

Fill in this information to identify the case:**Debtor name:** Morehead Memorial Hospital**United States Bankruptcy Court for the:** Middle District of North Carolina**Case number (if known):** 17-10775☒ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

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

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1. Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Total claim	Priority amount
ABOU-SAMRA, SOPHIE L. Address Intentionally Omitted	<i>Check all that apply.</i>	\$75.48	\$75.48
	<input type="checkbox"/> Contingent		Nonpriority amount
	<input type="checkbox"/> Unliquidated		\$0.00
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:		
VARIOUS	ACCRUED PAID ANNUAL LEAVE		
Last 4 digits of account number:	Is the claim subject to offset?		
	<input checked="" type="checkbox"/> No		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input type="checkbox"/> Yes		
2.2. Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Total claim	Priority amount
ADKINS, JENNIFER H. Address Intentionally Omitted	<i>Check all that apply.</i>	\$2,623.82	\$1,825.64
	<input type="checkbox"/> Contingent		Nonpriority amount
	<input type="checkbox"/> Unliquidated		\$798.18
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:		
VARIOUS	ACCRUED PAID ANNUAL LEAVE		
Last 4 digits of account number:	Is the claim subject to offset?		
	<input checked="" type="checkbox"/> No		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input type="checkbox"/> Yes		

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.3.	Priority creditor's name and mailing address ADKINS, LINDA Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$9,957.68</td> </tr> </table>	Total claim	\$9,957.68	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$9,957.68</td> </tr> </table>	Priority amount	\$0.00	Nonpriority amount	\$9,957.68
Total claim										
\$9,957.68										
Priority amount										
\$0.00										
Nonpriority amount										
\$9,957.68										
2.4.	Priority creditor's name and mailing address ALLEN, AMY F. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,519.79</td> </tr> </table>	Total claim	\$1,519.79	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,302.70</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$217.09</td> </tr> </table>	Priority amount	\$1,302.70	Nonpriority amount	\$217.09
Total claim										
\$1,519.79										
Priority amount										
\$1,302.70										
Nonpriority amount										
\$217.09										
2.5.	Priority creditor's name and mailing address AMOS, KELLY L. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$64.26</td> </tr> </table>	Total claim	\$64.26	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$64.26</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$64.26	Nonpriority amount	\$0.00
Total claim										
\$64.26										
Priority amount										
\$64.26										
Nonpriority amount										
\$0.00										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.6.	Priority creditor's name and mailing address ANDERSON, KEASHA T. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$579.42</td> </tr> </table>	Total claim	\$579.42	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$579.42</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$579.42	Nonpriority amount	\$0.00
Total claim										
\$579.42										
Priority amount										
\$579.42										
Nonpriority amount										
\$0.00										
2.7.	Priority creditor's name and mailing address ANTHONY, ANGELA M. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$5,716.72</td> </tr> </table>	Total claim	\$5,716.72	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$4,068.13</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$1,648.59</td> </tr> </table>	Priority amount	\$4,068.13	Nonpriority amount	\$1,648.59
Total claim										
\$5,716.72										
Priority amount										
\$4,068.13										
Nonpriority amount										
\$1,648.59										
2.8.	Priority creditor's name and mailing address ARMSTRONG, SHALITA S. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$152.24</td> </tr> </table>	Total claim	\$152.24	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$152.24</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$152.24	Nonpriority amount	\$0.00
Total claim										
\$152.24										
Priority amount										
\$152.24										
Nonpriority amount										
\$0.00										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.9.	Priority creditor's name and mailing address ARNOLD MORRIS, GLORIA L. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,614.40</td> </tr> </table>	Total claim	\$2,614.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,822.42</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$791.99</td> </tr> </table>	Priority amount	\$1,822.42	Nonpriority amount	\$791.99
Total claim										
\$2,614.40										
Priority amount										
\$1,822.42										
Nonpriority amount										
\$791.99										
2.10.	Priority creditor's name and mailing address ASTIN, LESLIE A. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$176.79</td> </tr> </table>	Total claim	\$176.79	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$176.79</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$176.79	Nonpriority amount	\$0.00
Total claim										
\$176.79										
Priority amount										
\$176.79										
Nonpriority amount										
\$0.00										
2.11.	Priority creditor's name and mailing address ATKINS, MISTY Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$88.03</td> </tr> </table>	Total claim	\$88.03	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$88.03</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$88.03	Nonpriority amount	\$0.00
Total claim										
\$88.03										
Priority amount										
\$88.03										
Nonpriority amount										
\$0.00										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.12.	Priority creditor's name and mailing address AUSTIN, TANA J. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$96.40</td> </tr> </table>	Total claim	\$96.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$96.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$96.40	Nonpriority amount	\$0.00
Total claim										
\$96.40										
Priority amount										
\$96.40										
Nonpriority amount										
\$0.00										
2.13.	Priority creditor's name and mailing address AUTRY, REBECCA L. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$25,195.17</td> </tr> </table>	Total claim	\$25,195.17	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$7,770.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$17,424.36</td> </tr> </table>	Priority amount	\$7,770.80	Nonpriority amount	\$17,424.36
Total claim										
\$25,195.17										
Priority amount										
\$7,770.80										
Nonpriority amount										
\$17,424.36										
2.14.	Priority creditor's name and mailing address AYERS, ANDY W. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$5,355.65</td> </tr> </table>	Total claim	\$5,355.65	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,219.62</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$4,136.03</td> </tr> </table>	Priority amount	\$1,219.62	Nonpriority amount	\$4,136.03
Total claim										
\$5,355.65										
Priority amount										
\$1,219.62										
Nonpriority amount										
\$4,136.03										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.15.	Priority creditor's name and mailing address AYERS, ANGELA S. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$8,390.90</td> </tr> </table>	Total claim	\$8,390.90	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$3,142.73</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$5,248.17</td> </tr> </table>	Priority amount	\$3,142.73	Nonpriority amount	\$5,248.17
Total claim										
\$8,390.90										
Priority amount										
\$3,142.73										
Nonpriority amount										
\$5,248.17										
2.16.	Priority creditor's name and mailing address BADGETT, TIANNA S. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$324.28</td> </tr> </table>	Total claim	\$324.28	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$324.28</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$324.28	Nonpriority amount	\$0.00
Total claim										
\$324.28										
Priority amount										
\$324.28										
Nonpriority amount										
\$0.00										
2.17.	Priority creditor's name and mailing address BAILEY, CYNTHIA P. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,224.74</td> </tr> </table>	Total claim	\$1,224.74	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,224.74</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,224.74	Nonpriority amount	\$0.00
Total claim										
\$1,224.74										
Priority amount										
\$1,224.74										
Nonpriority amount										
\$0.00										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.18.	Priority creditor's name and mailing address BAKER, GEORGIA M. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$3,789.74</td> </tr> </table>	Total claim	\$3,789.74	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$3,296.28</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$493.46</td> </tr> </table>	Priority amount	\$3,296.28	Nonpriority amount	\$493.46
Total claim										
\$3,789.74										
Priority amount										
\$3,296.28										
Nonpriority amount										
\$493.46										
2.19.	Priority creditor's name and mailing address BAKER, LISA R. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Total claim	\$0.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$0.00	Nonpriority amount	\$0.00
Total claim										
\$0.00										
Priority amount										
\$0.00										
Nonpriority amount										
\$0.00										
2.20.	Priority creditor's name and mailing address BAN, DIANA Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$147.79</td> </tr> </table>	Total claim	\$147.79	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$147.79</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$147.79	Nonpriority amount	\$0.00
Total claim										
\$147.79										
Priority amount										
\$147.79										
Nonpriority amount										
\$0.00										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.21.	Priority creditor's name and mailing address BARBER, BETTY N. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$2,464.46	Priority amount \$1,708.51
				Nonpriority amount \$755.95
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.22.	Priority creditor's name and mailing address BARBER, COURTNEY R. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$131.66	Priority amount \$131.66
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.23.	Priority creditor's name and mailing address BARGER, DARA H. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$1,332.42	Priority amount \$1,332.42
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.24.	Priority creditor's name and mailing address BARHAM, PAMELA H. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$1,672.39	Priority amount \$1,672.39
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.25.	Priority creditor's name and mailing address BARKER, HILLARY E. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$1,208.78	Priority amount \$1,208.78
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.26.	Priority creditor's name and mailing address BARNES, IDA N. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$4,462.35	Priority amount \$1,831.79
				Nonpriority amount \$2,630.56
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.27.	Priority creditor's name and mailing address BARNES, TAMARA C. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$536.54</td> </tr> </table>	Total claim	\$536.54	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$536.54</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$536.54	Nonpriority amount	\$0.00
Total claim										
\$536.54										
Priority amount										
\$536.54										
Nonpriority amount										
\$0.00										
2.28.	Priority creditor's name and mailing address BARNETT, DAVID K. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,948.54</td> </tr> </table>	Total claim	\$2,948.54	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,433.52</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$1,515.02</td> </tr> </table>	Priority amount	\$1,433.52	Nonpriority amount	\$1,515.02
Total claim										
\$2,948.54										
Priority amount										
\$1,433.52										
Nonpriority amount										
\$1,515.02										
2.29.	Priority creditor's name and mailing address BARNHARDT, MYLA H. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$8,524.03</td> </tr> </table>	Total claim	\$8,524.03	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$3,150.47</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$5,373.56</td> </tr> </table>	Priority amount	\$3,150.47	Nonpriority amount	\$5,373.56
Total claim										
\$8,524.03										
Priority amount										
\$3,150.47										
Nonpriority amount										
\$5,373.56										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.30.	Priority creditor's name and mailing address BAUER, BRAD L. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$39,392.75</td> </tr> </table>	Total claim	\$39,392.75	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$3,948.74</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$35,444.01</td> </tr> </table>	Priority amount	\$3,948.74	Nonpriority amount	\$35,444.01
Total claim										
\$39,392.75										
Priority amount										
\$3,948.74										
Nonpriority amount										
\$35,444.01										
2.31.	Priority creditor's name and mailing address BAUNIEL, AMBER L. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$576.65</td> </tr> </table>	Total claim	\$576.65	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$75.33</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$501.32</td> </tr> </table>	Priority amount	\$75.33	Nonpriority amount	\$501.32
Total claim										
\$576.65										
Priority amount										
\$75.33										
Nonpriority amount										
\$501.32										
2.32.	Priority creditor's name and mailing address BECKER, LISA T. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$79.04</td> </tr> </table>	Total claim	\$79.04	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$79.04</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$79.04	Nonpriority amount	\$0.00
Total claim										
\$79.04										
Priority amount										
\$79.04										
Nonpriority amount										
\$0.00										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.33.	Priority creditor's name and mailing address BEDARD, TRACIE H. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$605.88	Priority amount \$0.00 Nonpriority amount \$605.88
2.34.	Priority creditor's name and mailing address BELTON, PAULA S. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$6,470.32	Priority amount \$1,778.50 Nonpriority amount \$4,691.82
2.35.	Priority creditor's name and mailing address BENGTON, PATRICIA L. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$2,328.98	Priority amount \$562.47 Nonpriority amount \$1,766.51

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.36.	Priority creditor's name and mailing address BENSON, CYNTHIA E. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$3,824.62</td> </tr> </table>	Total claim	\$3,824.62	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,663.14</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$1,161.48</td> </tr> </table>	Priority amount	\$2,663.14	Nonpriority amount	\$1,161.48
Total claim										
\$3,824.62										
Priority amount										
\$2,663.14										
Nonpriority amount										
\$1,161.48										
2.37.	Priority creditor's name and mailing address BENSON, JASON R. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,365.47</td> </tr> </table>	Total claim	\$1,365.47	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,365.47</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,365.47	Nonpriority amount	\$0.00
Total claim										
\$1,365.47										
Priority amount										
\$1,365.47										
Nonpriority amount										
\$0.00										
2.38.	Priority creditor's name and mailing address BLACKSTOCK, WHITNEY D. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,179.09</td> </tr> </table>	Total claim	\$2,179.09	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,119.74</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$1,059.35</td> </tr> </table>	Priority amount	\$1,119.74	Nonpriority amount	\$1,059.35
Total claim										
\$2,179.09										
Priority amount										
\$1,119.74										
Nonpriority amount										
\$1,059.35										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.39.	Priority creditor's name and mailing address BLANKENSHIP, ANGELA S. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$256.05</td> </tr> </table>	Total claim	\$256.05	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$256.05</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$256.05	Nonpriority amount	\$0.00
Total claim										
\$256.05										
Priority amount										
\$256.05										
Nonpriority amount										
\$0.00										
2.40.	Priority creditor's name and mailing address BLUTH, KIRK D. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$17,636.58</td> </tr> </table>	Total claim	\$17,636.58	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,185.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$15,450.61</td> </tr> </table>	Priority amount	\$2,185.96	Nonpriority amount	\$15,450.61
Total claim										
\$17,636.58										
Priority amount										
\$2,185.96										
Nonpriority amount										
\$15,450.61										
2.41.	Priority creditor's name and mailing address BOLDEN, DEBBIE L. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$4,283.93</td> </tr> </table>	Total claim	\$4,283.93	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,464.32</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$2,819.61</td> </tr> </table>	Priority amount	\$1,464.32	Nonpriority amount	\$2,819.61
Total claim										
\$4,283.93										
Priority amount										
\$1,464.32										
Nonpriority amount										
\$2,819.61										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.42.	Priority creditor's name and mailing address BOLES, LISA H. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$4,067.48</td> </tr> </table>	Total claim	\$4,067.48	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$550.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$3,517.48</td> </tr> </table>	Priority amount	\$550.00	Nonpriority amount	\$3,517.48
Total claim										
\$4,067.48										
Priority amount										
\$550.00										
Nonpriority amount										
\$3,517.48										
2.43.	Priority creditor's name and mailing address BOOTH, KAREN N. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$10,209.60</td> </tr> </table>	Total claim	\$10,209.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,489.15</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$7,720.46</td> </tr> </table>	Priority amount	\$2,489.15	Nonpriority amount	\$7,720.46
Total claim										
\$10,209.60										
Priority amount										
\$2,489.15										
Nonpriority amount										
\$7,720.46										
2.44.	Priority creditor's name and mailing address BOOTH, MARTINA Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$6,288.54</td> </tr> </table>	Total claim	\$6,288.54	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$6,288.54</td> </tr> </table>	Priority amount	\$0.00	Nonpriority amount	\$6,288.54
Total claim										
\$6,288.54										
Priority amount										
\$0.00										
Nonpriority amount										
\$6,288.54										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.45.	Priority creditor's name and mailing address BOOTHE-WILSON, PAMELA G. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$9,708.79	Priority amount \$4,136.74
				Nonpriority amount \$5,572.04
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.46.	Priority creditor's name and mailing address BOUDREAUX, JESSICA W. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$62.91	Priority amount \$62.91
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.47.	Priority creditor's name and mailing address BOWERS, DALE T. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$9,343.15	Priority amount \$2,814.98
				Nonpriority amount \$6,528.16
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.48.	Priority creditor's name and mailing address BOWMAN, JANE E. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$17,068.45</td> </tr> </table>	Total claim	\$17,068.45	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$8,347.50</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$8,720.95</td> </tr> </table>	Priority amount	\$8,347.50	Nonpriority amount	\$8,720.95
Total claim										
\$17,068.45										
Priority amount										
\$8,347.50										
Nonpriority amount										
\$8,720.95										
2.49.	Priority creditor's name and mailing address BRADLEY, TREVA T. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$69.08</td> </tr> </table>	Total claim	\$69.08	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$69.08</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$69.08	Nonpriority amount	\$0.00
Total claim										
\$69.08										
Priority amount										
\$69.08										
Nonpriority amount										
\$0.00										
2.50.	Priority creditor's name and mailing address BRAGG, PAULA A. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,046.78</td> </tr> </table>	Total claim	\$2,046.78	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,046.78</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,046.78	Nonpriority amount	\$0.00
Total claim										
\$2,046.78										
Priority amount										
\$2,046.78										
Nonpriority amount										
\$0.00										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.51.	Priority creditor's name and mailing address BRAHAM, DONNA A. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$131.66</td> </tr> </table>	Total claim	\$131.66	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$131.66</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$131.66	Nonpriority amount	\$0.00
Total claim										
\$131.66										
Priority amount										
\$131.66										
Nonpriority amount										
\$0.00										
2.52.	Priority creditor's name and mailing address BRAY, BRENDA B. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$4,603.46</td> </tr> </table>	Total claim	\$4,603.46	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,678.49</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$2,924.97</td> </tr> </table>	Priority amount	\$1,678.49	Nonpriority amount	\$2,924.97
Total claim										
\$4,603.46										
Priority amount										
\$1,678.49										
Nonpriority amount										
\$2,924.97										
2.53.	Priority creditor's name and mailing address BREWER, SUZANNE N. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$6,968.16</td> </tr> </table>	Total claim	\$6,968.16	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$6,968.16</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$6,968.16	Nonpriority amount	\$0.00
Total claim										
\$6,968.16										
Priority amount										
\$6,968.16										
Nonpriority amount										
\$0.00										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.54.	Priority creditor's name and mailing address BRIENZA, MICHAEL J. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,456.07</td> </tr> </table>	Total claim	\$1,456.07	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,456.07</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,456.07	Nonpriority amount	\$0.00
Total claim										
\$1,456.07										
Priority amount										
\$1,456.07										
Nonpriority amount										
\$0.00										
2.55.	Priority creditor's name and mailing address BRIM, CHRISTIAN Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$172.33</td> </tr> </table>	Total claim	\$172.33	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$172.33</td> </tr> </table>	Priority amount	\$0.00	Nonpriority amount	\$172.33
Total claim										
\$172.33										
Priority amount										
\$0.00										
Nonpriority amount										
\$172.33										
2.56.	Priority creditor's name and mailing address BRIM, KRISTEN D. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$543.66</td> </tr> </table>	Total claim	\$543.66	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$543.66</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$543.66	Nonpriority amount	\$0.00
Total claim										
\$543.66										
Priority amount										
\$543.66										
Nonpriority amount										
\$0.00										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.57.	Priority creditor's name and mailing address BROWN, HYDEIA J. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$65.41</td> </tr> </table>	Total claim	\$65.41	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$65.41</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$65.41	Nonpriority amount	\$0.00
Total claim										
\$65.41										
Priority amount										
\$65.41										
Nonpriority amount										
\$0.00										
2.58.	Priority creditor's name and mailing address BROWN, JESSICA L. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,478.96</td> </tr> </table>	Total claim	\$1,478.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,478.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,478.96	Nonpriority amount	\$0.00
Total claim										
\$1,478.96										
Priority amount										
\$1,478.96										
Nonpriority amount										
\$0.00										
2.59.	Priority creditor's name and mailing address BRYANT, VICKIE T. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$6,255.42</td> </tr> </table>	Total claim	\$6,255.42	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$3,721.86</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$2,533.56</td> </tr> </table>	Priority amount	\$3,721.86	Nonpriority amount	\$2,533.56
Total claim										
\$6,255.42										
Priority amount										
\$3,721.86										
Nonpriority amount										
\$2,533.56										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.60.	Priority creditor's name and mailing address BUIST, NIGEL A. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$52,830.11</td> </tr> </table>	Total claim	\$52,830.11	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$5,432.46</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$47,397.65</td> </tr> </table>	Priority amount	\$5,432.46	Nonpriority amount	\$47,397.65
Total claim										
\$52,830.11										
Priority amount										
\$5,432.46										
Nonpriority amount										
\$47,397.65										
2.61.	Priority creditor's name and mailing address BULLINS, JANET B. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$10,347.43</td> </tr> </table>	Total claim	\$10,347.43	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$3,731.54</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$6,615.89</td> </tr> </table>	Priority amount	\$3,731.54	Nonpriority amount	\$6,615.89
Total claim										
\$10,347.43										
Priority amount										
\$3,731.54										
Nonpriority amount										
\$6,615.89										
2.62.	Priority creditor's name and mailing address BULLOCK, SUSAN B. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$3,233.77</td> </tr> </table>	Total claim	\$3,233.77	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$3,037.68</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$196.10</td> </tr> </table>	Priority amount	\$3,037.68	Nonpriority amount	\$196.10
Total claim										
\$3,233.77										
Priority amount										
\$3,037.68										
Nonpriority amount										
\$196.10										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.63.	Priority creditor's name and mailing address BUNAO, JENNIFER Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$512.90</td> </tr> </table>	Total claim	\$512.90	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$512.90</td> </tr> </table>	Priority amount	\$0.00	Nonpriority amount	\$512.90
Total claim										
\$512.90										
Priority amount										
\$0.00										
Nonpriority amount										
\$512.90										
2.64.	Priority creditor's name and mailing address BURCHELL, MARA Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$839.21</td> </tr> </table>	Total claim	\$839.21	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$839.21</td> </tr> </table>	Priority amount	\$0.00	Nonpriority amount	\$839.21
Total claim										
\$839.21										
Priority amount										
\$0.00										
Nonpriority amount										
\$839.21										
2.65.	Priority creditor's name and mailing address BURGER, KIMBERLY G. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$167.07</td> </tr> </table>	Total claim	\$167.07	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$167.07</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$167.07	Nonpriority amount	\$0.00
Total claim										
\$167.07										
Priority amount										
\$167.07										
Nonpriority amount										
\$0.00										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.66.	Priority creditor's name and mailing address BURROUGHS, MELISSA P. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$6,287.96	Priority amount \$2,667.04
				Nonpriority amount \$3,620.92
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.67.	Priority creditor's name and mailing address BURTON, BRITTANY A. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$107.36	Priority amount \$107.36
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.68.	Priority creditor's name and mailing address BUTLER, CYNTHIA P. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$18,148.83	Priority amount \$5,243.67
				Nonpriority amount \$12,905.16
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.69.	Priority creditor's name and mailing address BYRD, EDWARD T. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,150.44</td> </tr> </table>	Total claim	\$1,150.44	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$965.92</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$184.52</td> </tr> </table>	Priority amount	\$965.92	Nonpriority amount	\$184.52
Total claim										
\$1,150.44										
Priority amount										
\$965.92										
Nonpriority amount										
\$184.52										
2.70.	Priority creditor's name and mailing address BYRD, HALEY M. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$65.41</td> </tr> </table>	Total claim	\$65.41	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$65.41</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$65.41	Nonpriority amount	\$0.00
Total claim										
\$65.41										
Priority amount										
\$65.41										
Nonpriority amount										
\$0.00										
2.71.	Priority creditor's name and mailing address CARDWELL, KITTY S. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$5,428.88</td> </tr> </table>	Total claim	\$5,428.88	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,675.75</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$3,753.13</td> </tr> </table>	Priority amount	\$1,675.75	Nonpriority amount	\$3,753.13
Total claim										
\$5,428.88										
Priority amount										
\$1,675.75										
Nonpriority amount										
\$3,753.13										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.72.	Priority creditor's name and mailing address CARELOCK, CHANTE M. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$4,394.96</td> </tr> </table>	Total claim	\$4,394.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$769.64</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$3,625.31</td> </tr> </table>	Priority amount	\$769.64	Nonpriority amount	\$3,625.31
Total claim										
\$4,394.96										
Priority amount										
\$769.64										
Nonpriority amount										
\$3,625.31										
2.73.	Priority creditor's name and mailing address CARTER, CECILE L. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$6,309.60</td> </tr> </table>	Total claim	\$6,309.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,727.94</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$4,581.66</td> </tr> </table>	Priority amount	\$1,727.94	Nonpriority amount	\$4,581.66
Total claim										
\$6,309.60										
Priority amount										
\$1,727.94										
Nonpriority amount										
\$4,581.66										
2.74.	Priority creditor's name and mailing address CARTER, JESSICA B. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,335.64</td> </tr> </table>	Total claim	\$1,335.64	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$911.22</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$424.42</td> </tr> </table>	Priority amount	\$911.22	Nonpriority amount	\$424.42
Total claim										
\$1,335.64										
Priority amount										
\$911.22										
Nonpriority amount										
\$424.42										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.75.	Priority creditor's name and mailing address CARTER, JULIA B. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$809.13	Priority amount \$809.13
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.76.	Priority creditor's name and mailing address CASE, ALLISON M. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$117.59	Priority amount \$117.59
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.77.	Priority creditor's name and mailing address CASE, STEVEN L. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$5,544.90	Priority amount \$0.00
				Nonpriority amount \$5,544.90
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.78.	Priority creditor's name and mailing address CASS, BRITTANY Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$38.66	Priority amount \$0.00 Nonpriority amount \$38.66
2.79.	Priority creditor's name and mailing address CASS, DONNA M. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$4,503.27	Priority amount \$604.32 Nonpriority amount \$3,898.94
2.80.	Priority creditor's name and mailing address CATHEY M.D., REGINALD L. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$61,182.57	Priority amount \$4,319.54 Nonpriority amount \$56,863.03

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.81.	Priority creditor's name and mailing address CHANDLER, DOROTHY M. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$550.94</td> </tr> </table>	Total claim	\$550.94	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$550.94</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$550.94	Nonpriority amount	\$0.00
Total claim										
\$550.94										
Priority amount										
\$550.94										
Nonpriority amount										
\$0.00										
2.82.	Priority creditor's name and mailing address CHANDLER, JENNIFER G. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,079.98</td> </tr> </table>	Total claim	\$1,079.98	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,079.98</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,079.98	Nonpriority amount	\$0.00
Total claim										
\$1,079.98										
Priority amount										
\$1,079.98										
Nonpriority amount										
\$0.00										
2.83.	Priority creditor's name and mailing address CHATHAM, KARLA Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$712.64</td> </tr> </table>	Total claim	\$712.64	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$712.64</td> </tr> </table>	Priority amount	\$0.00	Nonpriority amount	\$712.64
Total claim										
\$712.64										
Priority amount										
\$0.00										
Nonpriority amount										
\$712.64										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.84.	Priority creditor's name and mailing address CHILTON, AUDREY J. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$1,639.89	Priority amount \$361.04
				Nonpriority amount \$1,278.86
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.85.	Priority creditor's name and mailing address CHILTON, JACQULYNNE W. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$0.00	Priority amount \$0.00
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.86.	Priority creditor's name and mailing address CHURCH, KIMBERLY Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$3,296.26	Priority amount \$0.00
				Nonpriority amount \$3,296.26
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.87.	Priority creditor's name and mailing address CIOTOLI, AARON T. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$4,191.09	Priority amount \$4,191.09 Nonpriority amount \$0.00
2.88.	Priority creditor's name and mailing address CLARK, ANNA M. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$484.19	Priority amount \$484.19 Nonpriority amount \$0.00
2.89.	Priority creditor's name and mailing address CLARK, ASHLEY K. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$2,027.08	Priority amount \$1,917.90 Nonpriority amount \$109.19

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.90.	Priority creditor's name and mailing address CLARK, JANETTE S. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$611.41</td> </tr> </table>	Total claim	\$611.41	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$611.41</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$611.41	Nonpriority amount	\$0.00
Total claim										
\$611.41										
Priority amount										
\$611.41										
Nonpriority amount										
\$0.00										
2.91.	Priority creditor's name and mailing address CLAY, SANDRA L. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$102.81</td> </tr> </table>	Total claim	\$102.81	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$102.81</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$102.81	Nonpriority amount	\$0.00
Total claim										
\$102.81										
Priority amount										
\$102.81										
Nonpriority amount										
\$0.00										
2.92.	Priority creditor's name and mailing address COBB, SARA H. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,145.42</td> </tr> </table>	Total claim	\$1,145.42	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,145.42</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,145.42	Nonpriority amount	\$0.00
Total claim										
\$1,145.42										
Priority amount										
\$1,145.42										
Nonpriority amount										
\$0.00										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.93.	Priority creditor's name and mailing address COGGINS, VALERIE L. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$11,528.83</td> </tr> </table>	Total claim	\$11,528.83	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,574.03</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$9,954.80</td> </tr> </table>	Priority amount	\$1,574.03	Nonpriority amount	\$9,954.80
Total claim										
\$11,528.83										
Priority amount										
\$1,574.03										
Nonpriority amount										
\$9,954.80										
2.94.	Priority creditor's name and mailing address COLE, COURTNEY D. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,427.13</td> </tr> </table>	Total claim	\$1,427.13	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,427.13</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,427.13	Nonpriority amount	\$0.00
Total claim										
\$1,427.13										
Priority amount										
\$1,427.13										
Nonpriority amount										
\$0.00										
2.95.	Priority creditor's name and mailing address COLEMAN, ANNA B. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$753.00</td> </tr> </table>	Total claim	\$753.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$753.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$753.00	Nonpriority amount	\$0.00
Total claim										
\$753.00										
Priority amount										
\$753.00										
Nonpriority amount										
\$0.00										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.96.	Priority creditor's name and mailing address COLEMAN, LORI E. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$681.86</td> </tr> </table>	Total claim	\$681.86	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$681.86</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$681.86	Nonpriority amount	\$0.00
Total claim										
\$681.86										
Priority amount										
\$681.86										
Nonpriority amount										
\$0.00										
2.97.	Priority creditor's name and mailing address COLLIER, PAMELA W. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,506.04</td> </tr> </table>	Total claim	\$2,506.04	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$599.05</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$1,906.99</td> </tr> </table>	Priority amount	\$599.05	Nonpriority amount	\$1,906.99
Total claim										
\$2,506.04										
Priority amount										
\$599.05										
Nonpriority amount										
\$1,906.99										
2.98.	Priority creditor's name and mailing address COLLINS, CHRISTOPHER Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$16,196.93</td> </tr> </table>	Total claim	\$16,196.93	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$16,196.93</td> </tr> </table>	Priority amount	\$0.00	Nonpriority amount	\$16,196.93
Total claim										
\$16,196.93										
Priority amount										
\$0.00										
Nonpriority amount										
\$16,196.93										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.99.	Priority creditor's name and mailing address COMPTON, DORIS B. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$5,916.21</td> </tr> </table>	Total claim	\$5,916.21	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,520.46</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$3,395.75</td> </tr> </table>	Priority amount	\$2,520.46	Nonpriority amount	\$3,395.75
Total claim										
\$5,916.21										
Priority amount										
\$2,520.46										
Nonpriority amount										
\$3,395.75										
2.100.	Priority creditor's name and mailing address COMPTON-ZIGLAR, PENNY M. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$183.57</td> </tr> </table>	Total claim	\$183.57	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$183.57</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$183.57	Nonpriority amount	\$0.00
Total claim										
\$183.57										
Priority amount										
\$183.57										
Nonpriority amount										
\$0.00										
2.101.	Priority creditor's name and mailing address COOK, STACY L. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,331.94</td> </tr> </table>	Total claim	\$1,331.94	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,145.28</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$186.66</td> </tr> </table>	Priority amount	\$1,145.28	Nonpriority amount	\$186.66
Total claim										
\$1,331.94										
Priority amount										
\$1,145.28										
Nonpriority amount										
\$186.66										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.102.	Priority creditor's name and mailing address CORBETT, DURAN L. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$167.71</td> </tr> </table>	Total claim	\$167.71	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$167.71</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$167.71	Nonpriority amount	\$0.00
Total claim										
\$167.71										
Priority amount										
\$167.71										
Nonpriority amount										
\$0.00										
2.103.	Priority creditor's name and mailing address CORNELL, ANNETTE R. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$7,284.89</td> </tr> </table>	Total claim	\$7,284.89	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,713.09</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$4,571.81</td> </tr> </table>	Priority amount	\$2,713.09	Nonpriority amount	\$4,571.81
Total claim										
\$7,284.89										
Priority amount										
\$2,713.09										
Nonpriority amount										
\$4,571.81										
2.104.	Priority creditor's name and mailing address CORNS, TERRIE L. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$757.04</td> </tr> </table>	Total claim	\$757.04	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$757.04</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$757.04	Nonpriority amount	\$0.00
Total claim										
\$757.04										
Priority amount										
\$757.04										
Nonpriority amount										
\$0.00										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.105.	Priority creditor's name and mailing address CORUM, GLORIA C. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$1,064.04	Priority amount \$1,064.04
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.106.	Priority creditor's name and mailing address CORUM, HEATHER P. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$825.85	Priority amount \$825.85
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.107.	Priority creditor's name and mailing address CORUM, SARA E. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$97.83	Priority amount \$97.83
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.108.	Priority creditor's name and mailing address COX, HARLEY N. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,832.42</td> </tr> </table>	Total claim	\$2,832.42	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,426.10</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$1,406.33</td> </tr> </table>	Priority amount	\$1,426.10	Nonpriority amount	\$1,406.33
Total claim										
\$2,832.42										
Priority amount										
\$1,426.10										
Nonpriority amount										
\$1,406.33										
2.109.	Priority creditor's name and mailing address COX, KELLY Y. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,233.71</td> </tr> </table>	Total claim	\$1,233.71	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,037.82</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$195.89</td> </tr> </table>	Priority amount	\$1,037.82	Nonpriority amount	\$195.89
Total claim										
\$1,233.71										
Priority amount										
\$1,037.82										
Nonpriority amount										
\$195.89										
2.110.	Priority creditor's name and mailing address CRABTREE, HALA E. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$131.66</td> </tr> </table>	Total claim	\$131.66	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$131.66</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$131.66	Nonpriority amount	\$0.00
Total claim										
\$131.66										
Priority amount										
\$131.66										
Nonpriority amount										
\$0.00										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.111.	Priority creditor's name and mailing address CRADDOCK, BRANDON M. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$971.64	Priority amount \$971.64
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.112.	Priority creditor's name and mailing address CRAIGHEAD, FLORA S. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$9,878.32	Priority amount \$625.60
				Nonpriority amount \$9,252.72
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.113.	Priority creditor's name and mailing address CRAWFORD, HEATHER B. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$1,052.97	Priority amount \$1,052.97
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.114.	Priority creditor's name and mailing address CROWDER, TAYLOR A. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$68.56</td> </tr> </table>	Total claim	\$68.56	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$68.56</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$68.56	Nonpriority amount	\$0.00
Total claim										
\$68.56										
Priority amount										
\$68.56										
Nonpriority amount										
\$0.00										
2.115.	Priority creditor's name and mailing address CRUISE, KIMBERLY H. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$282.60</td> </tr> </table>	Total claim	\$282.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$282.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$282.60	Nonpriority amount	\$0.00
Total claim										
\$282.60										
Priority amount										
\$282.60										
Nonpriority amount										
\$0.00										
2.116.	Priority creditor's name and mailing address CURTIS, EMILY H. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$179.92</td> </tr> </table>	Total claim	\$179.92	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$179.92</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$179.92	Nonpriority amount	\$0.00
Total claim										
\$179.92										
Priority amount										
\$179.92										
Nonpriority amount										
\$0.00										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.117.	Priority creditor's name and mailing address DALTON, KATHY H. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$5,616.09	Priority amount \$1,296.20
				Nonpriority amount \$4,319.89
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.118.	Priority creditor's name and mailing address DAVIS, MELONIE Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$0.00	Priority amount \$0.00
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.119.	Priority creditor's name and mailing address DEAL, DAWN M. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$6,325.87	Priority amount \$4,407.89
				Nonpriority amount \$1,917.98
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.120.	Priority creditor's name and mailing address DECONGILIO, TRACI D. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$2,440.25	Priority amount \$2,440.25 Nonpriority amount \$0.00
2.121.	Priority creditor's name and mailing address DEMASON, CATHERINE R. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$11,906.43	Priority amount \$2,150.71 Nonpriority amount \$9,755.72
2.122.	Priority creditor's name and mailing address DEMASON, MARC Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$52,014.14	Priority amount \$3,701.89 Nonpriority amount \$48,312.26

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.123.	Priority creditor's name and mailing address DENNY, JAN H. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$368.99	Priority amount \$0.00 Nonpriority amount \$368.99
2.124.	Priority creditor's name and mailing address DENNY, LEIGH A. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$4,229.31	Priority amount \$926.21 Nonpriority amount \$3,303.10
2.125.	Priority creditor's name and mailing address DILLARD, MICHELL D. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$4,795.76	Priority amount \$2,620.92 Nonpriority amount \$2,174.84

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.126.	Priority creditor's name and mailing address DILLARD, QIANA M. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$5,067.95</td> </tr> </table>	Total claim	\$5,067.95	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,639.45</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$3,428.51</td> </tr> </table>	Priority amount	\$1,639.45	Nonpriority amount	\$3,428.51
Total claim										
\$5,067.95										
Priority amount										
\$1,639.45										
Nonpriority amount										
\$3,428.51										
2.127.	Priority creditor's name and mailing address DILLARD, SABINE M. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,294.58</td> </tr> </table>	Total claim	\$1,294.58	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,078.94</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$215.64</td> </tr> </table>	Priority amount	\$1,078.94	Nonpriority amount	\$215.64
Total claim										
\$1,294.58										
Priority amount										
\$1,078.94										
Nonpriority amount										
\$215.64										
2.128.	Priority creditor's name and mailing address DOLLARHITE, KATHY M. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,875.98</td> </tr> </table>	Total claim	\$2,875.98	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$511.97</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$2,364.00</td> </tr> </table>	Priority amount	\$511.97	Nonpriority amount	\$2,364.00
Total claim										
\$2,875.98										
Priority amount										
\$511.97										
Nonpriority amount										
\$2,364.00										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.129.	Priority creditor's name and mailing address DRAUGHN, CHELSEA B. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,561.86</td> </tr> </table>	Total claim	\$2,561.86	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,717.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$844.06</td> </tr> </table>	Priority amount	\$1,717.80	Nonpriority amount	\$844.06
Total claim										
\$2,561.86										
Priority amount										
\$1,717.80										
Nonpriority amount										
\$844.06										
2.130.	Priority creditor's name and mailing address DRAUGHN, KRISTI P. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$7,780.93</td> </tr> </table>	Total claim	\$7,780.93	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$659.10</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$7,121.83</td> </tr> </table>	Priority amount	\$659.10	Nonpriority amount	\$7,121.83
Total claim										
\$7,780.93										
Priority amount										
\$659.10										
Nonpriority amount										
\$7,121.83										
2.131.	Priority creditor's name and mailing address DUNCAN, HOLLY S. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Total claim	\$0.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$0.00	Nonpriority amount	\$0.00
Total claim										
\$0.00										
Priority amount										
\$0.00										
Nonpriority amount										
\$0.00										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.132.	Priority creditor's name and mailing address EANES, CARLA S. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$4,551.80</td> </tr> </table>	Total claim	\$4,551.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,519.38</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$2,032.41</td> </tr> </table>	Priority amount	\$2,519.38	Nonpriority amount	\$2,032.41
Total claim										
\$4,551.80										
Priority amount										
\$2,519.38										
Nonpriority amount										
\$2,032.41										
2.133.	Priority creditor's name and mailing address EANES, JINA A. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$5,787.93</td> </tr> </table>	Total claim	\$5,787.93	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,117.42</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$3,670.51</td> </tr> </table>	Priority amount	\$2,117.42	Nonpriority amount	\$3,670.51
Total claim										
\$5,787.93										
Priority amount										
\$2,117.42										
Nonpriority amount										
\$3,670.51										
2.134.	Priority creditor's name and mailing address EARL, WILLIAM Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$48.27</td> </tr> </table>	Total claim	\$48.27	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$48.27</td> </tr> </table>	Priority amount	\$0.00	Nonpriority amount	\$48.27
Total claim										
\$48.27										
Priority amount										
\$0.00										
Nonpriority amount										
\$48.27										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.135.	Priority creditor's name and mailing address EASLEY, MARGARET J. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$229.73</td> </tr> </table>	Total claim	\$229.73	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$229.73</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$229.73	Nonpriority amount	\$0.00
Total claim										
\$229.73										
Priority amount										
\$229.73										
Nonpriority amount										
\$0.00										
2.136.	Priority creditor's name and mailing address ECKHARDT, ROBERTA S. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$98.90</td> </tr> </table>	Total claim	\$98.90	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$98.90</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$98.90	Nonpriority amount	\$0.00
Total claim										
\$98.90										
Priority amount										
\$98.90										
Nonpriority amount										
\$0.00										
2.137.	Priority creditor's name and mailing address EDWARDS, SHANNON I. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$4,248.18</td> </tr> </table>	Total claim	\$4,248.18	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,293.90</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$1,954.28</td> </tr> </table>	Priority amount	\$2,293.90	Nonpriority amount	\$1,954.28
Total claim										
\$4,248.18										
Priority amount										
\$2,293.90										
Nonpriority amount										
\$1,954.28										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.138.	Priority creditor's name and mailing address EDWARDS, SUSAN Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$420.85</td> </tr> </table>	Total claim	\$420.85	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$420.85</td> </tr> </table>	Priority amount	\$0.00	Nonpriority amount	\$420.85
Total claim										
\$420.85										
Priority amount										
\$0.00										
Nonpriority amount										
\$420.85										
2.139.	Priority creditor's name and mailing address EGGLESTON, EMILEE B. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$273.59</td> </tr> </table>	Total claim	\$273.59	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$86.75</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$186.84</td> </tr> </table>	Priority amount	\$86.75	Nonpriority amount	\$186.84
Total claim										
\$273.59										
Priority amount										
\$86.75										
Nonpriority amount										
\$186.84										
2.140.	Priority creditor's name and mailing address ELLINGTON, JOHN B. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$21,058.67</td> </tr> </table>	Total claim	\$21,058.67	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$8,260.02</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$12,798.64</td> </tr> </table>	Priority amount	\$8,260.02	Nonpriority amount	\$12,798.64
Total claim										
\$21,058.67										
Priority amount										
\$8,260.02										
Nonpriority amount										
\$12,798.64										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.141.	Priority creditor's name and mailing address ELMORE, DANIELLE Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$82.37	Priority amount \$0.00 Nonpriority amount \$82.37
2.142.	Priority creditor's name and mailing address ERSKINE, KELLY B. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$6,295.79	Priority amount \$4,219.89 Nonpriority amount \$2,075.90
2.143.	Priority creditor's name and mailing address ESTES-PORTER, CARLA A. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$6,697.05	Priority amount \$1,554.11 Nonpriority amount \$5,142.94

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.144.	Priority creditor's name and mailing address EVANS, ANNIE L. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,124.45</td> </tr> </table>	Total claim	\$1,124.45	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,124.45</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,124.45	Nonpriority amount	\$0.00
Total claim										
\$1,124.45										
Priority amount										
\$1,124.45										
Nonpriority amount										
\$0.00										
2.145.	Priority creditor's name and mailing address EVANS, HEATHER A. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,650.01</td> </tr> </table>	Total claim	\$2,650.01	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,794.07</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$855.94</td> </tr> </table>	Priority amount	\$1,794.07	Nonpriority amount	\$855.94
Total claim										
\$2,650.01										
Priority amount										
\$1,794.07										
Nonpriority amount										
\$855.94										
2.146.	Priority creditor's name and mailing address EVANS, TRICIA A. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$519.17</td> </tr> </table>	Total claim	\$519.17	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$519.17</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$519.17	Nonpriority amount	\$0.00
Total claim										
\$519.17										
Priority amount										
\$519.17										
Nonpriority amount										
\$0.00										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.147.	Priority creditor's name and mailing address FAIN, TAMMY B. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$622.79</td> </tr> </table>	Total claim	\$622.79	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$622.79</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$622.79	Nonpriority amount	\$0.00
Total claim										
\$622.79										
Priority amount										
\$622.79										
Nonpriority amount										
\$0.00										
2.148.	Priority creditor's name and mailing address FAIN, WANDA Y. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$148.11</td> </tr> </table>	Total claim	\$148.11	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$148.11</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$148.11	Nonpriority amount	\$0.00
Total claim										
\$148.11										
Priority amount										
\$148.11										
Nonpriority amount										
\$0.00										
2.149.	Priority creditor's name and mailing address FARRIS, ALLISON H. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$257.49</td> </tr> </table>	Total claim	\$257.49	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$257.49</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$257.49	Nonpriority amount	\$0.00
Total claim										
\$257.49										
Priority amount										
\$257.49										
Nonpriority amount										
\$0.00										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.150.	Priority creditor's name and mailing address FERRELL, BRENDA H. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$3,188.89</td> </tr> </table>	Total claim	\$3,188.89	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,629.32</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$559.57</td> </tr> </table>	Priority amount	\$2,629.32	Nonpriority amount	\$559.57
Total claim										
\$3,188.89										
Priority amount										
\$2,629.32										
Nonpriority amount										
\$559.57										
2.151.	Priority creditor's name and mailing address FETZER, CHARLES F. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$882.79</td> </tr> </table>	Total claim	\$882.79	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$498.15</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$384.64</td> </tr> </table>	Priority amount	\$498.15	Nonpriority amount	\$384.64
Total claim										
\$882.79										
Priority amount										
\$498.15										
Nonpriority amount										
\$384.64										
2.152.	Priority creditor's name and mailing address FINNEY, DEBORAH S. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,240.01</td> </tr> </table>	Total claim	\$1,240.01	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$950.37</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$289.64</td> </tr> </table>	Priority amount	\$950.37	Nonpriority amount	\$289.64
Total claim										
\$1,240.01										
Priority amount										
\$950.37										
Nonpriority amount										
\$289.64										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.153.	Priority creditor's name and mailing address FISHER, DAWN P. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$874.49	Priority amount \$874.49 Nonpriority amount \$0.00
2.154.	Priority creditor's name and mailing address FITCH, ERIN R. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$1,516.88	Priority amount \$1,067.28 Nonpriority amount \$449.60
2.155.	Priority creditor's name and mailing address FIX, ANDREW J. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$7,720.60	Priority amount \$2,324.08 Nonpriority amount \$5,396.51

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.156.	Priority creditor's name and mailing address FLOOD, CATREIA B. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,720.51</td> </tr> </table>	Total claim	\$2,720.51	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,144.33</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$1,576.18</td> </tr> </table>	Priority amount	\$1,144.33	Nonpriority amount	\$1,576.18
Total claim										
\$2,720.51										
Priority amount										
\$1,144.33										
Nonpriority amount										
\$1,576.18										
2.157.	Priority creditor's name and mailing address FLYNT, HILLARY Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$3,042.89</td> </tr> </table>	Total claim	\$3,042.89	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$3,042.89</td> </tr> </table>	Priority amount	\$0.00	Nonpriority amount	\$3,042.89
Total claim										
\$3,042.89										
Priority amount										
\$0.00										
Nonpriority amount										
\$3,042.89										
2.158.	Priority creditor's name and mailing address FORD, MINDA J. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$6,929.29</td> </tr> </table>	Total claim	\$6,929.29	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,154.75</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$4,774.53</td> </tr> </table>	Priority amount	\$2,154.75	Nonpriority amount	\$4,774.53
Total claim										
\$6,929.29										
Priority amount										
\$2,154.75										
Nonpriority amount										
\$4,774.53										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.159.	Priority creditor's name and mailing address FOSTER, JULIA Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$84.78	Priority amount \$0.00 <div style="background-color: #cccccc; padding: 2px;">Nonpriority amount</div> \$84.78
2.160.	Priority creditor's name and mailing address FOSTER, TERESA A. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$3,890.85	Priority amount \$551.68 <div style="background-color: #cccccc; padding: 2px;">Nonpriority amount</div> \$3,339.17
2.161.	Priority creditor's name and mailing address FOSTER, WANDA T. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$3,163.53	Priority amount \$3,163.53 <div style="background-color: #cccccc; padding: 2px;">Nonpriority amount</div> \$0.00

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.162.	Priority creditor's name and mailing address FOX-ROGERSON, LORRAINE B. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$3,591.60	Priority amount \$1,833.15
				Nonpriority amount \$1,758.45
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.163.	Priority creditor's name and mailing address FRAME, ROBIN K. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$4,372.80	Priority amount \$3,478.79
				Nonpriority amount \$894.01
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.164.	Priority creditor's name and mailing address FRASER, BRITTNEY A. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$131.66	Priority amount \$131.66
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.165.	Priority creditor's name and mailing address FRAZIER, KIMBERLY D. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$62.91	Priority amount \$62.91
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.166.	Priority creditor's name and mailing address FRENCH, KAREN T. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$932.81	Priority amount \$932.81
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.167.	Priority creditor's name and mailing address FRYE, DEBRA C. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$385.66	Priority amount \$385.66
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.168.	Priority creditor's name and mailing address GALLOWAY, DIONNE P. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$42,621.44	Priority amount \$5,803.26
				Nonpriority amount \$36,818.19
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.169.	Priority creditor's name and mailing address GALVAN, LUPO R. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$1,930.91	Priority amount \$1,240.15
				Nonpriority amount \$690.76
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.170.	Priority creditor's name and mailing address GARRETT, JESSICA W. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$96.39	Priority amount \$96.39
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.171.	Priority creditor's name and mailing address GIBBS II, RONNIE Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$7,998.84</td> </tr> </table>	Total claim	\$7,998.84	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,816.31</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$5,182.53</td> </tr> </table>	Priority amount	\$2,816.31	Nonpriority amount	\$5,182.53
Total claim										
\$7,998.84										
Priority amount										
\$2,816.31										
Nonpriority amount										
\$5,182.53										
2.172.	Priority creditor's name and mailing address GIBBS, SANDRA H. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,352.86</td> </tr> </table>	Total claim	\$1,352.86	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$342.01</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$1,010.85</td> </tr> </table>	Priority amount	\$342.01	Nonpriority amount	\$1,010.85
Total claim										
\$1,352.86										
Priority amount										
\$342.01										
Nonpriority amount										
\$1,010.85										
2.173.	Priority creditor's name and mailing address GIBSON, NINA N. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Total claim	\$0.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$0.00	Nonpriority amount	\$0.00
Total claim										
\$0.00										
Priority amount										
\$0.00										
Nonpriority amount										
\$0.00										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.174.	Priority creditor's name and mailing address GILES, ANN M. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$177.41</td> </tr> </table>	Total claim	\$177.41	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$177.41</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$177.41	Nonpriority amount	\$0.00
Total claim										
\$177.41										
Priority amount										
\$177.41										
Nonpriority amount										
\$0.00										
2.175.	Priority creditor's name and mailing address GILLETTE, KRYSTIONA N. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,381.79</td> </tr> </table>	Total claim	\$1,381.79	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$635.47</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$746.31</td> </tr> </table>	Priority amount	\$635.47	Nonpriority amount	\$746.31
Total claim										
\$1,381.79										
Priority amount										
\$635.47										
Nonpriority amount										
\$746.31										
2.176.	Priority creditor's name and mailing address GILLISPIE, HARLEY M. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$384.27</td> </tr> </table>	Total claim	\$384.27	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$384.27</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$384.27	Nonpriority amount	\$0.00
Total claim										
\$384.27										
Priority amount										
\$384.27										
Nonpriority amount										
\$0.00										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.177.	Priority creditor's name and mailing address GOARD, TORREY W. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$9,962.12	Priority amount \$3,138.23
				Nonpriority amount \$6,823.89
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.178.	Priority creditor's name and mailing address GREENE III, RALPH E. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$7,899.52	Priority amount \$7,899.52
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.179.	Priority creditor's name and mailing address GREENLY, RICHARD B. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$25,741.80	Priority amount \$4,765.65
				Nonpriority amount \$20,976.15
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.180.	Priority creditor's name and mailing address GRIFFITH, CRYSTAL P. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$74.22	Priority amount \$74.22
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.181.	Priority creditor's name and mailing address GUNNELL, TAMARA L. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$1,830.50	Priority amount \$1,830.50
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.182.	Priority creditor's name and mailing address GWYNN, CANDICE M. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$1,309.90	Priority amount \$1,309.90
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.183.	Priority creditor's name and mailing address HAIRSTON, SADIE L. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$782.78	Priority amount \$782.78
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.184.	Priority creditor's name and mailing address HALEY, SARAH A. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$1,196.90	Priority amount \$1,044.42
				Nonpriority amount \$152.48
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.185.	Priority creditor's name and mailing address HALL, SHERRY M. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$7,218.04	Priority amount \$2,249.44
				Nonpriority amount \$4,968.60
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.186.	Priority creditor's name and mailing address HANCOCK, ROBIN B. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$2,767.93	Priority amount \$1,434.39
				Nonpriority amount \$1,333.55
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.187.	Priority creditor's name and mailing address HANDY, TERRY S. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$1,751.51	Priority amount \$54.32
				Nonpriority amount \$1,697.19
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.188.	Priority creditor's name and mailing address HANES, MEGAN N. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$62.91	Priority amount \$62.91
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.189.	Priority creditor's name and mailing address HARDIE, GEORGIA E. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,017.45</td> </tr> </table>	Total claim	\$2,017.45	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,017.45</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,017.45	Nonpriority amount	\$0.00
Total claim										
\$2,017.45										
Priority amount										
\$2,017.45										
Nonpriority amount										
\$0.00										
2.190.	Priority creditor's name and mailing address HARDISON, CINDI Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$36.00</td> </tr> </table>	Total claim	\$36.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$36.00</td> </tr> </table>	Priority amount	\$0.00	Nonpriority amount	\$36.00
Total claim										
\$36.00										
Priority amount										
\$0.00										
Nonpriority amount										
\$36.00										
2.191.	Priority creditor's name and mailing address HARMON, JUDY W. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$5,930.65</td> </tr> </table>	Total claim	\$5,930.65	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,600.32</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$4,330.33</td> </tr> </table>	Priority amount	\$1,600.32	Nonpriority amount	\$4,330.33
Total claim										
\$5,930.65										
Priority amount										
\$1,600.32										
Nonpriority amount										
\$4,330.33										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.192.	Priority creditor's name and mailing address HARRIS, JENNIFER B. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$2,774.46	Priority amount \$650.70 Nonpriority amount \$2,123.76
2.193.	Priority creditor's name and mailing address HARRIS, PAMELA E. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$4,715.19	Priority amount \$1,439.50 Nonpriority amount \$3,275.69
2.194.	Priority creditor's name and mailing address HART, KENISHA Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$38.31	Priority amount \$0.00 Nonpriority amount \$38.31

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.195.	Priority creditor's name and mailing address HART, RHONDA A. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,256.81</td> </tr> </table>	Total claim	\$2,256.81	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$2,256.81</td> </tr> </table>	Priority amount	\$0.00	Nonpriority amount	\$2,256.81
Total claim										
\$2,256.81										
Priority amount										
\$0.00										
Nonpriority amount										
\$2,256.81										
2.196.	Priority creditor's name and mailing address HART, TRACI N. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$72.93</td> </tr> </table>	Total claim	\$72.93	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$72.93</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$72.93	Nonpriority amount	\$0.00
Total claim										
\$72.93										
Priority amount										
\$72.93										
Nonpriority amount										
\$0.00										
2.197.	Priority creditor's name and mailing address HARTER, PATRICIA B. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$5,798.12</td> </tr> </table>	Total claim	\$5,798.12	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,317.02</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$4,481.10</td> </tr> </table>	Priority amount	\$1,317.02	Nonpriority amount	\$4,481.10
Total claim										
\$5,798.12										
Priority amount										
\$1,317.02										
Nonpriority amount										
\$4,481.10										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.198.	Priority creditor's name and mailing address HASANAJ, AFRIM A. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$9,229.40</td> </tr> </table>	Total claim	\$9,229.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$4,089.37</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$5,140.03</td> </tr> </table>	Priority amount	\$4,089.37	Nonpriority amount	\$5,140.03
Total claim										
\$9,229.40										
Priority amount										
\$4,089.37										
Nonpriority amount										
\$5,140.03										
2.199.	Priority creditor's name and mailing address HATCHER, SHANNON Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$116.29</td> </tr> </table>	Total claim	\$116.29	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$116.29</td> </tr> </table>	Priority amount	\$0.00	Nonpriority amount	\$116.29
Total claim										
\$116.29										
Priority amount										
\$0.00										
Nonpriority amount										
\$116.29										
2.200.	Priority creditor's name and mailing address HAYES, LACOSTA R. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$381.77</td> </tr> </table>	Total claim	\$381.77	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$381.77</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$381.77	Nonpriority amount	\$0.00
Total claim										
\$381.77										
Priority amount										
\$381.77										
Nonpriority amount										
\$0.00										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.201.	Priority creditor's name and mailing address HAYMORE, LAUREN K. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$1,521.08	Priority amount \$255.97
				Nonpriority amount \$1,265.11
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.202.	Priority creditor's name and mailing address HAYNES, JENNIFER J. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$2,312.23	Priority amount \$1,739.99
				Nonpriority amount \$572.24
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.203.	Priority creditor's name and mailing address HELMS, SAMANTHA P. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$146.31	Priority amount \$146.31
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.204.	Priority creditor's name and mailing address HELTON, ANGELA M. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$131.66</td> </tr> </table>	Total claim	\$131.66	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$131.66</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$131.66	Nonpriority amount	\$0.00
Total claim										
\$131.66										
Priority amount										
\$131.66										
Nonpriority amount										
\$0.00										
2.205.	Priority creditor's name and mailing address HENDRICKS, EDNA C. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,604.03</td> </tr> </table>	Total claim	\$1,604.03	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,158.16</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$445.86</td> </tr> </table>	Priority amount	\$1,158.16	Nonpriority amount	\$445.86
Total claim										
\$1,604.03										
Priority amount										
\$1,158.16										
Nonpriority amount										
\$445.86										
2.206.	Priority creditor's name and mailing address HERBIN, GLORIA A. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$3,032.69</td> </tr> </table>	Total claim	\$3,032.69	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,534.24</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$1,498.46</td> </tr> </table>	Priority amount	\$1,534.24	Nonpriority amount	\$1,498.46
Total claim										
\$3,032.69										
Priority amount										
\$1,534.24										
Nonpriority amount										
\$1,498.46										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.207.	Priority creditor's name and mailing address HERBIN, VELVECIA Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$12.33</td> </tr> </table>	Total claim	\$12.33	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$12.33</td> </tr> </table>	Priority amount	\$0.00	Nonpriority amount	\$12.33
Total claim										
\$12.33										
Priority amount										
\$0.00										
Nonpriority amount										
\$12.33										
2.208.	Priority creditor's name and mailing address HERNANDEZ, AIDA I. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,147.73</td> </tr> </table>	Total claim	\$2,147.73	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,453.63</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$694.09</td> </tr> </table>	Priority amount	\$1,453.63	Nonpriority amount	\$694.09
Total claim										
\$2,147.73										
Priority amount										
\$1,453.63										
Nonpriority amount										
\$694.09										
2.209.	Priority creditor's name and mailing address HICKS, WHITNEY B. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$380.76</td> </tr> </table>	Total claim	\$380.76	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$380.76</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$380.76	Nonpriority amount	\$0.00
Total claim										
\$380.76										
Priority amount										
\$380.76										
Nonpriority amount										
\$0.00										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.210.	Priority creditor's name and mailing address HILL, LISA S. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$4,011.92</td> </tr> </table>	Total claim	\$4,011.92	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$459.41</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$3,552.52</td> </tr> </table>	Priority amount	\$459.41	Nonpriority amount	\$3,552.52
Total claim										
\$4,011.92										
Priority amount										
\$459.41										
Nonpriority amount										
\$3,552.52										
2.211.	Priority creditor's name and mailing address HILL, RHONDA F. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$18.48</td> </tr> </table>	Total claim	\$18.48	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$18.48</td> </tr> </table>	Priority amount	\$0.00	Nonpriority amount	\$18.48
Total claim										
\$18.48										
Priority amount										
\$0.00										
Nonpriority amount										
\$18.48										
2.212.	Priority creditor's name and mailing address HILL, SUSAN B. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,618.44</td> </tr> </table>	Total claim	\$2,618.44	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,618.44</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,618.44	Nonpriority amount	\$0.00
Total claim										
\$2,618.44										
Priority amount										
\$2,618.44										
Nonpriority amount										
\$0.00										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.213.	Priority creditor's name and mailing address HILL, TIMOTHY P. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$8,531.24	Priority amount \$1,951.64
				Nonpriority amount \$6,579.60
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.214.	Priority creditor's name and mailing address HINES, JAMIE R. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$2,070.23	Priority amount \$1,299.37
				Nonpriority amount \$770.86
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.215.	Priority creditor's name and mailing address HODGES, MEGHAN Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$2,839.18	Priority amount \$1,869.83
				Nonpriority amount \$969.34
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.216.	Priority creditor's name and mailing address HOGAN, MELISSA M. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$6,692.53</td> </tr> </table>	Total claim	\$6,692.53	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,684.50</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$4,008.03</td> </tr> </table>	Priority amount	\$2,684.50	Nonpriority amount	\$4,008.03
Total claim										
\$6,692.53										
Priority amount										
\$2,684.50										
Nonpriority amount										
\$4,008.03										
2.217.	Priority creditor's name and mailing address HOLLOWAY JR., LEON Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$69.20</td> </tr> </table>	Total claim	\$69.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$69.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$69.20	Nonpriority amount	\$0.00
Total claim										
\$69.20										
Priority amount										
\$69.20										
Nonpriority amount										
\$0.00										
2.218.	Priority creditor's name and mailing address HOOD, JENNIFER H. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Total claim	\$0.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$0.00	Nonpriority amount	\$0.00
Total claim										
\$0.00										
Priority amount										
\$0.00										
Nonpriority amount										
\$0.00										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.219.	Priority creditor's name and mailing address HOPPER, SHERON O. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,468.39</td> </tr> </table>	Total claim	\$1,468.39	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,076.77</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$391.62</td> </tr> </table>	Priority amount	\$1,076.77	Nonpriority amount	\$391.62
Total claim										
\$1,468.39										
Priority amount										
\$1,076.77										
Nonpriority amount										
\$391.62										
2.220.	Priority creditor's name and mailing address HORNER, DEBBIE B. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$726.68</td> </tr> </table>	Total claim	\$726.68	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$726.68</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$726.68	Nonpriority amount	\$0.00
Total claim										
\$726.68										
Priority amount										
\$726.68										
Nonpriority amount										
\$0.00										
2.221.	Priority creditor's name and mailing address HORSLEY, JOHN W. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,824.75</td> </tr> </table>	Total claim	\$2,824.75	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$891.82</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$1,932.93</td> </tr> </table>	Priority amount	\$891.82	Nonpriority amount	\$1,932.93
Total claim										
\$2,824.75										
Priority amount										
\$891.82										
Nonpriority amount										
\$1,932.93										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.222.	Priority creditor's name and mailing address HORTON, SHON L. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$1,016.11	Priority amount \$1,016.11
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.223.	Priority creditor's name and mailing address HOUGHTON, LARRY D. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$365.69	Priority amount \$365.69
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.224.	Priority creditor's name and mailing address HOWELL, DEBORAH P. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$2,347.96	Priority amount \$1,929.24
				Nonpriority amount \$418.72
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.225.	Priority creditor's name and mailing address HUBBARD, BRANDY C. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$2,328.55	Priority amount \$1,720.37
				Nonpriority amount \$608.19
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.226.	Priority creditor's name and mailing address HUBBARD, CRYSTAL L. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$8,565.32	Priority amount \$3,588.80
				Nonpriority amount \$4,976.53
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.227.	Priority creditor's name and mailing address HUBBARD, KATE Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$0.00	Priority amount \$0.00
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.228.	Priority creditor's name and mailing address HUNDLEY, AMBER O. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$4,102.90</td> </tr> </table>	Total claim	\$4,102.90	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,650.32</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$2,452.58</td> </tr> </table>	Priority amount	\$1,650.32	Nonpriority amount	\$2,452.58
Total claim										
\$4,102.90										
Priority amount										
\$1,650.32										
Nonpriority amount										
\$2,452.58										
2.229.	Priority creditor's name and mailing address HUNDLEY, JESSICA M. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,322.54</td> </tr> </table>	Total claim	\$1,322.54	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$973.33</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$349.21</td> </tr> </table>	Priority amount	\$973.33	Nonpriority amount	\$349.21
Total claim										
\$1,322.54										
Priority amount										
\$973.33										
Nonpriority amount										
\$349.21										
2.230.	Priority creditor's name and mailing address HUNT, APRIL L. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$237.22</td> </tr> </table>	Total claim	\$237.22	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$237.22</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$237.22	Nonpriority amount	\$0.00
Total claim										
\$237.22										
Priority amount										
\$237.22										
Nonpriority amount										
\$0.00										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.231.	Priority creditor's name and mailing address HURD, ANN M. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$3,277.76</td> </tr> </table>	Total claim	\$3,277.76	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,658.01</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$1,619.74</td> </tr> </table>	Priority amount	\$1,658.01	Nonpriority amount	\$1,619.74
Total claim										
\$3,277.76										
Priority amount										
\$1,658.01										
Nonpriority amount										
\$1,619.74										
2.232.	Priority creditor's name and mailing address HYLER, LINDA S. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,700.55</td> </tr> </table>	Total claim	\$1,700.55	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$944.81</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$755.74</td> </tr> </table>	Priority amount	\$944.81	Nonpriority amount	\$755.74
Total claim										
\$1,700.55										
Priority amount										
\$944.81										
Nonpriority amount										
\$755.74										
2.233.	Priority creditor's name and mailing address IVEY, RACHEL Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$162.50</td> </tr> </table>	Total claim	\$162.50	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$162.50</td> </tr> </table>	Priority amount	\$0.00	Nonpriority amount	\$162.50
Total claim										
\$162.50										
Priority amount										
\$0.00										
Nonpriority amount										
\$162.50										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.234.	Priority creditor's name and mailing address JANUZYS, VICTORIA E. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$64.26</td> </tr> </table>	Total claim	\$64.26	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$64.26</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$64.26	Nonpriority amount	\$0.00
Total claim										
\$64.26										
Priority amount										
\$64.26										
Nonpriority amount										
\$0.00										
2.235.	Priority creditor's name and mailing address JARRELL, PAUL C. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,658.00</td> </tr> </table>	Total claim	\$1,658.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$893.76</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$764.24</td> </tr> </table>	Priority amount	\$893.76	Nonpriority amount	\$764.24
Total claim										
\$1,658.00										
Priority amount										
\$893.76										
Nonpriority amount										
\$764.24										
2.236.	Priority creditor's name and mailing address JEFFERIES, WANDA K. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,062.33</td> </tr> </table>	Total claim	\$2,062.33	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$2,062.33</td> </tr> </table>	Priority amount	\$0.00	Nonpriority amount	\$2,062.33
Total claim										
\$2,062.33										
Priority amount										
\$0.00										
Nonpriority amount										
\$2,062.33										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.237.	Priority creditor's name and mailing address JEFFERSON, EUGENIA L. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$896.48</td> </tr> </table>	Total claim	\$896.48	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$896.48</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$896.48	Nonpriority amount	\$0.00
Total claim										
\$896.48										
Priority amount										
\$896.48										
Nonpriority amount										
\$0.00										
2.238.	Priority creditor's name and mailing address JEFFRIES, MARCY M. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,807.28</td> </tr> </table>	Total claim	\$2,807.28	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,447.13</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$1,360.15</td> </tr> </table>	Priority amount	\$1,447.13	Nonpriority amount	\$1,360.15
Total claim										
\$2,807.28										
Priority amount										
\$1,447.13										
Nonpriority amount										
\$1,360.15										
2.239.	Priority creditor's name and mailing address JOHNSON, LORA C. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$11,522.23</td> </tr> </table>	Total claim	\$11,522.23	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,497.26</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$9,024.98</td> </tr> </table>	Priority amount	\$2,497.26	Nonpriority amount	\$9,024.98
Total claim										
\$11,522.23										
Priority amount										
\$2,497.26										
Nonpriority amount										
\$9,024.98										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.240.	Priority creditor's name and mailing address JOHNSON, NATASHA B. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,469.53</td> </tr> </table>	Total claim	\$2,469.53	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$614.61</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$1,854.92</td> </tr> </table>	Priority amount	\$614.61	Nonpriority amount	\$1,854.92
Total claim										
\$2,469.53										
Priority amount										
\$614.61										
Nonpriority amount										
\$1,854.92										
2.241.	Priority creditor's name and mailing address JOHNSON, TAMMY G. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$4,175.84</td> </tr> </table>	Total claim	\$4,175.84	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,642.62</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$1,533.22</td> </tr> </table>	Priority amount	\$2,642.62	Nonpriority amount	\$1,533.22
Total claim										
\$4,175.84										
Priority amount										
\$2,642.62										
Nonpriority amount										
\$1,533.22										
2.242.	Priority creditor's name and mailing address JOHNSON, WANDA S. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,797.33</td> </tr> </table>	Total claim	\$2,797.33	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,570.55</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$1,226.79</td> </tr> </table>	Priority amount	\$1,570.55	Nonpriority amount	\$1,226.79
Total claim										
\$2,797.33										
Priority amount										
\$1,570.55										
Nonpriority amount										
\$1,226.79										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.243.	Priority creditor's name and mailing address JONES, AMANDA L. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$64.26	Priority amount \$64.26
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.244.	Priority creditor's name and mailing address JONES, ANGEL Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$5,918.87	Priority amount \$0.00
				Nonpriority amount \$5,918.87
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.245.	Priority creditor's name and mailing address JONES, JENNIFER L. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$471.62	Priority amount \$471.62
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.246.	Priority creditor's name and mailing address JONES, MICHAEL A. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$6,163.52</td> </tr> </table>	Total claim	\$6,163.52	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$4,983.27</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$1,180.25</td> </tr> </table>	Priority amount	\$4,983.27	Nonpriority amount	\$1,180.25
Total claim										
\$6,163.52										
Priority amount										
\$4,983.27										
Nonpriority amount										
\$1,180.25										
2.247.	Priority creditor's name and mailing address JONES, TAMMY R. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$3,310.87</td> </tr> </table>	Total claim	\$3,310.87	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,697.12</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$613.75</td> </tr> </table>	Priority amount	\$2,697.12	Nonpriority amount	\$613.75
Total claim										
\$3,310.87										
Priority amount										
\$2,697.12										
Nonpriority amount										
\$613.75										
2.248.	Priority creditor's name and mailing address JONES, WANDA Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$4.07</td> </tr> </table>	Total claim	\$4.07	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$4.07</td> </tr> </table>	Priority amount	\$0.00	Nonpriority amount	\$4.07
Total claim										
\$4.07										
Priority amount										
\$0.00										
Nonpriority amount										
\$4.07										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.249.	Priority creditor's name and mailing address JONES-CARTER, TARA N. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$409.39</td> </tr> </table>	Total claim	\$409.39	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$409.39</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$409.39	Nonpriority amount	\$0.00
Total claim										
\$409.39										
Priority amount										
\$409.39										
Nonpriority amount										
\$0.00										
2.250.	Priority creditor's name and mailing address JORDAN, MARK Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$16,166.61</td> </tr> </table>	Total claim	\$16,166.61	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$16,166.61</td> </tr> </table>	Priority amount	\$0.00	Nonpriority amount	\$16,166.61
Total claim										
\$16,166.61										
Priority amount										
\$0.00										
Nonpriority amount										
\$16,166.61										
2.251.	Priority creditor's name and mailing address JORDAN, MELINDA C. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$818.29</td> </tr> </table>	Total claim	\$818.29	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$818.29</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$818.29	Nonpriority amount	\$0.00
Total claim										
\$818.29										
Priority amount										
\$818.29										
Nonpriority amount										
\$0.00										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.252.	Priority creditor's name and mailing address KEHRLI, KIMBERLY M. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$2,700.42	Priority amount \$125.68
				Nonpriority amount \$2,574.75
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.253.	Priority creditor's name and mailing address KELLAM, VICTORIA J. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$1,705.27	Priority amount \$1,355.62
				Nonpriority amount \$349.65
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.254.	Priority creditor's name and mailing address KENNEDY, VANESSA L. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$63.49	Priority amount \$63.49
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.255.	Priority creditor's name and mailing address KENNON, HILARY L. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$274.46	Priority amount \$274.46
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.256.	Priority creditor's name and mailing address KIDD, APRIL M. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$2,158.38	Priority amount \$1,153.18
				Nonpriority amount \$1,005.20
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.257.	Priority creditor's name and mailing address KIRKMAN, CRETEENA P. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$8,693.30	Priority amount \$3,516.29
				Nonpriority amount \$5,177.01
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.258.	Priority creditor's name and mailing address KNIGHT, CHERYL L. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Total claim	\$0.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$0.00	Nonpriority amount	\$0.00
Total claim										
\$0.00										
Priority amount										
\$0.00										
Nonpriority amount										
\$0.00										
2.259.	Priority creditor's name and mailing address KNIGHT, JAMIE L. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$73.83</td> </tr> </table>	Total claim	\$73.83	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$73.83</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$73.83	Nonpriority amount	\$0.00
Total claim										
\$73.83										
Priority amount										
\$73.83										
Nonpriority amount										
\$0.00										
2.260.	Priority creditor's name and mailing address KNIGHTEN, BOBBIE J. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$64.69</td> </tr> </table>	Total claim	\$64.69	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$64.69</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$64.69	Nonpriority amount	\$0.00
Total claim										
\$64.69										
Priority amount										
\$64.69										
Nonpriority amount										
\$0.00										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.261.	Priority creditor's name and mailing address KOENIG, MATTHEW D. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$858.79	Priority amount \$858.79
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.262.	Priority creditor's name and mailing address KOGER, DENISE A. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$1,662.27	Priority amount \$1,662.27
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.263.	Priority creditor's name and mailing address LACKEY, MELISSA M. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$0.00	Priority amount \$0.00
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.264.	Priority creditor's name and mailing address LAMB, JENNIFER D. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$4,117.46	Priority amount \$2,294.85
				Nonpriority amount \$1,822.61
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.265.	Priority creditor's name and mailing address LAMPKINS, JUANITA Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$990.03	Priority amount \$0.00
				Nonpriority amount \$990.03
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.266.	Priority creditor's name and mailing address LAND, LAUREN A. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$2,589.43	Priority amount \$1,117.37
				Nonpriority amount \$1,472.06
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.267.	Priority creditor's name and mailing address LANE, KINYA Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$489.17</td> </tr> </table>	Total claim	\$489.17	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$489.17</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$489.17	Nonpriority amount	\$0.00
Total claim										
\$489.17										
Priority amount										
\$489.17										
Nonpriority amount										
\$0.00										
2.268.	Priority creditor's name and mailing address LAWSON, JANET M. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,855.18</td> </tr> </table>	Total claim	\$1,855.18	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,557.14</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$298.04</td> </tr> </table>	Priority amount	\$1,557.14	Nonpriority amount	\$298.04
Total claim										
\$1,855.18										
Priority amount										
\$1,557.14										
Nonpriority amount										
\$298.04										
2.269.	Priority creditor's name and mailing address LAYMAN, BRITTANY W. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$584.20</td> </tr> </table>	Total claim	\$584.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$584.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$584.20	Nonpriority amount	\$0.00
Total claim										
\$584.20										
Priority amount										
\$584.20										
Nonpriority amount										
\$0.00										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.270.	Priority creditor's name and mailing address LEE, KATHY E. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: right;">\$5,077.17</td> </tr> </table>	Total claim	\$5,077.17	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: right;">\$535.65</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: right;">\$4,541.52</td> </tr> </table>	Priority amount	\$535.65	Nonpriority amount	\$4,541.52
Total claim										
\$5,077.17										
Priority amount										
\$535.65										
Nonpriority amount										
\$4,541.52										
2.271.	Priority creditor's name and mailing address LENER, MARY Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: right;">\$27.13</td> </tr> </table>	Total claim	\$27.13	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: right;">\$0.00</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: right;">\$27.13</td> </tr> </table>	Priority amount	\$0.00	Nonpriority amount	\$27.13
Total claim										
\$27.13										
Priority amount										
\$0.00										
Nonpriority amount										
\$27.13										
2.272.	Priority creditor's name and mailing address LEQUERICA, FIORELLA Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: right;">\$845.20</td> </tr> </table>	Total claim	\$845.20	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: right;">\$845.20</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: right;">\$0.00</td> </tr> </table>	Priority amount	\$845.20	Nonpriority amount	\$0.00
Total claim										
\$845.20										
Priority amount										
\$845.20										
Nonpriority amount										
\$0.00										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.273.	Priority creditor's name and mailing address LEWIS, AMY J. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,309.96</td> </tr> </table>	Total claim	\$1,309.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,309.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,309.96	Nonpriority amount	\$0.00
Total claim										
\$1,309.96										
Priority amount										
\$1,309.96										
Nonpriority amount										
\$0.00										
2.274.	Priority creditor's name and mailing address LINK, JACQUELINE J. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$485.18</td> </tr> </table>	Total claim	\$485.18	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$485.18</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$485.18	Nonpriority amount	\$0.00
Total claim										
\$485.18										
Priority amount										
\$485.18										
Nonpriority amount										
\$0.00										
2.275.	Priority creditor's name and mailing address LIPSCOMB, SHARRON D. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,428.70</td> </tr> </table>	Total claim	\$1,428.70	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,428.70</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,428.70	Nonpriority amount	\$0.00
Total claim										
\$1,428.70										
Priority amount										
\$1,428.70										
Nonpriority amount										
\$0.00										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.276.	Priority creditor's name and mailing address LONG, LINDA M. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,689.09</td> </tr> </table>	Total claim	\$2,689.09	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,561.98</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$1,127.11</td> </tr> </table>	Priority amount	\$1,561.98	Nonpriority amount	\$1,127.11
Total claim										
\$2,689.09										
Priority amount										
\$1,561.98										
Nonpriority amount										
\$1,127.11										
2.277.	Priority creditor's name and mailing address LOWE, SUSAN J. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$14,061.73</td> </tr> </table>	Total claim	\$14,061.73	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,548.39</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$12,513.35</td> </tr> </table>	Priority amount	\$1,548.39	Nonpriority amount	\$12,513.35
Total claim										
\$14,061.73										
Priority amount										
\$1,548.39										
Nonpriority amount										
\$12,513.35										
2.278.	Priority creditor's name and mailing address LUCAS, HEATHER F. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$20.92</td> </tr> </table>	Total claim	\$20.92	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$20.92</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$20.92	Nonpriority amount	\$0.00
Total claim										
\$20.92										
Priority amount										
\$20.92										
Nonpriority amount										
\$0.00										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.279.	Priority creditor's name and mailing address LUTHER, CHERIE P. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,485.53</td> </tr> </table>	Total claim	\$2,485.53	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,485.53</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,485.53	Nonpriority amount	\$0.00
Total claim										
\$2,485.53										
Priority amount										
\$2,485.53										
Nonpriority amount										
\$0.00										
2.280.	Priority creditor's name and mailing address MABE JR., MICHAEL W. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$62.91</td> </tr> </table>	Total claim	\$62.91	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$62.91</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$62.91	Nonpriority amount	\$0.00
Total claim										
\$62.91										
Priority amount										
\$62.91										
Nonpriority amount										
\$0.00										
2.281.	Priority creditor's name and mailing address MABE, JILL A. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$5,571.97</td> </tr> </table>	Total claim	\$5,571.97	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,866.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$2,705.98</td> </tr> </table>	Priority amount	\$2,866.00	Nonpriority amount	\$2,705.98
Total claim										
\$5,571.97										
Priority amount										
\$2,866.00										
Nonpriority amount										
\$2,705.98										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.282.	Priority creditor's name and mailing address MABE, MICHELLE L. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$2,079.35	Priority amount \$1,484.82
				Nonpriority amount \$594.53
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.283.	Priority creditor's name and mailing address MANNING, LISA A. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$5,605.64	Priority amount \$2,371.78
				Nonpriority amount \$3,233.86
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.284.	Priority creditor's name and mailing address MANUEL, KELSEY F. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$102.81	Priority amount \$102.81
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.285.	Priority creditor's name and mailing address MARSHALL, BETTY J. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$1,086.93	Priority amount \$1,086.93
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.286.	Priority creditor's name and mailing address MARTIN, DARLENE D. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$1,238.40	Priority amount \$1,238.40
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.287.	Priority creditor's name and mailing address MARTIN, LAURA T. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$87.47	Priority amount \$87.47
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.288.	Priority creditor's name and mailing address MARTIN, LESLIE Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,543.92</td> </tr> </table>	Total claim	\$2,543.92	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$973.44</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$1,570.48</td> </tr> </table>	Priority amount	\$973.44	Nonpriority amount	\$1,570.48
Total claim										
\$2,543.92										
Priority amount										
\$973.44										
Nonpriority amount										
\$1,570.48										
2.289.	Priority creditor's name and mailing address MARTIN, PAIGE W. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$14,253.64</td> </tr> </table>	Total claim	\$14,253.64	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,372.32</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$11,881.32</td> </tr> </table>	Priority amount	\$2,372.32	Nonpriority amount	\$11,881.32
Total claim										
\$14,253.64										
Priority amount										
\$2,372.32										
Nonpriority amount										
\$11,881.32										
2.290.	Priority creditor's name and mailing address MARTIN, PAMELA M. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$3,903.27</td> </tr> </table>	Total claim	\$3,903.27	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$3,868.34</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$34.93</td> </tr> </table>	Priority amount	\$3,868.34	Nonpriority amount	\$34.93
Total claim										
\$3,903.27										
Priority amount										
\$3,868.34										
Nonpriority amount										
\$34.93										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.291.	Priority creditor's name and mailing address MATTHEWS, JU-LEAH C. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$66.06	Priority amount \$66.06 Nonpriority amount \$0.00
2.292.	Priority creditor's name and mailing address MAYHAN, RENITA L. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$72.29	Priority amount \$72.29 Nonpriority amount \$0.00
2.293.	Priority creditor's name and mailing address MAYS, LYNN A. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$7,863.10	Priority amount \$831.87 Nonpriority amount \$7,031.23

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.294.	Priority creditor's name and mailing address MCBRIDE, JILL V. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$527.10</td> </tr> </table>	Total claim	\$527.10	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$527.10</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$527.10	Nonpriority amount	\$0.00
Total claim										
\$527.10										
Priority amount										
\$527.10										
Nonpriority amount										
\$0.00										
2.295.	Priority creditor's name and mailing address MCCULLOUGH-POLLARD, PATRICIA Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$640.19</td> </tr> </table>	Total claim	\$640.19	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$640.19</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$640.19	Nonpriority amount	\$0.00
Total claim										
\$640.19										
Priority amount										
\$640.19										
Nonpriority amount										
\$0.00										
2.296.	Priority creditor's name and mailing address MCDANIEL, WENDY G. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,673.47</td> </tr> </table>	Total claim	\$2,673.47	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$971.07</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$1,702.40</td> </tr> </table>	Priority amount	\$971.07	Nonpriority amount	\$1,702.40
Total claim										
\$2,673.47										
Priority amount										
\$971.07										
Nonpriority amount										
\$1,702.40										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.297.	Priority creditor's name and mailing address MCDOWELL, CHRISTINA G. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$4,775.71</td> </tr> </table>	Total claim	\$4,775.71	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$752.27</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$4,023.45</td> </tr> </table>	Priority amount	\$752.27	Nonpriority amount	\$4,023.45
Total claim										
\$4,775.71										
Priority amount										
\$752.27										
Nonpriority amount										
\$4,023.45										
2.298.	Priority creditor's name and mailing address MCGHEE, CATHY B. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,073.19</td> </tr> </table>	Total claim	\$2,073.19	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,073.19</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,073.19	Nonpriority amount	\$0.00
Total claim										
\$2,073.19										
Priority amount										
\$2,073.19										
Nonpriority amount										
\$0.00										
2.299.	Priority creditor's name and mailing address MCLAURIN, GAYE A. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$104.10</td> </tr> </table>	Total claim	\$104.10	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$104.10</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$104.10	Nonpriority amount	\$0.00
Total claim										
\$104.10										
Priority amount										
\$104.10										
Nonpriority amount										
\$0.00										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.300.	Priority creditor's name and mailing address MCLEOD, WILLIAM J. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$56,249.47</td> <td>\$5,061.66</td> </tr> </table>	Total claim	Priority amount	\$56,249.47	\$5,061.66	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$51,187.81</td> </tr> </table>	Nonpriority amount	\$51,187.81
Total claim	Priority amount									
\$56,249.47	\$5,061.66									
Nonpriority amount										
\$51,187.81										
2.301.	Priority creditor's name and mailing address MCMANNES, REBECCA L. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,741.21</td> <td>\$1,427.38</td> </tr> </table>	Total claim	Priority amount	\$2,741.21	\$1,427.38	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$1,313.83</td> </tr> </table>	Nonpriority amount	\$1,313.83
Total claim	Priority amount									
\$2,741.21	\$1,427.38									
Nonpriority amount										
\$1,313.83										
2.302.	Priority creditor's name and mailing address MCMILLAN, JONATHAN M. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$798.26</td> <td>\$798.26</td> </tr> </table>	Total claim	Priority amount	\$798.26	\$798.26	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount									
\$798.26	\$798.26									
Nonpriority amount										
\$0.00										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.303.	Priority creditor's name and mailing address MCMILLAN, MELANIE R. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$1,282.72	Priority amount \$1,282.72
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.304.	Priority creditor's name and mailing address MCWHORTER, DENISE C. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$2,492.76	Priority amount \$902.00
				Nonpriority amount \$1,590.76
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.305.	Priority creditor's name and mailing address MEADOWS, ROBIN J. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$61.39	Priority amount \$61.39
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.306.	Priority creditor's name and mailing address MEASE, BERTHA L. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,894.18</td> </tr> </table>	Total claim	\$1,894.18	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,894.18</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,894.18	Nonpriority amount	\$0.00
Total claim										
\$1,894.18										
Priority amount										
\$1,894.18										
Nonpriority amount										
\$0.00										
2.307.	Priority creditor's name and mailing address MECUM, WARREN Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,543.48</td> </tr> </table>	Total claim	\$2,543.48	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$2,543.48</td> </tr> </table>	Priority amount	\$0.00	Nonpriority amount	\$2,543.48
Total claim										
\$2,543.48										
Priority amount										
\$0.00										
Nonpriority amount										
\$2,543.48										
2.308.	Priority creditor's name and mailing address MEEKS, ANGEL P. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$603.62</td> </tr> </table>	Total claim	\$603.62	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$603.62</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$603.62	Nonpriority amount	\$0.00
Total claim										
\$603.62										
Priority amount										
\$603.62										
Nonpriority amount										
\$0.00										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.309.	Priority creditor's name and mailing address MEEKS, JANICE E. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$448.71</td> </tr> </table>	Total claim	\$448.71	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$448.71</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$448.71	Nonpriority amount	\$0.00
Total claim										
\$448.71										
Priority amount										
\$448.71										
Nonpriority amount										
\$0.00										
2.310.	Priority creditor's name and mailing address MEEKS, MELISSA D. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$3,429.19</td> </tr> </table>	Total claim	\$3,429.19	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$743.12</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$2,686.07</td> </tr> </table>	Priority amount	\$743.12	Nonpriority amount	\$2,686.07
Total claim										
\$3,429.19										
Priority amount										
\$743.12										
Nonpriority amount										
\$2,686.07										
2.311.	Priority creditor's name and mailing address MEREDITH, CAROL L. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,485.12</td> </tr> </table>	Total claim	\$1,485.12	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,031.42</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$453.71</td> </tr> </table>	Priority amount	\$1,031.42	Nonpriority amount	\$453.71
Total claim										
\$1,485.12										
Priority amount										
\$1,031.42										
Nonpriority amount										
\$453.71										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.312.	Priority creditor's name and mailing address MERICLE, JEFFREY W. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$10,319.00	Priority amount \$3,520.48 Nonpriority amount \$6,798.52
2.313.	Priority creditor's name and mailing address MILLER JR., DOUGLAS R. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$2,915.52	Priority amount \$1,547.57 Nonpriority amount \$1,367.94
2.314.	Priority creditor's name and mailing address MILLER, CLARENCE Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$3,173.05	Priority amount \$3,173.05 Nonpriority amount \$0.00

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.315.	Priority creditor's name and mailing address MILLS, JODI L. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$5,673.15</td> </tr> </table>	Total claim	\$5,673.15	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,711.62</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$2,961.53</td> </tr> </table>	Priority amount	\$2,711.62	Nonpriority amount	\$2,961.53
Total claim										
\$5,673.15										
Priority amount										
\$2,711.62										
Nonpriority amount										
\$2,961.53										
2.316.	Priority creditor's name and mailing address MINTER, JOYCE M. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$8,414.07</td> </tr> </table>	Total claim	\$8,414.07	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,623.06</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$6,791.01</td> </tr> </table>	Priority amount	\$1,623.06	Nonpriority amount	\$6,791.01
Total claim										
\$8,414.07										
Priority amount										
\$1,623.06										
Nonpriority amount										
\$6,791.01										
2.317.	Priority creditor's name and mailing address MITCHELL, LENORA Y. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$81.80</td> </tr> </table>	Total claim	\$81.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$81.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$81.80	Nonpriority amount	\$0.00
Total claim										
\$81.80										
Priority amount										
\$81.80										
Nonpriority amount										
\$0.00										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.318.	Priority creditor's name and mailing address MITCHELL, LINDA R. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$11,331.58</td> </tr> </table>	Total claim	\$11,331.58	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,926.14</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$9,405.44</td> </tr> </table>	Priority amount	\$1,926.14	Nonpriority amount	\$9,405.44
Total claim										
\$11,331.58										
Priority amount										
\$1,926.14										
Nonpriority amount										
\$9,405.44										
2.319.	Priority creditor's name and mailing address MIZE, ANDREA C. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,674.47</td> </tr> </table>	Total claim	\$1,674.47	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,566.05</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$108.42</td> </tr> </table>	Priority amount	\$1,566.05	Nonpriority amount	\$108.42
Total claim										
\$1,674.47										
Priority amount										
\$1,566.05										
Nonpriority amount										
\$108.42										
2.320.	Priority creditor's name and mailing address MONTGOMERY, JILL C. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$5,501.59</td> </tr> </table>	Total claim	\$5,501.59	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,830.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$3,671.18</td> </tr> </table>	Priority amount	\$1,830.40	Nonpriority amount	\$3,671.18
Total claim										
\$5,501.59										
Priority amount										
\$1,830.40										
Nonpriority amount										
\$3,671.18										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.321.	Priority creditor's name and mailing address MOON, WANDA G. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$9,090.14</td> </tr> </table>	Total claim	\$9,090.14	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,399.13</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$6,691.01</td> </tr> </table>	Priority amount	\$2,399.13	Nonpriority amount	\$6,691.01
Total claim										
\$9,090.14										
Priority amount										
\$2,399.13										
Nonpriority amount										
\$6,691.01										
2.322.	Priority creditor's name and mailing address MOORE, ANGELA Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$301.06</td> </tr> </table>	Total claim	\$301.06	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$301.06</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$301.06	Nonpriority amount	\$0.00
Total claim										
\$301.06										
Priority amount										
\$301.06										
Nonpriority amount										
\$0.00										
2.323.	Priority creditor's name and mailing address MOORE, BRENDA W. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$5,094.89</td> </tr> </table>	Total claim	\$5,094.89	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,377.48</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$3,717.42</td> </tr> </table>	Priority amount	\$1,377.48	Nonpriority amount	\$3,717.42
Total claim										
\$5,094.89										
Priority amount										
\$1,377.48										
Nonpriority amount										
\$3,717.42										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.324.	Priority creditor's name and mailing address MOORE, ERICA M. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$79.29	Priority amount \$79.29 Nonpriority amount \$0.00
2.325.	Priority creditor's name and mailing address MOORE, REGINA Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$489.39	Priority amount \$0.00 Nonpriority amount \$489.39
2.326.	Priority creditor's name and mailing address MOORE, SHERETTA D. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$1,435.19	Priority amount \$521.05 Nonpriority amount \$914.14

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.327.	Priority creditor's name and mailing address MOORE, VANESSA W. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$12,542.72</td> </tr> </table>	Total claim	\$12,542.72	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$3,450.22</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$9,092.50</td> </tr> </table>	Priority amount	\$3,450.22	Nonpriority amount	\$9,092.50
Total claim										
\$12,542.72										
Priority amount										
\$3,450.22										
Nonpriority amount										
\$9,092.50										
2.328.	Priority creditor's name and mailing address MORGAN, MICHELLE D. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,354.41</td> </tr> </table>	Total claim	\$1,354.41	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,093.27</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$261.14</td> </tr> </table>	Priority amount	\$1,093.27	Nonpriority amount	\$261.14
Total claim										
\$1,354.41										
Priority amount										
\$1,093.27										
Nonpriority amount										
\$261.14										
2.329.	Priority creditor's name and mailing address MORRISON, MICHELLE D. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$169.59</td> </tr> </table>	Total claim	\$169.59	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$169.59</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$169.59	Nonpriority amount	\$0.00
Total claim										
\$169.59										
Priority amount										
\$169.59										
Nonpriority amount										
\$0.00										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.330.	Priority creditor's name and mailing address MORTENSON, RODNEY A. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$135.98	Priority amount \$135.98
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.331.	Priority creditor's name and mailing address MOSER, SARAH C. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$4,855.02	Priority amount \$3,569.21
				Nonpriority amount \$1,285.81
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.332.	Priority creditor's name and mailing address MOSHENEK, PATRICIA M. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$9,454.59	Priority amount \$105.99
				Nonpriority amount \$9,348.59
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.333.	Priority creditor's name and mailing address MOSS, JOANNA Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$10.80</td> </tr> </table>	Total claim	\$10.80	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$10.80</td> </tr> </table>	Priority amount	\$0.00	Nonpriority amount	\$10.80
Total claim										
\$10.80										
Priority amount										
\$0.00										
Nonpriority amount										
\$10.80										
2.334.	Priority creditor's name and mailing address MULLINS, BRANDI M. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$73.38</td> </tr> </table>	Total claim	\$73.38	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$73.38</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$73.38	Nonpriority amount	\$0.00
Total claim										
\$73.38										
Priority amount										
\$73.38										
Nonpriority amount										
\$0.00										
2.335.	Priority creditor's name and mailing address MURPHY, MELANIE S. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$2,287.50</td> </tr> </table>	Total claim	\$2,287.50	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$2,079.90</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$207.60</td> </tr> </table>	Priority amount	\$2,079.90	Nonpriority amount	\$207.60
Total claim										
\$2,287.50										
Priority amount										
\$2,079.90										
Nonpriority amount										
\$207.60										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.336.	Priority creditor's name and mailing address MYERS, ANGELA D. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$782.29	Priority amount \$782.29
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.337.	Priority creditor's name and mailing address NANCE, GARLAND W. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$1,647.24	Priority amount \$926.86
				Nonpriority amount \$720.38
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.338.	Priority creditor's name and mailing address NEAL, ANISA Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$69.08	Priority amount \$69.08
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.339.	Priority creditor's name and mailing address NEAL, MICKI M. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$716.58</td> </tr> </table>	Total claim	\$716.58	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$716.58</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$716.58	Nonpriority amount	\$0.00
Total claim										
\$716.58										
Priority amount										
\$716.58										
Nonpriority amount										
\$0.00										
2.340.	Priority creditor's name and mailing address NEAL, STEVEN N. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$586.98</td> </tr> </table>	Total claim	\$586.98	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$554.37</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$32.61</td> </tr> </table>	Priority amount	\$554.37	Nonpriority amount	\$32.61
Total claim										
\$586.98										
Priority amount										
\$554.37										
Nonpriority amount										
\$32.61										
2.341.	Priority creditor's name and mailing address NETHERLAND, SUSAN B. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$7,901.29</td> </tr> </table>	Total claim	\$7,901.29	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$7,701.34</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$199.95</td> </tr> </table>	Priority amount	\$7,701.34	Nonpriority amount	\$199.95
Total claim										
\$7,901.29										
Priority amount										
\$7,701.34										
Nonpriority amount										
\$199.95										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.342.	Priority creditor's name and mailing address NOTARCOLA, SERENA C. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$12,651.86	Priority amount \$1,788.20
				Nonpriority amount \$10,863.67
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.343.	Priority creditor's name and mailing address OAKES, WENDY M. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$70.43	Priority amount \$70.43
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.344.	Priority creditor's name and mailing address O'CONNOR, COLLEEN D. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$83.02	Priority amount \$83.02
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.345.	Priority creditor's name and mailing address O'DELL, DEBRA Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,974.30</td> </tr> </table>	Total claim	\$2,974.30	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,203.87</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$770.44</td> </tr> </table>	Priority amount	\$2,203.87	Nonpriority amount	\$770.44
Total claim										
\$2,974.30										
Priority amount										
\$2,203.87										
Nonpriority amount										
\$770.44										
2.346.	Priority creditor's name and mailing address O'LEARY, ERIN K. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$592.63</td> </tr> </table>	Total claim	\$592.63	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$592.63</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$592.63	Nonpriority amount	\$0.00
Total claim										
\$592.63										
Priority amount										
\$592.63										
Nonpriority amount										
\$0.00										
2.347.	Priority creditor's name and mailing address ORE, JANET L. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,728.25</td> </tr> </table>	Total claim	\$2,728.25	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,490.75</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$237.50</td> </tr> </table>	Priority amount	\$2,490.75	Nonpriority amount	\$237.50
Total claim										
\$2,728.25										
Priority amount										
\$2,490.75										
Nonpriority amount										
\$237.50										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.348.	Priority creditor's name and mailing address ORE, JENNY M. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$93.24</td> </tr> </table>	Total claim	\$93.24	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$93.24</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$93.24	Nonpriority amount	\$0.00
Total claim										
\$93.24										
Priority amount										
\$93.24										
Nonpriority amount										
\$0.00										
2.349.	Priority creditor's name and mailing address ORE, KAYLA R. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$88.05</td> </tr> </table>	Total claim	\$88.05	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$88.05</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$88.05	Nonpriority amount	\$0.00
Total claim										
\$88.05										
Priority amount										
\$88.05										
Nonpriority amount										
\$0.00										
2.350.	Priority creditor's name and mailing address OSBORNE, CHRISTY B. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,607.53</td> </tr> </table>	Total claim	\$1,607.53	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,447.14</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$160.39</td> </tr> </table>	Priority amount	\$1,447.14	Nonpriority amount	\$160.39
Total claim										
\$1,607.53										
Priority amount										
\$1,447.14										
Nonpriority amount										
\$160.39										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.351.	Priority creditor's name and mailing address OVERBY, HELEN Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,101.81</td> </tr> </table>	Total claim	\$1,101.81	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,101.81</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,101.81	Nonpriority amount	\$0.00
Total claim										
\$1,101.81										
Priority amount										
\$1,101.81										
Nonpriority amount										
\$0.00										
2.352.	Priority creditor's name and mailing address OWENS, WENDY C. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,067.31</td> </tr> </table>	Total claim	\$1,067.31	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,067.31</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,067.31	Nonpriority amount	\$0.00
Total claim										
\$1,067.31										
Priority amount										
\$1,067.31										
Nonpriority amount										
\$0.00										
2.353.	Priority creditor's name and mailing address PACE, HAGAN E. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,120.08</td> </tr> </table>	Total claim	\$1,120.08	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$1,120.08</td> </tr> </table>	Priority amount	\$0.00	Nonpriority amount	\$1,120.08
Total claim										
\$1,120.08										
Priority amount										
\$0.00										
Nonpriority amount										
\$1,120.08										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.354.	Priority creditor's name and mailing address PARKER, SANDRA H. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$1,928.44	Priority amount \$1,672.27
				Nonpriority amount \$256.17
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.355.	Priority creditor's name and mailing address PARKER-DARLING, GENELL Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$1,102.36	Priority amount \$1,102.36
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.356.	Priority creditor's name and mailing address PARKS, ASHLEY E. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$2,649.92	Priority amount \$2,649.92
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.357.	Priority creditor's name and mailing address PARRISH, CHIQUILA S. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$799.14	Priority amount \$799.14
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.358.	Priority creditor's name and mailing address PEER, HEATHER O. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$7,810.26	Priority amount \$2,319.55
				Nonpriority amount \$5,490.72
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.359.	Priority creditor's name and mailing address PENDLETON, EDITH J. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$6,250.74	Priority amount \$3,475.28
				Nonpriority amount \$2,775.46
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.360.	Priority creditor's name and mailing address PENN, BRENDA G. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,155.99</td> </tr> </table>	Total claim	\$1,155.99	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$777.15</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$378.84</td> </tr> </table>	Priority amount	\$777.15	Nonpriority amount	\$378.84
Total claim										
\$1,155.99										
Priority amount										
\$777.15										
Nonpriority amount										
\$378.84										
2.361.	Priority creditor's name and mailing address PERDUE, MARY J. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$780.50</td> </tr> </table>	Total claim	\$780.50	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$780.50</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$780.50	Nonpriority amount	\$0.00
Total claim										
\$780.50										
Priority amount										
\$780.50										
Nonpriority amount										
\$0.00										
2.362.	Priority creditor's name and mailing address PHILLIPS, MARY L. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,380.57</td> </tr> </table>	Total claim	\$1,380.57	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,380.57</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,380.57	Nonpriority amount	\$0.00
Total claim										
\$1,380.57										
Priority amount										
\$1,380.57										
Nonpriority amount										
\$0.00										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.363.	Priority creditor's name and mailing address POWELL JR., CLIFTON D. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$319.33</td> </tr> </table>	Total claim	\$319.33	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$319.33</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$319.33	Nonpriority amount	\$0.00
Total claim										
\$319.33										
Priority amount										
\$319.33										
Nonpriority amount										
\$0.00										
2.364.	Priority creditor's name and mailing address POWELL, APRIL D. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$202.01</td> </tr> </table>	Total claim	\$202.01	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$202.01</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$202.01	Nonpriority amount	\$0.00
Total claim										
\$202.01										
Priority amount										
\$202.01										
Nonpriority amount										
\$0.00										
2.365.	Priority creditor's name and mailing address PRATT, BRITTANY P. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$657.73</td> </tr> </table>	Total claim	\$657.73	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$657.73</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$657.73	Nonpriority amount	\$0.00
Total claim										
\$657.73										
Priority amount										
\$657.73										
Nonpriority amount										
\$0.00										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.366.	Priority creditor's name and mailing address PRESNELL, BRANDY D. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,282.37</td> </tr> </table>	Total claim	\$1,282.37	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,282.37</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,282.37	Nonpriority amount	\$0.00
Total claim										
\$1,282.37										
Priority amount										
\$1,282.37										
Nonpriority amount										
\$0.00										
2.367.	Priority creditor's name and mailing address PRESTON, ALAN M. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$421.55</td> </tr> </table>	Total claim	\$421.55	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$421.55</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$421.55	Nonpriority amount	\$0.00
Total claim										
\$421.55										
Priority amount										
\$421.55										
Nonpriority amount										
\$0.00										
2.368.	Priority creditor's name and mailing address PREWETTE, CAITLIN P. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,400.83</td> </tr> </table>	Total claim	\$1,400.83	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,013.10</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$387.73</td> </tr> </table>	Priority amount	\$1,013.10	Nonpriority amount	\$387.73
Total claim										
\$1,400.83										
Priority amount										
\$1,013.10										
Nonpriority amount										
\$387.73										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.369.	Priority creditor's name and mailing address PREWETTE, WENDY D. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$3,596.01</td> </tr> </table>	Total claim	\$3,596.01	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,418.53</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$1,177.48</td> </tr> </table>	Priority amount	\$2,418.53	Nonpriority amount	\$1,177.48
Total claim										
\$3,596.01										
Priority amount										
\$2,418.53										
Nonpriority amount										
\$1,177.48										
2.370.	Priority creditor's name and mailing address PRICE, HEATHER D. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$862.58</td> </tr> </table>	Total claim	\$862.58	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$862.58</td> </tr> </table>	Priority amount	\$0.00	Nonpriority amount	\$862.58
Total claim										
\$862.58										
Priority amount										
\$0.00										
Nonpriority amount										
\$862.58										
2.371.	Priority creditor's name and mailing address PRUETT, TARA M. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,120.42</td> </tr> </table>	Total claim	\$2,120.42	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,104.61</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$15.81</td> </tr> </table>	Priority amount	\$2,104.61	Nonpriority amount	\$15.81
Total claim										
\$2,120.42										
Priority amount										
\$2,104.61										
Nonpriority amount										
\$15.81										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.372.	Priority creditor's name and mailing address PULLIAM, STEPHANIE N. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$541.59</td> </tr> </table>	Total claim	\$541.59	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$541.59</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$541.59	Nonpriority amount	\$0.00
Total claim										
\$541.59										
Priority amount										
\$541.59										
Nonpriority amount										
\$0.00										
2.373.	Priority creditor's name and mailing address PURCELL, FANNIE W. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,309.83</td> </tr> </table>	Total claim	\$1,309.83	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,309.83</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,309.83	Nonpriority amount	\$0.00
Total claim										
\$1,309.83										
Priority amount										
\$1,309.83										
Nonpriority amount										
\$0.00										
2.374.	Priority creditor's name and mailing address PURVIS, RENEE D. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$7,048.85</td> </tr> </table>	Total claim	\$7,048.85	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,403.63</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$5,645.23</td> </tr> </table>	Priority amount	\$1,403.63	Nonpriority amount	\$5,645.23
Total claim										
\$7,048.85										
Priority amount										
\$1,403.63										
Nonpriority amount										
\$5,645.23										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.375.	Priority creditor's name and mailing address RAWLINS, KELLY H. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$975.34</td> </tr> </table>	Total claim	\$975.34	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$398.99</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$576.35</td> </tr> </table>	Priority amount	\$398.99	Nonpriority amount	\$576.35
Total claim										
\$975.34										
Priority amount										
\$398.99										
Nonpriority amount										
\$576.35										
2.376.	Priority creditor's name and mailing address REED, CHRISTINA M. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,036.68</td> </tr> </table>	Total claim	\$2,036.68	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,569.86</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$466.82</td> </tr> </table>	Priority amount	\$1,569.86	Nonpriority amount	\$466.82
Total claim										
\$2,036.68										
Priority amount										
\$1,569.86										
Nonpriority amount										
\$466.82										
2.377.	Priority creditor's name and mailing address REESE, JANET H. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$3,270.72</td> </tr> </table>	Total claim	\$3,270.72	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$540.46</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$2,730.27</td> </tr> </table>	Priority amount	\$540.46	Nonpriority amount	\$2,730.27
Total claim										
\$3,270.72										
Priority amount										
\$540.46										
Nonpriority amount										
\$2,730.27										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.378.	Priority creditor's name and mailing address REID, LESLIE M. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$96.47</td> </tr> </table>	Total claim	\$96.47	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$96.47</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$96.47	Nonpriority amount	\$0.00
Total claim										
\$96.47										
Priority amount										
\$96.47										
Nonpriority amount										
\$0.00										
2.379.	Priority creditor's name and mailing address REID, NICHOLAS L. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$378.46</td> </tr> </table>	Total claim	\$378.46	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$378.46</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$378.46	Nonpriority amount	\$0.00
Total claim										
\$378.46										
Priority amount										
\$378.46										
Nonpriority amount										
\$0.00										
2.380.	Priority creditor's name and mailing address REYNOLDS, CRYSTAL S. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$5,064.36</td> </tr> </table>	Total claim	\$5,064.36	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,275.41</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$2,788.94</td> </tr> </table>	Priority amount	\$2,275.41	Nonpriority amount	\$2,788.94
Total claim										
\$5,064.36										
Priority amount										
\$2,275.41										
Nonpriority amount										
\$2,788.94										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.381.	Priority creditor's name and mailing address REYNOLDS, DARLA D. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$3,831.80</td></tr></table>	Total claim	\$3,831.80	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$2,842.99</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$988.81</td></tr></table>	Priority amount	\$2,842.99	Nonpriority amount	\$988.81
Total claim										
\$3,831.80										
Priority amount										
\$2,842.99										
Nonpriority amount										
\$988.81										
2.382.	Priority creditor's name and mailing address RIECK, YVONNE M. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$7,617.14</td></tr></table>	Total claim	\$7,617.14	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$0.00</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$7,617.14</td></tr></table>	Priority amount	\$0.00	Nonpriority amount	\$7,617.14
Total claim										
\$7,617.14										
Priority amount										
\$0.00										
Nonpriority amount										
\$7,617.14										
2.383.	Priority creditor's name and mailing address RIESON, MARIA A. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$65.41</td></tr></table>	Total claim	\$65.41	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$65.41</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$65.41	Nonpriority amount	\$0.00
Total claim										
\$65.41										
Priority amount										
\$65.41										
Nonpriority amount										
\$0.00										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.384.	Priority creditor's name and mailing address RIGG, CYNTHIA Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$195.98</td> </tr> </table>	Total claim	\$195.98	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$195.98</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$195.98	Nonpriority amount	\$0.00
Total claim										
\$195.98										
Priority amount										
\$195.98										
Nonpriority amount										
\$0.00										
2.385.	Priority creditor's name and mailing address RIPPEY, JENNIFER T. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$446.87</td> </tr> </table>	Total claim	\$446.87	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$446.87</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$446.87	Nonpriority amount	\$0.00
Total claim										
\$446.87										
Priority amount										
\$446.87										
Nonpriority amount										
\$0.00										
2.386.	Priority creditor's name and mailing address RIVERA, SILVIA M. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1.92</td> </tr> </table>	Total claim	\$1.92	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1.92</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1.92	Nonpriority amount	\$0.00
Total claim										
\$1.92										
Priority amount										
\$1.92										
Nonpriority amount										
\$0.00										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.387.	Priority creditor's name and mailing address ROBERSON, JESSICA N. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$2,717.34	Priority amount \$1,110.32
				Nonpriority amount \$1,607.01
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.388.	Priority creditor's name and mailing address ROBERTS, DESSIE Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$1,598.34	Priority amount \$1,598.34
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.389.	Priority creditor's name and mailing address ROBERTS, RAVONDA J. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$64.77	Priority amount \$64.77
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.390.	Priority creditor's name and mailing address ROBERTSON, CHRISTINA L. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$612.16</td></tr></table>	Total claim	\$612.16	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$612.16</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$612.16	Nonpriority amount	\$0.00
Total claim										
\$612.16										
Priority amount										
\$612.16										
Nonpriority amount										
\$0.00										
2.391.	Priority creditor's name and mailing address ROBERTSON, JENNIFER L. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$131.66</td></tr></table>	Total claim	\$131.66	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$131.66</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$131.66	Nonpriority amount	\$0.00
Total claim										
\$131.66										
Priority amount										
\$131.66										
Nonpriority amount										
\$0.00										
2.392.	Priority creditor's name and mailing address ROBINSON, ELIZABETH Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$383.47</td></tr></table>	Total claim	\$383.47	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$0.00</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$383.47</td></tr></table>	Priority amount	\$0.00	Nonpriority amount	\$383.47
Total claim										
\$383.47										
Priority amount										
\$0.00										
Nonpriority amount										
\$383.47										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.393.	Priority creditor's name and mailing address ROBINSON, KAYLA D. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$575.02</td></tr></table>	Total claim	\$575.02	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$575.02</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$575.02	Nonpriority amount	\$0.00
Total claim										
\$575.02										
Priority amount										
\$575.02										
Nonpriority amount										
\$0.00										
2.394.	Priority creditor's name and mailing address RODRIGUEZ, ANGELINA Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$100.80</td></tr></table>	Total claim	\$100.80	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$0.00</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$100.80</td></tr></table>	Priority amount	\$0.00	Nonpriority amount	\$100.80
Total claim										
\$100.80										
Priority amount										
\$0.00										
Nonpriority amount										
\$100.80										
2.395.	Priority creditor's name and mailing address ROUSE, BETTY L. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$3,062.28</td></tr></table>	Total claim	\$3,062.28	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$1,018.39</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$2,043.90</td></tr></table>	Priority amount	\$1,018.39	Nonpriority amount	\$2,043.90
Total claim										
\$3,062.28										
Priority amount										
\$1,018.39										
Nonpriority amount										
\$2,043.90										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.396.	Priority creditor's name and mailing address ROY, MARK W. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$56,263.98	Priority amount \$3,948.74 Nonpriority amount \$52,315.24
2.397.	Priority creditor's name and mailing address RUMBLEY, MICHELLE L. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$1,277.82	Priority amount \$1,277.82 Nonpriority amount \$0.00
2.398.	Priority creditor's name and mailing address SATTERWHITE, BRANDY M. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$3,994.32	Priority amount \$1,591.77 Nonpriority amount \$2,402.55

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.399.	Priority creditor's name and mailing address SAUNDERS, TAMMY L. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$470.51</td> </tr> </table>	Total claim	\$470.51	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$470.51</td> </tr> </table>	Priority amount	\$0.00	Nonpriority amount	\$470.51
Total claim										
\$470.51										
Priority amount										
\$0.00										
Nonpriority amount										
\$470.51										
2.400.	Priority creditor's name and mailing address SCALES, ANGELA M. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,915.87</td> </tr> </table>	Total claim	\$2,915.87	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,569.30</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$1,346.57</td> </tr> </table>	Priority amount	\$1,569.30	Nonpriority amount	\$1,346.57
Total claim										
\$2,915.87										
Priority amount										
\$1,569.30										
Nonpriority amount										
\$1,346.57										
2.401.	Priority creditor's name and mailing address SCALES, TONI Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,131.62</td> </tr> </table>	Total claim	\$1,131.62	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$1,131.62</td> </tr> </table>	Priority amount	\$0.00	Nonpriority amount	\$1,131.62
Total claim										
\$1,131.62										
Priority amount										
\$0.00										
Nonpriority amount										
\$1,131.62										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.402.	Priority creditor's name and mailing address SCEARCE, RAINEY J. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$63.49	Priority amount \$63.49
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.403.	Priority creditor's name and mailing address SEARCY, TINA L. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$4,047.93	Priority amount \$1,215.55
				Nonpriority amount \$2,832.38
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.404.	Priority creditor's name and mailing address SEAY, DONNA S. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$973.45	Priority amount \$973.45
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.405.	Priority creditor's name and mailing address SERPE, EUGENE C. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$16,823.40</td> </tr> </table>	Total claim	\$16,823.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$5,376.55</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$11,446.84</td> </tr> </table>	Priority amount	\$5,376.55	Nonpriority amount	\$11,446.84
Total claim										
\$16,823.40										
Priority amount										
\$5,376.55										
Nonpriority amount										
\$11,446.84										
2.406.	Priority creditor's name and mailing address SERVIN, CASSY S. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$62.91</td> </tr> </table>	Total claim	\$62.91	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$62.91</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$62.91	Nonpriority amount	\$0.00
Total claim										
\$62.91										
Priority amount										
\$62.91										
Nonpriority amount										
\$0.00										
2.407.	Priority creditor's name and mailing address SEYBERT, HILLARY E. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Total claim	\$0.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$0.00	Nonpriority amount	\$0.00
Total claim										
\$0.00										
Priority amount										
\$0.00										
Nonpriority amount										
\$0.00										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.408.	Priority creditor's name and mailing address SHAFER, STEPHANIE E. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim	Priority amount
			\$935.13	\$935.13
				Nonpriority amount
				\$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.409.	Priority creditor's name and mailing address SHAW III, JAMES M. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim	Priority amount
			\$411.95	\$411.95
				Nonpriority amount
				\$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.410.	Priority creditor's name and mailing address SHEARD, DELRICK L. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim	Priority amount
			\$76.19	\$76.19
				Nonpriority amount
				\$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.411.	Priority creditor's name and mailing address SHEETS, JENNIFER HODGES Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$86.13</td> </tr> </table>	Total claim	\$86.13	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$86.13</td> </tr> </table>	Priority amount	\$0.00	Nonpriority amount	\$86.13
Total claim										
\$86.13										
Priority amount										
\$0.00										
Nonpriority amount										
\$86.13										
2.412.	Priority creditor's name and mailing address SHELTON, WENDY Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$6,353.51</td> </tr> </table>	Total claim	\$6,353.51	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$6,353.51</td> </tr> </table>	Priority amount	\$0.00	Nonpriority amount	\$6,353.51
Total claim										
\$6,353.51										
Priority amount										
\$0.00										
Nonpriority amount										
\$6,353.51										
2.413.	Priority creditor's name and mailing address SHOE, MICKEY J. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$878.15</td> </tr> </table>	Total claim	\$878.15	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$370.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$507.75</td> </tr> </table>	Priority amount	\$370.40	Nonpriority amount	\$507.75
Total claim										
\$878.15										
Priority amount										
\$370.40										
Nonpriority amount										
\$507.75										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.414.	Priority creditor's name and mailing address SHROPSHIRE, CESALEA C. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$797.07	Priority amount \$0.00
				Nonpriority amount \$797.07
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.415.	Priority creditor's name and mailing address SHROPSHIRE, JORDAN L. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$1,651.87	Priority amount \$1,116.26
				Nonpriority amount \$535.60
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.416.	Priority creditor's name and mailing address SHUTTERS, TOBY Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$353.41	Priority amount \$353.41
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.417.	Priority creditor's name and mailing address SIMS, LAUREN F. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$1,231.53</td></tr></table>	Total claim	\$1,231.53	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$1,231.53</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$1,231.53	Nonpriority amount	\$0.00
Total claim										
\$1,231.53										
Priority amount										
\$1,231.53										
Nonpriority amount										
\$0.00										
2.418.	Priority creditor's name and mailing address SKARBK, KATHERINE C. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$0.00</td></tr></table>	Total claim	\$0.00	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$0.00</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$0.00	Nonpriority amount	\$0.00
Total claim										
\$0.00										
Priority amount										
\$0.00										
Nonpriority amount										
\$0.00										
2.419.	Priority creditor's name and mailing address SLAYTON, JORDAN Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$157.43</td></tr></table>	Total claim	\$157.43	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$157.43</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$157.43	Nonpriority amount	\$0.00
Total claim										
\$157.43										
Priority amount										
\$157.43										
Nonpriority amount										
\$0.00										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.420.	Priority creditor's name and mailing address SMITH, BRYAN C. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,124.19</td> </tr> </table>	Total claim	\$1,124.19	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$652.44</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$471.75</td> </tr> </table>	Priority amount	\$652.44	Nonpriority amount	\$471.75
Total claim										
\$1,124.19										
Priority amount										
\$652.44										
Nonpriority amount										
\$471.75										
2.421.	Priority creditor's name and mailing address SMITH, DEANNA D. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,133.15</td> </tr> </table>	Total claim	\$1,133.15	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$875.87</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$257.28</td> </tr> </table>	Priority amount	\$875.87	Nonpriority amount	\$257.28
Total claim										
\$1,133.15										
Priority amount										
\$875.87										
Nonpriority amount										
\$257.28										
2.422.	Priority creditor's name and mailing address SMITH, DIANE N. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$451.33</td> </tr> </table>	Total claim	\$451.33	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$154.13</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$297.20</td> </tr> </table>	Priority amount	\$154.13	Nonpriority amount	\$297.20
Total claim										
\$451.33										
Priority amount										
\$154.13										
Nonpriority amount										
\$297.20										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.423.	Priority creditor's name and mailing address SMITH, JAIME P. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$7,654.40</td> </tr> </table>	Total claim	\$7,654.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,248.56</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$6,405.84</td> </tr> </table>	Priority amount	\$1,248.56	Nonpriority amount	\$6,405.84
Total claim										
\$7,654.40										
Priority amount										
\$1,248.56										
Nonpriority amount										
\$6,405.84										
2.424.	Priority creditor's name and mailing address SMITH, JENNIFER L. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,021.26</td> </tr> </table>	Total claim	\$1,021.26	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,021.26</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,021.26	Nonpriority amount	\$0.00
Total claim										
\$1,021.26										
Priority amount										
\$1,021.26										
Nonpriority amount										
\$0.00										
2.425.	Priority creditor's name and mailing address SMITH, JETTIE P. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$678.93</td> </tr> </table>	Total claim	\$678.93	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$678.93</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$678.93	Nonpriority amount	\$0.00
Total claim										
\$678.93										
Priority amount										
\$678.93										
Nonpriority amount										
\$0.00										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.426.	Priority creditor's name and mailing address SMITH, JOANN P. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$6,504.96</td> </tr> </table>	Total claim	\$6,504.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$5,889.02</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$615.94</td> </tr> </table>	Priority amount	\$5,889.02	Nonpriority amount	\$615.94
Total claim										
\$6,504.96										
Priority amount										
\$5,889.02										
Nonpriority amount										
\$615.94										
2.427.	Priority creditor's name and mailing address SMITH, TONYA L. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$151.00</td> </tr> </table>	Total claim	\$151.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$151.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$151.00	Nonpriority amount	\$0.00
Total claim										
\$151.00										
Priority amount										
\$151.00										
Nonpriority amount										
\$0.00										
2.428.	Priority creditor's name and mailing address SMITH, WILLIAM A. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$5,226.34</td> </tr> </table>	Total claim	\$5,226.34	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$4,436.52</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$789.83</td> </tr> </table>	Priority amount	\$4,436.52	Nonpriority amount	\$789.83
Total claim										
\$5,226.34										
Priority amount										
\$4,436.52										
Nonpriority amount										
\$789.83										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.429.	Priority creditor's name and mailing address SMITHERMAN, EMILY Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$223.37</td> </tr> </table>	Total claim	\$223.37	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$223.37</td> </tr> </table>	Priority amount	\$0.00	Nonpriority amount	\$223.37
Total claim										
\$223.37										
Priority amount										
\$0.00										
Nonpriority amount										
\$223.37										
2.430.	Priority creditor's name and mailing address SNEAD, VICKIE L. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$196.68</td> </tr> </table>	Total claim	\$196.68	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$196.68</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$196.68	Nonpriority amount	\$0.00
Total claim										
\$196.68										
Priority amount										
\$196.68										
Nonpriority amount										
\$0.00										
2.431.	Priority creditor's name and mailing address SNODY, BRIDGETT G. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$560.34</td> </tr> </table>	Total claim	\$560.34	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$560.34</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$560.34	Nonpriority amount	\$0.00
Total claim										
\$560.34										
Priority amount										
\$560.34										
Nonpriority amount										
\$0.00										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.432.	Priority creditor's name and mailing address SORRELLS, CHRISTI R. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$3,952.10	Priority amount \$3,952.10
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.433.	Priority creditor's name and mailing address SOUTHER, SHARON Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$855.88	Priority amount \$0.00
				Nonpriority amount \$855.88
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.434.	Priority creditor's name and mailing address SOYARS, JANA D. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$74.12	Priority amount \$74.12
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.435.	Priority creditor's name and mailing address SPENCER, GAIL H. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$14,661.92</td> </tr> </table>	Total claim	\$14,661.92	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$3,123.34</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$11,538.58</td> </tr> </table>	Priority amount	\$3,123.34	Nonpriority amount	\$11,538.58
Total claim										
\$14,661.92										
Priority amount										
\$3,123.34										
Nonpriority amount										
\$11,538.58										
2.436.	Priority creditor's name and mailing address SPENCER, SUELLEN J. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,180.91</td> </tr> </table>	Total claim	\$1,180.91	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$908.08</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$272.83</td> </tr> </table>	Priority amount	\$908.08	Nonpriority amount	\$272.83
Total claim										
\$1,180.91										
Priority amount										
\$908.08										
Nonpriority amount										
\$272.83										
2.437.	Priority creditor's name and mailing address ST.PETERS, RYAN C. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$882.41</td> </tr> </table>	Total claim	\$882.41	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$882.41</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$882.41	Nonpriority amount	\$0.00
Total claim										
\$882.41										
Priority amount										
\$882.41										
Nonpriority amount										
\$0.00										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.438.	Priority creditor's name and mailing address STANFIELD, MARTHA L. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$9,648.30	Priority amount \$1,411.45
				Nonpriority amount \$8,236.85
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.439.	Priority creditor's name and mailing address STANLEY, DONNA R. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$3,240.66	Priority amount \$2,429.59
				Nonpriority amount \$811.07
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.440.	Priority creditor's name and mailing address STEPHENS, TRENA L. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$722.31	Priority amount \$722.31
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.441.	Priority creditor's name and mailing address STEVENS, JULIE C. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$85.69</td></tr></table>	Total claim	\$85.69	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$85.69</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$85.69	Nonpriority amount	\$0.00
Total claim										
\$85.69										
Priority amount										
\$85.69										
Nonpriority amount										
\$0.00										
2.442.	Priority creditor's name and mailing address STOKES, SARAH M. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$4,022.24</td></tr></table>	Total claim	\$4,022.24	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$2,518.76</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$1,503.49</td></tr></table>	Priority amount	\$2,518.76	Nonpriority amount	\$1,503.49
Total claim										
\$4,022.24										
Priority amount										
\$2,518.76										
Nonpriority amount										
\$1,503.49										
2.443.	Priority creditor's name and mailing address STRANGE, TANESHA A. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$2,027.31</td></tr></table>	Total claim	\$2,027.31	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$863.20</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$1,164.11</td></tr></table>	Priority amount	\$863.20	Nonpriority amount	\$1,164.11
Total claim										
\$2,027.31										
Priority amount										
\$863.20										
Nonpriority amount										
\$1,164.11										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.444.	Priority creditor's name and mailing address STROUD, SANDY L. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$40.83	Priority amount \$40.83
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.445.	Priority creditor's name and mailing address SUPER, LINDA J. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$2,391.15	Priority amount \$1,196.82
				Nonpriority amount \$1,194.33
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.446.	Priority creditor's name and mailing address SUPER, REBECCA A. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$3,414.39	Priority amount \$2,035.49
				Nonpriority amount \$1,378.90
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.447.	Priority creditor's name and mailing address SUTHERLAND, ASHLEY B. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim	Priority amount
			\$69.91	\$69.91
				Nonpriority amount
				\$0.00
	Date or dates debt was incurred	Basis for the claim:		
	VARIOUS	ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number:	Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.448.	Priority creditor's name and mailing address TAPIA CASTILLO, MARIA V. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim	Priority amount
			\$830.94	\$830.94
				Nonpriority amount
				\$0.00
	Date or dates debt was incurred	Basis for the claim:		
	VARIOUS	ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number:	Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.449.	Priority creditor's name and mailing address TAPPER, DAVID B. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim	Priority amount
			\$12,504.79	\$9,387.83
				Nonpriority amount
				\$3,116.96
	Date or dates debt was incurred	Basis for the claim:		
	VARIOUS	ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number:	Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.450.	Priority creditor's name and mailing address TATE, MITZI J. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,758.66</td> </tr> </table>	Total claim	\$1,758.66	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$1,758.66</td> </tr> </table>	Priority amount	\$0.00	Nonpriority amount	\$1,758.66
Total claim										
\$1,758.66										
Priority amount										
\$0.00										
Nonpriority amount										
\$1,758.66										
2.451.	Priority creditor's name and mailing address TATUM, JENNIFER M. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$246.10</td> </tr> </table>	Total claim	\$246.10	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$246.10</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$246.10	Nonpriority amount	\$0.00
Total claim										
\$246.10										
Priority amount										
\$246.10										
Nonpriority amount										
\$0.00										
2.452.	Priority creditor's name and mailing address TAYLOR, PHYLLIS P. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,081.99</td> </tr> </table>	Total claim	\$2,081.99	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,011.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$1,070.19</td> </tr> </table>	Priority amount	\$1,011.80	Nonpriority amount	\$1,070.19
Total claim										
\$2,081.99										
Priority amount										
\$1,011.80										
Nonpriority amount										
\$1,070.19										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.453.	Priority creditor's name and mailing address TEAGUE, ANN F. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$354.20</td> </tr> </table>	Total claim	\$354.20	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$354.20</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$354.20	Nonpriority amount	\$0.00
Total claim										
\$354.20										
Priority amount										
\$354.20										
Nonpriority amount										
\$0.00										
2.454.	Priority creditor's name and mailing address TERRELL, JONATHAN A. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$7,831.00</td> </tr> </table>	Total claim	\$7,831.00	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$7,546.27</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$284.72</td> </tr> </table>	Priority amount	\$7,546.27	Nonpriority amount	\$284.72
Total claim										
\$7,831.00										
Priority amount										
\$7,546.27										
Nonpriority amount										
\$284.72										
2.455.	Priority creditor's name and mailing address TERRY, TINA K. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$564.48</td> </tr> </table>	Total claim	\$564.48	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$159.04</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$405.44</td> </tr> </table>	Priority amount	\$159.04	Nonpriority amount	\$405.44
Total claim										
\$564.48										
Priority amount										
\$159.04										
Nonpriority amount										
\$405.44										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.456.	Priority creditor's name and mailing address THOMAS KIDD, MARSHA D. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$2,663.51	Priority amount \$1,599.65
				Nonpriority amount \$1,063.86
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.457.	Priority creditor's name and mailing address THOMAS, JULIE E. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$401.77	Priority amount \$0.00
				Nonpriority amount \$401.77
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.458.	Priority creditor's name and mailing address THOMPSON, DARLA D. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$224.90	Priority amount \$224.90
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.459.	Priority creditor's name and mailing address THOMPSON, IRIS J. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,256.08</td> </tr> </table>	Total claim	\$1,256.08	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,256.08</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,256.08	Nonpriority amount	\$0.00
Total claim										
\$1,256.08										
Priority amount										
\$1,256.08										
Nonpriority amount										
\$0.00										
2.460.	Priority creditor's name and mailing address THOMPSON, TAMMY F. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$7,613.20</td> </tr> </table>	Total claim	\$7,613.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$4,202.47</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$3,410.73</td> </tr> </table>	Priority amount	\$4,202.47	Nonpriority amount	\$3,410.73
Total claim										
\$7,613.20										
Priority amount										
\$4,202.47										
Nonpriority amount										
\$3,410.73										
2.461.	Priority creditor's name and mailing address TIPTON, KATIE L. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$440.64</td> </tr> </table>	Total claim	\$440.64	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$440.64</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$440.64	Nonpriority amount	\$0.00
Total claim										
\$440.64										
Priority amount										
\$440.64										
Nonpriority amount										
\$0.00										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.462.	Priority creditor's name and mailing address TORANGO, CAROLYN M. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$4,330.37</td> </tr> </table>	Total claim	\$4,330.37	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$3,860.83</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$469.54</td> </tr> </table>	Priority amount	\$3,860.83	Nonpriority amount	\$469.54
Total claim										
\$4,330.37										
Priority amount										
\$3,860.83										
Nonpriority amount										
\$469.54										
2.463.	Priority creditor's name and mailing address TRANT, LISA B. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$7,264.69</td> </tr> </table>	Total claim	\$7,264.69	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,076.13</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$6,188.57</td> </tr> </table>	Priority amount	\$1,076.13	Nonpriority amount	\$6,188.57
Total claim										
\$7,264.69										
Priority amount										
\$1,076.13										
Nonpriority amount										
\$6,188.57										
2.464.	Priority creditor's name and mailing address TRUINI, MARILYN K. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,878.63</td> </tr> </table>	Total claim	\$1,878.63	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,878.63</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,878.63	Nonpriority amount	\$0.00
Total claim										
\$1,878.63										
Priority amount										
\$1,878.63										
Nonpriority amount										
\$0.00										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.465.	Priority creditor's name and mailing address TUNNELL, JEAN G. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$5,243.24	Priority amount \$4,034.23
				Nonpriority amount \$1,209.01
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.466.	Priority creditor's name and mailing address TURLEY, DEBORAH L. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$2,905.99	Priority amount \$1,766.09
				Nonpriority amount \$1,139.90
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.467.	Priority creditor's name and mailing address TURNER, SARAH M. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$5,513.09	Priority amount \$3,335.57
				Nonpriority amount \$2,177.52
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.468.	Priority creditor's name and mailing address TURNER, TAMMY D. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$1,350.10</td></tr></table>	Total claim	\$1,350.10	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$875.87</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$474.23</td></tr></table>	Priority amount	\$875.87	Nonpriority amount	\$474.23
Total claim										
\$1,350.10										
Priority amount										
\$875.87										
Nonpriority amount										
\$474.23										
2.469.	Priority creditor's name and mailing address UNDERWOOD, RUTH W. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$1,621.59</td></tr></table>	Total claim	\$1,621.59	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$1,163.97</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$457.63</td></tr></table>	Priority amount	\$1,163.97	Nonpriority amount	\$457.63
Total claim										
\$1,621.59										
Priority amount										
\$1,163.97										
Nonpriority amount										
\$457.63										
2.470.	Priority creditor's name and mailing address VALICEK, MORGAN H. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$67.92</td></tr></table>	Total claim	\$67.92	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$67.92</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$67.92	Nonpriority amount	\$0.00
Total claim										
\$67.92										
Priority amount										
\$67.92										
Nonpriority amount										
\$0.00										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.471.	Priority creditor's name and mailing address VENABLE, AMBER M. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$408.57</td> </tr> </table>	Total claim	\$408.57	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$408.57</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$408.57	Nonpriority amount	\$0.00
Total claim										
\$408.57										
Priority amount										
\$408.57										
Nonpriority amount										
\$0.00										
2.472.	Priority creditor's name and mailing address VERNON, CINDY P. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,115.95</td> </tr> </table>	Total claim	\$1,115.95	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$45.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$1,069.98</td> </tr> </table>	Priority amount	\$45.96	Nonpriority amount	\$1,069.98
Total claim										
\$1,115.95										
Priority amount										
\$45.96										
Nonpriority amount										
\$1,069.98										
2.473.	Priority creditor's name and mailing address VERNON, SAMUEL D. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,252.66</td> </tr> </table>	Total claim	\$1,252.66	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,252.66</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,252.66	Nonpriority amount	\$0.00
Total claim										
\$1,252.66										
Priority amount										
\$1,252.66										
Nonpriority amount										
\$0.00										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.474.	Priority creditor's name and mailing address VERNON, SARITA G. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$4,711.03	Priority amount \$0.00
				Nonpriority amount \$4,711.03
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.475.	Priority creditor's name and mailing address VIERS, KIMBERLY W. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$1,730.50	Priority amount \$1,730.50
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.476.	Priority creditor's name and mailing address WADDELL, THERESA L. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$442.02	Priority amount \$442.02
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.477.	Priority creditor's name and mailing address WALKER, AMANDA G. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$65.09	Priority amount \$65.09
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.478.	Priority creditor's name and mailing address WALKER, LONA R. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$82.38	Priority amount \$82.38
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.479.	Priority creditor's name and mailing address WALKER, TERESA S. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$215.02	Priority amount \$215.02
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.480.	Priority creditor's name and mailing address WALL, MARIA B. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$13,655.83	Priority amount \$3,294.37 Nonpriority amount \$10,361.47
2.481.	Priority creditor's name and mailing address WARNER, MAMIE Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$3,278.63	Priority amount \$3,278.63 Nonpriority amount \$0.00
2.482.	Priority creditor's name and mailing address WARREN, CHANDRA L. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$5,812.03	Priority amount \$253.72 Nonpriority amount \$5,558.31

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.483.	Priority creditor's name and mailing address WARREN, PHYLLIS W. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$5,035.56	Priority amount \$2,880.98
				Nonpriority amount \$2,154.58
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.484.	Priority creditor's name and mailing address WATKINS, MICHAEL B. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$101.65	Priority amount \$101.65
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.485.	Priority creditor's name and mailing address WATSON, TIFFANY L. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$2,055.08	Priority amount \$2,055.08
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.486.	Priority creditor's name and mailing address WEBSTER, LISA K. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$4,039.20</td> </tr> </table>	Total claim	\$4,039.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$4,039.20</td> </tr> </table>	Priority amount	\$0.00	Nonpriority amount	\$4,039.20
Total claim										
\$4,039.20										
Priority amount										
\$0.00										
Nonpriority amount										
\$4,039.20										
2.487.	Priority creditor's name and mailing address WEEKS, SANDRA D. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$5,177.60</td> </tr> </table>	Total claim	\$5,177.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,751.85</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$3,425.75</td> </tr> </table>	Priority amount	\$1,751.85	Nonpriority amount	\$3,425.75
Total claim										
\$5,177.60										
Priority amount										
\$1,751.85										
Nonpriority amount										
\$3,425.75										
2.488.	Priority creditor's name and mailing address WEIL-FRAZIER, NICOLE Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$65.41</td> </tr> </table>	Total claim	\$65.41	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$65.41</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$65.41	Nonpriority amount	\$0.00
Total claim										
\$65.41										
Priority amount										
\$65.41										
Nonpriority amount										
\$0.00										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.489.	Priority creditor's name and mailing address WHICKER, PATSY M. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$593.52	Priority amount \$61.39
				Nonpriority amount \$532.13
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.490.	Priority creditor's name and mailing address WHITE, AMY A. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$5,080.44	Priority amount \$3,489.42
				Nonpriority amount \$1,591.02
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.491.	Priority creditor's name and mailing address WHITE, ANNETTE J. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$12,642.02	Priority amount \$2,180.46
				Nonpriority amount \$10,461.57
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.492.	Priority creditor's name and mailing address WHITE, ROBIN D. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,668.56</td> </tr> </table>	Total claim	\$1,668.56	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,332.12</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$336.44</td> </tr> </table>	Priority amount	\$1,332.12	Nonpriority amount	\$336.44
Total claim										
\$1,668.56										
Priority amount										
\$1,332.12										
Nonpriority amount										
\$336.44										
2.493.	Priority creditor's name and mailing address WHITE, TABITHA D. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$10,070.99</td> </tr> </table>	Total claim	\$10,070.99	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,914.67</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$8,156.32</td> </tr> </table>	Priority amount	\$1,914.67	Nonpriority amount	\$8,156.32
Total claim										
\$10,070.99										
Priority amount										
\$1,914.67										
Nonpriority amount										
\$8,156.32										
2.494.	Priority creditor's name and mailing address WHITTAKER, NALICIA J. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,013.41</td> </tr> </table>	Total claim	\$2,013.41	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$806.24</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$1,207.17</td> </tr> </table>	Priority amount	\$806.24	Nonpriority amount	\$1,207.17
Total claim										
\$2,013.41										
Priority amount										
\$806.24										
Nonpriority amount										
\$1,207.17										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.495.	Priority creditor's name and mailing address WHYTE, LYNWOOD R. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$110.84	Priority amount \$110.84
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.496.	Priority creditor's name and mailing address WILES, NAKITA L. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$86.49	Priority amount \$86.49
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.497.	Priority creditor's name and mailing address WILKES, VALERIE Q. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$2,592.25	Priority amount \$1,595.95
				Nonpriority amount \$996.29
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.498.	Priority creditor's name and mailing address WILLARD, TERESA D. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$78.72	Priority amount \$78.72
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.499.	Priority creditor's name and mailing address WILLARD, TRACY L. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$2,798.79	Priority amount \$1,813.13
				Nonpriority amount \$985.66
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.500.	Priority creditor's name and mailing address WILLIAMS, BENJAMIN W. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$22,924.51	Priority amount \$5,907.33
				Nonpriority amount \$17,017.18
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.501.	Priority creditor's name and mailing address WILLIAMS, DUSTY S. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$3,349.67	Priority amount \$1,590.77
				Nonpriority amount \$1,758.90
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.502.	Priority creditor's name and mailing address WILLIAMS, JOYCE R. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$431.03	Priority amount \$431.03
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.503.	Priority creditor's name and mailing address WILLIAMS, SAMANTHA V. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$783.27	Priority amount \$783.27
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.504.	Priority creditor's name and mailing address WILLIAMSON, ALAN M. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$173.82</td> </tr> </table>	Total claim	\$173.82	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$173.82</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$173.82	Nonpriority amount	\$0.00
Total claim										
\$173.82										
Priority amount										
\$173.82										
Nonpriority amount										
\$0.00										
2.505.	Priority creditor's name and mailing address WILSON, BRITTANY A. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$78.01</td> </tr> </table>	Total claim	\$78.01	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$78.01</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$78.01	Nonpriority amount	\$0.00
Total claim										
\$78.01										
Priority amount										
\$78.01										
Nonpriority amount										
\$0.00										
2.506.	Priority creditor's name and mailing address WILSON, EDNA L. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$10,433.42</td> </tr> </table>	Total claim	\$10,433.42	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,320.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$9,112.82</td> </tr> </table>	Priority amount	\$1,320.60	Nonpriority amount	\$9,112.82
Total claim										
\$10,433.42										
Priority amount										
\$1,320.60										
Nonpriority amount										
\$9,112.82										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.507.	Priority creditor's name and mailing address WILSON, KIMBERLY L. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$81.93</td> </tr> </table>	Total claim	\$81.93	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$81.93</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$81.93	Nonpriority amount	\$0.00
Total claim										
\$81.93										
Priority amount										
\$81.93										
Nonpriority amount										
\$0.00										
2.508.	Priority creditor's name and mailing address WINCHESTER, ALICIA G. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$334.23</td> </tr> </table>	Total claim	\$334.23	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$334.23</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$334.23	Nonpriority amount	\$0.00
Total claim										
\$334.23										
Priority amount										
\$334.23										
Nonpriority amount										
\$0.00										
2.509.	Priority creditor's name and mailing address WINCHESTER, ASHLEY N. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$11.96</td> </tr> </table>	Total claim	\$11.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$11.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$11.96	Nonpriority amount	\$0.00
Total claim										
\$11.96										
Priority amount										
\$11.96										
Nonpriority amount										
\$0.00										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.510.	Priority creditor's name and mailing address WINSLOW, SANDRA F. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,159.54</td> </tr> </table>	Total claim	\$1,159.54	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,159.54</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,159.54	Nonpriority amount	\$0.00
Total claim										
\$1,159.54										
Priority amount										
\$1,159.54										
Nonpriority amount										
\$0.00										
2.511.	Priority creditor's name and mailing address WITCHER, CHERYL T. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,620.44</td> </tr> </table>	Total claim	\$2,620.44	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,887.81</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$732.62</td> </tr> </table>	Priority amount	\$1,887.81	Nonpriority amount	\$732.62
Total claim										
\$2,620.44										
Priority amount										
\$1,887.81										
Nonpriority amount										
\$732.62										
2.512.	Priority creditor's name and mailing address WOOD, TRACY M. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$703.13</td> </tr> </table>	Total claim	\$703.13	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$703.13</td> </tr> </table>	Priority amount	\$0.00	Nonpriority amount	\$703.13
Total claim										
\$703.13										
Priority amount										
\$0.00										
Nonpriority amount										
\$703.13										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.513.	Priority creditor's name and mailing address WOODARD, KAREN P. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$1,270.35</td> </tr> </table>	Total claim	\$1,270.35	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$1,270.35</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$1,270.35	Nonpriority amount	\$0.00
Total claim										
\$1,270.35										
Priority amount										
\$1,270.35										
Nonpriority amount										
\$0.00										
2.514.	Priority creditor's name and mailing address WOODS, JENNA R. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$376.10</td> </tr> </table>	Total claim	\$376.10	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$376.10</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$376.10	Nonpriority amount	\$0.00
Total claim										
\$376.10										
Priority amount										
\$376.10										
Nonpriority amount										
\$0.00										
2.515.	Priority creditor's name and mailing address WOODSON, TAYLOR Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$474.76</td> </tr> </table>	Total claim	\$474.76	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$474.76</td> </tr> </table>	Priority amount	\$0.00	Nonpriority amount	\$474.76
Total claim										
\$474.76										
Priority amount										
\$0.00										
Nonpriority amount										
\$474.76										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.516.	Priority creditor's name and mailing address WRAY, ASHLEY H. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$81.41	Priority amount \$81.41
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.517.	Priority creditor's name and mailing address WRIGHT, JENNIFER M. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$2,763.23	Priority amount \$1,991.01
				Nonpriority amount \$772.21
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.518.	Priority creditor's name and mailing address WYATT, MELBA T. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$3,857.24	Priority amount \$1,750.53
				Nonpriority amount \$2,106.71
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCRUED PAID ANNUAL LEAVE		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**

2.519.	Priority creditor's name and mailing address WYATT, MICHELLE W. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: left;">\$462.03</td> </tr> </table>	Total claim	\$462.03	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: left;">\$462.03</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: left;">\$0.00</td> </tr> </table>	Priority amount	\$462.03	Nonpriority amount	\$0.00
Total claim										
\$462.03										
Priority amount										
\$462.03										
Nonpriority amount										
\$0.00										
2.520.	Priority creditor's name and mailing address YATES, REBECCA W. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: left;">\$149.96</td> </tr> </table>	Total claim	\$149.96	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: left;">\$149.96</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: left;">\$0.00</td> </tr> </table>	Priority amount	\$149.96	Nonpriority amount	\$0.00
Total claim										
\$149.96										
Priority amount										
\$149.96										
Nonpriority amount										
\$0.00										
2.521.	Priority creditor's name and mailing address YOUNTS, JANE A. Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED PAID ANNUAL LEAVE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: left;">\$9,029.66</td> </tr> </table>	Total claim	\$9,029.66	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: left;">\$0.00</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: left;">\$9,029.66</td> </tr> </table>	Priority amount	\$0.00	Nonpriority amount	\$9,029.66
Total claim										
\$9,029.66										
Priority amount										
\$0.00										
Nonpriority amount										
\$9,029.66										

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**2.522. **Priority creditor's name and mailing address**ZAGHLOUL, SONYA Y.
Address Intentionally Omitted**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Total claim

\$2,626.53

Priority amount

\$1,867.69

Nonpriority amount

\$758.84

Date or dates debt was incurred

VARIOUS

Basis for the claim:

ACCRUED PAID ANNUAL LEAVE

Last 4 digits of account number:**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

This amendment only modifies Part 1 and 4 of Schedule E/F. Schedule E/F Part 1 is amended by adding the creditors listed above and is otherwise unaltered with respect to all information previously included. Part 2 and 3 of Schedule E/F is otherwise unaltered with respect to all information previously included.

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775****Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

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

			Total of claim amounts
5a. Total claims from Part 1	5a.		\$1,793,988.07
5b. Total claims from Part 2	5b.	+	\$5,767,248.64
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.		\$7,561,236.71

Fill in this information to identify the case:**Debtor name:** Morehead Memorial Hospital**United States Bankruptcy Court for the:** Middle District of North Carolina**Case number (if known):** 17-10775Official Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

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

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

Declaration and signature

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

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☒ *Amended Schedule E/F, Part 1*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

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

Executed on 3/27/2018
MM/DD/YYYY

x

/s/ Edward J. Sanz

Signature of individual signing on behalf of debtor

Edward J. Sanz
Printed name

CTP, CFA, Estate Executive
Position or relationship to debtor