

UNITED STATES BANKRUPTCY COURT  
MIDDLE DISTRICT OF NORTH CAROLINA  
GREENSBORO DIVISION

In re:	)	
Randolph Hospital, Inc. d/b/a Randolph Health,	)	Case No.: 20-10247
	)	
Debtor(s).	)	Chapter 11

**QUARTERLY FEE STATEMENT**  
**Pursuant to Fed. R. Bankr. P. 2015(a)(5)**

FOR CALENDAR QUARTER ENDING June 30, 2025.

**DISBURSEMENTS\***

1. MONTH	DISBURSEMENTS
<u>April</u>	\$ <u>33,740.06</u>
<u>May</u>	\$ <u>23,999.47</u>
<u>June</u>	\$ <u>21,456.39</u>
TOTAL DISBURSEMENTS FOR QUARTER	\$ <u>79,195.92</u>
 2. QUARTERLY FEE OWED PURSUANT TO 28 U.S.C. § 1930(a)(7)**	 \$ <u>317</u>
3. QUARTERLY FEE PAID	\$ <u>316</u>
 4. AMOUNT OF UNPAID FEES (IF ANY)	 \$ <u>1</u>

I, Louis E. Robichaux, IV, acting as the duly authorized agent for the Debtor-In-Possession / Trustee / Plan Administrator declare under penalty of perjury under the laws of the United States that I have read and certify that the figures, statements, disbursement itemizations, and account balances as listed in this Quarterly Fee Statement are true and correct as of the date of this report to the best of my knowledge, information and belief.

DATED: 7/31/25. s/ Louis E. Robichaux, IV  
For the Debtor-In-Possession / Trustee / Plan Adm.

(Print or type name and capacity of person signing this Declaration.) Name: Louis E. Robichaux, IV  
Title: Chief Restructuring Officer

**Fees must be paid through the court's CM/ECF System or by check. Checks should be made payable to "Clerk, U.S. Bankruptcy Court", include the debtor's case number on the face of the check, and attach a copy of the filed quarterly fee statement.**

\*For periods subsequent to plan confirmation, this includes payments pursuant to the confirmed plan as well as all other disbursements.

\*\*All Quarterly Fees must be rounded to the nearest whole dollar. If 49 cents or less, the fee paid should be rounded down to the nearest dollar, and if 50 cents or more, the fee paid should be rounded up.