

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

Claim Number: 14
 Claim Date: / /
 Debtor: DEBTOR NOT FOUND
 Comments: EXPUNGED

TOTAL Claimed: \$0.00

ABBOTT DIABETES DIVISION
 C/O KOHNER MANN & KAILAS SC
 4650 N PORT WASHINGTON RD
 MILWAUKEE, WI 53212

Claim Number: 20046
 Claim Date: 05/08/2020
 Debtor: BARSTOW HEALTHCARE MANAGEMENT, INC.
 Comments: WITHDRAWN
 DOCKET: 507 (06/15/2020)

ADMINISTRATIVE Claimed: \$1,156.88

UNSECURED Claimed: \$1,542.51

ABBOTT DIABETES DIVISION
 C/O KOHNER MANN & KAILAS SC
 4650 N PORT WASHINGTON RD
 MILWAUKEE, WI 53212

Claim Number: 20060
 Claim Date: 05/13/2020
 Debtor: THREE RIVERS MEDICAL CLINICS, INC.
 Comments: WITHDRAWN
 DOCKET: 507 (06/15/2020)

ADMINISTRATIVE Claimed: \$909.87

UNSECURED Claimed: \$865.99

ABBOTT DIABETES DIVISION
 C/O KOHNER MANN & KAILAS SC
 4650 N PORT WASHINGTON RD
 MILWAUKEE, WI 53212

Claim Number: 20063
 Claim Date: 05/14/2020
 Debtor: BARSTOW HEALTHCARE MANAGEMENT, INC.
 Comments: WITHDRAWN
 DOCKET: 507 (06/15/2020)

ADMINISTRATIVE Claimed: \$1,156.88

ABBOTT DIAGNOSTICS DIVISION OF ABBOTT
 C/O KOHNER MANN & KAILAS SC
 4650 N PORT WASHINGTON RD
 MILWAUKEE, WI 53212

Claim Number: 20051
 Claim Date: 05/08/2020
 Debtor: BIG BEND HOSPITAL CORPORATION
 Comments: WITHDRAWN
 DOCKET: 507 (06/15/2020)

UNSECURED Claimed: \$1,007.90

ABBOTT LABORATORIES INC C/O KOHNER MANN & KAILAS SC 4650 N PORT WASHINGTON RD MILWAUKEE, WI 53212	Claim Number: 20049 Claim Date: 05/08/2020 Debtor: BARSTOW HEALTHCARE MANAGEMENT, INC. Comments: POSSIBLY AMENDED BY 20138
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UNSECURED	Claimed:	\$10,650.00
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ABBOTT LABORATORIES INC C/O KOHNER MANN & KAILAS SC 4650 N PORT WASHINGTON RD MILWAUKEE, WI 53212	Claim Number: 20056 Claim Date: 05/12/2020 Debtor: FORT PAYNE HOSPITAL CORPORATION Comments: POSSIBLY AMENDED BY 20131
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ADMINISTRATIVE	Claimed:	\$10,927.25
UNSECURED	Claimed:	\$81,085.10

ABBOTT LABORATORIES INC C/O KOHNER MANN & KAILAS SC 4650 N PORT WASHINGTON RD MILWAUKEE, WI 53212	Claim Number: 20057 Claim Date: 05/12/2020 Debtor: BIG SPRING HOSPITAL CORPORATION
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UNSECURED	Claimed:	\$9,666.25
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ABBOTT LABORATORIES INC C/O KOHNER MANN & KAILAS SC 4650 N PORT WASHINGTON RD MILWAUKEE, WI 53212	Claim Number: 20058 Claim Date: 05/13/2020 Debtor: DEMING HOSPITAL CORPORATION Comments: WITHDRAWN DOCKET: 389 (05/21/2020)
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UNSECURED	Claimed:	\$1,534.83
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ABBOTT LABORATORIES INC C/O KOHNER MANN & KAILAS SC 4650 N PORT WASHINGTON RD MILWAUKEE, WI 53212	Claim Number: 20061 Claim Date: 05/13/2020 Debtor: GALESBURG HOSPITAL CORPORATION Comments: WITHDRAWN DOCKET: 399 (05/22/2020)
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UNSECURED	Claimed:	\$1,750.00
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Quorum Health Corporation Claims
 Alphabetical Claims Register for Quorum Health (ALL CASES)

ABBOTT LABORATORIES INC C/O KOHNER MANN & KAILAS SC 4650 N PORT WASHINGTON RD MILWAUKEE, WI 53212	Claim Number: 20062 Claim Date: 05/13/2020 Debtor: GRANITE CITY HOSPITAL CORPORATION Comments: POSSIBLY AMENDED BY 20090
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ADMINISTRATIVE	Claimed:	\$1,560.00
UNSECURED	Claimed:	\$2,960.00

ABBOTT LABORATORIES INC C/O KOHNER MANN & KAILAS SC 4650 N PORT WASHINGTON RD MILWAUKEE, WI 53212	Claim Number: 20065 Claim Date: 05/14/2020 Debtor: QUORUM HEALTH CORPORATION Comments: WITHDRAWN DOCKET: 507 (06/15/2020)
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UNSECURED	Claimed:	\$12,900.00
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ABBOTT LABORATORIES INC C/O KOHNER MANN & KAILAS SC 4650 N PORT WASHINGTON RD MILWAUKEE, WI 53212	Claim Number: 20067 Claim Date: 05/14/2020 Debtor: LINDENHURST SURGERY CENTER, LLC Comments: WITHDRAWN DOCKET: 507 (06/15/2020)
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UNSECURED	Claimed:	\$27,083.13
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ABBOTT LABORATORIES INC C/O KOHNER MANN & KAILAS SC 4650 N PORT WASHINGTON RD MILWAUKEE, WI 53212	Claim Number: 20070 Claim Date: 05/15/2020 Debtor: MCKENZIE-WILLAMETTE REGIONAL MEDICAL CEN CENTER ASSOCIATES, Comments: POSSIBLY AMENDED BY 20137
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ADMINISTRATIVE	Claimed:	\$188,656.00
UNSECURED	Claimed:	\$367,181.00

ABBOTT LABORATORIES INC C/O KOHNER MANN & KAILAS SC 4650 N PORT WASHINGTON RD MILWAUKEE, WI 53212	Claim Number: 20076 Claim Date: 05/15/2020 Debtor: WAUKEGAN HOSPITAL CORPORATION Comments: WITHDRAWN DOCKET: 507 (06/15/2020)
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ADMINISTRATIVE	Claimed:	\$2,420.00
UNSECURED	Claimed:	\$50,459.00

ABBOTT LABORATORIES INC C/O KOHNER MANN & KAILAS SC 4650 N PORT WASHINGTON RD MILWAUKEE, WI 53212	Claim Number: 20087 Claim Date: 05/20/2020 Debtor: HEARTLAND RURAL HEALTHCARE, LLC Comments: WITHDRAWN DOCKET: 507 (06/15/2020)
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ADMINISTRATIVE	Claimed:	\$20,475.00
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ABBOTT LABORATORIES INC C/O KOHNER MANN & KAILAS SC 4650 N PORT WASHINGTON RD MILWAUKEE, WI 53212	Claim Number: 20090 Claim Date: 05/21/2020 Debtor: GRANITE CITY HOSPITAL CORPORATION Comments: AMENDS CLAIM #20062
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ADMINISTRATIVE	Claimed:	\$170.00
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ABBOTT LABORATORIES INC C/O KOHNER MANN & KAILAS SC 4650 N PORT WASHINGTON RD MILWAUKEE, WI 53212	Claim Number: 20131 Claim Date: 06/12/2020 Debtor: FORT PAYNE HOSPITAL CORPORATION Comments: AMENDS CLAIM #20056
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ADMINISTRATIVE	Claimed:	\$872.00
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ABBOTT LABORATORIES INC C/O KOHNER MANN & KAILAS SC 4650 N PORT WASHINGTON RD MILWAUKEE, WI 53212	Claim Number: 20137 Claim Date: 06/12/2020 Debtor: MCKENZIE-WILLAMETTE REGIONAL MEDICAL CEN CENTER ASSOCIATES, Comments: AMENDS CLAIM #20070
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ADMINISTRATIVE	Claimed:	\$4,335.00
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UNSECURED	Claimed:	\$49,041.00
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ABBOTT LABORATORIES INC C/O KOHNER MANN & KAILAS SC 4650 N PORT WASHINGTON RD MILWAUKEE, WI 53212	Claim Number: 20138 Claim Date: 06/15/2020 Debtor: BARSTOW HEALTHCARE MANAGEMENT, INC. Comments: AMENDS CLAIM #20049
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UNSECURED	Claimed:	\$4,350.00
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ABBOTT POINT OF CARE INC C/O KOHNER MANN & KAILAS SC 4650 N PORT WASHINGTON RD MILWAUKEE, WI 53212	Claim Number: 20047 Claim Date: 05/08/2020 Debtor: HEARTLAND RURAL HEALTHCARE, LLC Comments: WITHDRAWN DOCKET: 508 (06/15/2020)
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ADMINISTRATIVE	Claimed:	\$1,198.13
UNSECURED	Claimed:	\$1,266.63

ABBOTT POINT OF CARE INC C/O KOHNER MANN & KAILAS SC 4650 N PORT WASHINGTON RD MILWAUKEE, WI 53212	Claim Number: 20048 Claim Date: 05/08/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$803.39
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ABBOTT POINT OF CARE INC C/O KOHNER MANN & KAILAS SC 4650 N PORT WASHINGTON RD MILWAUKEE, WI 53212	Claim Number: 20050 Claim Date: 05/08/2020 Debtor: RED BUD HOSPITAL CORPORATION Comments: WITHDRAWN DOCKET: 508 (06/15/2020)
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ADMINISTRATIVE	Claimed:	\$1,140.74
UNSECURED	Claimed:	\$2,667.86

ABBOTT POINT OF CARE INC C/O KOHNER MANN & KAILAS SC 4650 N PORT WASHINGTON RD MILWAUKEE, WI 53212	Claim Number: 20052 Claim Date: 05/08/2020 Debtor: DEMING HOSPITAL CORPORATION
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UNSECURED	Claimed:	\$803.39
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ABBOTT POINT OF CARE INC C/O KOHNER MANN & KAILAS SC 4650 N PORT WASHINGTON RD MILWAUKEE, WI 53212	Claim Number: 20055 Claim Date: 05/12/2020 Debtor: FORT PAYNE HOSPITAL CORPORATION Comments: WITHDRAWN DOCKET: 508 (06/15/2020)
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ADMINISTRATIVE	Claimed:	\$5,524.48
UNSECURED	Claimed:	\$4,968.96

Quorum Health Corporation Claims
 Alphabetical Claims Register for Quorum Health (ALL CASES)

ABBOTT POINT OF CARE INC C/O KOHNER MANN & KAILAS SC 4650 N PORT WASHINGTON RD MILWAUKEE, WI 53212		Claim Number: 20059 Claim Date: 05/13/2020 Debtor: ANNA HOSPITAL CORPORATION Comments: WITHDRAWN DOCKET: 389 (05/21/2020)
ADMINISTRATIVE	Claimed:	\$504.05
ABBOTT POINT OF CARE INC C/O KOHNER MANN & KAILAS SC 4650 N PORT WASHINGTON RD MILWAUKEE, WI 53212		Claim Number: 20064 Claim Date: 05/14/2020 Debtor: QUORUM HEALTH CORPORATION Comments: WITHDRAWN DOCKET: 508 (06/15/2020)
ADMINISTRATIVE	Claimed:	\$85.71
ABBOTT POINT OF CARE INC KOHNER MANN & KAILAS SC 4650 N PORT WASHINGTON RD MILWAUKEE, WI 53212		Claim Number: 20086 Claim Date: 05/20/2020 Debtor: GRANITE CITY HOSPITAL CORPORATION Comments: WITHDRAWN DOCKET: 381 (05/20/2020)
ADMINISTRATIVE	Claimed:	\$2,058.13
UNSECURED	Claimed:	\$2,982.58
ABBOTT POINT OF CARE INC C/O KOHNE MANN & KAILAS SC 4650 N PORT WASHINGTON RD MILWAUKEE, WI 53212		Claim Number: 20088 Claim Date: 05/21/2020 Debtor: TOOELE HOSPITAL CORPORATION Comments: WITHDRAWN DOCKET: 508 (06/15/2020)
UNSECURED	Claimed:	\$6,158.76
ALLIANCE HEALTHCARE SERVICES INC D/B/A ALLIANCE HEALTHCARE RADIOLOGY ATTN LEGAL DEPT 18201 VON KARMAN AVE, STE 600 IRVINE, CA 92612		Claim Number: 17 Claim Date: 05/08/2020 Debtor: PHILLIPS HOSPITAL COMPANY, LLC
UNSECURED	Claimed:	\$28,325.00

Quorum Health Corporation Claims
 Alphabetical Claims Register for Quorum Health (ALL CASES)

ALLIANCE HEALTHCARE SERVICES INC D/B/A CENTRAL ILLINOIS IMAGING JV LLC ATTN LEGAL DEPT 18201 VON KARMAN AVE, STE 600 IRVINE, CA 92612	Claim Number: 18 Claim Date: 05/08/2020 Debtor: GALESBURG HOSPITAL CORPORATION
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UNSECURED	Claimed:	\$3,605.00
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ALLIANCE HEALTHCARE SERVICES INC D/B/A ALLIANCE HEALTHCARE RADIOLOGY ATTN LEGAL DEPT 18201 VON KARMAN AVE, STE 600 IRVINE, CA 92612	Claim Number: 19 Claim Date: 05/08/2020 Debtor: NATIONAL HEALTHCARE OF MT. VERNON, INC.
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UNSECURED	Claimed:	\$64,000.00
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ALLIANCE HEALTHCARE SERVICES INC D/B/A ALLIANCE HEALTHCARE RADIOLOGY ATTN LEGAL DEPT 18201 VON KARMAN AVE, STE 600 IRVINE, CA 92612	Claim Number: 20 Claim Date: 05/08/2020 Debtor: WILLIAMSTON CLINIC CORP.
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UNSECURED	Claimed:	\$18,540.00
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ALPINE INDEPENDENT SCHOOL DISTRICT C/O LAURA J MONROE PO BOX 817 LUBBOCK, TX 79408	Claim Number: 4 Claim Date: 04/20/2020 Debtor: BIG BEND HOSPITAL CORPORATION Comments: WITHDRAWN DOCKET: 583 (07/27/2020)
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SECURED	Claimed:	\$61,026.11 UNLIQ
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AMEREN ILLINOIS 2105 E STATE RT 104 PAWNEE, IL 62558	Claim Number: 20182 Claim Date: 07/28/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$77,096.33
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AMERICAN NATIONAL RED CROSS, THE ATTN OFFICE OF GENERAL COUNSEL 431 18TH ST NW WASHINGTON, DC 20006	Claim Number: 20183 Claim Date: 07/29/2020 Debtor: BARSTOW HEALTHCARE MANAGEMENT, INC. Comments: POSSIBLY AMENDED BY 20203
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UNSECURED	Claimed:	\$23,732.85
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AMERICAN NATIONAL RED CROSS, THE ATTN OFFICE OF GENERAL COUNSEL 431 18TH ST NW WASHINGTON, DC 20006	Claim Number: 20184 Claim Date: 07/29/2020 Debtor: BARSTOW HEALTHCARE MANAGEMENT, INC. Comments: POSSIBLY AMENDED BY 20204
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ADMINISTRATIVE	Claimed:	\$5,709.00
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AMERICAN NATIONAL RED CROSS, THE ATTN OFFICE OF GENERAL COUNSEL 431 18TH ST NW WASHINGTON, DC 20006	Claim Number: 20185 Claim Date: 07/29/2020 Debtor: CROSSROADS PHYSICIAN CORP. Comments: POSSIBLY AMENDED BY 20205
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UNSECURED	Claimed:	\$3,368.00
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AMERICAN NATIONAL RED CROSS, THE ATTN OFFICE OF GENERAL COUNSEL 431 18TH ST NW WASHINGTON, DC 20006	Claim Number: 20186 Claim Date: 07/29/2020 Debtor: CROSSROADS PHYSICIAN CORP. Comments: POSSIBLY AMENDED BY 20206
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ADMINISTRATIVE	Claimed:	\$1,060.00
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AMERICAN NATIONAL RED CROSS, THE ATTN OFFICE OF GENERAL COUNSEL 431 18TH ST NW WASHINGTON, DC 20006	Claim Number: 20187 Claim Date: 07/29/2020 Debtor: EVANSTON HOSPITAL CORPORATION
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UNSECURED	Claimed:	\$2,546.00
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AMERICAN NATIONAL RED CROSS, THE ATTN OFFICE OF GENERAL COUNSEL 431 18TH ST NW WASHINGTON, DC 20006	Claim Number: 20188 Claim Date: 07/29/2020 Debtor: EVANSTON HOSPITAL CORPORATION
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ADMINISTRATIVE	Claimed:	\$2,491.00
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AMERICAN NATIONAL RED CROSS, THE ATTN OFFICE OF GENERAL COUNSEL 431 18TH ST NW WASHINGTON, DC 20006	Claim Number: 20189 Claim Date: 07/30/2020 Debtor: FORREST CITY ARKANSAS HOSPITAL COMPANY, LLC
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UNSECURED	Claimed:	\$5,670.00
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AMERICAN NATIONAL RED CROSS, THE ATTN OFFICE OF GENERAL COUNSEL 431 18TH ST NW WASHINGTON, DC 20006	Claim Number: 20190 Claim Date: 07/30/2020 Debtor: FORREST CITY ARKANSAS HOSPITAL COMPANY, LLC
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ADMINISTRATIVE	Claimed:	\$4,916.00
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AMERICAN NATIONAL RED CROSS, THE ATTN OFFICE OF GENERAL COUNSEL 431 18TH ST NW WASHINGTON, DC 20006	Claim Number: 20191 Claim Date: 07/30/2020 Debtor: GALESBURG HOSPITAL CORPORATION
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UNSECURED	Claimed:	\$18,553.00
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AMERICAN NATIONAL RED CROSS, THE ATTN OFFICE OF GENERAL COUNSEL 431 18TH ST NW WASHINGTON, DC 20006	Claim Number: 20192 Claim Date: 07/30/2020 Debtor: GALESBURG HOSPITAL CORPORATION
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ADMINISTRATIVE	Claimed:	\$2,508.00
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AMERICAN NATIONAL RED CROSS, THE ATTN OFFICE OF GENERAL COUNSEL 431 18TH ST NW WASHINGTON, DC 20006	Claim Number: 20193 Claim Date: 07/31/2020 Debtor: MARION HOSPITAL CORPORATION
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UNSECURED	Claimed:	\$21,658.00
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AMERICAN NATIONAL RED CROSS, THE ATTN OFFICE OF GENERAL COUNSEL 431 18TH ST NW WASHINGTON, DC 20006	Claim Number: 20194 Claim Date: 07/31/2020 Debtor: MARION HOSPITAL CORPORATION
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ADMINISTRATIVE	Claimed:	\$10,961.00
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AMERICAN NATIONAL RED CROSS, THE ATTN OFFICE OF GENERAL COUNSEL 431 18TH ST NW WASHINGTON, DC 20006	Claim Number: 20195 Claim Date: 07/31/2020 Debtor: TOOELE HOSPITAL CORPORATION
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UNSECURED	Claimed:	\$18,826.18
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AMERICAN NATIONAL RED CROSS, THE ATTN OFFICE OF GENERAL COUNSEL 431 18TH ST NW WASHINGTON, DC 20006	Claim Number: 20196 Claim Date: 07/31/2020 Debtor: TOOELE HOSPITAL CORPORATION
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ADMINISTRATIVE	Claimed:	\$944.00
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AMERICAN NATIONAL RED CROSS, THE ATTN OFFICE OF GENERAL COUNSEL 431 18TH ST NW WASHINGTON, DC 20006	Claim Number: 20197 Claim Date: 07/31/2020 Debtor: RED BUD ILLINOIS HOSPITAL COMPANY, LLC
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UNSECURED	Claimed:	\$1,088.00
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AMERICAN NATIONAL RED CROSS, THE ATTN OFFICE OF GENERAL COUNSEL 431 18TH ST NW WASHINGTON, DC 20006		Claim Number: 20198 Claim Date: 07/31/2020 Debtor: RED BUD ILLINOIS HOSPITAL COMPANY, LLC
ADMINISTRATIVE	Claimed:	\$3,390.00
AMERICAN NATIONAL RED CROSS, THE ATTN OFFICE OF GENERAL COUNSEL 431 18TH ST NW WASHINGTON, DC 20006		Claim Number: 20199 Claim Date: 07/31/2020 Debtor: HOSPITAL OF LOUISA, INC.
UNSECURED	Claimed:	\$9,098.00
AMERICAN NATIONAL RED CROSS, THE ATTN OFFICE OF GENERAL COUNSEL 431 18TH ST NW WASHINGTON, DC 20006		Claim Number: 20200 Claim Date: 07/31/2020 Debtor: HOSPITAL OF LOUISA, INC.
ADMINISTRATIVE	Claimed:	\$5,968.00
AMERICAN NATIONAL RED CROSS, THE ATTN OFFICE OF GENERAL COUNSEL 431 18TH ST NW WASHINGTON, DC 20006		Claim Number: 20201 Claim Date: 07/31/2020 Debtor: ANNA HOSPITAL CORPORATION
UNSECURED	Claimed:	\$848.00
AMERICAN NATIONAL RED CROSS, THE ATTN OFFICE OF GENERAL COUNSEL 431 18TH ST NW WASHINGTON, DC 20006		Claim Number: 20202 Claim Date: 07/31/2020 Debtor: ANNA HOSPITAL CORPORATION
ADMINISTRATIVE	Claimed:	\$1,060.00

AMERICAN NATIONAL RED CROSS, THE
 ATTN OFFICE OF GENERAL COUNSEL
 431 18TH ST NW
 WASHINGTON, DC 20006

Claim Number: 20203
 Claim Date: 08/04/2020
 Debtor: HOSPITAL OF BARSTOW, INC.
 Comments:
 AMENDS CLAIM #20183

UNSECURED Claimed: \$23,732.85

AMERICAN NATIONAL RED CROSS, THE
 ATTN OFFICE OF GENERAL COUNSEL
 431 18TH ST NW
 WASHINGTON, DC 20006

Claim Number: 20204
 Claim Date: 08/04/2020
 Debtor: HOSPITAL OF BARSTOW, INC.
 Comments:
 AMENDS CLAIM #20184

ADMINISTRATIVE Claimed: \$5,709.00

AMERICAN NATIONAL RED CROSS, THE
 ATTN OFFICE OF GENERAL COUNSEL
 431 18TH ST NW
 WASHINGTON, DC 20006

Claim Number: 20205
 Claim Date: 08/04/2020
 Debtor: NATIONAL HEALTHCARE OF MT. VERNON, INC.
 Comments:
 AMENDS CLAIM #20185

UNSECURED Claimed: \$3,368.00

AMERICAN NATIONAL RED CROSS, THE
 ATTN OFFICE OF GENERAL COUNSEL
 431 18TH ST NW
 WASHINGTON, DC 20006

Claim Number: 20206
 Claim Date: 08/04/2020
 Debtor: NATIONAL HEALTHCARE OF MT. VERNON, INC.
 Comments:
 AMENDS CLAIM #20186

ADMINISTRATIVE Claimed: \$1,060.00

AMERISOURCE FUNDING INC
 ASSIGNEE FOR PROVIDENCE HEALTH CARE
 STAFFING INC
 PO BOX 4738
 HOUSTON, TX 77210

Claim Number: 31
 Claim Date: 05/18/2020
 Debtor: QUORUM HEALTH CORPORATION

UNSECURED Claimed: \$22,329.07

Quorum Health Corporation Claims
Alphabetical Claims Register for Quorum Health (ALL CASES)

APPLIED INDUSTRIAL TECHNOLOGIES INC
ATTN JORDAN MOORE
1 APPLIED PLZ
CLEVELAND, OH 44115

Claim Number: 20160
Claim Date: 07/08/2020
Debtor: QUORUM HEALTH CORPORATION

UNSECURED Claimed: \$201.14

ATKINS, KENNEY S, MD
541 10TH ST NW, STE 213
ATLANTA, GA 30318

Claim Number: 20092
Claim Date: 05/25/2020
Debtor: BLUE RIDGE GEORGIA HOLDINGS, LLC

UNSECURED Claimed: \$0.00 UNDET

BEATTIE, MARK A, DR
541 10TH ST NW, #213
ATLANTA, GA 30318

Claim Number: 20168
Claim Date: 07/21/2020
Debtor: BLUE RIDGE GEORGIA HOLDINGS, LLC

UNSECURED Claimed: \$0.00 UNDET

BIO-RAD LABORATORIES INC
1000 ALFRED NOBEL DR, MAILSTOP 1-130
HERCULES, CA 94547

Claim Number: 48
Claim Date: 05/21/2020
Debtor: QUORUM HEALTH CORPORATION

UNSECURED Claimed: \$101,231.10

BLEDSON, JAMES
128 HOLLY ST
LEXINGTON, TN 38351

Claim Number: 20179
Claim Date: 07/27/2020
Debtor: QUORUM HEALTH CORPORATION

UNSECURED Claimed: \$90.00

Quorum Health Corporation Claims
 Alphabetical Claims Register for Quorum Health (ALL CASES)

BOSTON SCIENTIFIC CORPORATION C/O STEVEN D SASS LLC PO BOX 45 CLARKSVILLE, MD 21029	Claim Number: 98 Claim Date: 07/30/2020 Debtor: QUORUM HEALTH CORPORATION
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ADMINISTRATIVE	Claimed: \$57,468.71
PRIORITY	Claimed: \$55,884.71

BREATHITT MEDIA LLC PO BOX 1015 JACKSON, KY 41339	Claim Number: 20034 Claim Date: 04/29/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed: \$810.00
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BREWSTER COUNTY LINEBARGER GOGGAN BLAIR & SAMPSON LLP 112 E PECAN ST, STE 2200 SAN ANTONIO, TX 78205	Claim Number: 24 Claim Date: 05/11/2020 Debtor: BIG BEND HOSPITAL CORPORATION
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SECURED	Claimed: \$17,617.94 UNLIQ
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BUCHALTER PC 1000 WILSHIRE BLVD, STE 1500 LOS ANGELES, CA 90017	Claim Number: 130 Claim Date: 11/17/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed: \$5,748.00
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BUFFALO ROCK COMPANY ATTN HALEY MUNCHER 111 OXMOOR RD BIRMINGHAM, AL 35209	Claim Number: 20213 Claim Date: 08/21/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed: \$5,602.07
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CARDINAL POINTE COMMUNICATIONS INC
1564 EAGLE RIDGE CT
LAKELAND, FL 33813

Claim Number: 20044
Claim Date: 05/06/2020
Debtor: QUORUM HEALTH CORPORATION

ADMINISTRATIVE Claimed: \$20,250.00

CARNES, AMANDA
5134 MONTROSE
KNOXVILLE, TN 37918

Claim Number: 20242
Claim Date: 02/26/2022
Debtor: KNOX CLINIC CORP.

UNSECURED Claimed: \$5,457.00

CDW DIRECT LLC
ATTN VIDA KRUG
200 N MILWAUKEE AVE
VERNON HILLS, IL 60061

Claim Number: 9
Claim Date: 04/24/2020
Debtor: QUORUM HEALTH CORPORATION

PRIORITY Claimed: \$5,665.19

UNSECURED Claimed: \$34,780.02

CELLCO PARTNERSHIP
D/B/A VERIZON WIRELESS
ATTN WILLIAM M VERMETTE
22001 LOUDOUN COUNTY PKWY
ASHBURN, VA 20147

Claim Number: 20232
Claim Date: 10/16/2020
Debtor: QUORUM HEALTH CORPORATION

UNSECURED Claimed: \$3,935.72

CENTURYLINK COMMUNICATIONS LLC
F/K/A QWEST COMMUNICATIONS COMPANY LLC
ATTN LEGAL BANKRUPTCY
1025 EL DORADO BLVD
BROOMFIELD, CO 80021

Claim Number: 96
Claim Date: 07/14/2020
Debtor: QUORUM HEALTH CORPORATION

UNSECURED Claimed: \$32,784.79

CHAPTER 13 TRUSTEE MIDDLE DISTRICT OF ALABAMA ATTN SABRINA L MCKINNEY PO BOX 173 MONTGOMERY, AL 36101	Claim Number: 43 Claim Date: 05/26/2020 Debtor: CENTRAL ALABAMA PHYSICIAN SERVICES, INC.
UNSECURED	Claimed: \$1.00 UNLIQ CONT
CHAPTER 13 TRUSTEE MIDDLE DISTRICT OF ALABAMA ATTN SABRINA L MCKINNEY PO BOX 173 MONTGOMERY, AL 36101	Claim Number: 44 Claim Date: 05/26/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed: \$1.00 UNLIQ CONT
CHARTER COMMUNICATION 1600 DUBLIN RD COLUMBUS, OH 43215	Claim Number: 20078 Claim Date: 05/15/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed: \$833.24
CHARTER COMMUNICATIONS 1600 DUBLIN RD COLUMBUS, OH 43215	Claim Number: 20068 Claim Date: 05/15/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed: \$263.85
CHARTER COMMUNICATIONS 1600 DUBLIN RD COLUMBUS, OH 43215	Claim Number: 20069 Claim Date: 05/15/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed: \$759.85

CHARTER COMMUNICATIONS 1600 DUBLIN RD COLUMBUS, OH 43215		Claim Number: 20071 Claim Date: 05/15/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed:	\$136.06
CHARTER COMMUNICATIONS 1600 DUBLIN RD COLUMBUS, OH 43215		Claim Number: 20072 Claim Date: 05/15/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed:	\$193.88
CHARTER COMMUNICATIONS 1600 DUBLIN RD COLUMBUS, OH 43215		Claim Number: 20073 Claim Date: 05/15/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed:	\$587.92
CHARTER COMMUNICATIONS 1600 DUBLIN RD COLUMBUS, OH 43215		Claim Number: 20074 Claim Date: 05/15/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed:	\$11.85
CHARTER COMMUNICATIONS 1600 DUBLIN RD COLUMBUS, OH 43215		Claim Number: 20075 Claim Date: 05/15/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed:	\$193.88

CHARTER COMMUNICATIONS 1600 DUBLIN RD COLUMBUS, OH 43215	Claim Number: 20077 Claim Date: 05/15/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$298.20
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CHASE DENNIS EMERGENCY MEDICAL GROUP INC ATTN JOHN R STAIR 265 BROOKVIEW CENTRE WAY,STE 400 KNOXVILLE, TN 37919	Claim Number: 11 Claim Date: 04/30/2020 Debtor: QUORUM HEALTH CORPORATION Comments: POSSIBLY AMENDED BY 27
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UNSECURED	Claimed:	\$1,245,000.00	CONT
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CHASE DENNIS EMERGENCY MEDICAL GROUP INC ATTN JOHN R STAIR 265 BROOKVIEW CENTRE WAY, STE 400 KNOXVILLE, TN 37919	Claim Number: 27 Claim Date: 05/14/2020 Debtor: QUORUM HEALTH CORPORATION Comments: AMENDS CLAIM #11
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UNSECURED	Claimed:	\$625,000.00
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CHASE DENNIS EMERGENCY MEDICAL GROUP INC ATTN JOHN R STAIR 265 BROOKVIEW CENTRE WAY, STE 400 KNOXVILLE, TN 37919	Claim Number: 28 Claim Date: 05/14/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$1,245,000.00	CONT
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CHASE DENNIS EMERGENCY MEDICAL GROUP INC C/O JOHN R STAIR 265 BROOKVIEW CENTRE WAY, STE 400 KNOXVILLE, TN 37919	Claim Number: 42 Claim Date: 05/21/2020 Debtor: HOSPITAL OF BARSTOW, INC.
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UNSECURED	Claimed:	\$625,000.00
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CHG-MERIDIAN USA CORP C/O VEDDER PRICE PC ATTN MITCHELL D COHEN 1633 BROADWAY, 31ST FL NEW YORK, NY 10019		Claim Number: 20151 Claim Date: 07/01/2020 Debtor: MMC OF NEVADA, LLC
UNSECURED	Claimed:	\$15,641.58 UNLIQ
CHG-MERIDIAN USA CORP C/O VEDDER PRICE PC ATTN MITCHELL D COHEN 1633 BROADWAY, 31ST FL NEW YORK, NY 10019		Claim Number: 20152 Claim Date: 07/01/2020 Debtor: HOSPITAL OF BARSTOW, INC.
UNSECURED	Claimed:	\$59,225.81 UNLIQ
CHG-MERIDIAN USA CORP C/O VEDDER PRICE PC ATTN MITCHELL D COHEN 1633 BROADWAY, 31ST FL NEW YORK, NY 10019		Claim Number: 20153 Claim Date: 07/01/2020 Debtor: GALESBURG HOSPITAL CORPORATION
UNSECURED	Claimed:	\$86,237.70 UNLIQ
CHG-MERIDIAN USA CORP C/O VEDDER PRICE PC ATTN MITCHELL D COHEN 1633 BROADWAY, 31ST FL NEW YORK, NY 10019		Claim Number: 20154 Claim Date: 07/01/2020 Debtor: NATIONAL HEALTHCARE OF MT. VERNON, INC.
UNSECURED	Claimed:	\$45,915.90 UNLIQ
CHG-MERIDIAN USA CORP C/O VEDDER PRICE PC ATTN MITCHELL D COHEN 1633 BROADWAY, 31ST FL NEW YORK, NY 10019		Claim Number: 20155 Claim Date: 07/01/2020 Debtor: MCKENZIE-WILLAMETTE REGIONAL MEDICAL CEN CENTER ASSOCIATES,
UNSECURED	Claimed:	\$42,518.77 UNLIQ

CHG-MERIDIAN USA CORP C/O VEDDER PRICE PC ATTN MITCHELL D COHEN 1633 BROADWAY, 31ST FL NEW YORK, NY 10019		Claim Number: 20156 Claim Date: 07/01/2020 Debtor: MARION HOSPITAL CORPORATION
UNSECURED	Claimed:	\$68,192.16 UNLIQ
CHG-MERIDIAN USA CORP C/O VEDDER PRICE PC ATTN MITCHELL D COHEN 1633 BROADWAY, 31ST FL NEW YORK, NY 10019		Claim Number: 20157 Claim Date: 07/01/2020 Debtor: HOSPITAL OF LOUISA, INC.
UNSECURED	Claimed:	\$145,046.55 UNLIQ
CIT BANK NA C/O BANKRUPTCY PROCESSING SOLUTIONS INC PO BOX 593007 SAN ANTONIO, TX 78259		Claim Number: 20081 Claim Date: 05/19/2020 Debtor: FORREST CITY ARKANSAS HOSPITAL COMPANY, LLC
UNSECURED	Claimed:	\$3,621.77
CIT BANK NA C/O BANKRUPTCY PROCESSING SOLUTIONS INC PO BOX 593007 SAN ANTONIO, TX 78259		Claim Number: 20082 Claim Date: 05/19/2020 Debtor: BIG SPRING HOSPITAL CORPORATION
UNSECURED	Claimed:	\$4,004.51
CIT BANK NA C/O BANKRUPTCY PROCESSING SOLUTIONS INC PO BOX 593007 SAN ANTONIO, TX 78259		Claim Number: 20083 Claim Date: 05/19/2020 Debtor: FORREST CITY CLINIC COMPANY, LLC
UNSECURED	Claimed:	\$698.06

CIT BANK NA C/O BANKRUPTCY PROCESSING SOLUTIONS INC PO BOX 593007 SAN ANTONIO, TX 78259		Claim Number: 20084 Claim Date: 05/19/2020 Debtor: GRANITE CITY ILLINOIS HOSPITAL COMPANY, LLC
UNSECURED	Claimed:	\$2,121.35
CIT BANK NA C/O BANKRUPTCY PROCESSING SOLUTIONS INC PO BOX 593007 SAN ANTONIO, TX 78259		Claim Number: 20096 Claim Date: 05/26/2020 Debtor: SOUTHERN ILLINOIS MEDICAL CARE ASSOCIATES, LLC
UNSECURED	Claimed:	\$2,091.62
CIT BANK NA C/O BANKRUPTCY PROCESSING SOLUTIONS INC PO BOX 593007 SAN ANTONIO, TX 78259		Claim Number: 20097 Claim Date: 05/26/2020 Debtor: DEMING HOSPITAL CORPORATION
UNSECURED	Claimed:	\$2,386.03
CIT BANK NA C/O BANKRUPTCY PROCESSING SOLUTIONS INC PO BOX 593007 SAN ANTONIO, TX 78259		Claim Number: 20098 Claim Date: 05/26/2020 Debtor: SAN MIGUEL HOSPITAL CORPORATION
UNSECURED	Claimed:	\$448.82
CIT BANK NA C/O BANKRUPTCY PROCESSING SOLUTIONS INC PO BOX 593007 SAN ANTONIO, TX 78259		Claim Number: 20099 Claim Date: 05/26/2020 Debtor: SAN MIGUEL CLINIC CORP.
UNSECURED	Claimed:	\$1,321.96

CIT BANK NA	Claim Number: 20100
C/O BANKRUPTCY PROCESSING SOLUTIONS INC	Claim Date: 05/26/2020
PO BOX 593007	Debtor: MMC OF NEVADA, LLC
SAN ANTONIO, TX 78259	

UNSECURED	Claimed:	\$31,516.10
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CIT BANK NA	Claim Number: 20101
C/O BANKRUPTCY PROCESSING SOLUTIONS INC	Claim Date: 05/26/2020
PO BOX 593007	Debtor: MMC OF NEVADA, LLC
SAN ANTONIO, TX 78259	

UNSECURED	Claimed:	\$10,140.71
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CIT BANK NA	Claim Number: 20102
C/O BANKRUPTCY PROCESSING SOLUTIONS INC	Claim Date: 05/26/2020
PO BOX 593007	Debtor: QHCCS, LLC
SAN ANTONIO, TX 78259	

UNSECURED	Claimed:	\$2,322.36
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CIT BANK NA	Claim Number: 20103
C/O BANKRUPTCY PROCESSING SOLUTIONS INC	Claim Date: 05/26/2020
PO BOX 593007	Debtor: PHILLIPS HOSPITAL COMPANY, LLC
SAN ANTONIO, TX 78259	

UNSECURED	Claimed:	\$13,589.89
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CITY OF ALPINE	Claim Number: 2
C/O LAURA J MONROE	Claim Date: 04/17/2020
PO BOX 817	Debtor: BIG BEND HOSPITAL CORPORATION
LUBBOCK, TX 79408	Comments: WITHDRAWN
	DOCKET: 582 (07/27/2020)

SECURED	Claimed:	\$25,042.59 UNLIQ
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Quorum Health Corporation Claims
 Alphabetical Claims Register for Quorum Health (ALL CASES)

CLASS OF INVESTORS C/O POMERANTZ LLP ATTN MICHAEL J WERNKE 600 THIRD AVE, 20TH FL NEW YORK, NY 10016	Claim Number: 20115 Claim Date: 06/09/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$150,000,000.00
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CLEAR CHANNEL OUTDOOR LLC ATTN BRIAN TEGELER 4830 N LOOP 1604, STE 111 SAN ANTONIO, TX 78249	Claim Number: 20045 Claim Date: 05/07/2020 Debtor: SAN MIGUEL CLINIC CORP.
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UNSECURED	Claimed:	\$1,272.58
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COMMONWEALTH EDISON COMPANY C/O COMED BANKRUPTCY DEPT 1919 SWIFT DR OAK BROOK, IL 60523	Claim Number: 20066 Claim Date: 05/14/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$36,031.05
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COUNTY OF SAN BERNARDINO C/O OFFICE OF THE TAX COLLECTOR 268 W HOSPITALITY LN, 1ST FL SAN BERNARDINO, CA 92415	Claim Number: 5 Claim Date: 04/20/2020 Debtor: QUORUM HEALTH CORPORATION
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SECURED	Claimed:	\$756,763.70	UNLIQ
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UNSECURED	Claimed:	\$73,749.18	UNLIQ
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CURBELL MEDICAL 7 COBHAM DR ORCHARD PARK, NY 14127	Claim Number: 8 Claim Date: 04/24/2020 Debtor: HOSPITAL OF BARSTOW, INC.
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UNSECURED	Claimed:	\$2,038.25
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CURBELL MEDICAL 7 COBHAM DR ORCHARD PARK, NY 14127		Claim Number: 12 Claim Date: 04/24/2020 Debtor: BIG SPRING HOSPITAL CORPORATION
UNSECURED	Claimed:	\$832.79
DATASITE LLC ATTN BAKER CENTER 733 S MARQUETTE AVE, STE 600 MINNEAPOLIS, MN 55402		Claim Number: 20150 Claim Date: 06/26/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed:	\$5,579.03
DEFENSE HEALTH AGENCY ATTN MARY L DICKENS 16401 E CENTRETECH PKWY AURORA, CO 80011-9066		Claim Number: 20235 Claim Date: 02/22/2021 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed:	\$23,134.18
DENTON, KIMBERLY S 541 10TH ST NW, 213 ATLANTA, GA 30318		Claim Number: 20146 Claim Date: 06/21/2020 Debtor: BLUE RIDGE GEORGIA HOLDINGS, LLC
UNSECURED	Claimed:	\$0.00 UNDET
DEPARTMENT OF HEALTH CARE SERVICES PO BOX 997413, MS 0010 SACRAMENTO, CA 95899-7413		Claim Number: 20236 Claim Date: 03/26/2021 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed:	\$1,088,129.00

Quorum Health Corporation Claims
 Alphabetical Claims Register for Quorum Health (ALL CASES)

DIRECT ENERGY BUSINESS MARKETING LLC ATTN ACCOUNTS RECEIVABLE DEPT 194 WOOD AVE S, 2ND FL ISELIN, NJ 08830		Claim Number: 20165 Claim Date: 07/14/2020 Debtor: QUORUM HEALTH CORPORATION
ADMINISTRATIVE	Claimed:	\$6,119.75
UNSECURED	Claimed:	\$3,216.41
DOWELL, SARAH 5283 CYNTHIA COURT SPRINGFIELD, OR 97478		Claim Number: 20026 Claim Date: 04/21/2020 Debtor: AMBULANCE SERVICES OF MCKENZIE, INC.
UNSECURED	Claimed:	\$0.00 UNDET
ENTERGY ARKANSAS LLC ATTN L-JEF-359 4809 JEFFERSON HWY, STE A NEW ORLEANS, LA 70121-3138		Claim Number: 20091 Claim Date: 05/22/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed:	\$29,162.96
FAIRWAY HEALTHCARE CONSULTING LLC 426 WESTCHESTER CLUB DR HIRAM, GA 30141		Claim Number: 20164 Claim Date: 07/14/2020 Debtor: QUORUM HEALTH CORPORATION
ADMINISTRATIVE	Claimed:	\$2,862.00
FORREST CITY MEDICAL CENTER C/O FABER AND BRAND LLC PO BOX 10110 COMUMBIA, MO 65205		Claim Number: 20112 Claim Date: 06/08/2020 Debtor: FORREST CITY ARKANSAS HOSPITAL COMPANY, LLC
UNSECURED	Claimed:	\$0.00 UNDET

FOX ROTHSCHILD LLP ATTN PRINCE ALTEE THOMAS, ESQUIRE 2000 MARKET ST, 20TH FL PHILADELPHIA, PA 19103	Claim Number: 38 Claim Date: 05/19/2020 Debtor: HAMLET H.M.A., LLC
UNSECURED	Claimed: \$15,020.00
FRANCHISE TAX BOARD ATTN BANKRUPTCY SECTION MS A340 PO BOX 2952 SACRAMENTO, CA 95812-2952	Claim Number: 54 Claim Date: 06/04/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed: \$0.00 UNDET
FRANCHISE TAX BOARD ATTN BANKRUPTCY SECTION MS A340 PO BOX 2952 SACRAMENTO, CA 95812-2952	Claim Number: 55 Claim Date: 06/04/2020 Debtor: QHCCS, LLC
UNSECURED	Claimed: \$0.00 UNDET
FRANCHISE TAX BOARD ATTN BANKRUPTCY SECTION MS A340 PO BOX 2952 SACRAMENTO, CA 95812-2952	Claim Number: 56 Claim Date: 06/04/2020 Debtor: BARSTOW HEALTHCARE MANAGEMENT, INC.
PRIORITY	Claimed: \$1,640.73
FRANCHISE TAX BOARD ATTN BANKRUPTCY SECTION MS A340 PO BOX 2952 SACRAMENTO, CA 95812-2952	Claim Number: 57 Claim Date: 06/04/2020 Debtor: QHC HIM SHARED SERVICES, LLC
UNSECURED	Claimed: \$0.00 UNDET

Quorum Health Corporation Claims
 Alphabetical Claims Register for Quorum Health (ALL CASES)

FRANCHISE TAX BOARD ATTN BANKRUPTCY SECTION MS A340 PO BOX 2952 SACRAMENTO, CA 95812-2952	Claim Number: 58 Claim Date: 06/04/2020 Debtor: QUORUM HEALTH RESOURCES, LLC
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UNSECURED	Claimed:	\$0.00 UNDET
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FRANCHISE TAX BOARD ATTN BANKRUPTCY SECTION MS A340 PO BOX 2952 SACRAMENTO, CA 95812-2952	Claim Number: 59 Claim Date: 06/04/2020 Debtor: QUORUM PURCHASING ADVANTAGE, LLC
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UNSECURED	Claimed:	\$0.00 UNDET
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FRANCHISE TAX BOARD ATTN BANKRUPTCY SECTION MS A430 PO BOX 2952 SACRAMENTO, CA 95812-2952	Claim Number: 60 Claim Date: 06/04/2020 Debtor: QUORUM SOLUTIONS, LLC
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UNSECURED	Claimed:	\$0.00 UNDET
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FRANCHISE TAX BOARD ATTN BANKRUPTCY SECTION MS A340 PO BOX 2952 SACRAMENTO, CA 95812-2952	Claim Number: 61 Claim Date: 06/04/2020 Debtor: OUR HEALTHY CIRCLE
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PRIORITY	Claimed:	\$4,357.64
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UNSECURED	Claimed:	\$660.82
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FRANCHISE TAX BOARD ATTN BANKRUPTCY SECTION MS A340 PO BOX 2952 SACRAMENTO, CA 95812-2952	Claim Number: 64 Claim Date: 06/08/2020 Debtor: HOSPITAL OF BARSTOW, INC.
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PRIORITY	Claimed:	\$800.00
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Quorum Health Corporation Claims
 Alphabetical Claims Register for Quorum Health (ALL CASES)

FRANCHISE TAX BOARD
 ATTN BANKRUPTCY SECTION MS A340
 PO BOX 2952
 SACRAMENTO, CA 95812-2952

Claim Number: 65
 Claim Date: 06/08/2020
 Debtor: TRIAD OF OREGON, LLC

PRIORITY Claimed: \$3,452.93
 UNSECURED Claimed: \$15,875.42

FRANCHISE TAX BOARD
 ATTN BANKRUPTCY SECTION MS A340
 PO BOX 2952
 SACRAMENTO, CA 95812-2952

Claim Number: 66
 Claim Date: 06/08/2020
 Debtor: QHR INTENSIVE RESOURCES, LLC

UNSECURED Claimed: \$0.00 UNDET

FREEMAN, VANESSIA
 430 N RIVER ST
 ALLIANCE, OH 44601

Claim Number: 20244
 Claim Date: 10/15/2023
 Debtor: QUORUM HEALTH CORPORATION

UNSECURED Claimed: \$0.00 UNDET

FRONTIER COMMUNICATIONS
 ATTN BANKRUPTCY DEPT
 19 JOHN ST
 MIDDLETOWN, NY 10940

Claim Number: 20080
 Claim Date: 05/18/2020
 Debtor: QUORUM HEALTH CORPORATION

UNSECURED Claimed: \$3,779.14

GALESBURG BROADCASTING COMPANY
 ATTN ROGER LUNDEEN
 154 E SIMMONS ST
 GALESBURG, IL 61401

Claim Number: 20053
 Claim Date: 05/11/2020
 Debtor: GALESBURG HOSPITAL CORPORATION

UNSECURED Claimed: \$16,210.00

GALESBURG BROADCASTING COMPANY ATTN ROGER LUNDEEN 154 E SIMMONS ST GALESBURG, IL 61401	Claim Number: 20054 Claim Date: 05/11/2020 Debtor: GALESBURG HOSPITAL CORPORATION
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UNSECURED	Claimed:	\$4,250.00
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GALLATIN RIVER COMMUNICATIONS LLC D/B/A CENTURYLINK C/O CENTURYLINK COMMUNICATIONS;LEGAL-BKY 1025 EL DORADO BLVD BROOMFIELD, CO 80021	Claim Number: 95 Claim Date: 07/14/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$1,433.80
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GARDAWORLD SECURITY SERVICES 1699 S HANLEY RD, STE 350 SAINT LOUIS, MO 63144	Claim Number: 1 Claim Date: 04/13/2020 Debtor: FORREST CITY ARKANSAS HOSPITAL COMPANY, LLC
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UNSECURED	Claimed:	\$187,725.34
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GE PRECISION HEALTHCARE LLC C/O MICHAEL B BACH, AUTHORIZED AGENT 25 WHITNEY DR, STE 106 MILFORD, OH 45150	Claim Number: 99 Claim Date: 07/31/2020 Debtor: QHCCS, LLC
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UNSECURED	Claimed:	\$2,800.00
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GE PRECISION HEALTHCARE LLC C/O MICHAEL B BACH, AUTHORIZED AGENT 25 WHITNEY DR, STE 106 MILFORD, OH 45150	Claim Number: 100 Claim Date: 07/31/2020 Debtor: QHCCS, LLC
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UNSECURED	Claimed:	\$167,281.11
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GE PRECISION HEALTHCARE LLC C/O MICHAEL B BACH, AUTHORIZED AGENT 25 WHITNEY DR, STE 106 MILFORD, OH 45150		Claim Number: 101 Claim Date: 07/31/2020 Debtor: QHCCS, LLC
UNSECURED	Claimed:	\$89,034.47
GE PRECISION HEALTHCARE LLC C/O MICHAEL B BACH, AUTHORIZED AGENT 25 WHITNEY DR, STE 106 MILFORD, OH 45150		Claim Number: 102 Claim Date: 07/31/2020 Debtor: MCKENZIE-WILLAMETTE REGIONAL MEDICAL CEN CENTER ASSOCIATES,
UNSECURED	Claimed:	\$10,776.75
GE PRECISION HEALTHCARE LLC C/O MICHAEL B BACH, AUTHORIZED AGENT 25 WHITNEY DR, STE 106 MILFORD, OH 45150		Claim Number: 103 Claim Date: 07/31/2020 Debtor: MCKENZIE-WILLAMETTE REGIONAL MEDICAL CEN CENTER ASSOCIATES,
UNSECURED	Claimed:	\$13,072.39
GE PRECISION HEALTHCARE LLC C/O MICHAEL B BACH, AUTHORIZED AGENT 25 WHITNEY DR, STE 106 MILFORD, OH 45150		Claim Number: 104 Claim Date: 07/31/2020 Debtor: EVANSTON HOSPITAL CORPORATION
UNSECURED	Claimed:	\$803.25
GE PRECISION HEALTHCARE LLC C/O MICHAEL B BACH, AUTHORIZED AGENT 25 WHITNEY DR, STE 106 MILFORD, OH 45150		Claim Number: 105 Claim Date: 07/31/2020 Debtor: HOSPITAL OF BARSTOW, INC.
UNSECURED	Claimed:	\$16,360.65

Quorum Health Corporation Claims
 Alphabetical Claims Register for Quorum Health (ALL CASES)

GE PRECISION HEALTHCARE LLC
 C/O MICHAEL B BACH, AUTHORIZED AGENT
 25 WHITNEY DR, STE 106
 MILFORD, OH 45150

Claim Number: 106
 Claim Date: 07/31/2020
 Debtor: QHCCS, LLC

UNSECURED Claimed: \$931.77

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 ATTN RACHEL L KING
 2 PEACHTREE ST NW, 40TH FL
 ATLANTA, GA 30303

Claim Number: 20143
 Claim Date: 06/19/2020
 Debtor: CSRA HOLDINGS, LLC

UNSECURED Claimed: \$3,907.40

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 ATTN RACHEL L KING
 2 PEACHTREE ST NW, 40TH FL
 ATLANTA, GA 30303

Claim Number: 20144
 Claim Date: 06/19/2020
 Debtor: AUGUSTA HOSPITAL, LLC

UNSECURED Claimed: \$2,932.43

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 ATTN RACHEL L KING
 2 PEACHTREE ST NW, 40TH FL
 ATLANTA, GA 30303

Claim Number: 20145
 Claim Date: 06/19/2020
 Debtor: GEORGIA HMA PHYSICIAN MANAGEMENT, LLC

UNSECURED Claimed: \$2.13

GEORGIA DEPARTMENT OF REVENUE
 ATTN CENTRAL COLLECTION
 1800 CENTURY BLVD NE, STE 9100
 ATLANTA, GA 30345

Claim Number: 20210
 Claim Date: 08/13/2020
 Debtor: QUORUM HEALTH INVESTMENT COMPANY, LLC

PRIORITY Claimed: \$1,851.81

UNSECURED Claimed: \$304.37

Quorum Health Corporation Claims
 Alphabetical Claims Register for Quorum Health (ALL CASES)

GEORGIA HOSPITAL ASSOCIATION C/O ARNALL GOLDEN GREGORY LLP ATTN MICHAEL HOLBEIN 171 17TH ST NW, STE 2100 ATLANTA, GA 30363	Claim Number: 20161 Claim Date: 07/10/2020 Debtor: AUGUSTA HOSPITAL, LLC
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UNSECURED	Claimed: \$56,721.68
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GEORGIA HOSPITAL ASSOCIATION C/O ARNALL GOLDEN GREGORY LLP ATTN MICHAEL HOLBEIN 171 17TH ST NW, STE 2100 ATLANTA, GA 30363	Claim Number: 20162 Claim Date: 07/10/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed: \$106,349.11
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GEORGIA HOSPITAL ASSOCIATION C/O ARNALL GOLDEN GREGORY LLP ATTN MICHAEL HOLBEIN 171 17TH ST NW, STE 2100 ATLANTA, GA 30363	Claim Number: 20163 Claim Date: 07/10/2020 Debtor: WINDER HMA, LLC
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UNSECURED	Claimed: \$18,745.82
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GI SUPPLY INC 5069 RITTER RD, STE 104 MECHANICSBURG, PA 17055	Claim Number: 20208 Claim Date: 08/06/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed: \$1,557.14
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GREATAMERICA FINANCIAL SERVICES CORP PO BOX 609 CEDAR RAPIDS, IA 52406	Claim Number: 20140 Claim Date: 06/17/2020 Debtor: RED BUD HOSPITAL CORPORATION
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UNSECURED	Claimed: \$10,211.43 UNLIQ
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GREATAMERICA FINANCIAL SERVICES CORP PO BOX 609 CEDAR RAPIDS, IA 52406	Claim Number: 20141 Claim Date: 06/17/2020 Debtor: BLUE ISLAND HOSPITAL COMPANY, LLC
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UNSECURED	Claimed:	\$5,287.67
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HALL PRANGLE AND SCHOONVELD LLC 200 S WACKER DR, STE 3300 CHICAGO, IL 60606	Claim Number: 20139 Claim Date: 06/16/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$17,622.06
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HARRIS COUNTY ET AL C/O LINEBARGER GOGGAN BLAIR & SAMPSON ATTN JOHN P DILLMAN PO BOX 3064 HOUSTON, TX 77253-3064	Claim Number: 35 Claim Date: 05/18/2020 Debtor: MCKENZIE CLINIC CORP.
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SECURED	Claimed:	\$155.48 UNLIQ
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HARRIS COUNTY ET AL C/O LINEBARGER GOGGAN BLAIR & SAMPSON ATTN JOHN P DILLMAN PO BOX 3064 HOUSTON, TX 77253-3064	Claim Number: 36 Claim Date: 05/18/2020 Debtor: CSRA HOLDINGS, LLC
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SECURED	Claimed:	\$1,660.96 UNLIQ
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HARRIS COUNTY ET AL C/O LINEBARGER GOGGAN BLAIR & SAMPSON ATTN JOHN P DILLMAN PO BOX 3064 HOUSTON, TX 77253-3064	Claim Number: 37 Claim Date: 05/18/2020 Debtor: HAMLET HMA PPM, LLC
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SECURED	Claimed:	\$440.35 UNLIQ
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Quorum Health Corporation Claims
Alphabetical Claims Register for Quorum Health (ALL CASES)

HARRIS COUNTY ET AL
C/O LINEBARGER GOGGAN BLAIR & SAMPSON
PO BOX 3064
HOUSTON, TX 77253-3064

Claim Number: 41
Claim Date: 05/19/2020
Debtor: EVANSTON CLINIC CORP

SECURED Claimed: \$292.39 UNLIQ

HEALTH CAROUSEL LLC
3805 EDWARDS RD, 700
CINCINNATI, OH 45209

Claim Number: 30
Claim Date: 05/15/2020
Debtor: QUORUM HEALTH CORPORATION

UNSECURED Claimed: \$56,223.00

HEALTH CAROUSEL LLC
3805 EDWARDS RD, STE 700
CINCINNATI, OH 45209

Claim Number: 33
Claim Date: 05/18/2020
Debtor: QUORUM HEALTH CORPORATION

UNSECURED Claimed: \$56,223.00

HEALTH GRID LLC
C/O VENABLE LLP
ATTN JEFFREY S SABIN, ESQ
1270 AVENUE OF THE AMERICAS
NEW YORK, NY 10020

Claim Number: 49
Claim Date: 05/27/2020
Debtor: QHCCS, LLC

UNSECURED Claimed: \$2,240,235.93 UNLIQ

HEALTHCARE INFECTION CONTROL SOLUTIONS
325 LEFFINGWELL AVENUE
KIRKWOOD, MO 63122

Claim Number: 20104
Claim Date: 05/26/2020
Debtor: QUORUM HEALTH CORPORATION

UNSECURED Claimed: \$798.67

Quorum Health Corporation Claims
 Alphabetical Claims Register for Quorum Health (ALL CASES)

HEYL ROYSTER VOELKER & ALLEN 300 HAMILTON BLVD PO BOX 6199 PEORIA, IL 61601-6199	Claim Number: 20031 Claim Date: 04/29/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed: \$380.00
HIGHLAND CAPITAL CORPORATION 1 PASSAIC AVE FAIRFIELD, NJ 07004	Claim Number: 23 Claim Date: 05/01/2020 Debtor: GALESBURG HOSPITAL CORPORATION
SECURED	Claimed: \$32,416.20
HOWARD COUNTY TAX OFFICE C/O LAURA J MONROE PO BOX 817 LUBBOCK, TX 79408	Claim Number: 3 Claim Date: 04/20/2020 Debtor: BIG SPRING HOSPITAL CORPORATION Comments: WITHDRAWN DOCKET: 584 (07/27/2020)
SECURED	Claimed: \$38,967.97 UNLIQ
HOWARD, MISTY 2054 FOX HUNTERS KNOB RD BOONEVILLE, KY 41314	Claim Number: 20029 Claim Date: 04/23/2020 Debtor: QUORUM HEALTH CORPORATION
PRIORITY	Claimed: \$0.00 UNDET
HUGHART, CHARLES S C/O GOLDENBERG HELLER & ANTOGNOLI PC 2227 S STATE RT 157 EDWARDSVILLE, IL 62025	Claim Number: 80 Claim Date: 06/18/2020 Debtor: MARION HOSPITAL CORPORATION
UNSECURED	Claimed: \$3,000,000.00

HUGHART, CHARLES S C/O GOLDENBERG HELLER & ANTOGNOLLI PC 2227 S STATE RT 157 EDWARDSVILLE, IL 62025	Claim Number: 82 Claim Date: 06/18/2020 Debtor: RIVER TO RIVER HEART GROUP, LLC
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UNSECURED	Claimed:	\$3,000,000.00
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HUGHART, PAULINE C/O GOLDENBERG HELLER & ANTOGNOLI PC 2227 S STATE RT 157 EDWARDSVILLE, IL 62025	Claim Number: 79 Claim Date: 06/18/2020 Debtor: MARION HOSPITAL CORPORATION
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UNSECURED	Claimed:	\$1,000,000.00
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HUGHART, PAULINE C/O GOLDENBERG HELLER & ANTOGNOLI PC 2227 S STATE RT 157 EDWARDSVILLE, IL 62025	Claim Number: 81 Claim Date: 06/18/2020 Debtor: RIVER TO RIVER HEART GROUP, LLC
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UNSECURED	Claimed:	\$1,000,000.00
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HUNTINGTON TECHNOLOGY FINANCE INC ATTN PETER LETO 2285 FRANKLIN RD, STE 100 BLOOMFIELD HILLS, MI 48302	Claim Number: 20214 Claim Date: 09/05/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$213,973.58 UNLIQ
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HUNTINGTON TECHNOLOGY FINANCE INC ATTN PETER LETO 2285 FRANKLIN RD, STE 100 BLOOMFIELD HILLS, MI 48236	Claim Number: 20215 Claim Date: 09/14/2020 Debtor: MARION HOSPITAL CORPORATION
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SECURED	Claimed:	\$32,907.22 UNLIQ
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Quorum Health Corporation Claims
 Alphabetical Claims Register for Quorum Health (ALL CASES)

HUNTINGTON TECHNOLOGY FINANCE INC ATTN PETER M LETO 2285 FRANKLIN RD, STE 100 BLOOMFIELD HILLS, MI 48302	Claim Number: 20216 Claim Date: 09/14/2020 Debtor: WAUKEGAN ILLINOIS HOSPITAL COMPANY, LLC
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SECURED	Claimed:	\$181,066.36 UNLIQ
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IBM CORPORATION ATTN RODRIGO ALONSO RODRIGUEZ GONZALEZ 2200 CAMINO A EL CASTILLO EL SALTO, JA 45680 MEXICO	Claim Number: 20167 Claim Date: 07/16/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$36,778.31
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ILLINOIS DEPARTMENT OF REVENUE ATTN BANKRUPTCY UNIT PO BOX 19035 SPRINGFIELD, IL 62794	Claim Number: 20222 Claim Date: 09/30/2020 Debtor: QUORUM HEALTH CORPORATION
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PRIORITY	Claimed:	\$16,012.80
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UNSECURED	Claimed:	\$2,477.84
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ILLINOIS DEPARTMENT OF REVENUE ATTN BANKRUPTCY UNIT PO BOX 19035 SPRINGFIELD, IL 62794	Claim Number: 20223 Claim Date: 09/30/2020 Debtor: WAUKEGAN ILLINOIS HOSPITAL COMPANY, LLC
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PRIORITY	Claimed:	\$593,961.91
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UNSECURED	Claimed:	\$81,544.61
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ILLINOIS DEPARTMENT OF REVENUE ATTN BANKRUPTCY UNIT PO BOX 19035 SPRINGFIELD, IL 62794	Claim Number: 20224 Claim Date: 09/30/2020 Debtor: LINDENHURST SURGERY CENTER, LLC
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UNSECURED	Claimed:	\$0.00 UNDET
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Quorum Health Corporation Claims
 Alphabetical Claims Register for Quorum Health (ALL CASES)

ILLINOIS DEPARTMENT OF REVENUE ATTN BANKRUPTCY UNIT PO BOX 19035 SPRINGFIELD, IL 62794-9035	Claim Number: 20225 Claim Date: 09/30/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$0.00 UNDET
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ILLINOIS DEPARTMENT OF REVENUE ATTN BANKRUPTCY UNIT PO BOX 19035 SPRINGFIELD, IL 62794-9035	Claim Number: 20226 Claim Date: 09/30/2020 Debtor: NATIONAL HEALTHCARE OF MT. VERNON, INC.
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UNSECURED	Claimed:	\$0.00 UNDET
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ILLINOIS DEPARTMENT OF REVENUE ATTN BANKRUPTCY UNIT PO BOX 19035 SPRINGFIELD, IL 62794	Claim Number: 20227 Claim Date: 10/01/2020 Debtor: GRANITE CITY CLINIC CORP.
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PRIORITY	Claimed:	\$335.02 UNLIQ
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ILLINOIS DEPARTMENT OF REVENUE ATTN BANKRUPTCY UNIT PO BOX 19035 SPRINGFIELD, IL 62794-9035	Claim Number: 20228 Claim Date: 10/01/2020 Debtor: BLUE ISLAND HOSPITAL COMPANY, LLC
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PRIORITY	Claimed:	\$113,487.27 UNLIQ
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UNSECURED	Claimed:	\$8,106.40 UNLIQ
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ILLINOIS DEPARTMENT OF REVENUE ATTN BANKRUPTCY UNIT PO BOX 19035 SPRINGFIELD, IL 62794-9035	Claim Number: 20229 Claim Date: 10/01/2020 Debtor: KNOX CLINIC CORP.
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PRIORITY	Claimed:	\$1.01 UNLIQ
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UNSECURED	Claimed:	\$0.12 UNLIQ
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Quorum Health Corporation Claims
 Alphabetical Claims Register for Quorum Health (ALL CASES)

ILLINOIS DEPARTMENT OF REVENUE
 ATTN BANKRUPTCY UNIT
 PO BOX 19035
 SPRINGFIELD, IL 62794-9035

Claim Number: 20230
 Claim Date: 10/01/2020
 Debtor: CROSSROADS PHYSICIAN CORP.

PRIORITY Claimed: \$13.86
 UNSECURED Claimed: \$45.21

ILLINOIS DEPARTMENT OF REVENUE
 ATTN BANKRUPTCY UNIT
 PO BOX 19035
 SPRINGFIELD, IL 62794-9035

Claim Number: 20231
 Claim Date: 10/01/2020
 Debtor: GRANITE CITY ILLINOIS HOSPITAL COMPANY, LLC

UNSECURED Claimed: \$0.00 UNDET

INDEPENDENCE BLUE CROSS LLC
 ATTN JENNIFER L ADAMS
 1901 MARKET ST, 43RD FL
 PHILADELPHIA, PA 19103

Claim Number: 20211
 Claim Date: 08/13/2020
 Debtor: QUORUM HEALTH CORPORATION

UNSECURED Claimed: \$1,588.54

JARMAN, ALEXIS YVONNE
 2708 JEFFERSON DR
 GREENVILLE, NC 27858

Claim Number: 20030
 Claim Date: 04/27/2020
 Debtor: WILLIAMSTON CLINIC CORP.

UNSECURED Claimed: \$0.00 UNDET

JENSEN, SHIRLEY A
 PO BOX 176
 1501 20TH AVE
 VIOLA, IL 61486

Claim Number: 22
 Claim Date: 05/01/2020
 Debtor: QUORUM HEALTH CORPORATION

UNSECURED Claimed: \$233.74

Quorum Health Corporation Claims
Alphabetical Claims Register for Quorum Health (ALL CASES)

JKVC FARMS LLC 4709 COXEYVILLE RD COLUMBIA, IL 62236	Claim Number: 16 Claim Date: 05/08/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$2,850.00
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JONES, JAY J, DR 541 10TH ST NW, #213 ATLANTA, GA 30318	Claim Number: 20169 Claim Date: 07/21/2020 Debtor: BLUE RIDGE GEORGIA HOLDINGS, LLC
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UNSECURED	Claimed:	\$0.00 UNDET
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KANE, AUDREY C/O HOLLIE WIELAND 2 N CASCADE AVE, STE 1250 COLORADO SPRINGS, CO 80903	Claim Number: 20166 Claim Date: 07/15/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$0.00 UNDET
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KENT COUNTY TAX OFFICE C/O KENT COUNTY LEVY COURT 555 BAY RD DOVER, DE 19901	Claim Number: 132 Claim Date: 06/01/2021 Debtor: FORREST CITY ARKANSAS HOSPITAL COMPANY, LLC
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PRIORITY	Claimed:	\$100.79
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KENT COUNTY TAX OFFICE C/O KENT COUNTY LEVY COURT 555 BAY RD DOVER, DE 19901	Claim Number: 133 Claim Date: 06/01/2021 Debtor: FORREST CITY ARKANSAS HOSPITAL COMPANY, LLC
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PRIORITY	Claimed:	\$123.84
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Quorum Health Corporation Claims
 Alphabetical Claims Register for Quorum Health (ALL CASES)

KMOV TELEVISION C/O SZABO ASSOCIATES INC 3355 LENOX RD NE, STE 945 ATLANTA, GA 30326	Claim Number: 20108 Claim Date: 06/03/2020 Debtor: GRANITE CITY ILLINOIS HOSPITAL COMPANY, LLC
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UNSECURED	Claimed:	\$4,000.00
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LAMAR ADVERTISING COMPANY PO BOX 66338 BATON ROUGE, LA 70896	Claim Number: 67 Claim Date: 06/11/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$7,300.00
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LIFE SAFETY SERVICES LLC 908 S 8TH ST, STE 500 LOUISVILLE, KY 40203	Claim Number: 20027 Claim Date: 04/22/2020 Debtor: WILLIAMSTON CLINIC CORP.
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UNSECURED	Claimed:	\$2,175.00
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LOUISIANA DEPARTMENT OF REVENUE PO BOX 66658 BATON ROUGE, LA 70896-6658	Claim Number: 89 Claim Date: 07/07/2020 Debtor: QUORUM HEALTH INVESTMENT COMPANY, LLC Comments: POSSIBLY AMENDED BY 20237
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PRIORITY	Claimed:	\$750.00 UNLIQ
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LOUISIANA DEPARTMENT OF REVENUE PO BOX 66658 BATON ROUGE, LA 70896-6658	Claim Number: 90 Claim Date: 07/07/2020 Debtor: QHR INTENSIVE RESOURCES, LLC
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PRIORITY	Claimed:	\$3,829.13 UNLIQ
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UNSECURED	Claimed:	\$531.46 UNLIQ
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Quorum Health Corporation Claims
Alphabetical Claims Register for Quorum Health (ALL CASES)

LOUISIANA DEPARTMENT OF REVENUE PO BOX 66658 BATON ROUGE, LA 70896-6658	Claim Number: 91 Claim Date: 07/07/2020 Debtor: QHCCS, LLC Comments: POSSIBLY AMENDED BY 20238
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PRIORITY	Claimed:	\$8.33
UNSECURED	Claimed:	\$79.17

LOUISIANA DEPARTMENT OF REVENUE PO BOX 66658 BATON ROUGE, LA 70896-6658	Claim Number: 20237 Claim Date: 08/06/2021 Debtor: QUORUM HEALTH INVESTMENT COMPANY, LLC Comments: AMENDS CLAIM #89
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UNSECURED	Claimed:	\$0.00
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LOUISIANA DEPARTMENT OF REVENUE PO BOX 66658 BATON ROUGE, LA 70896-6658	Claim Number: 20238 Claim Date: 08/06/2021 Debtor: QHCCS, LLC Comments: AMENDS CLAIM #91
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UNSECURED	Claimed:	\$0.00
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LSI SOLUTIONS INC 7796 VICTOR MENDON RD VICTOR, NY 14564	Claim Number: 32 Claim Date: 05/15/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$8,317.00
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LUCYS APPLIANCES INC 3460 SHERIDAN RD ZION, IL 60099	Claim Number: 13 Claim Date: 05/01/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$640.93
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Quorum Health Corporation Claims
Alphabetical Claims Register for Quorum Health (ALL CASES)

MCKENZIE RIVER BROADCASTING 925 COUNTRY CLUB RD, STE 200 EUGENE, OR 97401	Claim Number: 20038 Claim Date: 04/30/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$4,029.00
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MEADOW OUTDOOR ADVERTISING PO BOX 331 THE DALLES, OR 97058	Claim Number: 20033 Claim Date: 04/29/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$7,023.86
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MEDELA LLC 1101 CORPORATE DR MCHENRY, IL 60050	Claim Number: 20142 Claim Date: 06/19/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$117.95
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MEDHOST INC 6550 CAROTHERS PKWY, STE 160 FRANKLIN, TN 37067	Claim Number: 10 Claim Date: 04/25/2020 Debtor: QUORUM HEALTH CORPORATION
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PRIORITY	Claimed:	\$19,124,560.00
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MEDHOST INC AND ITS SUBSIDIARIES 6550 CAROTHERS PKWY, STE 160 FRANKLIN, TN 37067	Claim Number: 6 Claim Date: 04/24/2020 Debtor: QUORUM HEALTH CORPORATION
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ADMINISTRATIVE	Claimed:	\$19,124,560.00
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MEDPARTNERS HIM LLC
C/O AMN HEALTHCARE INC
ATTN LEGAL
12400 HIGH BLUFF DR
SAN DIEGO, CA 92130

Claim Number: 20159
Claim Date: 07/07/2020
Debtor: QUORUM HEALTH CORPORATION

UNSECURED Claimed: \$89,476.56

MIDWEST MOWING INC
C/O JACK SHRUM, PA
919 N MARKET ST, STE 1410
WILMINGTON, DE 19801

Claim Number: 20040
Claim Date: 05/01/2020
Debtor: QUORUM HEALTH CORPORATION

UNSECURED Claimed: \$109,951.00

MISSISSIPPI RIVER RADIO
324 BROADWAY ST
CAPE GIRARDEAU, MO 63701

Claim Number: 20043
Claim Date: 05/06/2020
Debtor: QUORUM HEALTH CORPORATION

UNSECURED Claimed: \$4,080.00

MOBILE INSTRUMENT SERVICE AND REPAIR
ATTN JONI EVERMAN
6625 W 78TH ST
MINNEAPOLIS, MN 55439

Claim Number: 26
Claim Date: 05/13/2020
Debtor: QUORUM HEALTH CORPORATION

UNSECURED Claimed: \$32,209.17

MOLINA HEALTHCARE INC
ATTN JANA HOLLSTIEN OR JEFF BARLOW
2180 HARVARD ST, STE 400
SACRAMENTO, CA 95815

Claim Number: 108
Claim Date: 08/18/2020
Debtor: QUORUM HEALTH CORPORATION

UNSECURED Claimed: \$10,823.02

Quorum Health Corporation Claims
 Alphabetical Claims Register for Quorum Health (ALL CASES)

MONTGOMERY COUNTY
 C/O LINEBARGER GOGGAN BLAIR & SAMPSON
 PO BOX 3064
 HOUSTON, TX 77253-3064

Claim Number: 39
 Claim Date: 05/19/2020
 Debtor: MCKENZIE CLINIC CORP.

SECURED Claimed: \$5,043.22 UNLIQ

MONTGOMERY COUNTY
 C/O LINEBARGER GOGGAN BLAIR & SAMPSON
 PO BOX 3064
 HOUSTON, TX 77253-3064

Claim Number: 40
 Claim Date: 05/19/2020
 Debtor: HAMLET HMA PPM, LLC

SECURED Claimed: \$125.72 UNLIQ

MURRAY, KELLY R
 3043 STIPES LANE
 EDWARDSVILLE, IL 62025

Claim Number: 20089
 Claim Date: 05/21/2020
 Debtor: GRANITE CITY CLINIC CORP.

PRIORITY Claimed: \$13,650.00 UNLIQ

UNSECURED Claimed: \$21,350.00 UNLIQ

NH DEPARTMENT OF REVENUE ADMINISTRATION
 ATTN LEGAL BUREAU
 PO BOX 457
 CONCORD, NH 03302

Claim Number: 20221
 Claim Date: 09/30/2020
 Debtor: QUORUM HEALTH CORPORATION

PRIORITY Claimed: \$0.00 UNDET

NM TAXATION & REVENUE DEPARTMENT
 PO BOX 8575
 ALBUQUERQUE, NM 87198-8575

Claim Number: 131
 Claim Date: 03/02/2021
 Debtor: QUORUM HEALTH CORPORATION
 Comments:
 AMENDS CLAIM #123

PRIORITY Claimed: \$400.00

Quorum Health Corporation Claims
 Alphabetical Claims Register for Quorum Health (ALL CASES)

NM TAXATION AND REVENUE DEPARTMENT PO BOX 8575 ALBUQUERQUE, NM 87198-8575	Claim Number: 118 Claim Date: 09/28/2020 Debtor: SAN MIGUEL HOSPITAL CORPORATION
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PRIORITY	Claimed:	\$85,320.64
UNSECURED	Claimed:	\$18,180.01

NM TAXATION AND REVENUE DEPARTMENT PO BOX 8575 ALBUQUERQUE, NM 87198-8575	Claim Number: 120 Claim Date: 10/05/2020 Debtor: QUORUM HEALTH RESOURCES, LLC
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PRIORITY	Claimed:	\$276.51	UNLIQ
UNSECURED	Claimed:	\$57.51	UNLIQ

NM TAXATION AND REVENUE DEPARTMENT PO BOX 8575 ALBUQUERQUE, NM 87198-8575	Claim Number: 121 Claim Date: 10/05/2020 Debtor: DEMING HOSPITAL CORPORATION
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PRIORITY	Claimed:	\$273.66	UNLIQ
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NM TAXATION AND REVENUE DEPARTMENT PO BOX 8575 ALBUQUERQUE, NM 87198-8575	Claim Number: 122 Claim Date: 10/05/2020 Debtor: DEMING CLINIC CORPORATION
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PRIORITY	Claimed:	\$177.99	UNLIQ
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NM TAXATION AND REVENUE DEPARTMENT PO BOX 8575 ALBUQUERQUE, NM 87198-8575	Claim Number: 123 Claim Date: 10/05/2020 Debtor: QUORUM HEALTH CORPORATION Comments: POSSIBLY AMENDED BY 131
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PRIORITY	Claimed:	\$350.00	UNLIQ
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NM TAXATION AND REVENUE DEPARTMENT PO BOX 8575 ALBUQUERQUE, NM 87198-8575	Claim Number: 124 Claim Date: 10/05/2020 Debtor: SUMMIT EMERGENCY MEDICINE, LLC
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PRIORITY	Claimed:	\$2,000.00	UNLIQ
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NM TAXATION AND REVENUE DEPARTMENT PO BOX 8575 ALBUQUERQUE, NM 87198-8575	Claim Number: 125 Claim Date: 10/05/2020 Debtor: DEMING NURSING HOME COMPANY, LLC
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PRIORITY	Claimed:	\$15,425.76	UNLIQ
UNSECURED	Claimed:	\$21,124.90	UNLIQ

NM TAXATION AND REVENUE DEPARTMENT PO BOX 8575 ALBUQUERQUE, NM 87198-8575	Claim Number: 126 Claim Date: 10/05/2020 Debtor: SAN MIGUEL CLINIC CORP.
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PRIORITY	Claimed:	\$43,027.76	UNLIQ
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NM TAXATION AND REVENUE DEPARTMENT PO BOX 8575 ALBUQUERQUE, NM 87198-8575	Claim Number: 127 Claim Date: 10/05/2020 Debtor: QHR INTENSIVE RESOURCES, LLC
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PRIORITY	Claimed:	\$40,188.39	UNLIQ
UNSECURED	Claimed:	\$6,535.11	UNLIQ

NORTH HIGHLAND COMPANY LLC, THE ATTN PATRICK R RAY, GENERAL COUNSEL 3333 PIEDMONT ROAD NE, STE 1000 ATLANTA, GA 30305	Claim Number: 20110 Claim Date: 06/05/2020 Debtor: QHCCS, LLC
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UNSECURED	Claimed:	\$1,039,443.66
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Quorum Health Corporation Claims
Alphabetical Claims Register for Quorum Health (ALL CASES)

NORTH HIGHLAND COMPANY LLC, THE
ATTN PATRICK R RAY, GENERAL COUNSEL
3333 PIEDMONT ROAD NE, STE 1000
ATLANTA, GA 30305

Claim Number: 20111
Claim Date: 06/05/2020
Debtor: QUORUM HEALTH CORPORATION

UNSECURED Claimed: \$1,039,443.66

NUVASIVE INC
C/O WICK PHILLIPS GOULD & MARTIN LLP
ATTN LAUREN K DRAWHORN
100 THROCKMORTON ST, STE 1500
FORT WORTH, TX 76102

Claim Number: 20149
Claim Date: 06/25/2020
Debtor: QUORUM HEALTH CORPORATION

UNSECURED Claimed: \$53,930.12

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

Claim Number: 134
Claim Date: 06/20/2022
Debtor: QUORUM HEALTH CORPORATION

UNSECURED Claimed: \$418.75

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

Claim Number: 136
Claim Date: 08/29/2023
Debtor: QUORUM HEALTH CORPORATION

ADMINISTRATIVE Claimed: \$3,250.31

OHIO DEPARTMENT OF TAXATION
ATTN BANKRUPTCY DIVISION
PO BOX 530
COLUMBUS, OH 43216

Claim Number: 20035
Claim Date: 04/30/2020
Debtor: MCKENZIE-WILLAMETTE REGIONAL MEDICAL CEN CENTER ASSOCIATES,

PRIORITY Claimed: \$279.67

Quorum Health Corporation Claims
 Alphabetical Claims Register for Quorum Health (ALL CASES)

OHIO DEPARTMENT OF TAXATION ATTN BANKRUPTCY DIVISION PO BOX 530 COLUMBUS, OH 43216	Claim Number: 20036 Claim Date: 04/30/2020 Debtor: QHC HIM SHARED SERVICES, LLC
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PRIORITY	Claimed: \$44.45
UNSECURED	Claimed: \$126.37

OKLAHOMA TAX COMMISSION 123 ROBERT S KERR AVE OKLAHOMA CITY, OK 73102-6406	Claim Number: 97 Claim Date: 07/29/2020 Debtor: GRANITE CITY ILLINOIS HOSPITAL COMPANY, LLC
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PRIORITY	Claimed: \$508.96
UNSECURED	Claimed: \$151.40

ONYX C/O HEALTH CAROUSEL LLC 3805 EDWARDS RD, 700 CINCINNATI, OH 45209	Claim Number: 29 Claim Date: 05/15/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed: \$159,772.00
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ONYX C/O HEALTH CAROUSEL LLC 3805 EDWARDS RD, STE 700 CINCINNATI, OH 45209	Claim Number: 34 Claim Date: 05/18/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed: \$159,772.00
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OREGON DEPARTMENT OF REVENUE 955 CENTER ST NE SALEM, OR 97301-2555	Claim Number: 111 Claim Date: 08/24/2020 Debtor: QUORUM HEALTH CORPORATION Comments: POSSIBLY AMENDED BY 111
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UNSECURED	Claimed: \$358.27
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OREGON DEPARTMENT OF REVENUE 955 CENTER ST NE SALEM, OR 97301-2555	Claim Number: 114 Claim Date: 08/27/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$358.27
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OREGON DEPARTMENT OF REVENUE 955 CENTER ST NE SALEM, OR 97301-2555	Claim Number: 20240 Claim Date: 01/14/2022 Debtor: QUORUM HEALTH CORPORATION
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ADMINISTRATIVE	Claimed:	\$117,298.89
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OREGON DEPARTMENT OF REVENUE 955 CENTER ST NE SALEM, OR 97301-2555	Claim Number: 20241 Claim Date: 02/03/2022 Debtor: QUORUM HEALTH CORPORATION Comments: AMENDS CLAIM #111
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PRIORITY	Claimed:	\$720.92
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UNSECURED	Claimed:	\$358.27
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OWENS & MINOR DISTRIBUTION INC C/O NIRSCHLER FLEISCHER PC ATTN ROBERT S WESTERMANN, ESQ 2100 E CARY ST RICHMOND, VA 23223	Claim Number: 20170 Claim Date: 07/22/2020 Debtor: QUORUM HEALTH CORPORATION Comments: Claim Out of Balance Claim out of balance
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ADMINISTRATIVE	Claimed:	\$3,230,798.27
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TOTAL	Claimed:	\$2,323,938.73
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OWENS, NORMA MAE AND JR C/O HUGHES & COLEMAN ATTN KEVIN A OSBORNE, ESQ 211 E NEW CIRCLE RD LEXINGTON, KY 40505-2116	Claim Number: 20116 Claim Date: 06/10/2020 Debtor: HOSPITAL OF LOUISA, INC.
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UNSECURED	Claimed:	\$0.00 UNDET
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Quorum Health Corporation Claims
 Alphabetical Claims Register for Quorum Health (ALL CASES)

PARKMED INC PO BOX 270029 TAMPA, FL 33688	Claim Number: 20207 Claim Date: 08/05/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$12,923.00
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PF2 EIS LLC C/O VENABLE LLP ATTN JEFFREY S SABIN, ESQ 1270 AVENUE OF THE AMERICAS NEW YORK, NY 10020	Claim Number: 50 Claim Date: 05/27/2020 Debtor: QUORUM HEALTH RESOURCES, LLC
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UNSECURED	Claimed:	\$1,400,000.00 UNLIQ
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PIEDMONT NATURAL GAS 4339 S TRYON ST CHARLOTTE, NC 28217	Claim Number: 20106 Claim Date: 05/28/2020 Debtor: QUORUM HEALTH RESOURCES, LLC
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UNSECURED	Claimed:	\$533.62
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PITNEY BOWES INC 27 WATERVIEW DR, 3RD FL SHELTON, CT 06484	Claim Number: 117 Claim Date: 09/18/2020 Debtor: BIG SPRING HOSPITAL CORPORATION
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UNSECURED	Claimed:	\$1,391.77
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PLATTE RIVER INSURANCE COMPANY PO BOX 5900 MADISON, WI 53705	Claim Number: 62 Claim Date: 05/19/2020 Debtor: QUORUM HEALTH CORPORATION Comments: POSSIBLY AMENDED BY 107 AMENDS CLAIM #115
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UNSECURED	Claimed:	\$526,387.00 CONT
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Quorum Health Corporation Claims
 Alphabetical Claims Register for Quorum Health (ALL CASES)

PLATTE RIVER INSURANCE COMPANY PO BOX 5900 MADISON, WI 53705	Claim Number: 107 Claim Date: 08/06/2020 Debtor: QUORUM HEALTH CORPORATION Comments: AMENDS CLAIM #62
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UNSECURED	Claimed:	\$526,387.00 CONT
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PLATTE RIVER INSURANCE COMPANY PO BOX 5900 MADISON, WI 53705	Claim Number: 115 Claim Date: 09/08/2020 Debtor: QUORUM HEALTH CORPORATION Comments: AMENDS CLAIM #62
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UNSECURED	Claimed:	\$487,776.00 CONT
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PTINEY BOWES GLOBAL FINANCIAL SERVICES C/O PITNEY BOWES INC 27 WATERVIEW DR, 3RD FL SHELTON, CT 06484	Claim Number: 46 Claim Date: 05/21/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$3,191.09
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QUILL ATTN TOM RIGGLEMAN 7 TECHNOLOGY CIR COLUMBIA, SC 29203	Claim Number: 25 Claim Date: 05/05/2020 Debtor: MARION HOSPITAL CORPORATION
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UNSECURED	Claimed:	\$95.52
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QUINTANA, ALBERTO PO BOX 2073 COLUMBUS, NM 88029	Claim Number: 20220 Claim Date: 09/17/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$0.00 UNDET
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Quorum Health Corporation Claims
Alphabetical Claims Register for Quorum Health (ALL CASES)

QWEST CORPORATION D/B/A CENTURYLINK QC C/O CENTURYLINK COMMUNICATIONS;LEGAL-BKY 1025 EL DORADO BLVD BROOMFIELD, CO 80021	Claim Number: 94 Claim Date: 07/14/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$1,645.20
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RAJEEV VARMA, MD 13382 FOREST RIDGE DR PALOS HEIGHTS, IL 60463	Claim Number: 20147 Claim Date: 06/22/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$100,000,000.00
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RAO, APARNA C/O POMERANTZ LLP ATTN MICHAEL J WERNKE 600 THIRD AVE, 20TH FL NEW YORK, NY 10016	Claim Number: 20114 Claim Date: 06/09/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$972.00
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REAGAN OUTDOOR ADVERTISING OF CHATT ATTN KATIE BROUGHMAN 18 W 28TH ST CHATTANOOGA, TN 37408	Claim Number: 20039 Claim Date: 05/01/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$1,380.00
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RHO, JONG S 1509 SMOKE SIGNAL TRL MESQUITE, NV 89034	Claim Number: 20178 Claim Date: 07/25/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$434.87
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Quorum Health Corporation Claims
Alphabetical Claims Register for Quorum Health (ALL CASES)

RHODE ISLAND DIVISION OF TAXATION ONE CAPITOL HILL PROVIDENCE, RI 02908	Claim Number: 128 Claim Date: 10/06/2020 Debtor: QUORUM HEALTH RESOURCES, LLC
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PRIORITY	Claimed:	\$1,808.84
UNSECURED	Claimed:	\$190.50

RHODE ISLAND DIVISION OF TAXATION ONE CAPITOL HILL PROVIDENCE, RI 02908	Claim Number: 129 Claim Date: 10/06/2020 Debtor: QUORUM HEALTH CORPORATION
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PRIORITY	Claimed:	\$338.74
UNSECURED	Claimed:	\$30.00

SAND MOUNTAIN ELECTRIC COOPERATIVE PO BOX 277 RAINSVILLE, AL 35986	Claim Number: 20085 Claim Date: 05/20/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$760.64
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SANDERS, EVERETT SHAWNEE CC 6665 ST RD RT 146 VIENNA, IL 62995	Claim Number: 51 Claim Date: 05/29/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$50,000.00
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SANGRE DE CRISTO BROADCASTING CO INC 304 S GRAND AVE LAS VEGAS, NM 87701	Claim Number: 20032 Claim Date: 04/29/2020 Debtor: QUORUM HEALTH RESOURCES, LLC
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UNSECURED	Claimed:	\$1,699.99
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SC DEPT OF HEALTH AND HUMAN SERVICES ATTN OFFICE OF GENERAL COUNSEL 1801 MAIN ST COLUMBIA, SC 29201	Claim Number: 20107 Claim Date: 05/29/2020 Debtor: QUORUM HEALTH CORPORATION Comments: POSSIBLY AMENDED BY 20109
UNSECURED	Claimed: \$4,900.00
SC DEPT OF HEALTH AND HUMAN SERVICES C/O OFFICE OF GENERAL COUNSEL 1801 MAIN ST COLUMBIA, SC 29201	Claim Number: 20109 Claim Date: 06/04/2020 Debtor: QUORUM HEALTH CORPORATION Comments: AMENDS CLAIM #20107
UNSECURED	Claimed: \$4,900.00
SCHULZE, DONNA 12716 E 77TH CIR N OWASSO, OK 74055	Claim Number: 20234 Claim Date: 12/06/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed: \$10,000.00
SHANNON, MORGAN S, MD C/O GOGO & MOORE LLC 541 10TH ST NW, #213 ATLANTA, GA 30318	Claim Number: 20105 Claim Date: 05/27/2020 Debtor: BLUE RIDGE GEORGIA HOLDINGS, LLC
UNSECURED	Claimed: \$0.00 UNDET
SHEIKH, ZAKI, MD 2552 WESTMORELAND DR GRANITE CITY, IL 62040	Claim Number: 47 Claim Date: 05/21/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed: \$20,000,000.00

Quorum Health Corporation Claims
Alphabetical Claims Register for Quorum Health (ALL CASES)

SHOULI, ABDELMOUNAIM BOUSSEKRI DB ELHARGASSA N 2 BIS MARRAKECH, 40000 MORROCCO	Claim Number: 20000 Claim Date: 04/10/2020 Debtor: QUORUM HEALTH CORPORATION
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SECURED	Claimed:	\$0.00	UNDET
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SOLIAANT HEALTH 10151 DEERWOOD PARK BLVD JACKSONVILLE, FL 32256	Claim Number: 21 Claim Date: 04/28/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$59,401.25
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SOUTHEASTERN ILLINOIS ELECTRIC COOP INC ATTN GREG CRUSE, CFO 100 COOPERATIVE WAY CARRIER MILLS, IL 62917	Claim Number: 70 Claim Date: 06/16/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$66,712.25
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SOUTHWEST GAS CORPORATION ATTN BANKRUPTCY DESK PO BOX 1498 VICTORVILLE, CA 92393-1498	Claim Number: 20037 Claim Date: 04/30/2020 Debtor: HOSPITAL OF BARSTOW, INC.
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UNSECURED	Claimed:	\$4,993.98
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SPULER, PETER 10800 BLACKPOWDER CT FORT WASHINGTON, MD 20744	Claim Number: 116 Claim Date: 09/08/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$4,500.00
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Quorum Health Corporation Claims
 Alphabetical Claims Register for Quorum Health (ALL CASES)

SPURGEON, AMANDA 4222 ROSE LN, APT 11 MOUNT VERNON, IL 62864	Claim Number: 20028 Claim Date: 04/22/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$0.00 UNDET
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SSI GROUP LLC, THE ATTN PAIGE MILLER 4721 MORRISON DR MOBILE, AL 36609	Claim Number: 69 Claim Date: 06/16/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$113,647.23
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STAFF CARE INC C/O AMN HEALTHCARE INC ATTN LEGAL 12400 HIGH BLUFF DR SAN DIEGO, CA 92130	Claim Number: 20158 Claim Date: 07/07/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$218,294.72
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STANSBURY CROSSING LLC C/O BALLARD SPAHR LLP ATTN LESLIE C HEILMAN 919 N MARKET ST, 11TH FL WILMINGTON, DE 19801	Claim Number: 20233 Claim Date: 11/30/2020 Debtor: TOOELE CLINIC CORP.
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ADMINISTRATIVE	Claimed:	\$11,474.68 UNLIQ
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UNSECURED	Claimed:	\$253,432.15 UNLIQ
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STAPLES C/O STEAPLES TECHNOLOGY ATTN DANEEN LOTSEY 1096 E NEWPORT CENTER DR, STE 300 DEERFIELD BEACH, FL 33442	Claim Number: 72 Claim Date: 06/09/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$285.01
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STAYWELL COMPANY LLC, THE 800 TOWNSHIP LINE RD YARDLEY, PA 19067		Claim Number: 20079 Claim Date: 05/18/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed:	\$1,168.49
STERICYCLE INC 2333 WAUKEGAN RD, STE 300 BANNOCKBURN, IL 60015		Claim Number: 20007 Claim Date: 04/15/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed:	\$2,719.56
STERICYCLE INC 2333 WAUKEGAN RD, STE 300 BANNOCKBURN, IL 60015		Claim Number: 20008 Claim Date: 04/15/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed:	\$2,719.56
STERICYCLE INC 2333 WAUKEGAN RD, STE 300 BANNOCKBURN, IL 60015		Claim Number: 20009 Claim Date: 04/15/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed:	\$2,746.04
STERICYCLE INC 2333 WAUKEGAN RD, STE 300 BANNOCKBURN, IL 60015		Claim Number: 20010 Claim Date: 04/15/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed:	\$2,759.27

STERICYCLE INC 2333 WAUKEGAN RD, STE 300 BANNOCKBURN, IL 60015		Claim Number: 20011 Claim Date: 04/15/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed:	\$3,441.65
STERICYCLE INC 2333 WAUKEGAN RD, STE 300 BANNOCKBURN, IL 60015		Claim Number: 20012 Claim Date: 04/15/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed:	\$3,521.61
STERICYCLE INC 2333 WAUKEGAN RD, STE 300 BANNOCKBURN, IL 60015		Claim Number: 20013 Claim Date: 04/15/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed:	\$3,841.21
STERICYCLE INC 2333 WAUKEGAN RD, STE 300 BANNOCKBURN, IL 60015		Claim Number: 20014 Claim Date: 04/15/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed:	\$4,038.75
STERICYCLE INC 2333 WAUKEGAN RD, STE 300 BANNOCKBURN, IL 60015		Claim Number: 20015 Claim Date: 04/15/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed:	\$4,142.31

STERICYCLE INC 2333 WAUKEGAN RD, STE 300 BANNOCKBURN, IL 60015		Claim Number: 20017 Claim Date: 04/15/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed:	\$4,241.28
STERICYCLE INC 2333 WAUKEGAN RD, STE 300 BANNOCKBURN, IL 60015		Claim Number: 20018 Claim Date: 04/15/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed:	\$4,674.32
STERICYCLE INC 2333 WAUKEGAN RD, STE 300 BANNOCKBURN, IL 60015		Claim Number: 20019 Claim Date: 04/15/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed:	\$6,187.30
STERICYCLE INC 2333 WAUKEGAN RD, STE 300 BANNOCKBURN, IL 60015		Claim Number: 20020 Claim Date: 04/15/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed:	\$6,603.43
STERICYCLE INC 2333 WAUKEGAN RD, STE 300 BANNOCKBURN, IL 60015		Claim Number: 20021 Claim Date: 04/15/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed:	\$8,022.50

Quorum Health Corporation Claims
Alphabetical Claims Register for Quorum Health (ALL CASES)

STERICYCLE INC 2333 WAUKEGAN RD, STE 300 BANNOCKBURN, IL 60015	Claim Number: 20022 Claim Date: 04/15/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$9,606.34
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STERICYCLE INC 2333 WAUKEGAN RD, STE 300 BANNOCKBURN, IL 60015	Claim Number: 20023 Claim Date: 04/15/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$12,732.98
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STERICYCLE INC 2333 WAUKEGAN RD, STE 300 BANNOCKBURN, IL 60015	Claim Number: 20024 Claim Date: 04/15/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$13,349.95
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TCF NATIONAL BANK 11100 WAYZATA BLVD, STE 801 MINNETONKA, MN 55305	Claim Number: 20041 Claim Date: 05/04/2020 Debtor: MARION HOSPITAL CORPORATION
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SECURED	Claimed:	\$27,240.96
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TCF NATIONAL BANK 11100 WAYZATA BLVD, STE 801 MINNETONKA, MN 55305	Claim Number: 20042 Claim Date: 05/04/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$27,240.96
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TELEFLEX LLC
PO BOX 936729
ATLANTA, GA 31193

Claim Number: 20002
Claim Date: 04/13/2020
Debtor: QUORUM HEALTH CORPORATION
Comments: WITHDRAWN
DOCKET: 651 (09/25/2020)

UNSECURED Claimed: \$3,703.07

TELEFLEX LLC
PO BOX 936729
ATLANTA, GA 31193

Claim Number: 20003
Claim Date: 04/13/2020
Debtor: QUORUM HEALTH CORPORATION
Comments: WITHDRAWN
DOCKET: 651 (09/25/2020)

UNSECURED Claimed: \$1,383.50

TELEFLEX LLC
PO BOX 936729
ATLANTA, GA 31193

Claim Number: 20004
Claim Date: 04/13/2020
Debtor: QUORUM HEALTH CORPORATION
Comments: WITHDRAWN
DOCKET: 651 (09/25/2020)

UNSECURED Claimed: \$2,823.55

TELEFLEX LLC
PO BOX 936729
ATLANTA, GA 31193

Claim Number: 20005
Claim Date: 04/13/2020
Debtor: QUORUM HEALTH CORPORATION
Comments: WITHDRAWN
DOCKET: 651 (09/25/2020)

UNSECURED Claimed: \$461.01

TELEFLEX LLC
PO BOX 936729
ATLANTA, GA 31193

Claim Number: 20006
Claim Date: 04/13/2020
Debtor: QUORUM HEALTH CORPORATION
Comments: WITHDRAWN
DOCKET: 651 (09/25/2020)

UNSECURED Claimed: \$2,823.55

TELEFLEX MEDICAL INC
PO BOX 601608
CHARLOTTE, NC 28260

Claim Number: 20001
Claim Date: 04/13/2020
Debtor: QUORUM HEALTH CORPORATION
Comments: WITHDRAWN
DOCKET: 650 (09/25/2020)

UNSECURED Claimed: \$2,339.69

TENNESSEE DEPARTMENT OF REVENUE
C/O ATTORNEY GENERAL
PO BOX 20207
NASHVILLE, TN 37202

Claim Number: 20171
Claim Date: 07/24/2020
Debtor: HIDDEN VALLEY MEDICAL CENTER, INC.
Comments: WITHDRAWN
DOCKET: 671 (10/22/2020)

PRIORITY Claimed: \$500.00 UNLIQ

TENNESSEE DEPARTMENT OF REVENUE
C/O ATTORNEY GENERAL
PO BOX 20207
NASHVILLE, TN 37202

Claim Number: 20172
Claim Date: 07/24/2020
Debtor: MCKENZIE CLINIC CORP.
Comments: WITHDRAWN
DOCKET: 670 (10/22/2020)

PRIORITY Claimed: \$500.00 UNLIQ

TENNESSEE DEPARTMENT OF REVENUE
C/O ATTORNEY GENERAL
PO BOX 20207
NASHVILLE, TN 37202

Claim Number: 20173
Claim Date: 07/24/2020
Debtor: AMBULANCE SERVICES OF MCKENZIE, INC.
Comments: WITHDRAWN
DOCKET: 672 (10/22/2020)

PRIORITY Claimed: \$1,000.00 UNLIQ

TENNESSEE DEPARTMENT OF REVENUE
C/O ATTORNEY GENERAL
PO BOX 20207
NASHVILLE, TN 37202

Claim Number: 20174
Claim Date: 07/24/2020
Debtor: OUR HEALTHY CIRCLE
Comments: WITHDRAWN
DOCKET: 658 (10/13/2020)

PRIORITY Claimed: \$5,640.00 UNLIQ

TENNESSEE DEPARTMENT OF REVENUE C/O ATTORNEY GENERAL PO BOX 20207 NASHVILLE, TN 37202	Claim Number: 20175 Claim Date: 07/24/2020 Debtor: QUORUM HEALTH INVESTMENT COMPANY, LLC
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PRIORITY	Claimed:	\$54,906.00 UNLIQ
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TENNESSEE DEPARTMENT OF REVENUE C/O ATTORNEY GENERAL PO BOX 20207 NASHVILLE, TN 37202	Claim Number: 20176 Claim Date: 07/24/2020 Debtor: JACKSON HOSPITAL CORPORATION Comments: WITHDRAWN DOCKET: 673 (10/22/2020)
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PRIORITY	Claimed:	\$500.00 UNLIQ
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TENNESSEE DEPARTMENT OF REVENUE C/O ATTORNEY GENERAL PO BOX 20207 NASHVILLE, TN 37202	Claim Number: 20177 Claim Date: 07/24/2020 Debtor: QUORUM HEALTH CORPORATION
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PRIORITY	Claimed:	\$75,076.00 UNLIQ
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TEXAS COMPTROLLER OF PUBLIC ACCOUNTS C/O OFFICE OF THE ATTORNEY GENERAL ATTN BANKRUPTCY & COLLECTIONS DIVISION PO BOX 12548, MC-008 AUSTIN, TX 78711	Claim Number: 73 Claim Date: 06/22/2020 Debtor: QUORUM HEALTH CORPORATION Comments: WITHDRAWN DOCKET: 612 (08/18/2020)
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PRIORITY	Claimed:	\$2,000.00 UNLIQ
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TEXAS COMPTROLLER OF PUBLIC ACCOUNTS C/O OFFICE OF THE ATTORNEY GENERAL ATTN BANKRUPTCY & COLLECTIONS DIVISION PO BOX 12548, MC-008 AUSTIN, TX 78711	Claim Number: 74 Claim Date: 06/22/2020 Debtor: QHCCS, LLC Comments: WITHDRAWN DOCKET: 613 (08/18/2020)
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PRIORITY	Claimed:	\$2,000.00 UNLIQ
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TEXAS COMPTROLLER OF PUBLIC ACCOUNTS C/O OFFICE OF THE ATTORNEY GENERAL ATTN BANKRUPTCY & COLLECTIONS DIVISION PO BOX 12548, MC-008 AUSTIN, TX 78711	Claim Number: 75 Claim Date: 06/22/2020 Debtor: QUORUM HEALTH INVESTMENT COMPANY, LLC Comments: WITHDRAWN DOCKET: 614 (08/18/2020)
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PRIORITY	Claimed:	\$2,000.00 UNLIQ
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TEXAS COMPTROLLER OF PUBLIC ACCOUNTS C/O OFFICE OF THE ATTORNEY GENERAL ATTN BANKRUPTCY & COLLECTIONS DIVISION PO BOX 12548, MC-008 AUSTIN, TX 78711	Claim Number: 76 Claim Date: 06/22/2020 Debtor: BIG BEND HOSPITAL CORPORATION Comments: WITHDRAWN DOCKET: 615 (08/18/2020)
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PRIORITY	Claimed:	\$2,000.00 UNLIQ
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TEXAS COMPTROLLER OF PUBLIC ACCOUNTS C/O OFFICE OF THE ATTORNEY GENERAL ATTN BANKRUPTCY & COLLECTIONS DIVISION PO BOX 12548, MC-008 AUSTIN, TX 78711	Claim Number: 77 Claim Date: 06/22/2020 Debtor: QHC HIM SHARED SERVICES, LLC Comments: WITHDRAWN DOCKET: 616 (08/18/2020)
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PRIORITY	Claimed:	\$2,000.00 UNLIQ
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TEXAS COMPTROLLER OF PUBLIC ACCOUNTS C/O OFFICE OF THE ATTORNEY GENERAL ATTN BANKRUPTCY & COLLECTIONS DIVISION PO BOX 12548, MC-008 AUSTIN, TX 78711	Claim Number: 78 Claim Date: 06/22/2020 Debtor: QHR INTENSIVE RESOURCES, LLC Comments: WITHDRAWN DOCKET: 617 (08/18/2020)
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PRIORITY	Claimed:	\$2,000.00 UNLIQ
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TEXAS COMPTROLLER OF PUBLIC ACCOUNTS C/O OFFICE OF THE ATTORNEY GENERAL ATTN BANKRUPTCY & COLLECTIONS DIVISION PO BOX 12548, MC-008 AUSTIN, TX 78711	Claim Number: 84 Claim Date: 06/30/2020 Debtor: BIG SPRING HOSPITAL CORPORATION Comments: WITHDRAWN DOCKET: 618 (08/18/2020)
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PRIORITY	Claimed:	\$2,000.00 UNLIQ
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TEXAS COMPTROLLER OF PUBLIC ACCOUNTS
 C/O OFFICE OF THE ATTORNEY GENERAL
 ATTN BANKRUPTCY & COLLECTIONS DIVISION
 PO BOX 12548, MC-008
 AUSTIN, TX 78711

Claim Number: 85
 Claim Date: 06/30/2020
 Debtor: OUR HEALTHY CIRCLE
 Comments: WITHDRAWN
 DOCKET: 619 (08/18/2020)

PRIORITY Claimed: \$2,000.00 UNLIQ

TEXAS COMPTROLLER OF PUBLIC ACCOUNTS
 C/O OFFICE OF THE ATTORNEY GENERAL
 ATTN BANKRUPTCY & COLLECTIONS DIVISION
 PO BOX 12548, MC-008
 AUSTIN, TX 78711

Claim Number: 86
 Claim Date: 06/30/2020
 Debtor: QUORUM SOLUTIONS, LLC
 Comments: WITHDRAWN
 DOCKET: 620 (08/18/2020)

PRIORITY Claimed: \$2,000.00 UNLIQ

TEXAS COMPTROLLER OF PUBLIC ACCOUNTS
 C/O OFFICE OF THE ATTORNEY GENERAL
 ATTN BANKRUPTCY & COLLECTIONS DIVISION
 PO BOX 12548, MC-008
 AUSTIN, TX 78711

Claim Number: 87
 Claim Date: 06/30/2020
 Debtor: QUORUM PURCHASING ADVANTAGE, LLC
 Comments: WITHDRAWN
 DOCKET: 621 (08/18/2020)

PRIORITY Claimed: \$2,000.00 UNLIQ

TEXAS COMPTROLLER OF PUBLIC ACCOUNTS
 C/O OFFICE OF THE ATTORNEY GENERAL
 ATTN BANKRUPTCY & COLLECTIONS DIVISION
 PO BOX 12548, MC-008
 AUSTIN, TX 78711

Claim Number: 88
 Claim Date: 06/30/2020
 Debtor: QUORUM HEALTH RESOURCES, LLC
 Comments: WITHDRAWN
 DOCKET: 622 (08/18/2020)

PRIORITY Claimed: \$2,000.00 UNLIQ

TEXAS HEALTH & HUMAN SERVICES COMMISSION
 C/O CHRISTOPHER EGAN, ESQ
 701 W 51ST ST, MC 252A
 AUSTIN, TX 78751

Claim Number: 20217
 Claim Date: 09/16/2020
 Debtor: MCKENZIE-WILLAMETTE REGIONAL MEDICAL CEN CENTER ASSOCIATES,

SECURED Claimed: \$294.00

TEXAS HEALTH & HUMAN SERVICES COMMISSION C/O CHRISTOPHER EGAN, ESQ 701 W 51ST ST, MC W252 AUSTIN, TX 78751	Claim Number: 20218 Claim Date: 09/16/2020 Debtor: BIG SPRING HOSPITAL CORPORATION
SECURED	Claimed: \$25,107.56
TEXAS HEALTH & HUMAN SERVICES COMMISSION C/O CHRISTOPHER EGAN, ESQ 701 W 51ST ST, MC W252 AUSTIN, TX 78751	Claim Number: 20219 Claim Date: 09/16/2020 Debtor: SAN MIGUEL HOSPITAL CORPORATION
SECURED	Claimed: \$3,058.00
TFHC LLC C/O SANDBERG PHOENIX ATTN SHARON L STOLTE 4600 MADISON AVE, STE 1000 KANSAS CITY, MO 64112	Claim Number: 45 Claim Date: 05/26/2020 Debtor: GRANITE CITY ILLINOIS HOSPITAL COMPANY, LLC
UNSECURED	Claimed: \$84,531.00 UNLIQ
THYSSENKRUPP ELEVATOR CORP C/O LAW OFFICE OF D PARK SMITH 250 CHERRY SPRINGS RD, STE 200 HUNT, TX 78024	Claim Number: 20016 Claim Date: 04/15/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed: \$41,611.62
TIDMAN, RAYMOND, MD 541 10TH ST NW, STE 213 ATLANTA, GA 30318	Claim Number: 20093 Claim Date: 05/25/2020 Debtor: BLUE RIDGE GEORGIA HOLDINGS, LLC
UNSECURED	Claimed: \$0.00 UNDET

Quorum Health Corporation Claims
 Alphabetical Claims Register for Quorum Health (ALL CASES)

TN DEPT OF LABOR - BUI C/O TNAG, BANKRUPTCY DIVISION PO BOX 20207 NASHVILLE, TN 37202-0207		Claim Number: 20239 Claim Date: 11/22/2021 Debtor: QUORUM HEALTH CORPORATION Comments: Claim Out of Balance Claim out of balance
ADMINISTRATIVE	Claimed:	\$699.05
PRIORITY	Claimed:	\$699.05
TOTAL	Claimed:	\$699.05
TRUSTAFF TRAVEL NURSES LLC C/O GARY F FRANKE CO LPA 120 E 4TH ST, STE 1040 CINCINNATI, OH 45202		Claim Number: 20212 Claim Date: 08/20/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed:	\$40,217.51 UNLIQ
TXU ENERGY RETAIL COMPANY LLC PO BOX 650393 DALLAS, TX 75239-0393		Claim Number: 20148 Claim Date: 06/25/2020 Debtor: BIG BEND HOSPITAL CORPORATION
UNSECURED	Claimed:	\$16,622.65
ULINE 12575 ULINE DR PLEASANT PRAIRIE, WI 53158		Claim Number: 135 Claim Date: 08/31/2022 Debtor: PAINTSVILLE HMA PHYSICIAN MANAGEMENT, LLC
ADMINISTRATIVE	Claimed:	\$3,853.90
PRIORITY	Claimed:	\$10,405.30
UNM MEDICAL GROUP INC 933 BRADBURY DR SE, STE 2222 ALBUQUERQUE, NM 87106		Claim Number: 20180 Claim Date: 07/27/2020 Debtor: SAN MIGUEL HOSPITAL CORPORATION
UNSECURED	Claimed:	\$24,650.00 UNLIQ

UNM MEDICAL GROUP INC 933 BRADBURY DR SE, STE 2222 ALBUQUERQUE, NM 87106	Claim Number: 20181 Claim Date: 07/27/2020 Debtor: DEMING HOSPITAL CORPORATION
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UNSECURED	Claimed:	\$90,600.00
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US BANK N A D/B/A US BANK EQUIPMENT FINANCE 1310 MADRID ST MARSHALL, MN 56258	Claim Number: 83 Claim Date: 06/30/2020 Debtor: PHILLIPS HOSPITAL COMPANY, LLC
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ADMINISTRATIVE	Claimed:	\$53,801.98	UNLIQ
UNSECURED	Claimed:	\$3,559.89	UNLIQ

US BANK NA D/B/A US BANK EQUIPMENT FINANCE 1310 MADRID ST MARSHALL, MN 56258	Claim Number: 52 Claim Date: 06/01/2020 Debtor: PAINTSVILLE HOSPITAL COMPANY, LLC
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ADMINISTRATIVE	Claimed:	\$39,832.67	UNLIQ
UNSECURED	Claimed:	\$858.63	UNLIQ

US BANK NA D/B/A US BANK EQUIPMENT FINANCE 1310 MADRID ST MARSHALL, MN 56258	Claim Number: 53 Claim Date: 06/02/2020 Debtor: SAN MIGUEL HOSPITAL CORPORATION
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ADMINISTRATIVE	Claimed:	\$37,417.77	UNLIQ
UNSECURED	Claimed:	\$1,898.97	UNLIQ

US BANK NA D/B/A US BANK EQUIPMENT FINANCE 1310 MADRID ST MARSHALL, MN 56258	Claim Number: 68 Claim Date: 06/15/2020 Debtor: QUORUM HEALTH RESOURCES, LLC
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ADMINISTRATIVE	Claimed:	\$44,656.70
UNSECURED	Claimed:	\$518.09

Quorum Health Corporation Claims
 Alphabetical Claims Register for Quorum Health (ALL CASES)

US BANK NA
 D/B/A US BANK EQUIPMENT FINANCE
 1310 MADRID ST
 MARSHALL, MN 56258

Claim Number: 71
 Claim Date: 06/17/2020
 Debtor: WILLIAMSTON CLINIC CORP.

ADMINISTRATIVE	Claimed:	\$75,931.84	UNLIQ
UNSECURED	Claimed:	\$8,223.50	UNLIQ

US BANK NA
 D/B/A US BANK EQUIPMENT FINANCE
 1310 MADRID ST
 MARSHALL, MN 56258

Claim Number: 92
 Claim Date: 07/21/2020
 Debtor: WAUKEGAN ILLINOIS HOSPITAL COMPANY, LLC

ADMINISTRATIVE	Claimed:	\$182,915.59	UNLIQ
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US BANK NA
 D/B/A US BANK EQUIPMENT FINANCE
 1310 MADRID ST
 MARSHALL, MN 56258

Claim Number: 93
 Claim Date: 07/21/2020
 Debtor: HOSPITAL OF LOUISA, INC.

ADMINISTRATIVE	Claimed:	\$110,773.86	UNLIQ
UNSECURED	Claimed:	\$2,418.09	UNLIQ

US BANK NA
 D/B/A US BANK EQUIPMENT FINANCE
 1310 MADRID ST
 MARSHALL, MN 56258

Claim Number: 109
 Claim Date: 08/20/2020
 Debtor: NATIONAL HEALTHCARE OF MT. VERNON, INC.
 Comments: POSSIBLY AMENDED BY 119

UNSECURED	Claimed:	\$48,642.37
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US BANK NA
 D/B/A US BANK EQUIPMENT FINANCE
 1310 MADRID ST
 MARSHALL, MN 56258

Claim Number: 110
 Claim Date: 08/21/2020
 Debtor: MARION HOSPITAL CORPORATION

UNSECURED	Claimed:	\$390,960.20
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Quorum Health Corporation Claims
 Alphabetical Claims Register for Quorum Health (ALL CASES)

US BANK NA D/B/A US BANK EQUIPMENT FINANCE 1310 MADRID ST MARSHALL, MN 56258	Claim Number: 112 Claim Date: 08/26/2020 Debtor: JACKSON HOSPITAL CORPORATION
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ADMINISTRATIVE	Claimed:	\$110,181.26
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US BANK NA D/B/A US BANK EQUIPMENT FINANCE 1310 MADRID ST MARSHALL, MN 56258	Claim Number: 113 Claim Date: 08/26/2020 Debtor: MMC OF NEVADA, LLC
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ADMINISTRATIVE	Claimed:	\$81,092.49
UNSECURED	Claimed:	\$13,238.37

US BANK NA D/B/A US BANK EQUIPMENT FINANCE 1310 MADRID ST MARSHALL, MN 56258	Claim Number: 119 Claim Date: 09/30/2020 Debtor: NATIONAL HEALTHCARE OF MT. VERNON, INC. Comments: AMENDS CLAIM #109
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ADMINISTRATIVE	Claimed:	\$40,257.04
UNSECURED	Claimed:	\$312.65

UTAH STATE TAX COMMISSION ATTN BKY UNIT 210 N 1950 W SALT LAKE CITY, UT 84134-9000	Claim Number: 20025 Claim Date: 04/16/2020 Debtor: QUORUM HEALTH CORPORATION
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PRIORITY	Claimed:	\$7,324.16
UNSECURED	Claimed:	\$342.90

VENET, LYNDSEY 742 N 100 E, #203 TOOELE, UT 84074	Claim Number: 20243 Claim Date: 11/07/2022 Debtor: QUORUM HEALTH CORPORATION
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ADMINISTRATIVE	Claimed:	\$0.00	UNDET
PRIORITY	Claimed:	\$0.00	UNDET

Quorum Health Corporation Claims
Alphabetical Claims Register for Quorum Health (ALL CASES)

VOGEL, JONATHAN 215 CEDARPOST DR CARY, NC 27513	Claim Number: 20209 Claim Date: 08/09/2020 Debtor: THREE RIVERS MEDICAL CLINICS, INC.
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UNSECURED	Claimed:	\$193.58
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W W GRAINGER INC 401 S WRIGHT RD, W4W4 R47 JANESVILLE, WI 53546	Claim Number: 7 Claim Date: 04/21/2020 Debtor: GREENVILLE HOSPITAL CORPORATION
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UNSECURED	Claimed:	\$1,350.00
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WELLS FARGO FINANCIAL LEASING INC ATTN BANKRUPTCY DEPARTMENT 800 WALNUT ST DES MOINES, IA 50309	Claim Number: 20133 Claim Date: 06/12/2020 Debtor: TOOELE HOSPITAL CORPORATION
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UNSECURED	Claimed:	\$52,477.64	CONT
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WELLS FARGO FINANCIAL LEASING INC ATTN BK DEPT MAC F0005-055 800 WALNUT ST DES MOINES, IA 50309	Claim Number: 20134 Claim Date: 06/12/2020 Debtor: EVANSTON CLINIC CORP
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UNSECURED	Claimed:	\$10,591.62
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WELLS FARGO VENDOR FINANCIAL SERVICES ATTN KIMBERLY PARK 1010 THOMAS EDISON BLVD SW CEDAR RAPIDS, IA 52404	Claim Number: 20117 Claim Date: 06/11/2020 Debtor: FORT PAYNE HOSPITAL CORPORATION
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UNSECURED	Claimed:	\$61,984.25	CONT
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WELLS FARGO VENDOR FINANCIAL SERVICES
ATTN KIMBERLY PARK
1010 THOMAS EDISON BLVD SW
CEDAR RAPIDS, IA 52404

Claim Number: 20118
Claim Date: 06/11/2020
Debtor: DEMING CLINIC CORPORATION

UNSECURED Claimed: \$3,061.57 CONT

WELLS FARGO VENDOR FINANCIAL SERVICES
ATTN KIMBERLY PARK
1010 THOMAS EDISON BLVD SW
CEDAR RAPIDS, IA 52404

Claim Number: 20119
Claim Date: 06/11/2020
Debtor: DEMING HOSPITAL CORPORATION

UNSECURED Claimed: \$39,995.26 CONT

WELLS FARGO VENDOR FINANCIAL SERVICES
ATTN KIMBERLY PARK
1010 THOMAS EDISON BLVD SW
CEDAR RAPIDS, IA 52404

Claim Number: 20120
Claim Date: 06/11/2020
Debtor: QHCCS, LLC

UNSECURED Claimed: \$58,113.41 CONT

WELLS FARGO VENDOR FINANCIAL SERVICES
ATTN KIMBERLY PARK
1010 THOMAS EDISON BLVD SW
CEDAR RAPIDS, IA 52404

Claim Number: 20121
Claim Date: 06/11/2020
Debtor: HOSPITAL OF BARSTOW, INC.

UNSECURED Claimed: \$27,970.57 CONT

WELLS FARGO VENDOR FINANCIAL SERVICES
ATTN KIMBERLY PARK
1010 THOMAS EDISON BLVD SW
CEDAR RAPIDS, IA 52404

Claim Number: 20122
Claim Date: 06/11/2020
Debtor: GALESBURG HOSPITAL CORPORATION

UNSECURED Claimed: \$6,425.90 CONT

WELLS FARGO VENDOR FINANCIAL SERVICES ATTN KIMBERLY PARK 1010 THOMAS EDISON BLVD SW CEDAR RAPIDS, IA 52404	Claim Number: 20123 Claim Date: 06/11/2020 Debtor: AMBULANCE SERVICES OF FORREST CITY, LLC
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UNSECURED	Claimed:	\$1,956.51	CONT
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WELLS FARGO VENDOR FINANCIAL SERVICES ATTN KIMBERLY PARK 1010 THOMAS EDISON BLVD SW CEDAR RAPIDS, IA 52404	Claim Number: 20124 Claim Date: 06/11/2020 Debtor: ANNA HOSPITAL CORPORATION
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UNSECURED	Claimed:	\$62,108.53	CONT
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WELLS FARGO VENDOR FINANCIAL SERVICES ATTN KIMBERLY PARK 1010 THOMAS EDISON BLVD SW CEDAR RAPIDS, IA 52404	Claim Number: 20125 Claim Date: 06/11/2020 Debtor: FORREST CITY ARKANSAS HOSPITAL COMPANY, LLC
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UNSECURED	Claimed:	\$37,280.17	CONT
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WELLS FARGO VENDOR FINANCIAL SERVICES ATTN KIMBERLY PARK 1010 THOMAS EDISON BLVD SW CEDAR RAPIDS, IA 52404	Claim Number: 20126 Claim Date: 06/11/2020 Debtor: FORREST CITY CLINIC COMPANY, LLC
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UNSECURED	Claimed:	\$12,490.42	CONT
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WELLS FARGO VENDOR FINANCIAL SERVICES ATTN KIMBERLY PARK 1010 THOMAS EDISON BLVD SW CEDAR RAPIDS, IA 52404	Claim Number: 20127 Claim Date: 06/11/2020 Debtor: JACKSON HOSPITAL CORPORATION
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UNSECURED	Claimed:	\$650.36	CONT
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WELLS FARGO VENDOR FINANCIAL SERVICES ATTN KIMBERLY PARK 1010 THOMAS EDISON BLVD SW CEDAR RAPIDS, IA 52404	Claim Number: 20128 Claim Date: 06/11/2020 Debtor: SOUTHERN ILLINOIS MEDICAL CARE ASSOCIATES, LLC
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UNSECURED	Claimed:	\$553.13	CONT
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WELLS FARGO VENDOR FINANCIAL SERVICES ATTN KIMBERLY PARK 1010 THOMAS EDISON BLVD SW CEDAR RAPIDS, IA 52404	Claim Number: 20129 Claim Date: 06/12/2020 Debtor: MARION HOSPITAL CORPORATION
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UNSECURED	Claimed:	\$1,378.08	CONT
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WELLS FARGO VENDOR FINANCIAL SERVICES ATTN KIMBERLY PARK 1010 THOMAS EDISON BLVD SW CEDAR RAPIDS, IA 52404	Claim Number: 20130 Claim Date: 06/12/2020 Debtor: MCKENZIE-WILLAMETTE REGIONAL MEDICAL CEN CENTER ASSOCIATES,
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UNSECURED	Claimed:	\$18,776.53	CONT
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WELLS FARGO VENDOR FINANCIAL SERVICES ATTN KIMBERLY PARK 1010 THOMAS EDISON BLVD SW CEDAR RAPIDS, IA 52404	Claim Number: 20132 Claim Date: 06/12/2020 Debtor: WILLIAMSTON CLINIC CORP.
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UNSECURED	Claimed:	\$34,635.85	CONT
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WELLS FARGO VENDOR FINANCIAL SERVICES ATTN KIMBERLY PARK 1010 THOMAS EDISON BLVD SW CEDAR RAPIDS, IA 52404	Claim Number: 20135 Claim Date: 06/12/2020 Debtor: SAN MIGUEL CLINIC CORP.
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UNSECURED	Claimed:	\$23,232.81	CONT
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Quorum Health Corporation Claims
Alphabetical Claims Register for Quorum Health (ALL CASES)

WELLS FARGO VENDOR FINANCIAL SERVICES ATTN KIMBERLY PARK 1010 THOMAS EDISON BLVD SW CEDAR RAPIDS, IA 52404	Claim Number: 20136 Claim Date: 06/12/2020 Debtor: SAN MIGUEL HOSPITAL CORPORATION
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UNSECURED	Claimed:	\$91,081.92	CONT
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WHITAKER, TIMOTHY S, MD 541 10TH ST NW, STE 213 ATLANTA, GA 30318	Claim Number: 20095 Claim Date: 05/25/2020 Debtor: BLUE RIDGE GEORGIA HOLDINGS, LLC
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UNSECURED	Claimed:	\$0.00	UNDET
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WILLIAMS, KIMBERLY T, MD 541 10TH ST NW, STE 213 ATLANTA, GA 30318	Claim Number: 20094 Claim Date: 05/25/2020 Debtor: BLUE RIDGE GEORGIA HOLDINGS, LLC
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UNSECURED	Claimed:	\$0.00	UNDET
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ZAKI SHEIKH, MD 2552 WESTMORELAND DR GRANITE CITY, IL 62040	Claim Number: 63 Claim Date: 05/26/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$20,000,000.00	
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ZURICH AMERICAN INSURANCE PO BOX 68549 SCHAUMBURG, IL 60196	Claim Number: 15 Claim Date: 05/04/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$1.00	UNLIQ
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ZWICK PARTNERS LP		Claim Number: 20113
C/O POMERANTZ LLP		Claim Date: 06/09/2020
ATTN MICHAEL J WERNKE		Debtor: QUORUM HEALTH CORPORATION
600 THIRD AVE, 20TH FL		
NEW YORK, NY 10016		
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UNSECURED	Claimed:	\$159,408.00

Summary Page

Total Number of Filed Claims: 381

	Claimed Amount	Allowed Amount
Administrative:	\$23,644,422.88	\$0.00
Priority:	\$20,310,179.77	\$0.00
Secured:	\$1,209,226.73	\$0.00
Unsecured:	\$316,364,549.95	\$0.00
Total:	\$361,528,379.33	\$0.00