

**Fill in this information to identify the case:**

Debtor DOC LLC

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United States Bankruptcy Court for the: Delaware

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Case number 24-10281  
(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* .....
- 1b. **Total personal property:**  
Copy line 91A from *Schedule A/B* .....
- 1c. **Total of all property:**  
Copy line 92 from *Schedule A/B* .....

UNDETERMINED
\$5,842,770.34
\$5,842,770.34

**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* .....
- 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* .....
  - 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* .....
- 4. **Total liabilities** .....

\$617,486.29
\$64,889.57
+ \$3,219,126.48
\$3,901,502.34

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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**

2.1.	PETTY CASH		\$1,100.00
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**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. CHASE BANK	CHECKING	6730	\$1,664.76
3.2. CHASE BANK	CHECKING	8662	\$53,228.37

**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.

\$55,993.13

**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

(Name)

Current value of  
debtor's interest**7. DEPOSITS, INCLUDING SECURITY DEPOSITS AND UTILITY DEPOSITS**

DESCRIPTION, INCLUDING NAME OF HOLDER OF DEPOSIT

7.1.	SECURITY DEPOSIT - 510 LASSEN LLC (MURPHY)	\$17,983.81
7.2.	SECURITY DEPOSIT - 800 CRYSTAL FALLS LLC (LEANDER)	\$17,407.24
7.3.	SECURITY DEPOSIT - 810 JJK ENTERPRISES (IRVING)	\$4,510.66
7.4.	SECURITY DEPOSIT - DA HEARN (DENTON & SOUTH LAKE)	\$22,164.22
7.5.	SECURITY DEPOSIT - GUADALUPE STREET RETAIL TGPXI LLC (GUADALUPE)	\$8,249.44
7.6.	SECURITY DEPOSIT - IBP RETAIL NO.2, LP (PLANO PT)	\$2,393.88
7.7.	SECURITY DEPOSIT - IBP RETAIL NO.2, LP (PLANO)	\$8,636.49
7.8.	SECURITY DEPOSIT - KALIDY LLC (EDMOND)	\$13,333.33
7.9.	SECURITY DEPOSIT - OG&E	\$695.00
7.10.	SECURITY DEPOSIT - PREMIER PROPERTY REAL ESTATE GROUP LLC (KCKINNEY PT)	\$5,690.00
7.11.	SECURITY DEPOSIT - PREMIER PROPERTY REAL ESTATE GROUP LLC (MCKINNEY)	\$7,037.45
7.12.	SECURITY DEPOSIT - REALTYNET (MANSFIELD)	\$5,000.00
7.13.	SECURITY DEPOSIT - SAVLAN HC NORMAN LLC (NORMAN)	\$5,000.00
7.14.	SECURITY DEPOSIT - TRIANGLE B PROPERTIES LLC (FRISCO)	\$6,804.00
7.15.	SECURITY DEPOSIT - TRIMARSH RETAIL LLC (ROUND ROCK)	\$5,325.00
7.16.	SECURITY DEPOSIT - TRIMARSH RETAIL LLC (ROUND ROCK)	\$3,126.72
7.17.	SECURITY DEPOSIT - TRIMARSH RETAIL LLC (ROUND ROCK)	\$1,000.00
7.18.	SECURITY DEPOSIT - TSM VENTURES INC. (SOUTH AUSTIN)	\$14,370.73
7.19.	SECURITY DEPOSIT - TSM VENTURES INC. (SOUTH AUSTIN)	\$9,133.34
7.20.	SECURITY DEPOSIT - TSM VENTURES INC. (SOUTH AUSTIN)	\$2,500.00

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

DESCRIPTION, INCLUDING NAME OF HOLDER OF PREPAYMENT

8.1.	ANNUAL CREDENTIALING FOR PROVIDERS - TIOPA INC.	\$2,250.00
8.2.	ANNUAL CREDENTIALING FOR PROVIDERS - TIOPA INC.	\$712.49
8.3.	ANNUAL CREDENTIALING FOR PROVIDERS - TIOPA INC.	\$712.49
8.4.	ANNUAL CREDENTIALING FOR PROVIDERS - TIOPA INC.	\$712.49
8.5.	ANNUAL CREDENTIALING FOR PROVIDERS - TIOPA INC.	\$712.49
8.6.	ANNUAL CREDENTIALING FOR PROVIDERS - TIOPA INC.	\$712.49
8.7.	ANNUAL CREDENTIALING FOR PROVIDERS - TIOPA INC.	\$712.49
8.8.	ANNUAL CREDENTIALING FOR PROVIDERS - TIOPA INC.	\$712.49
8.9.	ANNUAL CREDENTIALING FOR PROVIDERS - TIOPA INC.	\$690.92
8.10.	ANNUAL CREDENTIALING FOR PROVIDERS - TIOPA INC.	\$562.50
8.11.	ANNUAL CREDENTIALING FOR PROVIDERS - TIOPA INC.	\$562.50
8.12.	ANNUAL CREDENTIALING FOR PROVIDERS - TIOPA INC.	\$562.50
8.13.	ANNUAL CREDENTIALING FOR PROVIDERS - TIOPA INC.	\$562.50
8.14.	ANNUAL CREDENTIALING FOR PROVIDERS - TIOPA INC.	\$562.50
8.15.	ANNUAL CREDENTIALING FOR PROVIDERS - TIOPA INC.	\$562.50
8.16.	ANNUAL CREDENTIALING FOR PROVIDERS - TIOPA INC.	\$562.50
8.17.	ANNUAL CREDENTIALING FOR PROVIDERS - TIOPA INC.	\$562.50
8.18.	ANNUAL CREDENTIALING FOR PROVIDERS - TIOPA INC.	\$562.50
8.19.	ANNUAL CREDENTIALING FOR PROVIDERS - TIOPA INC.	\$562.50

(Name)

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

8.20.	ANNUAL CREDENTIALING FOR PROVIDERS - TIOPA INC.	\$562.50
8.21.	ANNUAL CREDENTIALING FOR PROVIDERS - TIOPA INC.	\$562.50
8.22.	ANNUAL CREDENTIALING FOR PROVIDERS - TIOPA INC.	\$562.50
8.23.	ANNUAL CREDENTIALING FOR PROVIDERS - TIOPA INC.	\$562.50
8.24.	ANNUAL CREDENTIALING FOR PROVIDERS - TIOPA INC.	\$562.50
8.25.	ANNUAL CREDENTIALING FOR PROVIDERS - TIOPA INC.	\$562.50
8.26.	ANNUAL CREDENTIALING FOR PROVIDERS - TIOPA INC.	\$562.50
8.27.	ANNUAL CREDENTIALING FOR PROVIDERS - TIOPA INC.	\$562.50
8.28.	ANNUAL CREDENTIALING FOR PROVIDERS - TIOPA INC.	\$562.50
8.29.	ANNUAL CREDENTIALING FOR PROVIDERS - TIOPA INC.	\$562.50
8.30.	ANNUAL CREDENTIALING FOR PROVIDERS - TIOPA INC.	\$562.50
8.31.	ANNUAL CREDENTIALING FOR PROVIDERS - TIOPA INC.	\$562.50
8.32.	ANNUAL CREDENTIALING FOR PROVIDERS - TIOPA INC.	\$562.50
8.33.	ANNUAL CREDENTIALING FOR PROVIDERS - TIOPA INC.	\$562.50
8.34.	ANNUAL CREDENTIALING FOR PROVIDERS - TIOPA INC.	\$562.50
8.35.	ANNUAL CREDENTIALING FOR PROVIDERS - TIOPA INC.	\$562.50
8.36.	ANNUAL CREDENTIALING FOR PROVIDERS - TIOPA INC.	\$562.50
8.37.	ANNUAL CREDENTIALING FOR PROVIDERS - TIOPA INC.	\$562.50
8.38.	ANNUAL CREDENTIALING FOR PROVIDERS - TIOPA INC.	\$562.50
8.39.	ANNUAL CREDENTIALING FOR PROVIDERS - TIOPA INC.	\$562.50
8.40.	ANNUAL CREDENTIALING FOR PROVIDERS - TIOPA INC.	\$562.50
8.41.	ANNUAL CREDENTIALING FOR PROVIDERS - TIOPA INC.	\$562.50
8.42.	ANNUAL CREDENTIALING FOR PROVIDERS - TIOPA INC.	\$558.00
8.43.	ANNUAL CREDENTIALING FOR PROVIDERS - TIOPA INC.	\$558.00
8.44.	ANNUAL CREDENTIALING FOR PROVIDERS - TIOPA INC.	\$558.00
8.45.	ANNUAL CREDENTIALING FOR PROVIDERS - TIOPA INC.	\$558.00
8.46.	ANNUAL CREDENTIALING FOR PROVIDERS - TIOPA INC.	\$545.46
8.47.	ANNUAL CREDENTIALING FOR PROVIDERS - TIOPA INC.	\$545.46
8.48.	ANNUAL CREDENTIALING FOR PROVIDERS - TIOPA INC.	\$279.00
8.49.	ANNUAL CREDENTIALING FOR PROVIDERS - TIOPA INC.	\$279.00
8.50.	ANNUAL SOFTWARE - FLASH CODE SOLUTIONS LLC	\$623.88
8.51.	DEPOSIT ON PREMIUM FINANCE NOTE - FIRST INSURANCE	\$33,557.31
8.52.	DEPOSIT ON PREMIUM FINANCE NOTE - FIRST INSURANCE	\$15,304.96
8.53.	HOMEOWNERS ASSOCIATION DUES - HIDDEN NORTH PROPERTY OWNERS ASSOCIATION	\$850.00
8.54.	LEGAL RETAINER - BAUM, GLASS, JAYNE, CARWILE & PETERS	\$5,000.00
8.55.	PLIC - SBD GRAND ISLAND	\$13,413.59
8.56.	PREPAID RENT - 6125 PASEO DEL NORTE, LLC	\$4,471.95
8.57.	PREPAID RENT - 729 EAST SLAUGHTER LANE LTD	\$3,516.67
8.58.	PREPAID RENT - 810 JJK ENTERPRISES	\$1,627.17
8.59.	PREPAID RENT - BRIARWOOD UNIVERSITY HILLS	\$1,528.50
8.60.	PREPAID RENT - GUADALUPE STREET RETAIL TGPXI, LLC	\$7,666.22

(Name)

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

Table with 3 columns: Line number, Description, and Current value of debtor's interest. Rows include 8.61-8.69 with various prepaid items like rent, insurance, and licenses.

9 Total of Part 2. ADD LINES 7 THROUGH 8. COPY THE TOTAL TO LINE 81.

\$302,786.65

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

Table for accounts receivable breakdown by days (90 days or less, over 90 days) with columns for face amount, doubtful or uncollectable accounts, and current value.

12 Total of Part 3. CURRENT VALUE ON LINES 11A + 11B = LINE 12. COPY THE TOTAL TO LINE 82.

\$174,988.00

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:

(Name)

17 Total of Part 4. ADD LINES 14 THROUGH 16. COPY THE TOTAL TO LINE 83.

NOT APPLICABLE

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.

Table with 5 columns: General description, Date of the last physical inventory, Net book value of debtor's interest, Valuation method used for current value, Current value of debtor's interest. Rows include RAW MATERIALS, WORK IN PROGRESS, FINISHED GOODS, and OTHER INVENTORY OR SUPPLIES.

23 Total of Part 5. ADD LINES 19 THROUGH 22. COPY THE TOTAL TO LINE 84.

\$161,957.84

24. Is any of the property listed in Part 5 perishable?

- No
Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- No
Yes Book value \$25,904.90 Valuation method COST Current value \$25,904.90

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- No
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.

Table with 4 columns: General description, Net book value of debtor's interest, Valuation method used for current value, Current value of debtor's interest. Rows include CROPS, FARM ANIMALS, FARM MACHINERY AND EQUIPMENT, FARM AND FISHING SUPPLIES, and OTHER FARMING AND FISHING-RELATED PROPERTY.

(Name)

**33 Total of Part 6.**  
ADD LINES 28 THROUGH 32. COPY THE TOTAL TO LINE 85.

NOT APPLICABLE

**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
<b>39. OFFICE FURNITURE</b>			
39.1. OFFICE FURNITURE AND EQUIPMENT	\$214,908.85	STRAIGHT LINE	\$214,908.85
<b>40. OFFICE FIXTURES</b>			
40.1. CONSTRUCTION IN PROGRESS	\$607,861.26	STRAIGHT LINE	\$607,861.26
40.2. LEASEHOLD IMPROVEMENTS	\$3,593,171.46	STRAIGHT LINE	\$3,593,171.46
<b>41. OFFICE EQUIPMENT, INCLUDING ALL COMPUTER EQUIPMENT AND COMMUNICATION SYSTEMS EQUIPMENT AND SOFTWARE</b>			
41.1. SOFTWARE	\$32,418.64	STRAIGHT LINE	\$32,418.64
<b>42. COLLECTIBLES EXAMPLES:</b> 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 <b>NONE</b>			

**43 Total of Part 7.**  
ADD LINES 39 THROUGH 42. COPY THE TOTAL TO LINE 86.

\$4,448,360.21

**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.

(Name)

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
<b>47. AUTOMOBILES, VANS, TRUCKS, MOTORCYCLES, TRAILERS, AND TITLED FARM VEHICLES</b>  NONE			
<b>48. WATERCRAFT, TRAILERS, MOTORS, AND RELATED ACCESSORIES</b> EXAMPLES: BOATS, TRAILERS, MOTORS, FLOATING HOMES, PERSONAL WATERCRAFT, AND FISHING VESSELS  NONE			
<b>49. AIRCRAFT AND ACCESSORIES</b>  NONE			
<b>50. OTHER MACHINERY, FIXTURES, AND EQUIPMENT (EXCLUDING FARM MACHINERY AND EQUIPMENT)</b>			
50.1. MACHINERY AND EQUIPMENT	\$622,098.21	STRAIGHT LINE	\$622,098.21
<b>51 Total of Part 8.</b> ADD LINES 47 THROUGH 50. COPY THE TOTAL TO LINE 87.			\$622,098.21
<b>52. Is a depreciation schedule available for any of the property listed in Part 8?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
<b>53. Has any of the property listed in Part 8 been appraised by a professional within the last year?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

**Part 9: REAL PROPERTY**

<b>54. DOES THE DEBTOR OWN OR LEASE ANY REAL PROPERTY?</b> <input type="checkbox"/> No. Go to Part 10. <input checked="" type="checkbox"/> Yes. Fill in the information below.				
<b>55. ANY BUILDING, OTHER IMPROVED REAL ESTATE, OR LAND WHICH THE DEBTOR OWNS OR IN WHICH THE DEBTOR HAS AN INTEREST</b>				
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	Current value of debtor's interest
55.1. 1900 MATLOCK ROAD, BLDG 1, MANSFIELD, TX 76063	REAL PROPERTY LEASE	UNDETERMINED	N/A	UNDETERMINED
55.2. 2000 S. INTERSTATE HIGHWAY 35, SUITE N-5, ROUND ROCK, TX 78681	REAL PROPERTY LEASE	UNDETERMINED	N/A	UNDETERMINED
55.3. 2218 NW 164TH STREET, EDMOND, OK 73013	REAL PROPERTY LEASE	UNDETERMINED	N/A	UNDETERMINED
55.4. 2419 WEST SOUTHLAKE BLVD, SOUTHLAKE, TX 76092	REAL PROPERTY LEASE	UNDETERMINED	N/A	UNDETERMINED
55.5. 2700 NORTH O'CONNOR ROAD, SUITE 138, IRVING, TX 75062	REAL PROPERTY LEASE	UNDETERMINED	N/A	UNDETERMINED
55.6. 3014 NORTH O'CONNOR ROAD, SUITE 200, IRVING, TX 75062	REAL PROPERTY LEASE	UNDETERMINED	N/A	UNDETERMINED
55.7. 3100 UNICORN LAKE BLVD., SUITE 120, DENTON, TX 76210	REAL PROPERTY LEASE	UNDETERMINED	N/A	UNDETERMINED
55.8. 3100 UNICORN LAKE BLVD., SUITE 140, DENTON, TX 76210	REAL PROPERTY LEASE	UNDETERMINED	N/A	UNDETERMINED

(Name)

**55. ANY BUILDING, OTHER IMPROVED REAL ESTATE, OR LAND WHICH THE DEBTOR OWNS OR IN WHICH THE DEBTOR HAS AN INTEREST**

	<b>Description and location of property</b> 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	<b>Nature and extent of debtor's interest in property</b>	<b>Net book value of debtor's interest</b> (Where available)	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
55.9.	3110 GUADALUPE ST., SUITE 100, AUSTIN TX 78705	REAL PROPERTY LEASE	UNDETERMINED	N/A	UNDETERMINED
55.10.	3132 ALTAMESA BLVD, SUITE 100, FORT WORTH, TX 76133	REAL PROPERTY LEASE	UNDETERMINED	N/A	UNDETERMINED
55.11.	3300 DALLAS PARKWAY, SUITE 200, PLANO, TX 75093	REAL PROPERTY LEASE	UNDETERMINED	N/A	UNDETERMINED
55.12.	3412 E. HEBRON PARKWAY, SUITE 106, CARROLLTON, TX 75007	REAL PROPERTY LEASE	UNDETERMINED	N/A	UNDETERMINED
55.13.	418 VILLAGE DRIVE, SUITE 200, MURPHY, TX 75094	REAL PROPERTY LEASE	UNDETERMINED	N/A	UNDETERMINED
55.14.	4600 ELDORADO PARKWAY, SUITE 600, MCKINNEY, TX 75070	REAL PROPERTY LEASE	UNDETERMINED	N/A	UNDETERMINED
55.15.	6125 PASEO DEL NORTE, SUITE, 110, CARLSBAD, CA 92008	REAL PROPERTY LEASE	UNDETERMINED	N/A	UNDETERMINED
55.16.	709 E SLAUGHTER LANE, SUITE 404 AUSTIN, TX 78744	REAL PROPERTY LEASE	UNDETERMINED	N/A	UNDETERMINED
55.17.	800 CRYSTAL FALLS PKWY, UNIT 10, LEANDER, TX 78641	REAL PROPERTY LEASE	UNDETERMINED	N/A	UNDETERMINED
55.18.	8501 WADE BLVD, SUITE 630, FRISCO, TX 75034	REAL PROPERTY LEASE	UNDETERMINED	N/A	UNDETERMINED
55.19.	9500 DALLAS PARKWAY, SUITE 100, FRISCO, TX 75034	REAL PROPERTY LEASE	UNDETERMINED	N/A	UNDETERMINED

**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
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**57. Is a depreciation schedule available for any of the property listed in Part 9?**

- No
- Yes

**58. Has any of the property listed in Part 9 been appraised by a professional within the last year?**

- No
- Yes

**Part 10: INTANGIBLES AND INTELLECTUAL PROPERTY**

**59. DOES THE DEBTOR HAVE ANY INTERESTS IN INTANGIBLES OR INTELLECTUAL PROPERTY?**

- No. Go to Part 11.
- Yes. Fill in the information below.

	<b>General description</b>	<b>Net book value of debtor's interest</b> (Where available)	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
<b>60. PATENTS, COPYRIGHTS, TRADEMARKS, AND TRADE SECRETS</b>				
60.1.	DOC TRADEMARK	UNDETERMINED	N/A	UNDETERMINED
<b>61. INTERNET DOMAIN NAMES AND WEBSITES</b>				
61.1.	DIRECTORTHOCARE.COM	UNDETERMINED	N/A	UNDETERMINED
61.2.	DIRECTORTHOCARE.NET	UNDETERMINED	N/A	UNDETERMINED
61.3.	DIRECTORTHOCARE.ORG	UNDETERMINED	N/A	UNDETERMINED
61.4.	DIRECTORTHOCARE.US	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			
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 type="checkbox"/> No. Go to Part 12. <input checked="" type="checkbox"/> Yes. Fill in the information below.			Current value of debtor's interest
71. NOTES RECEIVABLE DESCRIPTION (INCLUDE NAME OF OBLIGOR) <b>NONE</b>			
72. TAX REFUNDS AND UNUSED NET OPERATING LOSSES (NOLS) DESCRIPTION (FOR EXAMPLE, FEDERAL, STATE, LOCAL) <b>NONE</b>			
73. INTERESTS IN INSURANCE POLICIES OR ANNUITIES <b>NONE</b>			
74. CAUSES OF ACTION AGAINST THIRD PARTIES (WHETHER OR NOT A LAWSUIT HAS BEEN FILED) <b>NONE</b>			
75. OTHER CONTINGENT AND UNLIQUIDATED CLAIMS OR CAUSES OF ACTION OF EVERY NATURE, INCLUDING COUNTERCLAIMS OF THE DEBTOR AND RIGHTS TO SET OFF CLAIMS			
<b>ADDITION</b>			
75.1. 709 E SLAUGHTER LANE LLC			\$76,586.30
Nature of claim	TENTANT IMPROVEMENT REIMBURSEMENT.		
Amount requested	\$76,586.30		
76. TRUSTS, EQUITABLE OR FUTURE INTERESTS IN PROPERTY <b>NONE</b>			

(Name)

Current value of debtor's interest

77. OTHER PROPERTY OF ANY KIND NOT ALREADY LISTED EXAMPLES: SEASON TICKETS, COUNTRY CLUB MEMBERSHIP EXAMPLES: SEASON TICKETS, COUNTRY CLUB MEMBERSHIP NONE

78 Total of Part 11. ADD LINES 71 THROUGH 77. COPY THE TOTAL TO LINE 90.

\$76,586.30

79. Has any of the property listed in Part 11 been appraised by a professional within the last year? [X] No [ ] Yes

Part 12: Summary

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

Table with 4 columns: Type of property, Current value of personal property, Current value of real property, and Total. Rows include 80-90 and 91a-91b, with a final total row 92.

**Fill in this information to identify the case:**

Debtor DOC LLC

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United States Bankruptcy Court for the: Delaware

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Case number 24-10281  
(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. **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**

		<i>Column A</i> <b>Amount of claim</b> <small>Do not deduct the value of collateral.</small>	<i>Column B</i> <b>Value of collateral that supports this claim</b>	
2.1	<p><b>2. List in alphabetical order all creditors who have secured claims.</b> If a creditor has more than one secured claim, list the creditor separately for each claim.</p> <p><b>Creditor's name</b> BALBOA CAPITAL</p> <p><b>Creditor's mailing address</b> 575 ANTON BLVD, STE. 1080 COSTA MESA, CA 92626</p> <p><b>Creditor's email address</b></p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p> <p><b>Do multiple creditors have an interest in the same property?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Describe debtor's property that is subject to a lien</b> MACHINE FOR NORMAN O-03</p> <p><b>Describe the lien</b> EQUIPMENT LEASE</p> <p><b>Is the creditor an insider or related party?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>As of the petition filing date, the claim is:</b>  <small>Check all that apply.</small>  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p>	\$41,985.09	UNKNOWN
2.2	<p><b>Creditor's name</b> DAVID HASSINGER</p> <p><b>Creditor's mailing address</b> ADDRESS REDACTED</p> <p><b>Creditor's email address</b></p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p> <p><b>Do multiple creditors have an interest in the same property?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Describe debtor's property that is subject to a lien</b> DEBTORS' ACCOUNTS RECEIVABLE</p> <p><b>Describe the lien</b> BRIDGE LOAN</p> <p><b>Is the creditor an insider or related party?</b>  <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b>  <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes</p> <p><b>As of the petition filing date, the claim is:</b>  <small>Check all that apply.</small>  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p>	\$350,000.00	UNKNOWN

(Name)

Part 1: Additional Page

		Column A	Column B
		Amount of claim	Value of collateral that supports this claim
		<i>Do not deduct the value of collateral.</i>	
<b>AMENDED</b>			
2.3	<p><b>Creditor's name</b> HITACHI CAPITAL AMERICA CORP</p> <p><b>Creditor's mailing address</b> 7808 CREEKRIDGE CIR, STE 250 EDINA, MN 55439</p> <p><b>Creditor's email address</b></p> <p><b>Date or dates debt was incurred</b> 8/17/2020</p> <p><b>Last 4 digits of account number:</b></p> <p><b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Describe debtor's property that is subject to a lien</b> ALL RIGHTS TO AND INTEREST IN THE EQUIPMENT TOGETHER WITH ALL PROCEEDS, ATTACHMENTS, ACCESSORIES, PARTS, ADDITIONS AND ANY SUBSTITUTIONS THERETO, UNDER EQUIPMENT FINANCE AGREEMENT</p> <p><b>Describe the lien</b> UCC LIEN - FILING NUMBER 20201221918</p> <p><b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$41,301.84</p> <p>UNKNOWN</p>
2.4	<p><b>Creditor's name</b> HITACHI CAPITAL AMERICA CORP</p> <p><b>Creditor's mailing address</b> 7808 CREEKRIDGE CIR, STE 250 EDINA, MN 55439</p> <p><b>Creditor's email address</b></p> <p><b>Date or dates debt was incurred</b> 8/6/2020</p> <p><b>Last 4 digits of account number:</b></p> <p><b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Describe debtor's property that is subject to a lien</b> ALL RIGHTS TO AND INTEREST IN THE EQUIPMENT TOGETHER WITH ALL PROCEEDS, ATTACHMENTS, ACCESSORIES, PARTS, ADDITIONS AND ANY SUBSTITUTIONS THERETO, UNDER EQUIPMENT FINANCE AGREEMENT</p> <p><b>Describe the lien</b> UCC LIEN - FILING NUMBER 20201167634</p> <p><b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p>	<p>UNKNOWN</p> <p>UNKNOWN</p>

(Name)

Part 1: Additional Page

			Column A	Column B
			Amount of claim <i>Do not deduct the value of collateral.</i>	Value of collateral that supports this claim
2.5	<b>Creditor's name</b> M2 EQUIPMENT FINANCE LLC  <b>Creditor's mailing address</b> 175 N PATRICK BLVD, STE 140 BROOKFIELD, WI 53045  <b>Creditor's email address</b>  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe debtor's property that is subject to a lien</b> KONICA PRIMARY U-ARM - O-04  <b>Describe the lien</b> EQUIPMENT LEASE  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$58,191.39	UNKNOWN
2.6	<b>Creditor's name</b> M2 EQUIPMENT FINANCE LLC  <b>Creditor's mailing address</b> 175 N PATRICK BLVD, STE 140 BROOKFIELD, WI 53045  <b>Creditor's email address</b>  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe debtor's property that is subject to a lien</b> KONICA PRIMARY U-ARM - A-01  <b>Describe the lien</b> EQUIPMENT LEASE  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$49,437.34	UNKNOWN
2.7	<b>Creditor's name</b> M2 EQUIPMENT FINANCE LLC  <b>Creditor's mailing address</b> 175 N PATRICK BLVD, STE 140 BROOKFIELD, WI 53045  <b>Creditor's email address</b>  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe debtor's property that is subject to a lien</b> KONICA PRIMARY U-ARM  <b>Describe the lien</b> EQUIPMENT LEASE  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$28,374.00	UNKNOWN

(Name)

**Part 1: Additional Page**

		Column A	Column B
		Amount of claim <i>Do not deduct the value of collateral.</i>	Value of collateral that supports this claim
<b>AMENDED</b>			
2.8	<p><b>Creditor's name</b> NEWLANE FINANCY COMPANY</p> <p><b>Creditor's mailing address</b> 123 S BROAD ST, 17TH FL PHILADELPHIA, PA 19109</p> <p><b>Creditor's email address</b></p> <p><b>Date or dates debt was incurred</b> 9/13/2021</p> <p><b>Last 4 digits of account number:</b></p> <p><b>Do multiple creditors have an interest in the same property?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Describe debtor's property that is subject to a lien</b></p> <p>ALL EQUIPMENT AND OTHER PERSONAL PROPERTY, NOW OR HEREAFTER THE SUBJECT OF THE CERTAIN EQUIPMENT FINANCE AGREEMENT AND ALL REPLACEMENTS, SUBSTITUTIONS, ACCESSIONS, ADD-ONS, AND ALL PROCEEDS AND ACCOUNTS ARISING OUT OF OR RELATED TO THE FOREGOING.</p> <p><b>Describe the lien</b> UCC LIEN - FILING NUMBER 210040152136</p> <p><b>Is the creditor an insider or related party?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p>	<p>\$14,503.07</p> <p>UNKNOWN</p>
2.9	<p><b>Creditor's name</b> PAWNEE LEASING CORPORATION</p> <p><b>Creditor's mailing address</b> 3801 AUTOMATION WAY SUITE 207 FORT COLLINS, CO 80525</p> <p><b>Creditor's email address</b></p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p> <p><b>Do multiple creditors have an interest in the same property?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Describe debtor's property that is subject to a lien</b></p> <p>KONICA PRIMARY U-ARM</p> <p><b>Describe the lien</b> EQUIPMENT LEASE</p> <p><b>Is the creditor an insider or related party?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p>	<p>\$33,693.56</p> <p>UNKNOWN</p>

(Name)

**Part 1: Additional Page**

		Column A	Column B	
		Amount of claim <i>Do not deduct the value of collateral.</i>	Value of collateral that supports this claim	
2.10	<p><b>Creditor's name</b> TRI MARSH RETAIL LLC</p> <p><b>Creditor's mailing address</b> 4801 HARBOR DR FLOWER MOUND, TX 75022</p> <p><b>Creditor's email address</b></p> <p><b>Date or dates debt was incurred</b> 10/21/2022</p> <p><b>Last 4 digits of account number:</b></p> <p><b>Do multiple creditors have an interest in the same property?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Describe debtor's property that is subject to a lien</b> ALL GOODS, WARES, EQUIPMENT, PERSONAL PROPERTY, FURNITURE, FURNISHINGS, CHATTELS, AND MERCHANDISE WHICH MAY NOW OR HEREAFTER BE LOCATED IN, ON, OR ABOUT THE PREMISES DESCRIBED AS FOLLOWS: UNIT N2 &amp; N5 OF THE HESTERS CROSSING SHOPPING CENTER</p> <p><b>Describe the lien</b> UCC LIEN - FILING NUMBER 220051725094</p> <p><b>Is the creditor an insider or related party?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p>	UNKNOWN	UNKNOWN
3.	<b>Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.</b>		\$617,486.29	

**Fill in this information to identify the case:**

Debtor DOC LLC

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United States Bankruptcy Court for the: Delaware

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Case number (if known) 24-10281

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	<p><b>Priority creditor's name and mailing address</b>                      CALIFORNIA FRANCHISE TAX BOARD                      300 S SPRING ST                      STE 5704                      LOS ANGELES, CA 90013-1265</p> <p><b>Date or dates debt was incurred</b>  </p> <p><b>Last 4 digits of account number:</b>  </p> <p><b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)</p>	<p><b>As of the petition filing date, the claim is:</b>                      Check all that apply.  <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      POTENTIAL TAX LIABILITY</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	UNKNOWN	UNKNOWN
2.2	<p><b>Priority creditor's name and mailing address</b>                      DALLAS COUNTY TAX OFFICE                      PO BOX 139066                      DALLAS, TX 75313-9066</p> <p><b>Date or dates debt was incurred</b>                      VARIOUS</p> <p><b>Last 4 digits of account number:</b>  </p> <p><b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)</p>	<p><b>As of the petition filing date, the claim is:</b>                      Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      TAX LIABILITY</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$5,018.48	\$5,018.48
2.3	<p><b>Priority creditor's name and mailing address</b>                      DELAWARE DIVISION OF REVENUE                      820 N FRENCH ST                      WILMINGTON, DE 19801</p> <p><b>Date or dates debt was incurred</b>  </p> <p><b>Last 4 digits of account number:</b>  </p> <p><b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)</p>	<p><b>As of the petition filing date, the claim is:</b>                      Check all that apply.  <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      POTENTIAL TAX LIABILITY</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	UNKNOWN	UNKNOWN

(Name)

**Part 1: Additional Page**

			Total claim	Priority amount
2.4	<p><b>Priority creditor's name and mailing address</b> FRANCHISE TAX BOARD PO BOX 942857 SACRAMENTO, CA 94267-0008</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p> <p><b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> POTENTIAL TAX LIABILITY</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	UNKNOWN	UNKNOWN
2.5	<p><b>Priority creditor's name and mailing address</b> IDAHO STATE TAX COMMISSION 11321 W CHINDEN BLVD BOISE, ID 83714-1021</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p> <p><b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> POTENTIAL TAX LIABILITY</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	UNKNOWN	UNKNOWN
2.6	<p><b>Priority creditor's name and mailing address</b> IRVING ISD TAX OFFICE 2621 W AIRPORT FWY PO BOX 152021 IRVING, TX 75015-2021</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p> <p><b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> POTENTIAL TAX LIABILITY</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	UNKNOWN	UNKNOWN
2.7	<p><b>Priority creditor's name and mailing address</b> KENNETH L. MAUN TAX ASSESSOR COLLECTOR COLLIN COUNTY P.O.BOX 8046 MCKINNEY, TX 75070-8046</p> <p><b>Date or dates debt was incurred</b> VARIOUS</p> <p><b>Last 4 digits of account number:</b></p> <p><b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TAX LIABILITY</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$32,500.56	\$32,500.56
2.8	<p><b>Priority creditor's name and mailing address</b> LARRY GADDES PCAC, CTA 904 SOUTH MAIN STREET GEORGETOWN, TX 78626</p> <p><b>Date or dates debt was incurred</b> 11/1/2023</p> <p><b>Last 4 digits of account number:</b></p> <p><b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TAX LIABILITY</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$13,903.15	\$13,903.15

(Name)

**Part 1: Additional Page**

		Total claim	Priority amount
<b>AMENDED</b>			
2.9	<p><b>Priority creditor's name and mailing address</b>                      MICHELLE FRENCH                      DENTON COUNTY TAX ASSESSOR                      COLLECTOR                      PO BOX 90223                      DENTON, TX 76202</p> <p><b>Date or dates debt was incurred</b>                      VARIOUS</p> <p><b>Last 4 digits of account number:</b></p> <p><b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)</p>	<p><b>As of the petition filing date, the claim is:</b>                      Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      TAX LIABILITY</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>\$0.00</p> <p>\$0.00</p>
2.10	<p><b>Priority creditor's name and mailing address</b>                      OKLAHOMA TAX COMMISSION                      300 N BROADWAY AVE                      OKLAHOMA CITY, OK 73102</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p> <p><b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)</p>	<p><b>As of the petition filing date, the claim is:</b>                      Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      POTENTIAL TAX LIABILITY</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>UNKNOWN</p> <p>UNKNOWN</p>
2.11	<p><b>Priority creditor's name and mailing address</b>                      TARRANT COUNTY TAX ASSESSOR                      3125 MARQUITA                      FORT WORTH, TX 76116</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p> <p><b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)</p>	<p><b>As of the petition filing date, the claim is:</b>                      Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      POTENTIAL TAX LIABILITY</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>UNKNOWN</p> <p>UNKNOWN</p>
2.12	<p><b>Priority creditor's name and mailing address</b>                      TEXAS COMPTROLLER OF PUBLIC ACCOUNTS                      PO BOX 13528                      CAPITOL STATION                      AUSTIN, TX 78711-3528</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p> <p><b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)</p>	<p><b>As of the petition filing date, the claim is:</b>                      Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      POTENTIAL TAX LIABILITY</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>UNKNOWN</p> <p>UNKNOWN</p>
2.13	<p><b>Priority creditor's name and mailing address</b>                      TRAVIS COUNTRY TAX OFFICE                      PO BOX 149328                      AUSTIN, TX 78714-3928</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p> <p><b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)</p>	<p><b>As of the petition filing date, the claim is:</b>                      Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      POTENTIAL TAX LIABILITY</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>UNKNOWN</p> <p>UNKNOWN</p>



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		Amount of claim
3.4	<p><b>Nonpriority creditor's name and mailing address</b> 6125 PASEO DEL NORTE, LLC ATTN: SCOTT LEGGETT 6125 PASEO DEL NORTE STE 210 CARLSBAD, CA 92011</p> <p><b>Date or dates debt was incurred</b> VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$154,245.42 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> RENT</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.5	<p><b>Nonpriority creditor's name and mailing address</b> 800 CRYSTAL FALLS, LLC C/O ROBERT LYNN MANAGEMENT COMPANY, LTD. ATTN: STACEY BARR 4851 LBJ FREEWAY, 10TH FLOOR DALLAS, TX 75244</p> <p><b>Date or dates debt was incurred</b> VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$56,560.00 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> RENT</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<b>AMENDED</b>		
3.6	<p><b>Nonpriority creditor's name and mailing address</b> AA FIRE EXTINGUISHER LLC PO BOX 586 FORNEY, TX 75126</p> <p><b>Date or dates debt was incurred</b> VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$0.00 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.7	<p><b>Nonpriority creditor's name and mailing address</b> ADGILE MEDIA GROUP 1230 AVENUE OF THE AMERICAS STE 1512 NEW YORK, NY 10020</p> <p><b>Date or dates debt was incurred</b> 12/26/2022</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$6,750.00 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<b>AMENDED</b>		
3.8	<p><b>Nonpriority creditor's name and mailing address</b> ADVANTAGE TELEMESSAGING, INC. 529 READING AVENUE SUITE I WEST READING, PA 19611</p> <p><b>Date or dates debt was incurred</b> VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$0.00 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

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			Amount of claim
3.9	<p><b>Nonpriority creditor's name and mailing address</b>                      AESTO LLC                      1800 INTERNATIONAL PARK DRIVE,                      SUITE 110                      BIRMINGHAM, AL 35243</p> <p><b>Date or dates debt was incurred</b>                      7/15/2022</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$1,044.00
3.10	<p><b>Nonpriority creditor's name and mailing address</b>                      AJ &amp; COMPANY LLC                      11201 SORENTINO DR                      OKLAHOMA, OK 73007</p> <p><b>Date or dates debt was incurred</b>                      10/10/2022</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$205.00
3.11	<p><b>Nonpriority creditor's name and mailing address</b>                      ALPHA II LLC                      ATTN: BRYNN TONN                      2074 SUMMIT LAKE DRIVE                      TALLAHASSEE, FL 32317</p> <p><b>Date or dates debt was incurred</b>                      1/1/2024</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$22,275.00
3.12	<p><b>Nonpriority creditor's name and mailing address</b>                      ALPHA SERVICES CORPORATION                      ATTN: JOSE OLGUIN                      JANI-KING                      4535 SUNBELT DR, STE A                      ADDISON, TX 75001-5205</p> <p><b>Date or dates debt was incurred</b>                      VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$33,836.61
3.13	<p><b>Nonpriority creditor's name and mailing address</b>                      AMN HEALTHCARE PHYSICIAN PERMANENT                      PLACEMENT, LLC                      P.O. BOX 281943                      ATLANTA, GA 30384-1943</p> <p><b>Date or dates debt was incurred</b>                      1/1/2024</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$8,895.00

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Amount of claim

ADDITION

3.14	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$40,468.73
	AMPOLOGY ELECTRICAL SERVCIES LLC 1120 W. HOWARD LANCE, STE. C11 AUSTIN, TX 78753	<i>Check all that apply.</i>	
	<b>Date or dates debt was incurred</b>	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	11/1/2023	<b>Basis for the claim:</b> CONSTRUCTION SUB-CONTRACTOR	
	<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.15	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$7,329.88
	APOGEE CAPITAL FUND 5 LLC 614 SOUTH CAPITAL OF TEXAS HIGHWAY AUSTIN, TX 78746	<i>Check all that apply.</i>	
	<b>Date or dates debt was incurred</b>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	VARIOUS	<b>Basis for the claim:</b> TRADE PAYABLE	
	<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.16	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$18,927.43
	ARTHREX, INC. PO BOX 403511 ATLANTA, GA 30384-3511	<i>Check all that apply.</i>	
	<b>Date or dates debt was incurred</b>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	VARIOUS	<b>Basis for the claim:</b> TRADE PAYABLE	
	<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.17	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$6,878.53
	ASSOCIATED TIME INSTRUMENTS 9104 DIPLOMACY ROW DALLAS, TX 75247	<i>Check all that apply.</i>	
	<b>Date or dates debt was incurred</b>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	VARIOUS	<b>Basis for the claim:</b> TRADE PAYABLE	
	<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.18	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$4,284.00
	AUDACY OPERATIONS, INC. PO BOX 74093 CLEVELAND, OH 44194	<i>Check all that apply.</i>	
	<b>Date or dates debt was incurred</b>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	9/25/2022	<b>Basis for the claim:</b> TRADE PAYABLE	
	<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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			Amount of claim
3.19	<p><b>Nonpriority creditor's name and mailing address</b>                      AUTOSORT COMMERCIAL MAILING SERVICES                      7286 W. AIRWAY COURT                      BOISE, ID 83709-2886</p> <p><b>Date or dates debt was incurred</b>                      VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$4,374.71
3.20	<p><b>Nonpriority creditor's name and mailing address</b>                      BIORICH MEDICAL, INC.                      2372 MORSE AVENUE                      IRVINE, CA 92614</p> <p><b>Date or dates debt was incurred</b>                      10/7/2023</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$2,293.28
<b>AMENDED</b>			
3.21	<p><b>Nonpriority creditor's name and mailing address</b>                      BIOSKIN, LLC                      240 EAST HERSHEY ST., SUITE 2                      ASHLAND, OR 97520</p> <p><b>Date or dates debt was incurred</b>                      VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$0.00
3.22	<p><b>Nonpriority creditor's name and mailing address</b>                      BIOVENTUS                      PO BOX 732823                      DALLAS, TX 75373-2823</p> <p><b>Date or dates debt was incurred</b>                      VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$9,075.00
<b>AMENDED</b>			
3.23	<p><b>Nonpriority creditor's name and mailing address</b>                      BLACK TIE WINDOW CLEANING                      555 ROUND ROCK WEST DR                      SUITE E209                      ROUND ROCK, TX 78681</p> <p><b>Date or dates debt was incurred</b>                      VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$0.00

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Amount of claim

**AMENDED**

3.24	<p><b>Nonpriority creditor's name and mailing address</b>                  BREG, INC.                  ATTN: GLORIA PEREZ                  2885 LOKER AVENUE EAST                  CARLSBAD, CA 92010</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$130,557.24
3.25	<p><b>Nonpriority creditor's name and mailing address</b>                  BRIARWOOD UNIVERSITY HILLS, LP                  3228 COLLINSWORTH STREET                  FORT WORTH, TX 76107</p> <p><b>Date or dates debt was incurred</b>                  2/5/2024</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  RENT</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$312.96
3.26	<p><b>Nonpriority creditor's name and mailing address</b>                  CHANSEN MEDIA GROUP, INC.                  6530 ALLIANCE DRIVE                  SUITE 110                  ROCKWALL, TX 75032</p> <p><b>Date or dates debt was incurred</b>                  11/1/2022</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$6,995.00
3.27	<p><b>Nonpriority creditor's name and mailing address</b>                  CINTAS CORPORATION                  C/O TAYLOR TAYLOR &amp; RUSSELL LLP                  ATTN: ALLEN D. RUSSELL                  2777 ALLEN PARKWAY, SUITE 1000                  HOUSTON, TX 77019</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$41,071.53
3.28	<p><b>Nonpriority creditor's name and mailing address</b>                  CINTAS CORPORATION TX RNTL                  C/O TAYLOR TAYLOR &amp; RUSSELL LLP                  ATTN: ALLEN D. RUSSELL                  2777 ALLEN PARKWAY, SUITE 1000                  HOUSTON, TX 77019</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$3,839.14

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3.29	<p><b>Nonpriority creditor's name and mailing address</b>                      CLEAR CHANNEL OUTDOOR                      P.O. BOX 847247                      DALLAS, TX 75284-7247</p> <p><b>Date or dates debt was incurred</b>                      9/26/2022</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$9,902.00
<b>AMENDED</b>			
3.30	<p><b>Nonpriority creditor's name and mailing address</b>                      COMMONSTATE, LLC                      ATTN: SPENCER BRADSHAW                      397 EAGLE ROCK CIRCLE                      HOT SPRINGS, AR 71901</p> <p><b>Date or dates debt was incurred</b>                      VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$9,653.00
3.31	<p><b>Nonpriority creditor's name and mailing address</b>                      COMTEC ELECTRONIC SYSTEMS, INC.                      PO BOX 489                      CHOCTAW, OK 73020</p> <p><b>Date or dates debt was incurred</b>                      9/1/2021</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$20.00
3.32	<p><b>Nonpriority creditor's name and mailing address</b>                      CORPORATE BUSINESS CARDS                      9611 FRANKLIN AVENUE                      FRANKLIN PARK, IL 60131</p> <p><b>Date or dates debt was incurred</b>                      VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$1,678.11
3.33	<p><b>Nonpriority creditor's name and mailing address</b>                      D A HEARN MANAGEMENT LLC                      ATTN: DAVID HEARD                      528 MONTEZUMA STREET                      RIO VISTA, CA 94571</p> <p><b>Date or dates debt was incurred</b>                      8/3/2023</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      INSURANCE</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$17,231.00

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			Amount of claim
3.34	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>D A HEARN MANAGEMENT LLC                      ATTN: DAVID HEARD                      528 MONTEZUMA STREET                      RIO VISTA, CA 94571</p> <p><b>Date or dates debt was incurred</b></p> <p>6/30/2022</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      RENT</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>\$7,613.42</p>
3.35	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>DENTON RECORD-CHRONICLE                      P.O.BOX 369                      DENTON, TX 76202</p> <p><b>Date or dates debt was incurred</b></p> <p>12/1/2023</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>\$770.00</p>
3.36	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>DTECH SERVICE INC.                      1218D W. ARKANSAS LANE                      ARLINGTON, TX 76013</p> <p><b>Date or dates debt was incurred</b></p> <p>7/8/2022</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>\$650.00</p>
<b>AMENDED</b>			
3.37	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>EAGLE FIRE EXTINGUISHER CO., INC.                      4430 BRASS WAY                      DALLAS, TX 75236</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>\$0.00</p>
<b>ADDITION</b>			
3.38	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>EFFICIENT AIR CONDITIONING INC.                      10315 METROPOLITAN DRIVE, STE. A                      AUSTIN, TX 78758</p> <p><b>Date or dates debt was incurred</b></p> <p>10/1/2023</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      CONSTRUCTION SUB-CONTRACTOR</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>\$19,080.12</p>

(Name)

**Part 2:** Additional Page

Amount of claim

**ADDITION**

3.39 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** \$10,823.40  
 FLOORING SOLUTIONS, INC.  
 124 TK INDUSTRIAL BLVD.  
 HUTTO, TX 78634  
*Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed  
**Date or dates debt was incurred**  
 12/1/2023  
**Basis for the claim:**  
 CONSTRUCTION SUB-CONTRACTOR  
**Last 4 digits of account number:**  
**Is the claim subject to offset?**  
 No  
 Yes

3.40 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** \$1,439.73  
 FOUR SEASONS LAWN CARE & LANDSCAPE  
 P.O. BOX 941845  
 PLANO, TX 75074  
*Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed  
**Date or dates debt was incurred**  
 VARIOUS  
**Basis for the claim:**  
 TRADE PAYABLE  
**Last 4 digits of account number:**  
**Is the claim subject to offset?**  
 No  
 Yes

**ADDITION**

3.41 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** \$357.23  
 FOX COMMERCIAL SERVICES  
 1106 SMITH ROAD, STE. 100  
 AUSTIN, TX 78721  
*Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed  
**Date or dates debt was incurred**  
 1/19/2024  
**Basis for the claim:**  
 ELECTRICAL REPAIRS  
**Last 4 digits of account number:** 6391  
**Is the claim subject to offset?**  
 No  
 Yes

3.42 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** \$9,392.13  
 FREEWHEEL ADVERTISERS  
 23608 NETWORK PLACE  
 CHICAGO, IL 60673-1236  
*Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed  
**Date or dates debt was incurred**  
 VARIOUS  
**Basis for the claim:**  
 TRADE PAYABLE  
**Last 4 digits of account number:**  
**Is the claim subject to offset?**  
 No  
 Yes

3.43 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** \$13,160.00  
 GROW RASMUSSEN  
 12550 W EXPLORER DRIVE  
 SUITE 200  
 BOISE, TX 83713-1890  
*Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed  
**Date or dates debt was incurred**  
 VARIOUS  
**Basis for the claim:**  
 PROFESSIONAL  
**Last 4 digits of account number:**  
**Is the claim subject to offset?**  
 No  
 Yes

(Name)

**Part 2:** Additional Page

			Amount of claim
3.44	<p><b>Nonpriority creditor's name and mailing address</b>                      HALLETT &amp; PERRIN, P.C.                      1445 ROSS AVENUE                      SUITE 2400                      DALLAS, TX 75202</p> <p><b>Date or dates debt was incurred</b>                      10/1/2023</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      PROFESSIONAL</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$37.50
3.45	<p><b>Nonpriority creditor's name and mailing address</b>                      IMAGEFIRST                      PO BOX 468                      BARTLESVILLE, OK 74005-0468</p> <p><b>Date or dates debt was incurred</b>                      VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$943.09
3.46	<p><b>Nonpriority creditor's name and mailing address</b>                      IMAGENET CONSULTING LLC                      913 NORTH BROADWAY AVE                      OKLAHOMA CITY, OK 73102</p> <p><b>Date or dates debt was incurred</b>                      VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$1,143.52
3.47	<p><b>Nonpriority creditor's name and mailing address</b>                      J &amp; J HEALTH CARE SYSTEMS INC.                      PO BOX 406663                      ATLANTA, GA 30384-6663</p> <p><b>Date or dates debt was incurred</b>                      VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$40,676.08
3.48	<p><b>Nonpriority creditor's name and mailing address</b>                      J GUY CONCES                      4137 COLGATE AVENUE                      DALLAS, TX 75225</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      NOTE PAYABLE</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$1,715,000.00

(Name)

**Part 2:** Additional Page

			Amount of claim
3.49	<p><b>Nonpriority creditor's name and mailing address</b>                      KALIDY, LLC                      14205 NORTH BROADWAY EXTENSION                      EDMOND, OK 73013</p> <p><b>Date or dates debt was incurred</b>                      VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      RENT</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$54,133.33
3.50	<p><b>Nonpriority creditor's name and mailing address</b>                      KALIDY, LLC                      14205 NORTH BROADWAY EXTENSION                      EDMOND, OK 73013</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      LITIGATION</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	UNKNOWN
3.51	<p><b>Nonpriority creditor's name and mailing address</b>                      KPG PRINT                      106 W. 32ND STREET                      GARDEN CITY, ID 83714</p> <p><b>Date or dates debt was incurred</b>                      VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$2,831.00
<b>AMENDED</b>			
3.52	<p><b>Nonpriority creditor's name and mailing address</b>                      LAUNDRY CARE LLC                      7830 DENUNES RD                      JOHNSTOWN, OH 43031</p> <p><b>Date or dates debt was incurred</b>                      VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$0.00
3.53	<p><b>Nonpriority creditor's name and mailing address</b>                      LDWW GROUP MARKETING &amp; COMMUNICATIONS LP                      1444 OAK LAWN AVENUE, SUITE 100                      DALLAS, TX 75207</p> <p><b>Date or dates debt was incurred</b>                      VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$14,500.00

(Name)

**Part 2:** Additional Page

			Amount of claim
3.54	<p><b>Nonpriority creditor's name and mailing address</b>                      MEDBRIDGE INC.                      10900 NE 4TH STREET SUITE 2300                      BELLEVUE, WA 98004</p> <p><b>Date or dates debt was incurred</b>                      2/1/2023</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$64.95
<b>AMENDED</b>			
3.55	<p><b>Nonpriority creditor's name and mailing address</b>                      MEDLINE INDUSTRIES, INC.                      DEPT 1080 PO BOX 121080                      DALLAS, TX 75312-1080</p> <p><b>Date or dates debt was incurred</b>                      VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$0.00
3.56	<p><b>Nonpriority creditor's name and mailing address</b>                      MEG HEALTH CARE, INC.                      ATTN: MELISSA GREEN                      12900 PRESTON RD., STE. 525                      DALLAS, TX 75230</p> <p><b>Date or dates debt was incurred</b>                      VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$25,455.78
3.57	<p><b>Nonpriority creditor's name and mailing address</b>                      MOUNTAIN CITY COMMERCIAL TRUST ACCOUNT                      ATTN: JENNY ASTLE                      2036 S. LINCOLN AVE                      STE 101B                      OGDEN, UT 84401</p> <p><b>Date or dates debt was incurred</b>                      VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      RENT</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$74,800.00
3.58	<p><b>Nonpriority creditor's name and mailing address</b>                      MSC HOLDINGS, LLC D/B/A SYNDEOCARE                      8040 EXCELSIOR DRIVE, SUITE 300                      MADISON, WI 53717</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      LITIGATION</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	UNKNOWN

(Name)

**Part 2:** Additional Page

			Amount of claim
3.59	<p><b>Nonpriority creditor's name and mailing address</b>                      MV OFFICE CONDOMINIUM ASSOCIATION                      3107 BLUFFS LANE                      PARKER, TX 75002</p> <p><b>Date or dates debt was incurred</b>                      VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      RENT</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$668.00
3.60	<p><b>Nonpriority creditor's name and mailing address</b>                      NET HEALTH SYSTEMS, INC.                      40 24TH ST                      PITTSBURGH, PA 15222</p> <p><b>Date or dates debt was incurred</b>                      VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$2,880.85
<b>AMENDED</b>			
3.61	<p><b>Nonpriority creditor's name and mailing address</b>                      NEXTPATIENT, INC.                      333 MAIN ST UNIT 7D                      SAN FRANCISCO, CA 94105</p> <p><b>Date or dates debt was incurred</b>                      VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$7,150.00
<b>AMENDED</b>			
3.62	<p><b>Nonpriority creditor's name and mailing address</b>                      NPPA SERVICES                      2967 OAK RUN PARKWAY                      STE 505 12                      NEW BRAUNFELS, TX 78132-5385</p> <p><b>Date or dates debt was incurred</b>                      VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$0.00
3.63	<p><b>Nonpriority creditor's name and mailing address</b>                      OFFICE DEPOT                      PO BOX 660113                      DALLAS, TX 75266-0113</p> <p><b>Date or dates debt was incurred</b>                      VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$9,983.57

(Name)

**Part 2:** Additional Page

			Amount of claim
3.64	<p><b>Nonpriority creditor's name and mailing address</b>                      OKLAHOMA GAS AND ELECTRIC CO.                      PO BOX 321                      OKLAHOMA CITY, OK 73101-0321</p> <p><b>Date or dates debt was incurred</b>                      4/14/2023</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$695.00
3.65	<p><b>Nonpriority creditor's name and mailing address</b>                      OLIVE AI INC.                      ATTN: ZARA IVANOVA                      99 E. MAIN STREET                      COLUMBUS, OH 43215</p> <p><b>Date or dates debt was incurred</b>                      VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$26,000.00
<b>AMENDED</b>			
3.66	<p><b>Nonpriority creditor's name and mailing address</b>                      ORKIN                      3330 KELLER SPRINGS RD.                      SUITE 250                      CARROLLTON, TX 75006-5053</p> <p><b>Date or dates debt was incurred</b>                      VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$0.00
3.67	<p><b>Nonpriority creditor's name and mailing address</b>                      PARAMOUNT SERVICES INC.                      4535 SUNBELT DR                      ADDISON, TX 75001</p> <p><b>Date or dates debt was incurred</b>                      VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$5,518.17
3.68	<p><b>Nonpriority creditor's name and mailing address</b>                      PATIENT ID 001                      ADDRESS REDACTED</p> <p><b>Date or dates debt was incurred</b>                      9/19/2022</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      GUEST REFUND</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$122.66

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Part 2: Additional Page

			Amount of claim
3.69	<b>Nonpriority creditor's name and mailing address</b> PATIENT ID 002 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 1/24/2024  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GUEST REFUND  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.70	<b>Nonpriority creditor's name and mailing address</b> PATIENT ID 003 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 8/16/2023  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GUEST REFUND  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.06
3.71	<b>Nonpriority creditor's name and mailing address</b> PATIENT ID 004 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 6/1/2023  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GUEST REFUND  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$152.90
3.72	<b>Nonpriority creditor's name and mailing address</b> PATIENT ID 005 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 2/1/2023  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GUEST REFUND  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$186.91
3.73	<b>Nonpriority creditor's name and mailing address</b> PATIENT ID 006 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 2/7/2024  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GUEST REFUND  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$625.18

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			Amount of claim
3.74	<p><b>Nonpriority creditor's name and mailing address</b>                      PATIENT ID 007                      ADDRESS REDACTED</p> <p><b>Date or dates debt was incurred</b>                      1/17/2024</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      GUEST REFUND</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$210.29
3.75	<p><b>Nonpriority creditor's name and mailing address</b>                      PATIENT ID 008                      ADDRESS REDACTED</p> <p><b>Date or dates debt was incurred</b>                      9/16/2021</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      GUEST REFUND</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$63.25
3.76	<p><b>Nonpriority creditor's name and mailing address</b>                      PATIENT ID 009                      ADDRESS REDACTED</p> <p><b>Date or dates debt was incurred</b>                      8/30/2023</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      GUEST REFUND</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$132.38
3.77	<p><b>Nonpriority creditor's name and mailing address</b>                      PATIENT ID 010                      ADDRESS REDACTED</p> <p><b>Date or dates debt was incurred</b>                      12/6/2023</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      GUEST REFUND</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$24.96
3.78	<p><b>Nonpriority creditor's name and mailing address</b>                      PATIENT ID 011                      ADDRESS REDACTED</p> <p><b>Date or dates debt was incurred</b>                      12/20/2023</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      GUEST REFUND</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$463.58

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			Amount of claim
3.79	<p><b>Nonpriority creditor's name and mailing address</b>                      PATIENT ID 012                      ADDRESS REDACTED</p> <p><b>Date or dates debt was incurred</b>                      3/3/2022</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      GUEST REFUND</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$143.70
3.80	<p><b>Nonpriority creditor's name and mailing address</b>                      PATIENT ID 013                      ADDRESS REDACTED</p> <p><b>Date or dates debt was incurred</b>                      10/19/2021</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      GUEST REFUND</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$14.82
3.81	<p><b>Nonpriority creditor's name and mailing address</b>                      PATIENT ID 014                      ADDRESS REDACTED</p> <p><b>Date or dates debt was incurred</b>                      8/15/2023</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      GUEST REFUND</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$16.13
3.82	<p><b>Nonpriority creditor's name and mailing address</b>                      PATIENT ID 015                      ADDRESS REDACTED</p> <p><b>Date or dates debt was incurred</b>                      10/1/2022</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      GUEST REFUND</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$47.80
3.83	<p><b>Nonpriority creditor's name and mailing address</b>                      PATIENT ID 016                      ADDRESS REDACTED</p> <p><b>Date or dates debt was incurred</b>                      10/31/2023</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      GUEST REFUND</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$46.17

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			Amount of claim
3.84	<p><b>Nonpriority creditor's name and mailing address</b>                      PATIENT ID 017                      ADDRESS REDACTED</p> <p><b>Date or dates debt was incurred</b>                      1/16/2024</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      GUEST REFUND</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$60.00
<b>AMENDED</b>			
3.85	<p><b>Nonpriority creditor's name and mailing address</b>                      PATIENT ID 018                      ADDRESS REDACTED</p> <p><b>Date or dates debt was incurred</b>                      1/16/2024</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      GUEST REFUND</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$0.00
3.86	<p><b>Nonpriority creditor's name and mailing address</b>                      PATIENT ID 019                      ADDRESS REDACTED</p> <p><b>Date or dates debt was incurred</b>                      1/17/2023</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      GUEST REFUND</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$470.72
3.87	<p><b>Nonpriority creditor's name and mailing address</b>                      PATIENT ID 020                      ADDRESS REDACTED</p> <p><b>Date or dates debt was incurred</b>                      12/6/2023</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      GUEST REFUND</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$91.08
3.88	<p><b>Nonpriority creditor's name and mailing address</b>                      PATIENT ID 021                      ADDRESS REDACTED</p> <p><b>Date or dates debt was incurred</b>                      12/12/2023</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      GUEST REFUND</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$333.62

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			Amount of claim
3.89	<p><b>Nonpriority creditor's name and mailing address</b>                      PATIENT ID 022                      ADDRESS REDACTED</p> <p><b>Date or dates debt was incurred</b>                      11/16/2022</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      GUEST REFUND</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$266.70
3.90	<p><b>Nonpriority creditor's name and mailing address</b>                      PATIENT ID 023                      ADDRESS REDACTED</p> <p><b>Date or dates debt was incurred</b>                      6/7/2021</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      GUEST REFUND</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$121.84
3.91	<p><b>Nonpriority creditor's name and mailing address</b>                      PATIENT ID 024                      ADDRESS REDACTED</p> <p><b>Date or dates debt was incurred</b>                      9/15/2021</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      GUEST REFUND</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$3.64
3.92	<p><b>Nonpriority creditor's name and mailing address</b>                      PATIENT ID 025                      ADDRESS REDACTED</p> <p><b>Date or dates debt was incurred</b>                      11/22/2022</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      GUEST REFUND</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$14.90
3.93	<p><b>Nonpriority creditor's name and mailing address</b>                      PATIENT ID 026                      ADDRESS REDACTED</p> <p><b>Date or dates debt was incurred</b>                      1/4/2024</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      GUEST REFUND</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$496.25

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			Amount of claim
3.94	<b>Nonpriority creditor's name and mailing address</b> PATIENT ID 027 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 12/11/2023  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GUEST REFUND  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$338.14
3.95	<b>Nonpriority creditor's name and mailing address</b> PATIENT ID 028 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 7/2/2022  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GUEST REFUND  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43.01
3.96	<b>Nonpriority creditor's name and mailing address</b> PATIENT ID 029 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 1/15/2024  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GUEST REFUND  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,580.20
3.97	<b>Nonpriority creditor's name and mailing address</b> PATIENT ID 030 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 10/20/2021  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GUEST REFUND  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$350.00
3.98	<b>Nonpriority creditor's name and mailing address</b> PATIENT ID 031 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 12/8/2023  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GUEST REFUND  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$74.82

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			Amount of claim
3.99	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>PATIENT ID 032 ADDRESS REDACTED</p> <p><b>Date or dates debt was incurred</b></p> <p>11/17/2023</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> GUEST REFUND</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$96.33
3.100	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>PATIENT ID 033 ADDRESS REDACTED</p> <p><b>Date or dates debt was incurred</b></p> <p>1/7/2022</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> GUEST REFUND</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$92.45
3.101	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>PATIENT ID 034 ADDRESS REDACTED</p> <p><b>Date or dates debt was incurred</b></p> <p>1/16/2023</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> GUEST REFUND</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$424.03
3.102	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>PATIENT ID 035 ADDRESS REDACTED</p> <p><b>Date or dates debt was incurred</b></p> <p>5/1/2022</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> GUEST REFUND</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$954.00
3.103	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>PATIENT ID 036 ADDRESS REDACTED</p> <p><b>Date or dates debt was incurred</b></p> <p>5/3/2023</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> GUEST REFUND</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$296.83

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			Amount of claim
3.104	<b>Nonpriority creditor's name and mailing address</b> PATIENT ID 037 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 4/15/2022  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GUEST REFUND  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,514.12
3.105	<b>Nonpriority creditor's name and mailing address</b> PATIENT ID 038 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 12/8/2023  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GUEST REFUND  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$269.25
3.106	<b>Nonpriority creditor's name and mailing address</b> PATIENT ID 039 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 2/17/2023  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GUEST REFUND  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$481.78
3.107	<b>Nonpriority creditor's name and mailing address</b> PATIENT ID 040 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 2/1/2023  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GUEST REFUND  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$85.58
3.108	<b>Nonpriority creditor's name and mailing address</b> PATIENT ID 041 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 2/16/2024  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GUEST REFUND  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$112.89

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			Amount of claim
3.109	<b>Nonpriority creditor's name and mailing address</b> PATIENT ID 042 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 2/1/2023  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GUEST REFUND  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.95
3.110	<b>Nonpriority creditor's name and mailing address</b> PATIENT ID 043 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 1/12/2024  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GUEST REFUND  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$124.38
3.111	<b>Nonpriority creditor's name and mailing address</b> PATIENT ID 044 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 1/18/2024  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GUEST REFUND  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$198.18
3.112	<b>Nonpriority creditor's name and mailing address</b> PATIENT ID 045 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 1/26/2024  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GUEST REFUND  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$143.27
3.113	<b>Nonpriority creditor's name and mailing address</b> PATIENT ID 046 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 1/4/2023  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GUEST REFUND  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$184.31

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**Part 2:** Additional Page

			Amount of claim
3.114	<p><b>Nonpriority creditor's name and mailing address</b>                      PATIENT ID 047                      ADDRESS REDACTED</p> <p><b>Date or dates debt was incurred</b>                      1/12/2024</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      GUEST REFUND</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$80.00
3.115	<p><b>Nonpriority creditor's name and mailing address</b>                      PATIENT ID 048                      ADDRESS REDACTED</p> <p><b>Date or dates debt was incurred</b>                      3/22/2022</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      GUEST REFUND</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$78.39
3.116	<p><b>Nonpriority creditor's name and mailing address</b>                      PATIENT ID 049                      ADDRESS REDACTED</p> <p><b>Date or dates debt was incurred</b>                      4/14/2023</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      GUEST REFUND</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$64.74
3.117	<p><b>Nonpriority creditor's name and mailing address</b>                      PATIENT ID 050                      ADDRESS REDACTED</p> <p><b>Date or dates debt was incurred</b>                      2/20/2024</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      GUEST REFUND</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$61.59
3.118	<p><b>Nonpriority creditor's name and mailing address</b>                      PATIENT ID 051                      ADDRESS REDACTED</p> <p><b>Date or dates debt was incurred</b>                      1/4/2022</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      GUEST REFUND</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$47.68

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			Amount of claim
3.119	<p><b>Nonpriority creditor's name and mailing address</b>                      PATIENT ID 052                      ADDRESS REDACTED</p> <p><b>Date or dates debt was incurred</b>                      3/31/2022</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      GUEST REFUND</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$95.30
<b>AMENDED</b>			
3.120	<p><b>Nonpriority creditor's name and mailing address</b>                      PATIENT ID 053                      ADDRESS REDACTED</p> <p><b>Date or dates debt was incurred</b>                      1/22/2024</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      GUEST REFUND</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$0.00
3.121	<p><b>Nonpriority creditor's name and mailing address</b>                      PATIENT ID 054                      ADDRESS REDACTED</p> <p><b>Date or dates debt was incurred</b>                      12/19/2023</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      GUEST REFUND</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$119.27
3.122	<p><b>Nonpriority creditor's name and mailing address</b>                      PATIENT ID 055                      ADDRESS REDACTED</p> <p><b>Date or dates debt was incurred</b>                      1/9/2024</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      GUEST REFUND</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$210.71
3.123	<p><b>Nonpriority creditor's name and mailing address</b>                      PATIENT ID 056                      ADDRESS REDACTED</p> <p><b>Date or dates debt was incurred</b>                      11/1/2023</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      GUEST REFUND</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$121.97

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			Amount of claim
3.124	<p><b>Nonpriority creditor's name and mailing address</b>                      PATIENT ID 057                      ADDRESS REDACTED</p> <p><b>Date or dates debt was incurred</b>                      10/4/2023</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      GUEST REFUND</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$216.24
3.125	<p><b>Nonpriority creditor's name and mailing address</b>                      PATIENT ID 058                      ADDRESS REDACTED</p> <p><b>Date or dates debt was incurred</b>                      2/1/2022</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      GUEST REFUND</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$59.83
3.126	<p><b>Nonpriority creditor's name and mailing address</b>                      PATIENT ID 059                      ADDRESS REDACTED</p> <p><b>Date or dates debt was incurred</b>                      1/11/2024</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      GUEST REFUND</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$15.52
3.127	<p><b>Nonpriority creditor's name and mailing address</b>                      PATIENT ID 060                      ADDRESS REDACTED</p> <p><b>Date or dates debt was incurred</b>                      3/3/2022</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      GUEST REFUND</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$189.37
3.128	<p><b>Nonpriority creditor's name and mailing address</b>                      PATIENT ID 061                      ADDRESS REDACTED</p> <p><b>Date or dates debt was incurred</b>                      2/19/2024</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      GUEST REFUND</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$278.24

(Name)

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			Amount of claim
3.129	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>PATIENT ID 062 ADDRESS REDACTED</p> <p><b>Date or dates debt was incurred</b></p> <p>11/3/2023</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> GUEST REFUND</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$72.66
3.130	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>PATIENT ID 063 ADDRESS REDACTED</p> <p><b>Date or dates debt was incurred</b></p> <p>1/22/2024</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> GUEST REFUND</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$278.48
3.131	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>PATIENT ID 064 ADDRESS REDACTED</p> <p><b>Date or dates debt was incurred</b></p> <p>3/17/2023</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> GUEST REFUND</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$254.53
3.132	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>PATIENT ID 065 ADDRESS REDACTED</p> <p><b>Date or dates debt was incurred</b></p> <p>2/20/2024</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> GUEST REFUND</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$310.90
3.133	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>PATIENT ID 066 ADDRESS REDACTED</p> <p><b>Date or dates debt was incurred</b></p> <p>12/19/2023</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> GUEST REFUND</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$209.53

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			Amount of claim
3.134	<b>Nonpriority creditor's name and mailing address</b> PATIENT ID 067 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 12/18/2022  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GUEST REFUND  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.27
3.135	<b>Nonpriority creditor's name and mailing address</b> PATIENT ID 068 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 10/17/2023  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GUEST REFUND  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$222.92
3.136	<b>Nonpriority creditor's name and mailing address</b> PATIENT ID 069 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 12/28/2023  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GUEST REFUND  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$285.31
3.137	<b>Nonpriority creditor's name and mailing address</b> PATIENT ID 070 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 10/3/2022  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GUEST REFUND  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58.03
3.138	<b>Nonpriority creditor's name and mailing address</b> PATIENT ID 072 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GUEST REFUND  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$474.95

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			Amount of claim
3.139	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>PATIENT ID 074 ADDRESS REDACTED</p> <p><b>Date or dates debt was incurred</b></p> <p>12/18/2022</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> GUEST REFUND</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$45.70
3.140	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>PAYRHEALTH, LLC ATTN: CHIEF FINANCIAL OFFICER 2121 LOHMANS CROSSING RD STE 504-823 AUSTIN, TX 78734</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$15,000.00
3.141	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>PM RADIO LLC 6850 TPC DRIVE SUITE 108 MC KINNEY, TX 75070</p> <p><b>Date or dates debt was incurred</b></p> <p>9/29/2022</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$3,000.00
<b>AMENDED</b>			
3.142	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>PRO HEALTH MEDICAL STAFFING, LLC ATTN: CINDY HANSON 700 MILAM SUITE 1300 HOUSTON, TX 77002</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$0.00
3.143	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>PROPELLANT MEDIA 976 BRADY AVENUE NORTHWEST SUITE 100 ATLANTA, GA 30318</p> <p><b>Date or dates debt was incurred</b></p> <p>1/1/2023</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$5,250.00

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			Amount of claim
3.144	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>RACHEL PALLANTE 500 E RIVERSIDE DR. APT 235 AUSTIN, TX 78704</p> <p><b>Date or dates debt was incurred</b></p> <p>7/1/2021</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$255.00
3.145	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>RADCOM ASSOCIATES, LLC 2302 GUTHRIE RD. SUITE 210 GARLAND, TX 75043</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$2,699.17
<b>AMENDED</b>			
3.146	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>RADIATION DETECTION CO. 3527 SNEAD DRIVE GEORGETOWN, TX 78626-8214</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$0.00
3.147	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ROSS ELECTRIC INC. PO BOX 57176 OKLAHOMA, OK 73157-7176</p> <p><b>Date or dates debt was incurred</b></p> <p>7/1/2022</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$14,750.00
3.148	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SALEM MEDIA GROUP, INC. PO BOX 206590 DALLAS, TX 75320-6590</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$7,752.00

(Name)

**Part 2:** Additional Page

			Amount of claim
3.149	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SAVLAN HC NORMAN OK LLC                      ATTN: MICHELLE BRADY                      4000 HOLLYWOOD BOULEVARD                      STE N-730                      HOLLYWOOD, FL 33021</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      RENT</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$47,805.62
3.150	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SCRUBIN UNIFORMS, INC.                      6206 BENJAMIN RD, SUITE 312                      TAMPA, FL 33634</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$4,893.41
3.151	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SLM WASTE &amp; RECYCLING SE                      5000 COMMERCE DRIVE                      GREEN LANE, PA 18054</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$6,771.24
3.152	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SNAPPY APP, INC.                      3003 TASMAN DRIVE                      SANTA CLARA, CA 95054</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$2,704.27
3.153	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SOONER ANSWER SERVICE INC.                      501 W EDMOND RD                      EDMOND, OK 73003</p> <p><b>Date or dates debt was incurred</b></p> <p>1/1/2024</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                      TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$115.00

(Name)

**Part 2:** Additional Page

Amount of claim

**AMENDED**

3.154 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** \$757.75  
 SOUTHWEST X-RAY COMPANY  
 11419 MATHIS SUITE 208  
 DALLAS, TX 75234  
*Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed  
**Date or dates debt was incurred**  
 VARIOUS  
**Basis for the claim:**  
 TRADE PAYABLE  
**Last 4 digits of account number:**  
**Is the claim subject to offset?**  
 No  
 Yes

3.155 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** \$1,087.41  
 SPARKLETTS & SIERRA SPRINGS  
 PO BOX 660579  
 DALLAS, TX 75266-0579  
*Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed  
**Date or dates debt was incurred**  
 VARIOUS  
**Basis for the claim:**  
 TRADE PAYABLE  
**Last 4 digits of account number:**  
**Is the claim subject to offset?**  
 No  
 Yes

3.156 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** \$4,033.41  
 SPECTRUM REACH  
 PO BOX 936671  
 ATLANTA, GA 31193  
*Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed  
**Date or dates debt was incurred**  
 VARIOUS  
**Basis for the claim:**  
 TRADE PAYABLE  
**Last 4 digits of account number:**  
**Is the claim subject to offset?**  
 No  
 Yes

**AMENDED**

3.157 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** \$0.00  
 STERICYCLE, INC.  
 28883 NETWORK PLACE  
 CHICAGO, IL 60673-1288  
*Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed  
**Date or dates debt was incurred**  
 VARIOUS  
**Basis for the claim:**  
 TRADE PAYABLE  
**Last 4 digits of account number:**  
**Is the claim subject to offset?**  
 No  
 Yes

3.158 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** \$2,256.50  
 STOEL RIVES LLP  
 760 SW 9TH AVENUE, SUITE 3000  
 PORTLAND, OR 97205  
*Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed  
**Date or dates debt was incurred**  
 VARIOUS  
**Basis for the claim:**  
 PROFESSIONAL  
**Last 4 digits of account number:**  
**Is the claim subject to offset?**  
 No  
 Yes

(Name)

**Part 2:** Additional Page

			Amount of claim
3.159	<b>Nonpriority creditor's name and mailing address</b> SYNDEOCARE ATTN: MICHAEL IGLINSKI 1250 CAPITAL OF TEXAS HIGHWAY SOUTH BUILDING 3, SUITE 400 AUSTIN, TX 78746  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$161,480.44
3.160	<b>Nonpriority creditor's name and mailing address</b> SYNDEOCARE OHIO ATTN: MICHAEL IGLINSKI 7 EASTON OVAL COLUMBUS, OH 43219  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52,366.19
3.161	<b>Nonpriority creditor's name and mailing address</b> TAURUS COMMERCIAL 12200 FORD ROAD SUITE 492 DALLAS, TX 75234  <b>Date or dates debt was incurred</b> 9/26/2023  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,244.88
3.162	<b>Nonpriority creditor's name and mailing address</b> THE HARTFORD PO BOX 660916 DALLAS, TX 75266-0916  <b>Date or dates debt was incurred</b> 11/10/2023  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> INSURANCE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,285.00
3.163	<b>Nonpriority creditor's name and mailing address</b> THE HOUK GROUP 613 E. 9TH STREET MOUNTAIN HOME, AR 72653  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,228.13

(Name)

**Part 2:** Additional Page

			Amount of claim
3.164	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>THE OAKS ON CRYSTAL FALLS POA TOWER STONE REAL ESTATE MANAGEMENT PO BOX 3247 CEDAR PARK, TX 78630</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> HOA DUES</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$11,573.60
<b>AMENDED</b>			
3.165	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>TIOPA, INC. 5608 MALVEY AVENUE, SUITE 200 FORT WORTH, TX 76107</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$0.00
3.166	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>TOTAL TRAFFIC &amp; WEATHER NETWORK 62301 COLLECTION CENTER DRIVE CHICAGO, IL 60693-0623</p> <p><b>Date or dates debt was incurred</b></p> <p>9/1/2022</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$1,768.00
3.167	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>TSM VENTURES, INC. 301 N NEIL ST 400 CHAMPAIGN, IL 61820</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$678.54
3.168	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>TWILIO SENDGRID P.O. BOX 735926 DALLAS, TX 75373</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$1,029.05

(Name)

**Part 2:** Additional Page

Amount of claim

**ADDITION**

3.169 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** \$6,745.27  
 TXU ENERGY *Check all that apply.*  
 6555 SIERRA DRIVE  Contingent  
 IRVING, TX 75039-2479  Unliquidated  
**Date or dates debt was incurred**  Disputed  
 5/18/2022  
**Last 4 digits of account number:** 2884  
**Basis for the claim:**  
 ELECTRICITY SUPPLY AGREEMENT  
**Is the claim subject to offset?**  
 No  
 Yes

3.170 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** \$10,710.00  
 UNIVERSITY OF TEXAS AT AUSTIN *Check all that apply.*  
 300 W. DEAN KEETON, A0704  Contingent  
 AUSTIN, TX 78712-1061  Unliquidated  
**Date or dates debt was incurred**  Disputed  
 VARIOUS  
**Last 4 digits of account number:**  
**Basis for the claim:**  
 TRADE PAYABLE  
**Is the claim subject to offset?**  
 No  
 Yes

**AMENDED**

3.171 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** \$10,121.43  
 VANGUARD CLEANING SYSTEMS OF AUSTIN *Check all that apply.*  
 11302 SIR WINSTON  Contingent  
 SAN ANTONIO, TX 78216  Unliquidated  
**Date or dates debt was incurred**  Disputed  
 VARIOUS  
**Last 4 digits of account number:**  
**Basis for the claim:**  
 TRADE PAYABLE  
**Is the claim subject to offset?**  
 No  
 Yes

3.172 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** \$8,065.89  
 VIVEX BIOLOGICS, INC. *Check all that apply.*  
 2430 NW 116TH STREET  Contingent  
 MIAMI, FL 33167  Unliquidated  
**Date or dates debt was incurred**  Disputed  
 VARIOUS  
**Last 4 digits of account number:**  
**Basis for the claim:**  
 TRADE PAYABLE  
**Is the claim subject to offset?**  
 No  
 Yes

3.173 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** \$61.72  
 WELLCARE OF TEXAS, INC. *Check all that apply.*  
 PO BOX 31370  Contingent  
 TAMPA, FL 33631  Unliquidated  
**Date or dates debt was incurred**  Disputed  
 1/3/2024  
**Last 4 digits of account number:**  
**Basis for the claim:**  
 GUEST REFUND  
**Is the claim subject to offset?**  
 No  
 Yes

(Name)

Part 2: Additional Page

Amount of claim

ADDITION

3.174 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** \$10,806.02  
 WINSUPPLY & CEDAR PARK PLUMBING  
 1307 SMITH ROAD, STE. 2-474  
 AUSTIN, TX 78721  
*Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed  
**Date or dates debt was incurred**  
 11/29/2023  
**Basis for the claim:**  
 CONSTRUCTION SUPPLIER  
**Last 4 digits of account number:**  
**Is the claim subject to offset?**  
 No  
 Yes

3.175 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** \$5,050.00  
 ZAVATION  
 220 LAKELAND PARKWAY  
 FLOWOOD, MS 39232  
*Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed  
**Date or dates debt was incurred**  
 VARIOUS  
**Basis for the claim:**  
 TRADE PAYABLE  
**Last 4 digits of account number:**  
**Is the claim subject to offset?**  
 No  
 Yes

AMENDED

3.176 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** \$92,116.72  
 ZTHERNET, LLC  
 ATTN: GREG HOUGH  
 600 E. JOHN CARPENTER FREEWAY SUITE 300  
 IRVING, TX 75062  
*Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed  
**Date or dates debt was incurred**  
 VARIOUS  
**Basis for the claim:**  
 TRADE PAYABLE  
**Last 4 digits of account number:**  
**Is the claim subject to offset?**  
 No  
 Yes

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	\$64,889.57
5b.	Total claims from Part 2	\$3,219,126.48
5c.	<b>Total of Parts 1 and 2</b> Lines 5a + 5b = 5c.	<b>\$3,284,016.05</b>

**Fill in this information to identify the case:**

Debtor	<u>DOC LLC</u>
United States Bankruptcy Court for the:	<u>Delaware</u>
Case number (if known)	<u>24-10281</u>

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	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>LEASE AGREEMENT - 418 VILLAGE DRIVE, MURPHY, TX 75094</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>510 LASSEN, LLC NADINE MATITYAHU P.O. BOX 4053 LOS ALTOS, CA 94024</p>	
2.2	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>LEASE AGREEMENT - 6125 PASEO DEL NORTE, SUITE 110, CARLSBAD, CA 92008</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>6125 PASEO DEL NORTE, LLC SCOTT LEGGETT 6125 PASEO DEL NORTE STE 210 CARLSBAD, CA 92011</p>	
2.3	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>LEASE AGREEMENT - 709 E SLAUGHTER LANE, SUITE 404, AUSTIN, TX 78744</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>729 EAST SLAUGHTER LANE LTD JOHN DOYAL 729 EAST SLAUGHTER LANE STE A AUSTIN, TX 78744</p>	
2.4	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>LEASE AGREEMENT - 800 CRYSTAL FALLS PKWY, LEANDER, TX 78641</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>800 CRYSTAL FALLS LLC C/O ROBERT LYNN MANAGEMENT COMPANY, LTD. ATTN: STACEY BARR 4851 LBJ FREEWAY, 10TH FLOOR DALLAS, TX 75244</p>	

(Name)

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><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>LEASE AGREEMENT - 3014 NORTH O'CONNOR ROAD, SUITE 200, IRVING, TX 75062</p>	<p>810 JJK ENTERPRISES 7320 BOXWOOD COURT IRVING, TX 75063</p>
<b>ADDITION</b>			
2.6	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>MAINTENANCE AGREEMENT - IRVING, PLANO, FRISCO, MCKINNEY, DENTON, SOUTHLAKE LOCATIONS. SCHEDULING OF THIS AGREEMENT ON SCHEDULE G IS NOT A CONCESSION THAT THE AGREEMENT IS IN FACT EXECUTORY.</p>	<p>ALPHA SERVICES CORPORATION (DBA JANIKING) 4535 SUNBELT DRIVE ADDISON, TX 75001</p>
<b>ADDITION</b>			
2.7	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>INTERNET SERVICE - FRISCO PT LOCATION. SCHEDULING OF THIS AGREEMENT ON SCHEDULE G IS NOT A CONCESSION THAT THE AGREEMENT IS IN FACT EXECUTORY.</p> <p>2/17/2025</p>	<p>ASTOUND BUSINESS SOLUTIONS LLC 500 TITTLE ROAD SUITE 400 LEWISVILLE, TX 75056</p>
2.8	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>LEASE AGREEMENT - 2700 NORTH O'CONNOR ROAD, SUITE 138, IRVING, TX 75062</p>	<p>BRIARWOOD UNIVERSITY HILLS, LP 3228 COLLINSWORTH STREET FORT WORTH, TX 76107</p>
<b>ADDITION</b>			
2.9	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>FACILITY SERVICES RENTAL SERVICE AGREEMENT. SCHEDULING OF THIS AGREEMENT ON SCHEDULE G IS NOT A CONCESSION THAT THE AGREEMENT IS IN FACT EXECUTORY.</p>	<p>CINTAS PO BOX 650838 DALLAS, TX 75265-0838</p>

(Name)

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

**ADDITION**

2.10	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>MARKETING AND ADVERTISING SERVICES. SCHEDULING OF THIS AGREEMENT ON SCHEDULE G IS NOT A CONCESSION THAT THE AGREEMENT IS IN FACT EXECUTORY.</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>COMMONSTATE 3920 RIMROCK DR BENTON, AR 72019</p>
2.11	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>LEASE AGREEMENT - 2419 WEST SOUTHLAKE BLVD, SOUTHLAKE, TX 76092</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>D A HEARN MANAGEMENT LLC 528 MONTEZUMA STREET RIO VISTA, CA 94571</p>
2.12	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>LEASE AGREEMENT - 3100 UNICORN LAKE BLVD., SUITE 120, DENTON, TX 76210</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>D A HEARN MANAGEMENT LLC 528 MONTEZUMA STREET RIO VISTA, CA 94571</p>
2.13	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>LEASE AGREEMENT - 3100 UNICORN LAKE BLVD., SUITE 140, DENTON, TX 76210</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>D A HEARN MANAGEMENT LLC 528 MONTEZUMA STREET RIO VISTA, CA 94571</p>
2.14	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>LEASE AGREEMENT - 4600 ELDORADO PARKWAY, SUITE 600, MCKINNEY, TX 75070</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>DENMISS LLC 2650 FM 407 SUITE 200 BARTONVILLE, TX 76226</p>
<b>ADDITION</b>		
2.15	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>SOFTWARE AGREEMENT - EMR. SCHEDULING OF THIS AGREEMENT ON SCHEDULE G IS NOT A CONCESSION THAT THE AGREEMENT IS IN FACT EXECUTORY.</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>DRCHRONO 3601 WALNUT STREET DENVER, CO 80205</p>

(Name)

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	
2.16	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>LEASE AGREEMENT - 3110 GUADALUPE ST., SUITE 100, AUSTIN, TX 78705</p>	<p>GUADALUPE STREET RETAIL TGPXI, LLC MICHAEL ALLEN 1055 EAST COLORADO BOULEVARD SUITE 500 PASADENA, CA 91106</p>
2.17	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>EQUIPMENT LEASE, MCKINNEY RADIOLOGY EQUIPMENT; \$2,476/MTH; MATURES AUGUST 31, 2025</p>	<p>HITACHI CAPITAL AMERICA CORP 7808 CREEKRIDGE CIR, STE 250 EDINA, MN 55439</p>
2.18	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>LEASE AGREEMENT - 3412 E. HEBRON PARKWAY, SUITE 106, CARROLLTON, TX 75007</p>	<p>IBP RETAIL NO. 2 LP 1722 ROUTH STREET SUITE 770 DALLAS, TX 75201</p>
2.19	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>LEASE AGREEMENT - 2218 NW 164TH STREET, EDMOND, OK 73013</p>	<p>KALIDY LLC PATRICIA LEON 14205 NORTH BROADWAY EXTENSION EDMOND, OK 73013</p>
2.20	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>LEASE AGREEMENT - 8501 WADE BLVD, SUITE 8501, FRISCO, TX 75034</p>	<p>MARPAT PARTNERSHIP II, LTD. 14 HORIZON POINT FRISCO, TX 75034</p>
<b>ADDITION</b>			
2.21	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>SOFTWARE AGREEMENT - PT OUTCOME MEASUREMENT. SCHEDULING OF THIS AGREEMENT ON SCHEDULE G IS NOT A CONCESSION THAT THE AGREEMENT IS IN FACT EXECUTORY.</p>	<p>NETHEALTH (FKA FOCUS ON THERAPEUTIC OUTCOMES) 2910 TAZEWELL PIKE SUITE E KNOXVILLE, TN 37918</p>

(Name)

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	
2.22	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>EQUIPMENT LEASE; \$2,477.66/MTH; MATURES AUGUST 31, 2024</p>	<p>NEWLANE FINANCE COMPANY 123 S BROAD ST, 17TH FL PHILADELPHIA, PA 19109</p>
<b>ADDITION</b>			
2.23	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>SERVICE AGREEMENT - ONLINE PATIENT SCHEDULING. SCHEDULING OF THIS AGREEMENT ON SCHEDULE G IS NOT A CONCESSION THAT THE AGREEMENT IS IN FACT EXECUTORY.</p>	<p>NEXTPATIENT 655 VICTORIA STREET SAN FRANCISCO, CA 94127</p>
<b>ADDITION</b>			
2.24	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>MAINTENANCE AGREEMENT - MANSFIELD LOCATION. SCHEDULING OF THIS AGREEMENT ON SCHEDULE G IS NOT A CONCESSION THAT THE AGREEMENT IS IN FACT EXECUTORY.</p>	<p>PARAMOUNT SERVICES (DBA) JANIKING 1000 BALLPARK WAY SUITE 208 ARLINGTON, TX 76011</p>
<b>ADDITION</b>			
2.25	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>MAINTENANCE AGREEMENT - MURPHY LOCATION. SCHEDULING OF THIS AGREEMENT ON SCHEDULE G IS NOT A CONCESSION THAT THE AGREEMENT IS IN FACT EXECUTORY.</p>	<p>PARAMOUNT SERVICES (DBA) JANIKING 1000 BALLPARK WAY SUITE 208 ARLINGTON, TX 76011</p>
<b>ADDITION</b>			
2.26	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>CREDENTIALING AND CONTRACT MANAGEMENT SERVICES. SCHEDULING OF THIS AGREEMENT ON SCHEDULE G IS NOT A CONCESSION THAT THE AGREEMENT IS IN FACT EXECUTORY.</p>	<p>PAYRHEALTH LLC (FKA SUPERO HEALTHCARE SOLUTIONS LLC) 2121 LOHMANS CROSSING RD SUITE 504-823 AUSTIN, TX 78734</p>

(Name)

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

**ADDITION**

2.27	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p>	<p>MEDICAL STAFFING AGREEMENT. SCHEDULING OF THIS AGREEMENT ON SCHEDULE G IS NOT A CONCESSION THAT THE AGREEMENT IS IN FACT EXECUTORY.</p>	<p>PRO HEALTH MEDICAL STAFFING SERVICES INC 700 MILAM SUITE 1300 HOUSTON, TX 77002</p>
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State the term remaining

List the contract number of any government contract

2.28	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p>	<p>LEASE AGREEMENT - 1900 MATLOCK ROAD, BLDG 1, MANSFIELD, TX 76063</p>	<p>REALTYNET INVESTMENTS LLC 4636 BOX MEADOW CIRCLE HERRIMAN, UT 84096</p>
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State the term remaining

List the contract number of any government contract

2.29	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p>	<p>LEASE AGREEMENT - 3132 ALTAMESA BLVD, FORT WORTH, TX 76133</p>	<p>REALTYNET TIC INVESTMENTS LLC 4636 BOX MEADOW CIRCLE HERRIMAN, UT 84096</p>
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State the term remaining

List the contract number of any government contract

**ADDITION**

2.30	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p>	<p>SOFTWARE LICENSE AGREEMENT. SCHEDULING OF THIS AGREEMENT ON SCHEDULE G IS NOT A CONCESSION THAT THE AGREEMENT IS IN FACT EXECUTORY.</p>	<p>SAFE BALANCE LLC 401 SOUTH OLD WOODWARD SUITE 308 BIRMINGHAM, MI 48009</p>
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State the term remaining

List the contract number of any government contract

2.31	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p>	<p>LEASE AGREEMENT - 3209 NORTH FLOOD AVENUE, NORMAN, OK 73069</p>	<p>SAVLAN HC NORMAN OK LLC MICHELLE BRADY 4000 HOLLYWOOD BOULEVARD STE N-730 HOLLYWOOD, FL 33021</p>
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State the term remaining

List the contract number of any government contract

**ADDITION**

2.32	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p>	<p>SERVICES AGREEMENT. SCHEDULING OF THIS AGREEMENT ON SCHEDULE G IS NOT A CONCESSION THAT THE AGREEMENT IS IN FACT EXECUTORY.</p>	<p>SOCIAL CLIMB PO BOX 67182 NEWARK, NJ 07101-6602</p>
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State the term remaining 7/1/2024

List the contract number of any government contract

(Name)

## 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

## ADDITION

2.33 **State what the contract or lease is for and the nature of the debtor's interest** MASTER SERVICE AGREEMENT - REGULATED WASTE SERVICES. SCHEDULING OF THIS AGREEMENT ON SCHEDULE G IS NOT A CONCESSION THAT THE AGREEMENT IS IN FACT EXECUTORY.

**State the term remaining**

**List the contract number of any government contract**

STERICYCLE/SHREDIT  
28883 NETWORK PLACE  
CHICAGO, IL 60673-1288

## ADDITION

2.34 **State what the contract or lease is for and the nature of the debtor's interest** SOFTWARE AGREEMENT - SURGICAL SCHEDULING. SCHEDULING OF THIS AGREEMENT ON SCHEDULE G IS NOT A CONCESSION THAT THE AGREEMENT IS IN FACT EXECUTORY.

**State the term remaining**

**List the contract number of any government contract**

SURGIMATE  
2440 BROADWAY  
#124  
NEW YORK, NY 10024

## ADDITION

2.35 **State what the contract or lease is for and the nature of the debtor's interest** PROFESSIONAL CLEANING SERVICES - IRVING, IRVING PT, PLANO, FRISCO, FRISCO PT, MCKINNEY, DENTON, SOUTHLAKE, MANSFIELD LOCATIONS. SCHEDULING OF THIS AGREEMENT ON SCHEDULE G IS NOT A CONCESSION THAT THE AGREEMENT IS IN FACT EXECUTORY.

**State the term remaining** 2/28/2025

**List the contract number of any government contract**

THE CLEANING DEPARTMENT  
7328 DARSENA  
GRAND PRAIRIE, TX 75054

## ADDITION

2.36 **State what the contract or lease is for and the nature of the debtor's interest** BILLING SERVICES AGREEMENT. SCHEDULING OF THIS AGREEMENT ON SCHEDULE G IS NOT A CONCESSION THAT THE AGREEMENT IS IN FACT EXECUTORY.

**State the term remaining**

**List the contract number of any government contract**

THE HOUK GROUP  
613 E. 9TH STREET  
MOUNTAIN HOME, AR 72653

## ADDITION

2.37 **State what the contract or lease is for and the nature of the debtor's interest** PARTICIPATING ALLIED HEALTH PROFESSIONAL AGREEMENT. SCHEDULING OF THIS AGREEMENT ON SCHEDULE G IS NOT A CONCESSION THAT THE AGREEMENT IS IN FACT EXECUTORY.

**State the term remaining**

**List the contract number of any government contract**

TIOPA  
5608 MALVEY AVENUE  
SUITE 200  
FORT WORTH, TX 76107

(Name)

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	
2.38	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>LEASE AGREEMENT - 9500 DALLAS PARKWAY, SUTIE 100, FRISCO, TX 75034</p>	<p>TRIANGLE B PROPERTIES LLC 4851 LBJ FREEWAY 10TH FLOOR DALLAS, TX 75244</p>
2.39	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>LEASE AGREEMENT - 2000 S. INTERSTATE HIGHWAY 35, SUITE N-5, ROUND ROCK , TX 78681</p>	<p>TRIMARSH RETAIL LLC 4801 HARBOR DRIVE FLOWER MOUND, TX 75022</p>
<b>ADDITION</b>			
2.40	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>ELECTRICITY SUPPLY AGREEMENT FOR 3132 ALTAMESA BLVD FORT WORTH, TX 76133; ESI ID: 10443720002540775. SCHEDULING OF THIS AGREEMENT ON SCHEDULE G IS NOT A CONCESSION THAT THE AGREEMENT IS IN FACT EXECUTORY.</p> <p>5/6/2031</p> <p>2000002884</p>	<p>TXU ENERGY 6555 SIERRA DRIVE IRVING, TX 75039-2479</p>
<b>ADDITION</b>			
2.41	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>PROFESSIONAL CLEANING SERVICES - ROUND ROCK, SOUTH AUSTIN, GUADALUPE LOCATIONS. SCHEDULING OF THIS AGREEMENT ON SCHEDULE G IS NOT A CONCESSION THAT THE AGREEMENT IS IN FACT EXECUTORY.</p>	<p>VANGUARD CLEANING SYSTEMS 11302 SIR WINSTON SAN ANTONIO, TX 78216</p>
<b>ADDITION</b>			
2.42	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>INFORMATION TECHNOLOGY MASTER SERVICES AGREEMENT. SCHEDULING OF THIS AGREEMENT ON SCHEDULE G IS NOT A CONCESSION THAT THE AGREEMENT IS IN FACT EXECUTORY.</p> <p>4/30/2026</p>	<p>ZTHERNET LLC 1333 CORPORATE DRIVE SUITE 240 IRVING, TX 75038</p>

Debtor DOC LLC

United States Bankruptcy Court for the: Delaware

Case number 24-10281  
(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 05/15/2024  
MM / DD / YYYY

**X** /s/ Colin Chenault  
Signature of individual signing on behalf of debtor

Colin Chenault  
Printed name

Chief Financial Officer  
Position or relationship to debtor

**Fill in this information to identify the case:**

Debtor DOC LLC

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United States Bankruptcy Court for the: Delaware

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Case number (if known) 24-10281

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Check if this is an amended filing

Official Form 207

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/22

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

**Part 1: Income**

**1. Gross revenue from business**

None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue  
Check all that apply

Gross revenue  
(before deductions and exclusions)

**ADDED**

FROM THE BEGINNING OF THE FISCAL YEAR TO FILING DATE:	From	To	Operating a business Other	Gross revenue
FROM THE BEGINNING OF THE FISCAL YEAR TO FILING DATE:	From 1/1/2024	To 2/21/2024	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other	\$0.00
FOR PRIOR YEAR:	From 1/1/2023	To 12/31/2023	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other	\$2,252,822.00
FOR THE YEAR BEFORE THAT:	From 1/1/2022	To 12/31/2022	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other	\$3,161,665.00

**2. Non-business revenue**

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

None

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/1/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer Check all that apply
729 EAST SLAUGHTER LANE LTD. ATTN: JOHN DOYAL	11/27/2023	\$14,945.84	RENT
729 EAST SLAUGHTER LANE STE A	12/27/2023	\$14,945.84	RENT
AUSTIN, TX 78744	01/26/2024	\$14,945.84	RENT
<b>TOTAL FOR 729 EAST SLAUGHTER LANE LTD.</b>		<b>\$44,837.52</b>	
810 JJK ENTERPRISES 7320 BOXWOOD COURT	11/27/2023	\$6,228.04	RENT
IRVING, TX 75063	12/27/2023	\$6,228.04	RENT
	01/26/2024	\$6,228.04	RENT
<b>TOTAL FOR 810 JJK ENTERPRISES</b>		<b>\$18,684.12</b>	

(Name)

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
ALPHA SERVICES CORPORATION	11/28/2023	\$2,108.54	VENDOR
ATTN: JOSE OLGUIN	01/03/2024	\$12,286.87	VENDOR
JANI-KING	02/20/2024	\$22,925.45	VENDOR
4535 SUNBELT DR, STE A			
ADDISON, TX 75001-5205			
<b>TOTAL FOR ALPHA SERVICES CORPORATION</b>		<b>\$37,320.86</b>	
BREG, INC.	11/28/2023	\$8,927.42	VENDOR
ATTN: GLORIA PEREZ	11/28/2023	\$6,914.58	VENDOR
2885 LOKER AVENUE EAST	12/14/2023	\$11,791.85	VENDOR
CARLSBAD, CA 92010	12/14/2023	\$10,668.14	VENDOR
	12/14/2023	\$9,071.03	VENDOR
	12/14/2023	\$8,907.49	VENDOR
	12/14/2023	\$7,938.11	VENDOR
	12/14/2023	\$1,096.86	VENDOR
	01/25/2024	\$16,042.79	VENDOR
	01/25/2024	\$15,856.96	VENDOR
	01/25/2024	\$11,840.13	VENDOR
	01/25/2024	\$10,252.26	VENDOR
	01/25/2024	\$4,682.81	VENDOR
	01/26/2024	\$12,235.34	VENDOR
	02/02/2024	\$14,760.65	VENDOR
	02/02/2024	\$1,872.01	VENDOR
	02/12/2024	\$10,174.05	VENDOR
	02/16/2024	\$15,747.15	VENDOR
<b>TOTAL FOR BREG, INC.</b>		<b>\$178,779.63</b>	
COMMONSTATE, LLC	11/28/2023	\$10,850.00	VENDOR
SPENCER BRADSHAW	02/20/2024	\$10,850.00	VENDOR
397 EAGLE ROCK CIRCLE			
HOT SPRINGS, AR 71901			
<b>TOTAL FOR COMMONSTATE, LLC</b>		<b>\$21,700.00</b>	
D A HEARN MANAGEMENT LLC	11/27/2023	\$25,407.27	RENT
ATTN: DAVID HEARD	12/27/2023	\$24,275.46	RENT
528 MONTEZUMA STREET	01/26/2024	\$25,031.00	RENT
RIO VISTA, CA 94571			
<b>TOTAL FOR D A HEARN MANAGEMENT LLC</b>		<b>\$74,713.73</b>	
DR. HEINRICH	01/17/2024	\$3,351.89	INDEPENDENT CONTRACTOR
ADDRESS REDACTED	02/21/2024	\$6,927.34	INDEPENDENT CONTRACTOR
<b>TOTAL FOR DR. HEINRICH</b>		<b>\$10,279.23</b>	
DRCHRONO, INC.	12/04/2023	\$17,761.54	VENDOR
3601 WALNUT STREET	12/04/2023	\$8,894.29	VENDOR
DENVER, CO 80205	12/04/2023	\$3,552.90	VENDOR
	01/05/2024	\$17,603.64	VENDOR
	01/05/2024	\$9,006.11	VENDOR
	01/05/2024	\$3,575.30	VENDOR
	02/05/2024	\$17,751.07	VENDOR
	02/06/2024	\$3,567.60	VENDOR
<b>TOTAL FOR DRCHRONO, INC.</b>		<b>\$81,712.45</b>	

(Name)

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
GUADALUPE STREET RETAIL TGPXI, LLC ATTN: MICHAEL ALLEN 1055 EAST COLORADO BOULEVARD SUITE 500 PASADENA, CA 91106	11/27/2023	\$20,408.90	RENT
	12/27/2023	\$20,408.90	RENT
	01/26/2024	\$20,408.90	RENT
<b>TOTAL FOR GUADALUPE STREET RETAIL TGPXI, LLC</b>		<b>\$61,226.70</b>	
IBP RETAIL NO. 2 LP 1722 ROUTH STREET SUITE 770 DALLAS, TX 75201	11/27/2023	\$14,473.47	RENT
	12/27/2023	\$14,473.47	RENT
	01/26/2024	\$14,473.47	RENT
<b>TOTAL FOR IBP RETAIL NO. 2 LP</b>		<b>\$43,420.41</b>	
LAUNDRY CARE LLC 7830 DENUDES RD JOHNSTOWN, OH 43031	11/28/2023	\$2,640.96	VENDOR
	11/28/2023	\$1,225.51	VENDOR
	02/07/2024	\$2,889.72	VENDOR
	02/07/2024	\$2,023.03	VENDOR
<b>TOTAL FOR LAUNDRY CARE LLC</b>		<b>\$8,779.22</b>	
MARPAT PARTNERSHIP LL, LTD. 14 HORIZON POINT FRISCO, TX 75034	11/27/2023	\$5,100.00	RENT
	12/27/2023	\$5,100.00	RENT
	01/26/2024	\$5,287.33	RENT
	01/26/2024	\$87.33	RENT
<b>TOTAL FOR MARPAT PARTNERSHIP LL, LTD.</b>		<b>\$15,574.66</b>	
MEDLINE INDUSTRIES, INC. DEPT 1080 PO BOX 121080 DALLAS, TX 75312-1080	11/28/2023	\$8,979.58	VENDOR
	11/28/2023	\$1,569.67	VENDOR
	11/28/2023	\$1,543.43	VENDOR
	11/28/2023	\$970.11	VENDOR
	12/12/2023	\$1,883.92	VENDOR
	12/12/2023	\$575.74	VENDOR
	01/26/2024	\$5,993.15	VENDOR
	01/26/2024	\$1,569.24	VENDOR
	01/26/2024	\$1,129.52	VENDOR
<b>TOTAL FOR MEDLINE INDUSTRIES, INC.</b>		<b>\$24,214.36</b>	
MOUNTAIN CITY COMMERCIAL TRUST ACCOUNT ATTN: JENNY ASTLE 2036 S. LINCOLN AVE STE 101B OGDEN, UT 84401	11/27/2023	\$13,285.91	RENT
	12/27/2023	\$13,551.63	RENT
	01/26/2024	\$13,551.63	RENT
	02/20/2024	\$265.72	RENT
<b>TOTAL FOR MOUNTAIN CITY COMMERCIAL TRUST ACCOUNT</b>		<b>\$40,654.89</b>	
OKLAHOMA INJURY SPECIALISTS, LLC 2525 WARWICK DRIVE OKLAHOMA CITY, OK 73116	01/31/2024	\$7,793.80	RENT
	01/31/2024	\$7,793.80	RENT
	01/31/2024	\$1,100.00	RENT
<b>TOTAL FOR OKLAHOMA INJURY SPECIALISTS, LLC</b>		<b>\$16,687.60</b>	

(Name)

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
PCD BUILDING CORP.	11/29/2023	\$43,678.50	GC - CONSTRUCTION
ATTN: PAUL C. DOUGHERTY	01/31/2024	\$70,551.30	GC - CONSTRUCTION
1503 CHRISTY AVENUE	01/31/2024	\$20,928.17	GC - CONSTRUCTION
ORLANDO, FL 32803			
<b>TOTAL FOR PCD BUILDING CORP.</b>		<b>\$135,157.97</b>	
PREMIER PROPERTY REAL ESTATE	11/29/2023	\$14,307.35	RENT
GROUP, LLC	12/27/2023	\$14,307.35	RENT
PO BOX 610032	01/26/2024	\$14,307.35	RENT
DALLAS, TX 75261			
<b>TOTAL FOR PREMIER PROPERTY REAL ESTATE GROUP, LLC</b>		<b>\$42,922.05</b>	
PRO HEALTH MEDICAL STAFFING, LLC	12/22/2023	\$1,649.38	VENDOR
ATTN: CINDY HANSON	12/22/2023	\$1,518.13	VENDOR
700 MILAM	12/22/2023	\$1,505.00	VENDOR
SUITE 1300	12/22/2023	\$1,478.75	VENDOR
HOUSTON, TX 77002	12/22/2023	\$1,452.50	VENDOR
	12/22/2023	\$1,452.50	VENDOR
	12/22/2023	\$1,439.38	VENDOR
	12/22/2023	\$1,426.25	VENDOR
	12/22/2023	\$1,400.00	VENDOR
	12/22/2023	\$1,356.25	VENDOR
	12/22/2023	\$1,286.25	VENDOR
	12/22/2023	\$1,268.75	VENDOR
	12/22/2023	\$1,225.00	VENDOR
	12/22/2023	\$735.00	VENDOR
	02/20/2024	\$1,990.63	VENDOR
	02/20/2024	\$1,859.38	VENDOR
	02/20/2024	\$1,754.38	VENDOR
	02/20/2024	\$1,728.13	VENDOR
	02/20/2024	\$1,623.13	VENDOR
	02/20/2024	\$1,596.88	VENDOR
	02/20/2024	\$1,596.88	VENDOR
	02/20/2024	\$1,544.38	VENDOR
	02/20/2024	\$1,518.13	VENDOR
	02/20/2024	\$1,485.00	VENDOR
	02/20/2024	\$1,465.63	VENDOR
	02/20/2024	\$1,356.25	VENDOR
	02/20/2024	\$1,295.00	VENDOR
	02/20/2024	\$1,277.50	VENDOR
	02/20/2024	\$1,181.25	VENDOR
	02/20/2024	\$1,146.25	VENDOR
	02/20/2024	\$927.50	VENDOR
<b>TOTAL FOR PRO HEALTH MEDICAL STAFFING, LLC</b>		<b>\$44,539.44</b>	
SOUTHWEST X-RAY COMPANY	01/26/2024	\$5,845.50	VENDOR
11419 MATHIS SUITE 208	02/16/2024	\$11,203.88	VENDOR
DALLAS, TX 75234			
<b>TOTAL FOR SOUTHWEST X-RAY COMPANY</b>		<b>\$17,049.38</b>	

(Name)

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
TIOPA, INC. 5608 MALVEY AVENUE, SUITE 200 FORT WORTH, TX 76107	12/28/2023	\$9,124.00	VENDOR
	02/16/2024	\$17,900.00	VENDOR
	02/20/2024	\$640.00	VENDOR
<b>TOTAL FOR TIOPA, INC.</b>		<b>\$27,664.00</b>	
TRIANGLE B PROPERTIES, LLC 4851 LBJ FREEWAY 10TH FLOOR DALLAS, TX 75244	11/27/2023	\$10,282.60	RENT
	12/21/2023	\$3,440.80	RENT
	12/27/2023	\$10,282.60	RENT
	01/26/2024	\$10,282.60	RENT
<b>TOTAL FOR TRIANGLE B PROPERTIES, LLC</b>		<b>\$34,288.60</b>	
TRIMARSH RETAIL LLC 4801 HARBOR DRIVE FLOWER MOUND, TX 75022	11/27/2023	\$9,067.36	RENT
	12/27/2023	\$9,067.36	RENT
	01/26/2024	\$9,067.36	RENT
<b>TOTAL FOR TRIMARSH RETAIL LLC</b>		<b>\$27,202.08</b>	
TSM VENTURES, INC. 301 N NEIL ST 400 CHAMPAIGN, IL 61820	11/27/2023	\$14,319.35	RENT
<b>TOTAL FOR TSM VENTURES, INC.</b>		<b>\$14,319.35</b>	
ZTHERNET, LLC ATTN: GREG HOUGH 600 E. JOHN CARPENTER FREEWAY SUITE 300 IRVING, TX 75062	11/28/2023	\$26,707.58	VENDOR
	01/25/2024	\$6,654.14	VENDOR
<b>TOTAL FOR ZTHERNET, LLC</b>		<b>\$33,361.72</b>	
<b>GRAND TOTAL:</b>		<b>\$1,055,089.97</b>	

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

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/1/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

**Part 3: Legal Actions or Assignments**

**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity-within 1 year before filing this case.

None

(Name)

Case title	Nature of case	Court or agency's name and address	Status of case
510 LASSEN LLC V. DOC LLC <b>Case number</b> 471-00727-2024	BREACH OF LEASE	471ST DISTRICT COURT OF COLLIN COUNTY, TEXAS	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
DOC LLC VS. RUBEN LOPEZ <b>Case number</b> 23-0529-C480	DEBT COLLECTION	TEXAS DISTRICT & COUNTY COURT, WILLIAMSON COUNTY DISTRICT	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
DOC LLC VS. SAMUEL MONSIVAIS, JR. <b>Case number</b> 23-0530-C395	DEBT COLLECTION	TEXAS DISTRICT & COUNTY COURT, WILLIAMSON COUNTY DISTRICT	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
KALIDY, LLC V. DOC, LLC AND PIONEER HEALTH SYSTEMS LLC <b>Case number</b> CJ 2023-6802	BREACH OF LEASE	STATE OF OKLAHOMA, OKLAHOMA COUNTY DISTRICT COURT	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
MSC HOLDINGS, LLC D/B/A SYNDEOCARE V. PAS SERVICES PLLC, PIONEER HEALTH SYSTEMS, LLC AND DOC, LLC <b>Case number</b> A-23-868970-C	DISPUTE REGARDING PAYMENTS PURSUANT TO A SERIES OF RECEIVABLES FACTORING AGREEMENTS	STATE OF NEVADA, CLARK COUNTY DISTRICT COURT	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
SAVLAN HC NORMAN OK LLC, VS. DOC LLC. <b>Case number</b> CJ-2024-221	BREACH OF CONTRACT	OKLAHOMA DISTRICT COURT, CLEVELAND COUNTY	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
SAVLAN HC NORMAN OK LLC, VS. DOC LLC. <b>Case number</b> SC-2024-707	UNLAWFUL DETAINER	OKLAHOMA DISTRICT COURT, CLEVELAND COUNTY	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

**Part 4: Certain Gifts and Charitable Contributions**

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

None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
UKRAINE RELIEF LOWER DANUBE CENTER FOR CIVIC INITIATIVES 51-YI PEREKOPSKOI DYVIZII BUILDING 2, FLAT 4 IZMAIL, ODESKA 68609 UKRAINE <b>Recipient's relationship to debtor</b> NONE	DONATION	5/13/2022	\$5,000.00

**Part 5: Certain Losses**

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

None

(Name)

**Part 6: Certain Payments or Transfers**

**11. Payments related to bankruptcy**

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

None

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

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device. Do not include transfers already listed on this statement.

None

**13. Transfers not already listed on this statement**

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs.

Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None

**Part 7: Previous Locations**

**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

**Address**

5040 ADDISON CIRCLE, SUITE 400  
ADDISON, TX 75001

**Dates of occupancy**

From 2/19/19 To 12/23/23

**Part 8: Health Care Bankruptcies**

**15. Health Care bankruptcies**

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

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

No. Go to Part 9.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
ROUND ROCK 2000 SOUTH IH-35 STE N5 ROUND ROCK, TX 78681	GENERAL ORTHOPEDICS, PHYSICAL THERAPY, SURGICAL, PAIN MANAGEMENT	N/A
	<b>Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.</b> CLINICS AND EMR DATABASE	<b>How are records kept?</b> <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
SOUTH AUSTIN 729 E. SLAUGHTER LANE SUITE 404 AUSTIN, TX 78744	GENERAL ORTHOPEDICS, PHYSICAL THERAPY, SURGICAL, PAIN MANAGEMENT	N/A
	<b>Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.</b> CLINICS AND EMR DATABASE	<b>How are records kept?</b> <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
GUADALUPE 3110 GUADALUPE STREET STE 100 AUSTIN, TX 78705	GENERAL ORTHOPEDICS, PHYSICAL THERAPY, SURGICAL, PAIN MANAGEMENT	N/A

(Name)

Facility name and address	Nature of the business operation, including type of services the debtor provides  Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	If debtor provides meals and housing, number of patients in debtor's care  How are records kept?
IRVING 3014 NORTH O'CONNOR BLVD STE 110 IRVING, TX 75062	ORTHOPEDIC, SURGICAL, PAIN MANAGEMENT  CLINICS AND EMR DATABASE	N/A  <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
IRVING PT 2700 N O'CONNOR RD SUITE 138 IRVING, TX 75062	PHYSICAL THERAPY  CLINICS AND EMR DATABASE	N/A  <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
WEST PLANO 3412 E. HEBRON PARKWAY SUITE 106 CARROLLTON, TX 75010	GENERAL ORTHOPEDICS, PHYSICAL THERAPY, SURGICAL, PAIN MANAGEMENT  CLINICS AND EMR DATABASE	N/A  <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
FRISCO 9500 DALLAS PARKWAY STE 100 FRISCO, TX 75034	GENERAL ORTHOPEDICS, SURGICAL, PAIN MANAGEMENT  CLINICS AND EMR DATABASE	N/A  <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
FRISCO PT 8501 WADE BLVD SUITE 630 FRISCO, TX 75034	PHYSICAL THERAPY  CLINICS AND EMR DATABASE	N/A  <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
MCKINNEY 4600 ELDORADO PARKWAY SUITE 600 MCKINNEY, TX 75070	GENERAL ORTHOPEDICS, PHYSICAL THERAPY, SURGICAL, PAIN MANAGEMENT  CLINICS AND EMR DATABASE	N/A  <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
DENTON 3100 UNICORN LAKE BLVD SUITE 120 DENTON, TX 76210	GENERAL ORTHOPEDICS, PHYSICAL THERAPY, SURGICAL, PAIN MANAGEMENT  CLINICS AND EMR DATABASE	N/A  <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper

(Name)

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
SOUTHLAKE 2419 W. SOUTHLAKE BLVD. STE 100 SOUTHLAKE, TX 76092	GENERAL ORTHOPEDICS, PHYSICAL THERAPY, SURGICAL, PAIN MANAGEMENT	N/A
	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?
	CLINICS AND EMR DATABASE	<input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
MANSFIELD 1900 MATLOCK, BUILDING 1 MANSFIELD, TX 76063	GENERAL ORTHOPEDICS, PHYSICAL THERAPY, SURGICAL, PAIN MANAGEMENT	N/A
	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?
	CLINICS AND EMR DATABASE	<input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper

**Part 9: Personal Identifiable Information**

**16. Does the debtor collect and retain personally identifiable information of customers?**

- No.
- Yes. State the nature of the information collected and retained.

NAME, ADDRESS, EMAIL ADDRESS, PHONE NUMBER, DATE OF BIRTH, GENDER, SSN AND/OR DRIVERS LICENSE NUMBER, DATES OF SERVICES, HEALTH INSURANCE NUMBER, HEALTH CARE PROVIDER, CONTACT INFORMATION OF THEIR PERSONAL REP. (IF APPLICABLE).

Does the debtor have a privacy policy about that information?

- No
- Yes

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- No. Go to Part 10.
- Yes. Does the debtor serve as plan administrator?

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

**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

- None

**19. Safe deposit boxes**

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

- None

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

- None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
SECURE SPACE STORAGE 8327 S CONGRESS AVE AUSTIN, TX 78745	CHANCE MCELHANEY	UNIT 11 - CONSTRUCTION MATERIALS	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
U-HAUL MOVING AND STORGAGE 2560 KATHRYN LN PLANO, TX 75025	JEFF WHEELER	UNIT 2463 - IT AND AV EQUIPMENT	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

(Name)

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
U-HAUL MOVING AND STORAGE 2560 KATHRYN LN PLANO, TX 75025	JEFF WHEELER	UNIT 2652 - CLINIC EQUIPMENT, FINANCIAL RECORDS	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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

**21. Property held for another**

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

None

**Part 12: Details About Environmental Information**

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?** Include settlements and orders.

No  
 Yes. Provide details below.

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

No  
 Yes. Provide details below.

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

No  
 Yes. Provide details below.

**Part 13: Details About the Debtor's Business or Connections to Any Business**

**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

None

**26. Books, records, and financial statements**

**26a.** List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

Name and address	Dates of service
VENTURITY FINANCIAL PARTNERS 14131 MIDWAY ROAD, SUITE 112 ADDISON, TX 75001	From JUNE 2016 To PRESENT

**26b.** List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

Name and address	Dates of service
GROW RASMUSSEN LLP 12550 W EXPLORER DRIVE SUITE 200 BOISE, ID 83713-1890	From 2020 To PRESENT

(Name)

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed .

None

**Name and address**

**If any books of account and records are unavailable, explain why**

GROW RASMUSSEN LLP  
12550 W EXPLORER DRIVE  
SUITE 200  
BOISE, ID 83713-1890

VENTURITY FINANCIAL PARTNERS  
14131 MIDWAY ROAD, SUITE 112  
ADDISON, TX 75001

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

**Name and address**

PLAINS CAPITAL BANK  
18111 PRESTON RD, STE 450  
DALLAS, TX 75252

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

None

**Name of the person who supervised the taking of the inventory**

**Date of inventory**

**The dollar amount and basis (cost, market, or other basis) of each inventory**

ABBY BATHAN

12/1/2023

\$574.01 COST

**Name and address of the person who has possession of inventory records**

ABBY BATHAN  
418 VILLAGE DR  
MURPHY, TX 75094

BRANDY MATTHEWS

1/1/2024

\$10,252.74 COST

**Name and address of the person who has possession of inventory records**

BRANDY MATTHEWS  
3209 N FLOOD AVE  
NORMAN, OK 73609

BRANDY MATTHEWS

1/1/2024

\$11,988.52 COST

**Name and address of the person who has possession of inventory records**

BRANDY MATTHEWS  
3705 NW 63RD STREET  
STE 201  
OKLAHOMA CITY, OK 73116

CHRISTINA DITH

1/1/2024

\$8,638.55 COST

**Name and address of the person who has possession of inventory records**

CHRISTINA DITH  
1900 MATLOCK RD.  
BLDG 1  
MANSFIELD, TX 76063

CHRISTINA DITH

1/2/2024

\$8,652.02 COST

**Name and address of the person who has possession of inventory records**

CHRISTINA DITH  
3014 NORTH O'CONNOR ROAD  
SUITE 200  
IRVING, TX 75062

(Name)

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
COLBY JACKSON  <b>Name and address of the person who has possession of inventory records</b> COLBY JACKSON 709 E SLAUGHTER LN SUITE 404 AUSTIN, TX 78744	1/2/2024	\$10,092.40 COST
GABII FERRETTI  <b>Name and address of the person who has possession of inventory records</b> GABII FERRETTI 3412 E. HEBRON PKWY SUITE 106 CARROLTON, TX 75007	1/2/2024	\$18,973.03 COST
GABII FERRETTI  <b>Name and address of the person who has possession of inventory records</b> GABII FERRETTI 4600 ELDORADO PARKWAY SUITE 600 MCKINNEY, TX 75070	1/2/2024	\$9,456.80 COST
KAYLA SMITH  <b>Name and address of the person who has possession of inventory records</b> KAYLA SMITH 3100 UNICORN LAKE BLVD. SUITE 120 DENTON, TX 76210	1/2/2024	\$18,418.06 COST
KIM SEARS  <b>Name and address of the person who has possession of inventory records</b> KIM SEARS 2419 WEST SOUTHLAKE BLVD SOUTKLAKE, TX 76092	1/2/2024	\$15,280.55 COST
LISA MAZZARELLA  <b>Name and address of the person who has possession of inventory records</b> LISA MAZZARELLA 3110 GUADALUPE ST. SUITE 100 AUSTIN, TX 78705	1/2/2024	\$20,163.06 COST
PAIGE ELLISON  <b>Name and address of the person who has possession of inventory records</b> PAIGE ELLISON 2000 S. INTERSTATE HWY 35 SUITE N-5 ROUND ROCK, TX 78681	1/3/2024	\$10,930.34 COST
SHERITA MILLS  <b>Name and address of the person who has possession of inventory records</b> SHERITA MILLS 9500 DALLAS PARKWAY SUITE 100 FRISCO, TX 75034	1/2/2024	\$16,725.16 COST

(Name)

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

None

Name	Address	Position and nature of any interest	% of interest, if any
PIONEER HEALTH SYSTEMS LLC	3300 DALLAS PARKWAY SUITE 200 PLANO, TX 75093	OWNER	100%
DAVID HASSINGER	3300 DALLAS PARKWAY SUITE 200 PLANO, TX 75093	CHIEF EXECUTIVE OFFICER	N/A
COLIN CHENAULT	3300 DALLAS PARKWAY SUITE 200 PLANO, TX 75093	CHIEF FINANCIAL OFFICER	N/A
MERRITT PEMBER	3300 DALLAS PARKWAY SUITE 200 PLANO, TX 75093	CHIEF CLINICAL OFFICER	N/A
SUZANNE HOY	3300 DALLAS PARKWAY SUITE 200 PLANO, TX 75093	CHIEF OPERATING OFFICER	N/A

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

None

Name	Address	Position and nature of any interest	Period during which position or interest was held
JIM GRIFFIN	3300 DALLAS PARKWAY SUITE 200 PLANO, TX 75093	CHIEF OPERATING OFFICER	From 2/1/2016 To 12/3/2023

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

None

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

None

Name of the parent corporation	Employer identification number of the parent corporation.
PIONEER HEALTH SYSTEMS LLC	83-2334107

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

None

(Name)

**Part 14: Signature and Declaration**

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

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

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

Executed on 05/15/2024.

**x**

/s/ Colin Chenault

Colin Chenault

Signature of individual signing on behalf of the debtor

Printed Name

Chief Financial Officer

Position or relationship to debtor

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

- No
- Yes