name of proof of claims where to
Numerical Claims Register for Delphi Behavioral Health Group (ALL DEBTORS)

DEPARTMENT OF THE TREASURY - IRS
ATTN YOLANDA ALLEN
801 BROADWAY, MDP 146
NASHVILLE, TN 37203

Claim Number: 10110
Claim Date: 05/08/2023
Debtor: BREAKTHROUGH LIVING RECOVERY COMMUNITY, LLC
Comments:
AMENDS CLAIM #10099

PRIORITY Claimed: \$2,491.38 UNLIQ

DEPARTMENT OF THE TREASURY - IRS
801 BROADWAY, MDP 146
NASHVILLE, TN 37203

Claim Number: 10111
Claim Date: 05/09/2023
Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC
Comments:
AMENDS CLAIM #65

PRIORITY Claimed: \$301,170.05
UNSECURED Claimed: \$20,093.92

DEPARTMENT OF THE TREASURY - IRS
801 BROADWAY, MDP 146
NASHVILLE, TN 37203

Claim Number: 10112
Claim Date: 05/09/2023
Debtor: BREAKTHROUGH LIVING RECOVERY COMMUNITY, LLC
Comments:
AMENDS CLAIM #10110

PRIORITY Claimed: \$2,491.38 UNLIQ

DEPARTMENT OF THE TREASURY - IRS
ATTN YOLANDA ALLEN
801 BROADWAY, MDP 146
NASHVILLE, TN 37203

Claim Number: 10113
Claim Date: 05/09/2023
Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC
Comments:
AMENDS CLAIM #10098

PRIORITY Claimed: \$0.00

DEPARTMENT OF THE TREASURY - IRS
801 BROADWAY, MDP 146
NASHVILLE, TN 37203

Claim Number: 10114
Claim Date: 05/09/2023
Debtor: BREAKTHROUGH LIVING RECOVERY COMMUNITY, LLC
Comments:
AMENDS CLAIM #10099

PRIORITY Claimed: \$0.00

Name of proof of claims where to
Numerical Claims Register for Delphi Behavioral Health Group (ALL DEBTORS)

DEPARTMENT OF THE TREASURY - IRS 801 BROADWAY, MDP 146 NASHVILLE, TN 37203	Claim Number: 10115 Claim Date: 05/09/2023 Debtor: CALIFORNIA ADDICTION TREATMENT CENTER LL LLC Comments: AMENDS CLAIM #67
--	--

PRIORITY	Claimed:	\$0.00
----------	----------	--------

DEPARTMENT OF THE TREASURY - IRS 801 BROADWAY, MDP 146 NASHVILLE, TN 37203	Claim Number: 10116 Claim Date: 05/09/2023 Debtor: DESERT VIEW RECOVERY COMMUNITY, LLC Comments: AMENDS CLAIM #71
--	---

PRIORITY	Claimed:	\$8,124.84
UNSECURED	Claimed:	\$570.03

DEPARTMENT OF THE TREASURY - IRS PO BOX 7346 PHILADELPHIA, PA 19101-7346	Claim Number: 10117 Claim Date: 05/12/2023 Debtor: MARYLAND HOUSE DETOX, LLC Comments: AMENDS CLAIM #72
--	---

PRIORITY	Claimed:	\$0.00
----------	----------	--------

DEPARTMENT OF THE TREASURY - IRS PO BOX 7346 PHILADELPHIA, PA 19101-7346	Claim Number: 10118 Claim Date: 05/12/2023 Debtor: OCEAN BREEZE DETOX, LLC Comments: AMENDS CLAIM #73
--	---

PRIORITY	Claimed:	\$0.00
----------	----------	--------

DEPARTMENT OF THE TREASURY - IRS PO BOX 7346 PHILADELPHIA, PA 19101-7346	Claim Number: 10119 Claim Date: 05/12/2023 Debtor: PALM BEACH RECOVERY, LLC Comments: AMENDS CLAIM #74
--	--

PRIORITY	Claimed:	\$0.00
----------	----------	--------

Name of proof of claims where to
Numerical Claims Register for Delphi Behavioral Health Group (ALL DEBTORS)

DEPARTMENT OF THE TREASURY - IRS
PO BOX 7346
PHILADELPHIA, PA 19101-7346

Claim Number: 10120
Claim Date: 05/12/2023
Debtor: SUMMIT AT FLORHAM PARK, LLC
Comments:
AMENDS CLAIM #76

PRIORITY Claimed: \$0.00

DEPARTMENT OF THE TREASURY - IRS
PO BOX 7346
NASHVILLE, TN 37203

Claim Number: 10121
Claim Date: 05/12/2023
Debtor: SUMMIT BEHAVIORAL HEALTH LIMITED LIABILITY COMPANY
Comments:
AMENDS CLAIM #77

PRIORITY Claimed: \$0.00

DEPARTMENT OF THE TREASURY - IRS
PO BOX 7346
PHILADELPHIA, PA 19101-7346

Claim Number: 10122
Claim Date: 05/12/2023
Debtor: CALIFORNIA VISTAS ADDICTION TREATMENT LLC
Comments:
AMENDS CLAIM #10101

PRIORITY Claimed: \$0.00

DEPARTMENT OF THE TREASURY - IRS
PO BOX 7346
PHILADELPHIA, PA 19101

Claim Number: 10123
Claim Date: 05/12/2023
Debtor: DEFINING MOMENT RECOVERY COMMUNITY, LLC
Comments:
AMENDS CLAIM #10102

PRIORITY Claimed: \$0.00

DEPARTMENT OF THE TREASURY - IRS
PO BOX 7346
PHILADELPHIA, PA 19101-7346

Claim Number: 10124
Claim Date: 05/12/2023
Debtor: DELPHI MANAGEMENT LLC
Comments:
AMENDS CLAIM #10103

UNSECURED Claimed: \$0.00

Name of proof of claims where to
Numerical Claims Register for Delphi Behavioral Health Group (ALL DEBTORS)

DEPARTMENT OF THE TREASURY - IRS PO BOX 7346 PHILADELPHIA, PA 19101-7346		Claim Number: 10125 Claim Date: 05/19/2023 Debtor: DEFINING MOMENT RECOVERY COMMUNITY, LLC Comments: POSSIBLY AMENDED BY 10126 AMENDS CLAIM #69
PRIORITY	Claimed:	\$5,974.73 UNLIQ
UNSECURED	Claimed:	\$539.33 UNLIQ
DEPARTMENT OF THE TREASURY - IRS PO BOX 7346 PHILADELPHIA, PA 19101-7346		Claim Number: 10126 Claim Date: 05/19/2023 Debtor: DEFINING MOMENT RECOVERY COMMUNITY, LLC Comments: AMENDS CLAIM #10125
PRIORITY	Claimed:	\$5,974.73
UNSECURED	Claimed:	\$539.33
DEPARTMENT OF THE TREASURY - IRS PO BOX 7346 PHILADELPHIA, PA 19101-7346		Claim Number: 10127 Claim Date: 05/23/2023 Debtor: MARYLAND HOUSE DETOX, LLC Comments: AMENDS CLAIM #10105
PRIORITY	Claimed:	\$25,974.58
UNSECURED	Claimed:	\$5,636.62
DEPARTMENT OF THE TREASURY - IRS PO BOX 7346 PHILADELPHIA, PA 19101-7346		Claim Number: 10128 Claim Date: 05/23/2023 Debtor: CALIFORNIA ADDICTION TREATMENT CENTER LL LLC Comments: AMENDS CLAIM #10100
PRIORITY	Claimed:	\$20,963.59
UNSECURED	Claimed:	\$6,667.81
CLIENT ID 22 ADDRESS ON FILE		Claim Number: 10129 Claim Date: 05/30/2023 Debtor: SUMMIT BEHAVIORAL HEALTH LIMITED LIABILI LIABILITY COMPANY Comments: DOCKET: 749 (06/22/2023)
UNSECURED	Claimed:	\$0.00 UNDET

Name of proof of claims where to
Numerical Claims Register for Delphi Behavioral Health Group (ALL DEBTORS)

CLIENT ID 2	Claim Number: 10130
ADDRESS ON FILE	Claim Date: 05/30/2023
	Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC
	Comments: DOCKET: 746 (06/22/2023)
	AMENDS CLAIM #10006

UNSECURED	Claimed:	\$10,000.00
-----------	----------	-------------

WILSON ELSE MOSKOWITZ EDELMAN & DICKER	Claim Number: 10131
1133 WESTCHESTER AVE	Claim Date: 06/15/2023
WHITE PLAINS, NY 10604	Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC

UNSECURED	Claimed:	\$9,655.00
-----------	----------	------------

CLIENT ID 18	Claim Number: 10132
ADDRESS ON FILE	Claim Date: 06/28/2023
	Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC
	Comments: POSSIBLY AMENDED BY 10133
	Claim Out of Balance Claim out of balance

PRIORITY	Claimed:	\$344,523.52
SECURED	Claimed:	\$344,523.52
TOTAL	Claimed:	\$344,523.52

Summary Page

Total Number of Filed Claims: 243

	Claimed Amount	Allowed Amount
Administrative:	\$487,692.33	\$0.00
Priority:	\$7,457,023.50	\$526.49
Secured:	\$1,735,178.78	\$0.00
Unsecured:	\$180,407,957.45	\$23,233,925.29
Total:	\$190,087,852.06	\$23,234,451.78